NURSING STUDENTS' PERCEPTIONS OF FACULTY SUPPORT TOWARDS THEM IN A UNIVERSITY COLLEGE SETTING:
A DESCRIPTIVE EXPLORATORY STUDY

by
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Abstract

The student-teacher relationship is an important component of a learning environment in any academic setting. Many qualitative studies have pointed to faculty support as an element of student-teacher relationship, which is important to the students. Understanding of students' perceptions of faculty support is lacking. The purpose of this study was to describe students' perspectives about faculty behaviors that are supportive or non-supportive. Six undergraduate nursing students from fourth year of a Bachelor of Science in Nursing (BSN) program participated in this study. They were recruited through a university-college. Each student was interviewed for 45 to 60 minutes.

The audio-taped, transcribed data were analyzed using constant comparative analysis. Eight major themes, each with several sub-themes, were identified from the analysis. The eight major themes were: feedback on students' performance, handling student errors, personal knowing between faculty and students, availability to the students, asking questions and responding to students' questions, supportive teaching strategies, impact of supportive faculty members on students, and impact of unsupportive faculty members on students. A discussion of the findings and the implications for nursing education and research is presented. The findings illustrate behaviors that nurse educators can use to establish positive relationships with their students. At the same time, the findings suggest that current nursing students' expectations for faculty may not be entirely realistic.
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1. CHAPTER ONE: Problem Identification and Purpose

1.1 Introduction

The student-teacher relationship is an important component of the learning environment in any academic setting. Nursing students, being in a practice discipline, have an extended amount of interaction with their faculty members in classrooms, and clinical settings. Clinical settings present a very complex and challenging learning context for students, wherein student learning and their feelings of success or failure are significantly affected by their relationships and interactions with faculty members (Downey, 1993; Tang, Chou & Chiang, 2005).

Historically, the interpersonal relationships between nursing students and faculty members have been characterized somewhat negatively. Nursing teachers have been presented in the literature as authoritarian and having power over the students. Meissner (1999a) speaks of the nursing profession’s image of nurses eating their young and comments on a traditional student-teacher relationship in nursing as: “Perhaps, because we [nurse educators] experienced similar authoritarianism in our own schooling, we set up a ‘drill sergeant’ command structure that requires obedience without thought” (p. 43).

In the last two decades, there have been significant efforts made by nurse educators to move towards a more humanistic approach in nursing education. Gillespie (2002) describes this new approach to nursing education as a student-teacher partnership where students and teachers engage in open dialogue and equally share responsibility for learning.

Despite a move to a more humanitarian approach to nursing education, reports of negative student-teacher relationships continue to be evident in the nursing literature.
Wilson (1994) completed interviews and observations of thirty nursing students in a clinical setting and described the teacher-student relationship as "a contest where the student tried to look good and the instructor tried to make them look bad" (p. 85). In a study by Tang et al. (2005), both nursing students and teachers reported experiencing tension and anxiety, as a result of difficult student-teacher relationships. Although literature suggests that the reconceptualization of student and teacher relationships has had a positive influence on student outcomes, an understanding of the nature of changed student-teacher relationships in nursing and effects on student learning is limited due to a paucity of nursing research (Gillespie, 2002; McGregor, 2005).

Terms, such as ‘caring’ and ‘connection,’ have been used in the literature to portray a humanistic teacher-student relationship (Gillespie, 2002; McGregor, 2005). More specifically, my interest in the area of humanistic educational approaches is directed towards understanding supportive or non-supportive faculty behaviors towards nursing students. Such behaviors can be significant influencing factors on the quality of student-teacher relationships. My interest in exploring these behaviors stems from listening to the students frequently use terms, such as supportive or non-supportive, to describe their interactions or interpersonal relationships with faculty members.

A number of previous nursing studies have listed ‘instructor support’ as a desirable instructor characteristic (Orb, 2000; Rennie & Nel, 2001; Tang et al., 2005; Wieck, 2003). In a recent research project at a University College in the Fraser Valley, in British Columbia (B.C.), Canada, 83.3% of the students listed ‘instructor support’ as the most important factor enhancing their learning, while 75% of the respondents listed ‘lack of instructor support’ as a barrier to their learning in the clinical setting (Larson, 2005).
Other research studies have also emphasized the absence of faculty support towards students as a factor contributing to attrition of nursing students (McGregor, 2005). However, no studies have been located that provide a description of the term ‘support’ or ‘supportive teacher’.

Shelton (2003) established a positive correlation between faculty support and student retention in the nursing education programs, but failed to describe what faculty behaviors are perceived as supportive by the students. She assumed that ‘faculty support’ is comparable to a caring or connected student-teacher relationship because the scale for measurement of faculty support, in her study, was based on the positive aspects of a caring and/or connected relationships described by previous studies.

1.2 Problem Statement

‘Faculty support’ is a component of the student-teacher relationship that is important to the students, as evidenced by several qualitative studies on nursing students’ perspectives about effective teachers. Our understanding of students’ perspectives about faculty members’ support is lacking. Shelton (2003) recommended that qualitative studies be undertaken to expand our understanding of faculty behaviors that are perceived as supportive or non-supportive by nursing students. In light of the lack of nursing literature describing faculty members’ support from students’ perspectives, this qualitative study is designed to explore nursing students’ perspectives about faculty members’ behaviors that they perceive as supportive or non-supportive.

1.3 Purpose of the Study

The aim of this research study is to describe, from students’ perspectives, faculty members’ behaviors that are perceived as supportive or non-supportive. For the purpose
of this study, the words ‘instructor support’ and ‘faculty members’ support’ are used interchangeably.

1.4 Research Questions

1. What are nursing students’ perceptions of supportive behaviors demonstrated by their faculty members towards them?

2. What are nursing students’ perceptions of non-supportive behaviors demonstrated by their faculty members towards them?

1.5 Significance of the Study

Enhancing understanding of behaviors nursing students regard as supportive or non-supportive may help nursing faculty members adapt their teaching approaches to match the expectations of current nursing students. Knowledge of students’ perspectives of faculty members’ support is also expected to assist nurse educators to engage in positive and constructive relationships with their students, by enabling them to demonstrate behaviors that are considered supportive by the students. Avoiding unsupportive behaviors will assist nursing faculty members to be in relation with students.

More than 75% of the faculty members in Canadian schools of nursing is 40 years of age or above (Canadian Nurses Association, 2004). Students entering schools of nursing range in age from 20s to late 40s (Larson, 2005; Skiba, 2005); age differences between faculty members and students may result in them having different perspectives about the meaning of faculty members’ support. Exploring the meaning of faculty members’ support from the perspective of current students can assist the faculty in supporting the needs of a diverse group of current nursing students.
1.6 Operational Definitions

For the purpose of this study, I used the following operational definitions:

*Nursing Students*: The term ‘nursing students’ in this study refers to students that are enrolled in year 4 of the Bachelor of Science in Nursing (BSN) program at a University College in British Columbia (B.C.), Canada.

*Nursing Faculty Members*: For the purpose of this study, nursing faculty members are defined as nursing instructors who teach nursing in the clinical area as well as nursing theory in the classroom setting in a BSN program in a university-college nursing program.

*Student-Faculty Interactions*: ‘Student-faculty interactions’ are defined as direct or indirect interactions between nursing students and nursing faculty members in the classroom setting, clinical setting or in any other academic context e.g. student-faculty member interactions on the university campus or phone/email conversations.

*Clinical Settings*: The term ‘clinical settings’ refers to the clinical areas where nursing students are placed for their practical experience throughout the four years of a BSN program at a university-college. Examples of such settings include medical, surgical, maternity, gerontology, community health nursing, pediatrics, psychiatry, community mental health and public health facilities.

1.7 Assumptions

I made some assumptions for this study. First of all, as a result of reviewing the relevant literature and having observed and experienced student-faculty interactions in my professional life, I assumed that participants had experienced supportive, non-supportive or both types of interactions with their nursing faculty members. Secondly, I
assumed that the participants are able to recall their feelings and/or perceptions about supportive or non-supportive interactions between them and their nursing faculty members. Thirdly, I assumed that they are able to share such feelings and/or perceptions with me.

1.8 Chapter Summary

In chapter 1, I have explained the background of the study. I have outlined the problem statement and research questions, and have described the significance of the study. I have also presented operational definitions for pertinent terms used in this study. Lastly, I have presented the assumptions underlying this research process. In the following chapter, I will present a synthesis of the existent relevant literature on student-teacher relationships in nursing.
2. CHAPTER TWO: The Literature Review

2.1 Introduction

This chapter presents a synthesis of the literature related to student-teacher relationships in nursing. Using several key terms such as student-teacher relationships in nursing, faculty support, caring in student-teacher relationships, connectedness in student-teacher relationships, effective teachers, and desirable characteristics of teachers, a computerized search of professional databases including Academic Search Premier, CINAHL, EBSCO, and PubMed was performed. Relevant research studies and anecdotal writings retrieved as a result of this search were critically reviewed and synthesized to provide support for the research questions. The literature review begins with the literature on caring and connectedness in student-teacher relationships, followed by faculty support towards students, influence of student-teacher relationship on students, current state of student-teacher relationship in nursing, and characteristics of current nursing students.

2.2 Caring and Connectedness in Student-Teacher Relationships

Traditionally, nursing programs have developed very rigid curricula that were taught inflexibly and provided minimal opportunities for students to be innovative in their learning (De Tornyay, 1990). In response to this traditional approach to nursing education, the National League for Nursing (NLN) passed a resolution in 1990, calling for ‘curriculum revolution’ (Dillon & Stines, 1996). The curriculum proposed under the ‘curriculum revolution’ placed an emphasis on caring as a central value to nursing and on the primacy of teacher-student relationships (Dillon & Stines; Tanner, 1990). It illuminated the need for opening up possibilities for flexible ways of educating nursing
students, in an atmosphere where faculty members and students cared for each other and their peers (Dillon & Stines; Tanner; De Tornyay). This curriculum revolution was meant to mark the beginning of new and more democratic student-teacher relationships in nursing.

Given the centrality of caring as a value in the new curriculum, a number of qualitative researchers have explored the concept of 'caring' in student-faculty relationships. These studies identify and describe the characteristics of a caring student-faculty relationship in nursing. Dillon and Stines' (1996) phenomenological study identified essential characteristics of a caring student–teacher interaction from the perspective of the Licensed Practical Nurse (LPN) and Care Aide students. The essential features of a caring relationship identified in this study were faculty spending time with the students, remembering little things about the students, which made students feel important as individuals, and listening attentively and non-judgmentally to the students, which allowed them to speak freely to their faculty.

Beck (2001) conducted a meta-synthesis of 14 qualitative research studies focusing on caring among faculty members and students. This meta-synthesis identified 5 themes characterizing caring in nursing education. These themes centered on reciprocal connecting that included presencing, sharing, supporting, competence and uplifting effects of caring. Reciprocal connecting in this study referred to mutual caring, where students developed a strong desire to care for their patients and peers as a result of experiencing caring from their faculty. Presencing denoted “…striving to enter the world of the other – the world of a faculty member, nursing student or patient” (Beck, p. 104) and included attentive listening and tuning in to the other person in order to be able to
realize their needs without the person having to ask for it. Sharing involved sharing of personal and professional self with others, e.g. faculty sharing time with students or with each other. Supporting meant giving unconditional encouragement and unquestioning assistance to someone without expecting anything in return. Competence meant “A faculty member or nursing student possessing the knowledge and clinical skills necessary to respond appropriately to the demands of clinical situations” (Beck, p. 106). The theme of uplifting effects represented the positive effects of caring such as “…being respected, belonging, growth, transformed, learning to care, and a desire to care” (Beck, p. 107).

In research studies exploring caring relationships, connection has been reported as a component of the caring student-teacher relationship (Beck, 2001; Gillespie, 2002). According to Beck, a caring student-teacher interaction is centered on a mutual connectedness between the student and the teacher. Other than being reported as part of a caring relationship, the nature of this connection between nursing students and faculty remains largely unexplored. Only Gillespie’s research study explored the nature of connection between nursing students and clinical nursing teachers; no studies explored the connection between nursing students and classroom instructors.

Gillespie (2002) explored the nature of connection in a student-teacher relationship using interviews and a focus group to collect data from 8 nursing students. The findings included the outcomes of this connection for the students in their clinical learning. This study identifies several important differences between a connected and unconnected student-teacher relationship. The students described the connected student-teacher relationship as personal and professional. These students felt that connected teachers were able to integrate personal knowing as part of work life, while still
following appropriate boundaries and staying focused on student learning. The student-teacher connection was described by these students as egalitarian, as it supported a high degree of mutuality and co-participation in learning. Connected teachers made use of their knowledge bases to support and enhance student learning. Connected teachers worked with the students in the clinical setting in order to assist them with patient care situations. Unconnected student-teacher relationships were described by students as strictly focused on work and excluding the personal component. Unconnected teachers used their knowledge bases to emphasize differences in status between students and teachers. Unconnected teachers took over patient care situations, which undermined students' professional growth and confidence.

2.3 Faculty Support towards Students

Most of the nursing literature described a positive student-teacher relationship as caring or connected. One research study used the term faculty support towards students to represent a positive student-teacher relationship. Shelton (2003) conducted a qualitative study to investigate the influence of nursing students’ perceptions of faculty support on student retention in an associate degree program. She defined faculty support as the support that resulted from teacher-student interactions. She did not specify what kind of teacher-student interactions were construed as faculty support by students.

In Shelton’s (2003) study, a five point Perceived Faculty Support Scale (PFSS) was used to measure students’ perceptions of support. It included two types of faculty support behaviors: psychological support which promoted a sense of competency and self-worth; and functional support which facilitated achievement of tasks, increased persistence and academic success for the students. In her study, there was a positive
correlation between perceived faculty support and student persistence throughout the program. The PFSS used in this study to measure faculty support was based on the positive faculty behaviors described in previous qualitative studies. Those studies described student perspectives on caring and connected student-teacher relationships or desirable characteristics of instructors. None of the studies that served as a basis for the development of this scale included a description of the concept of faculty support from students' perspectives. Shelton assumed that faculty support towards students was synonymous with caring and connected student-teacher relationships. Although this study provides evidence for importance of faculty support in relation to student retention in programs, it does not define the concept of faculty support from nursing students' perspectives.

### 2.4 Influence of Student-Teacher Relationship on Students

In qualitative studies that described student-teacher relationships, constructive relationships positively influenced students' learning and other student outcomes. Hanson and Smith (1996) listed the positive outcomes of a caring student-teacher relationship as increases in students' positive feelings, self esteem, motivation to learn and affirmation of their choice of the nursing profession. Chapman and Orb (2000) examined nursing students' lived experiences of clinical practice and found a positive relationship with clinical teachers enhanced clinical experiences for students. According to Beck (2001), “When faculty and nursing students experience caring, they in turn have a strong desire to reach out to someone else through caring” (p.108). Gillespie's (2002) student participants described a connected student-teacher relationship as helping them focus, learn more, be less defensive, recognize and respond to patients' needs, and
develop organization and communication skills. The outcomes of a positive student-teacher relationship reported by Shelton (2003) included enhanced professional socialization, self-actualization, self-fulfillment, self-concept, and motivation for learning.

2.5 Current State of Student-Teacher Relationship in Nursing

The literature related to student-teacher relationships in nursing has shifted over several decades. During curriculum revolution from mid 1980s to 1990s, it was hoped that student-faculty relationships would evolve to be more democratic, to place more emphasis on co-participation and to incorporate mutual respect between nursing faculty and students. Despite curriculum changes, reports of undesirable or negative student-faculty interactions continued to be prevalent in the nursing literature of late 20th and early 21st century. In a qualitative study by Wilson (1994), nursing students described their interactions with clinical teachers as focused on looking good for the teacher, and as examinations rather than learning experiences. For most of them, learning occurred outside of the context of the student teacher interaction.

Meissner's (1999b) survey determined how nurse educators, staff members, and members of the management treated nursing students and new graduates. She indicated that only 31% of nursing students and new graduates described their nursing professors as very supportive. While 46% indicated they were fairly supportive, 11% of the survey respondents described their nursing professors as non-supportive. The written comments in the survey focused on negative student-faculty interactions. Some of the comments were, “Fifty percent were supportive and helpful, 50% were bullies on a power trip” and “A few were helpful and supportive, but many were very tough and appeared to be
‘weeding out’” (Meissner, p. 49). This was a quantitative survey; the author did not clarify what participants meant by the term ‘supportive’.

Change takes time to create effects; however, it is of concern that reports of negative student-teacher interactions continue to appear in the nursing literature. McGregor (2005) commented that some nursing faculties continue to struggle to endorse the caring philosophy in their interactions with students. Nursing scholars are advising nurse educators to find ways to minimize the power differential between students and teachers (Larrivee, 2000).

2.6 Characteristics of Current Nursing Students

Considering generational differences and societal changes, current nursing students may present different characteristics than their counterparts from 10 to 20 years ago. Larrivee (2000) indicated a need for nurse educators to attend to the intense academic, social, and emotional needs of nursing students. Wieck, Prydun and Walsh (2002) described the next generation of nurses, aged 20 to 30 years, as a generation that works for financial reward to support fun and has been exposed to information and technology. Shelton (2003) provided a summary of characteristics of nursing students by saying that “Compared to 20 yrs ago, students entering nursing programs today are likely to be older, have more family responsibilities, be employed in addition to attending college, have been out of high school for at least several years” (p. 68). The nursing student population is a mix of younger students in their 20s and 30s and students in their early 40s and 50s (Larson, 2005; Shelton). Given the current student mix in schools of nursing, nurse educators have a challenge to tailor their teaching styles to diverse groups of students, keeping in mind generational differences, increased responsibilities outside
the school context, and intense social and emotional needs. The new generation of students makes the question of what they regard as supportive faculty behaviours even more urgent.

2.7 Chapter Summary

In this chapter, I have synthesized the literature about student-teacher relationships in nursing education. I have critically examined research and anecdotal literature related to various dimensions of student-teacher relationships in nursing and identified a gap in understanding about supportive and non-supportive faculty behaviors. In the next chapter, I will present the method I used to guide this study.
3. CHAPTER THREE: Methods

3.1 Introduction

In this chapter, I describe the research method I used for this study. The chapter includes information about the ethical considerations, the research design, the sampling procedures and settings, data collection and data analysis procedures, approaches to rigor, and, finally, study limitations.

3.2 Ethical Considerations

To address ethical considerations, several measures were integrated into the design of the study. First, I sought ethical approval from the Behavioral Research Ethics Board (BREB) at the University of British Columbia (UBC), Vancouver and the Research Ethics Board (REB) at the university college. Once ethical approval was received, an introductory session was scheduled where a colleague presented the research to the students, explained the details of the study, and extended an invitation to participate in the study. The session was conducted by a colleague who was a faculty member from another department to minimize any coercion students may feel to participate in the study. Thus, my colleague was neither involved with the target population of nursing students nor with the research project. At the time of the presentation, students were provided with a letter of information about the study (Appendix A).

After an oral explanation of the study, participants were asked to read and sign the consent form before the commencement of a scheduled interview (Appendix B). I informed participants that their participation was strictly voluntary, and that they had the freedom to withdraw from the study at any time or to refuse to answer any interview
questions. As part of the consent form, I also asked for participants' permission to record
the interviews. The emergent nature of qualitative research designs requires that consent
for participation be constantly negotiated with the participants throughout the research
process (LoBiondo-Wood & Haber, 2002). I frequently reminded the participants in this
study about the volunteer nature of their participation and of their right to refuse to
answer any questions during the interview. They were also frequently asked about their
comfort level with sharing their feelings, experiences and perceptions with the researcher.

There was a significant threat to confidentiality for the participants, because I am
a faculty member in the research setting. Specific measures were taken to ensure their
confidentiality. The students were asked to contact me via email to express their interest
for participation, rather than coming forward to volunteer in the presence of other
students or faculty members. All the interviews were conducted outside the Health
Sciences campus. I also met participants outside of regular academic hours. Times and
places for interviews were determined in accordance with each participant's preference.

Both tape recordings and transcripts were labeled with numbers only. I was the
only person who knew both the code numbers and participants' identities and these were
kept in a locked drawer in my home. Pseudonyms were used in the transcripts. I have
not used participants' names in any products of the study such as the thesis and
manuscripts. I altered parts of the transcripts to protect participants' identities. Access to
tapes, disks, and transcripts was limited to me and my thesis chair. Documents, tapes,
disks and transcripts were locked in a filing cabinet when not in use and data stored on
the computer hard drive was accessible only by password.
I was aware that students may experience some psychological distress when talking about negative encounters with faculty members. I was vigilant about observing any non-verbal cues of psychological distress such as muscle tension and lack of eye contact with the interviewer. If participants appeared to be distressed, there were plans to direct them to an appropriate resource person such as a college counselor or a social worker; however, that intervention was not required.

3.3 The Research Design

I used a descriptive exploratory research design for this study. According to Brink and Wood (2001), an exploratory research design focuses on discovery, provides an in-depth exploration of a single process or phenomena, and is suitable for areas where there is minimal empirical information about the topic of interest available to researchers (Morse, 1995). A descriptive exploratory research design, hence, is suitable for exploring the previously unexplored area of faculty support for students. It is a suitable approach for answering research questions that aim at describing participants' views, perceptions and understandings of their experiences (Berg, 1989; Green & Thorogood, 2004).

3.3.1 Selection of Participants

In this section, the sampling procedures and selection criteria used to obtain a suitable sample for this study are presented.

3.3.1.1 Sampling Procedures

I began the recruitment process by contacting the Dean and the Director of Health Sciences at the university college to explain the details of the study and gain permission to invite fourth year nursing students to participate in the
study. Following receipt of ethical approval from the BREB at the UBC and the REB at the university college, I requested a colleague to provide the participants with additional information about the study and to answer any questions from the interested students.

The letter, which explained the details of the study and invited students to participate also explained the process by which the students could contact me to ask questions or to indicate interest in participating in the study. Participants interested in participating in the study initiated contact with me either via telephone or via email.

3.3.1.2 Selection Criteria

Qualitative studies require some form of non-probability sampling, in which the sample is chosen using a deliberative process to provide knowledge of the social phenomenon under study (Brink & Wood, 1998). Non-probability sampling is an appropriate sampling technique for exploratory studies as the purpose of an exploratory study is to gain a beginning understanding of a phenomenon rather than to generalize the results to a broader population (Brink and Wood, 2001; Mays & Pope, 1995). The target population for this study was nursing students in the fourth year of the Bachelor of Science in Nursing (BSN) program at a university college, because they had experienced prolonged interaction with nursing faculty by virtue of their position in the year four of the program. I regarded them as experts in the area of supportive faculty behaviors.

During the initial information session, all students who had had interactions with nursing faculty, which they viewed as supportive or unsupportive, were invited to participate in the study. In a qualitative research study, it is very important that the subjects volunteer to participate in the study, as that will ensure their willingness and interest in sharing their true experiences and feelings with the researcher (Morse & Field,
1995). Although participation in the study was voluntary, there was inclusion criteria specified as follows:

1. Currently enrolled in year 4 of the BSN program.
2. Willing to share their experiences and perspectives.
3. Interested and available for a 45-60 minute interview.
4. Able to communicate in English.

Researchers undertaking exploratory studies usually recruit a small sample as the researcher is interested in gaining an in-depth understanding of the phenomena (Brink and Wood, 2001). In accordance with the research design and in keeping with the time and budget constraints, the size of the sample for this study was tentatively estimated at between eight and ten students. The final sample was determined by the willingness, interest, and availability of the students to volunteer for this study and data saturation.

3.3.2 Data Collection Procedures

I used semi-structured interviews and field notes as methods of data collection for this descriptive exploratory study.

3.3.2.1 Interviews

I began each interview with an informal conversation and explanation of my interest in the topic. I also explained the use of tape recorder to the participants. Beginning a research interview with an informal conversation helps to provide a context for the interviewee (Kvale, 1996). Prior to the initiation of each of the interviews, I also reinforced the essential details of the study and provided participants with the opportunity to ask any questions, in order to ensure that they understood the purpose and the process of the study.
Interviews used in this study were semi-structured. I developed an interview guide consisting of 12 questions (Appendix C) and gathered all of the information by starting with those open-ended questions. Most of the questions in the interview guide were also accompanied by written probes, which were aimed at helping the interviewer detect information that was not previously mentioned by participants (Lofland, 1971). Probes allowed the participants the freedom to elaborate on any questions, based on their own experiences and meanings (Morse & Field, 1995). Although I asked each question during each interview, I also encouraged participants to explore and describe their experiences and perceptions. Detailed descriptions of experiences allow for the emergence of common themes as well as those themes that were unique to individual experience (Berg, 1989).

Each of the interviews was approximately 45-60 minutes long and was audio-taped. I transcribed and analyzed the interviews immediately after their completion. Concurrent and constant comparative analysis of the data helps guide data collection and the nature of subsequent interviews (Morse & Field, 1995). I read each interview transcript carefully. I made note of the areas requiring further exploration and used those notes to focus on new areas of exploration, elaboration or clarification in subsequent interviews (Brink & Wood, 1998; Pope, Ziebland & Mays, 2000). Some of the questions in the interview guide were modified or new questions were added to reflect analytic concepts from previous interviews. For example, the first two participants appeared to have difficulty understanding question number 6 [Did these ‘supportive’ faculty behaviors meet your expectations of the nursing faculty? If yes, please describe how. If no, please describe why they did not] in the interview guide. Following preliminary
analysis, I undertook further explanation of this question and attempted to ask it in a clearer manner to the next two participants. The answers in response to the clarified question were very similar to the answers generated from question number 2 [Have you experienced ‘faculty support’ from the faculty in this nursing program? If so, would you please describe your overall experience of ‘faculty support’ (in this program) to me?] in the interview guide. As a result, question number 6 was not used with the last two participants.

During the last two interviews, along with the attempt to elicit any new information, I shared the emerging themes with participants and asked them to comment on whether the themes captured their experiences. For example, in addition to the pre-written questions in the interview guide, those participants answered questions like “Some people feel uncomfortable with the fact that faculty knows a lot about students’ personal lives in this program, being a small institution. What has been your experience around that?”

Participants chose the location of their interviews and a time that was mutually convenient for the participant and the researcher. In any interview locations (campus or hospital offices), privacy was ensured to facilitate open conversation as well as to maintain confidentiality of the participants. Towards the end of the interview, as suggested by Kvale (1996), the researcher summarized the main points from each interview and offered the interviewee an opportunity to add any other relevant thoughts or perceptions.
3.3.2.2 Field Notes

Field notes were completed as soon as possible after each interview with the purpose of supplementing the data obtained from the tape-recorded interviews. Field notes help the researcher capture the physical setting of the interview and participants' non-verbal cues (Morse & Field, 1995). Field notes were also useful to document my thoughts and feelings about the interview, and provided opportunities for me to critique and modify my interview style. Finally, I used the field notes to describe any behaviors that may have influenced the interaction between me and the interviewee. They assisted me to remain open to participants' experiences.

3.4 Data Analysis

I analyzed the data using constant comparative analysis. Constant comparative analysis was originally developed for use in the grounded theory method, but is also suitable for other qualitative studies that aim to develop ways of understanding human phenomena in the context within which they are experienced (Thorne, 2000). In constant comparative analysis, each incident captured in the data is compared with every other relevant incident within and between interviews in order to develop all possible characteristics of a particular concept (Morse and Field, 1995).

According to Pope et al. (2000), the first step in qualitative data analysis is to read the data carefully in order to identify and index any themes, categories or codes. I read each interview and labeled lines or small segments of data with an appropriate code. These codes represented a particular phrase, incident or type of behavior from the data. This process of open coding or substantive coding (Morse and Field, 1995) helped me to understand the core message of the interviews, along with noting any lack of elaboration.
or inconsistencies contained in the interview. Maxwell and Maxwell (1980) named this early stage of constant comparative analysis as 'concept formation', where the researcher develops many tentative conceptual categories that are limited in their generality.

During the next stage of analysis, I compared fragments of the data that had been given similar open codes in the same interview with each other to elicit any differences as well as similarities among them. Similarly, I compared fragments of data under similar open codes in different interviews with each other in an attempt to further define and describe the concepts. Open codes were grouped together based on the similarities or differences among them.

I carried out the first four interviews with the intention to simply explore the subject from the perspective of the participants. After each of these interviews had been analyzed and compared with one another, I tailored subsequent interviews to seek answers to the questions raised by the comparison of codes and concepts within and between the previous interviews.

Through these techniques, I verified the provisional concepts developed from the constant comparison process. The process of constant comparison continued throughout the process of data collection and data analysis until all the interviews had been compared to one another. As suggested by Polit and Hungler (1999), I documented my thoughts, insights and approaches to the data, as well as emerging themes and concepts in the form of memos, throughout the coding and analysis processes. I used these memos to track my assumptions and any speculation about the properties of the concepts and the relationships among them. Memos helped develop and define each concept by
delineating its characteristics and specifying the conditions under which each concept was applicable (Hennie, 2002; Maxwell & Maxell, 1980).

3.4.1 Rigor

Researchers use rigor to control error, either of constant or intermittent nature, in any research project (Morse & Field, 1995). There is an ongoing discussion around the need for specific criteria to assess the quality of qualitative research (Craig & Smyth, 2002). Even though there is a well recognized need for a specific and relevant set of criteria to be developed, the risk for jeopardizing the aesthetics of qualitative research has also been considered as an outcome of rigor by qualitative research scholars (Craig & Smyth; Sandelowski, 1993). According to Sandelowski (1993), “…rigor is less about adherence to the letter of rules and procedures than it is about fidelity to the spirit of qualitative work” (p. 2). I used the following set of criteria, outlined by Craig and Smyth, as a guideline to assess the quality of this qualitative study.

3.4.1.1 Credibility

In qualitative research, the term ‘credibility’, which is often used interchangeably with ‘validity’, refers to the clarity with which the researcher is able to present perspectives of the informants (Morse & Field, 1995). I have tried to clearly present the participants’ perspectives by including quotes from the participants. ‘Member checking’ is a technique to support the validity of the researcher’s findings by formally or informally taking the findings back to the participants and asking them to agree with, clarify or explain certain points in the analysis (Craig & Smyth, 2002; Sandelowski, 1993). According to Sandelowski, member checking is a continuous process that can be carried out informally or formally during a qualitative project. In this study, I did not use
a formal member checking process. Taking the analysis back to the participants for their comments would have created extra demands on the participants, when they already had a heavy academic load and other responsibilities outside of the school life.

I carried out member checking informally with the last two participants by taking my analysis from the previous interviews to those participants and asking them to comment on, elaborate or clarify themes.

The credibility of my findings was strengthened by developing a detailed audit trail to show how I sought out and dealt with negative cases, in other words, cases that appeared to be inconsistent with the emerging analysis (Craig & Smyth). Because people in real life have different perspectives on the same issues, presenting contrasting or contrary information can enhance the credibility of an account for the reader (Creswell, 2003). Source triangulation was achieved by “…including data from different informants from the same setting and presenting quotes from several different informants, where possible, to support a finding” (Craig & Smyth, p. 149). The use of quotations to enhance the description of the findings may bring the reader close to the setting and give the discussion an element of shared experiences (Creswell). It also provides the reader with some evidence of the data used to support the analysis.

3.4.1.2 Transferability

The term ‘transferability’ refers to the extent to which the findings can be useful to others in similar situations or settings (Polit & Hungler, 1999). Transferability differs from generalizability in that direct comparison between any two research settings is impossible, but certain working hypotheses can be developed and possibly transferred to another setting with similarities (Craig & Smyth, 2002). The potential for transferability
of the findings of this study was increased by providing a detailed description of each step of the research process such as the research context, sampling strategy, how informants were accessed, how data were collected and recorded, and how the analysis was carried out (Craig & Smyth). A detailed description of the sample for this study, including the demographic characteristics of the participants also added to the transferability of the study results.

3.4.1.3 Dependability

According to Polit and Hungler (1999), “The dependability of qualitative data refers to the stability of data over time and over conditions” (p. 430). Use of audio-tape recorded interviews and verbatim transcription contributed to the quality of data and enhanced the dependability of the findings of this qualitative study. Without tape-recording and transcribing the interviews, I would have been limited in my recall of details from the data.

3.4.1.4 Confirmability

Confirmability refers to the degree of objectivity or neutrality of the findings of a qualitative study (Craig & Smyth, 2002). Strategies to enhance confirmability or to minimize the effect of my interests, motivations and social position on the findings of this study included a detailed description of how the decisions were made during every stage of the research process, for example, that I wrote memos about each step of the data analysis process and that I used reflexivity as part of that process (Craig & Smyth).

The term ‘reflexivity’ refers to the need for the researcher to be self conscious of his/her own role as an actor in the research process and of the influence of his/her own assumptions and values on the research process (Morse, 1991). Using reflexivity to
enhance the confirmability of my findings required me to take measures to account for the influence of my bias on the research findings. For example, I made a conscious effort to seek participants’ perspective clearly by posing further probing questions and requesting clarification from them as needed, in order to decrease possibility of any assumptions or preconceived notions on my part.

I was aware that findings of this study were likely to have a considerable threat to confirmability as a result of my position as a current nursing faculty member in the research setting. I reduced this threat by making it explicit to the participants how their confidentiality would be maintained and ensuring that I had not been in a teacher-student relationship with these participants, or would be assuming a teaching role with the group for the remainder of their program. I also attempted to control researcher bias by not personally contacting the participants in order to invite them for participation in the study. Instead, a non-nursing faculty member introduced the study to the participants and invited them to participate. I also made a conscious effort to avoid asking the participants any leading questions during the interview in order to minimize any influence of my ideas and perceptions on their answers to the interview questions.

3.5 Limitations of the study

Despite integrating several measures throughout the design of this study to minimize the influence of my position as a faculty member in the research setting, I acknowledge that the findings of this study may have been affected by some of the participants feeling somewhat constrained to provide details of their experiences. They may have feared some implications of sharing their feelings and perceptions about nursing faculty.
This study was also limited by the very small sample size i.e. 6 participants, due to limited interest and availability of the target population to participate in the study and to the time constraints of the researcher. As a result, the findings can only be viewed as applicable within the context of this study. Because this was my first experience with a formal research study, the quality of the results may also have been influenced by my limited skills for data collection and analysis.

3.6 Chapter Summary

In this chapter, I presented the research methods used for this study. I included an introduction of the descriptive exploratory research design, as well as the process of sampling. I outlined the ethical considerations for this study. I described procedures for data collection and data analysis. I indicated the criteria for rigor in qualitative research I used for the study. Finally, I discussed the limitations of this study. In chapter four, the finding of the study will be presented.
4. CHAPTER FOUR: The Findings

4.1 Introduction

In this chapter, I present the findings of my study. The chapter includes a description of the study sample and the themes that emerged through the process of constant comparative analysis of the interviews. In addition to the eight major themes, a number of sub-themes, that supported each of the broad themes, are described.

4.2 Description of the Sample

The participants in this study were 6 nursing students, who were enrolled in year four of the BSN program at a university-college at the time of recruitment and data collection for this study. The demographic characteristics of the sample included age (Table 4.1), sex and ethnicity of the participants. Five of the participants were female, while one was a male. In order to ensure confidentiality of the one male participant, all participants are referred to as female in the discussion. The mean age of the participants was 26.5 years. All of the participants self identified as Canadian.

<table>
<thead>
<tr>
<th>Table 4.1</th>
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<tbody>
<tr>
<td>Demographic Characteristics of Study Participants</td>
</tr>
<tr>
<td>Characteristics</td>
</tr>
<tr>
<td>Age in years</td>
</tr>
<tr>
<td>20 - 25</td>
</tr>
<tr>
<td>26 - 30</td>
</tr>
<tr>
<td>31 - 35</td>
</tr>
</tbody>
</table>
4.3 The Themes

Using constant comparative analysis, eight major themes were developed from the data. These themes capture faculty behaviors and actions that were regarded as supportive by the participants. Although the primary focus of the research was on supportive behaviors, students were also asked to provide exemplars of unsupportive faculty behaviors. Unsupportive behaviors are incorporated in each section as contrasts to the supportive behaviors, with the belief that contrast adds to the reader’s understanding of the concept. The major themes include: feedback on students’ performance, handling student errors, personal knowing between faculty members and students, availability to students, questioning, supportive teaching strategies, and outcomes associated with supportive and unsupportive faculty behaviors. The themes and sub-themes have been summarized in table 4.2.
Table 4.2 Summary of Themes:
Nursing Students’ Perceptions of Faculty Support

<table>
<thead>
<tr>
<th>The Themes</th>
<th>Sub-themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feedback on students’ performance</td>
<td>• Constructive feedback</td>
</tr>
<tr>
<td></td>
<td>• Ongoing feedback</td>
</tr>
<tr>
<td></td>
<td>• Consistent feedback</td>
</tr>
<tr>
<td></td>
<td>• Extensive feedback</td>
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<tr>
<td></td>
<td>• Relevant feedback</td>
</tr>
<tr>
<td></td>
<td>• Dialogue about feedback</td>
</tr>
<tr>
<td>Handling student errors</td>
<td>• Use of incident reports</td>
</tr>
<tr>
<td></td>
<td>• Focus on patient safety</td>
</tr>
<tr>
<td></td>
<td>• Not labeling students</td>
</tr>
<tr>
<td>Personal knowing between</td>
<td>• Acknowledging students as people</td>
</tr>
<tr>
<td>faculty members and students</td>
<td>• Knowing students’ extracurricular interests and personal lives</td>
</tr>
<tr>
<td></td>
<td>• Limits on personal knowing between faculty members and students</td>
</tr>
<tr>
<td>Availability to the students</td>
<td>• Faculty members’ participation in extracurricular events</td>
</tr>
<tr>
<td></td>
<td>• Initiation of contact with students</td>
</tr>
<tr>
<td></td>
<td>• Faculty members’ availability at times convenient for the students</td>
</tr>
<tr>
<td>Asking questions and responding to</td>
<td>• Challenging the students to learn</td>
</tr>
<tr>
<td>students’ questions</td>
<td>• Not expecting the students to know everything</td>
</tr>
<tr>
<td></td>
<td>• Independence versus direction</td>
</tr>
<tr>
<td></td>
<td>• Unsupportive styles of questioning and responding to students’ questions</td>
</tr>
</tbody>
</table>
### Table 4.2 Summary of Themes: Nursing Students’ Perceptions of Faculty Support (Contd.)

<table>
<thead>
<tr>
<th>The Themes</th>
<th>Sub-themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supportive teaching strategies</td>
<td>• Using narratives or stories to support student learning</td>
</tr>
<tr>
<td></td>
<td>• Making teaching interactive</td>
</tr>
<tr>
<td></td>
<td>• Demonstrating enthusiasm and passion for teaching</td>
</tr>
<tr>
<td></td>
<td>• Linking teaching to outcomes</td>
</tr>
<tr>
<td></td>
<td>• Motivating students to learn</td>
</tr>
<tr>
<td></td>
<td>• Modeling expected behaviors for the students</td>
</tr>
<tr>
<td></td>
<td>• Faculty presenting as human beings</td>
</tr>
<tr>
<td></td>
<td>• Creating a relaxed environment</td>
</tr>
<tr>
<td>Impact of supportive faculty behaviors on students</td>
<td>• Sense of accomplishment, independence, and confidence</td>
</tr>
<tr>
<td></td>
<td>• Improved learning</td>
</tr>
<tr>
<td>Impact of unsupportive faculty behaviors on students</td>
<td>• Decrease in self confidence</td>
</tr>
<tr>
<td></td>
<td>• Loss of students’ voice</td>
</tr>
<tr>
<td></td>
<td>• Improper use of resources</td>
</tr>
<tr>
<td></td>
<td>• Lack of trust towards faculty members</td>
</tr>
</tbody>
</table>

In the following section, I will outline the themes that were developed, substantiated by direct quotes from the students.

#### 4.3.1 Feedback on Students’ Performance

Students referred to faculty members’ written and verbal feedback on their performance in various classroom and clinical settings as supportive because it was an essential element of their learning experience. Elements of feedback students described
as supportive of their learning were constructive feedback, ongoing feedback, consistent feedback, extensive feedback i.e. feedback on assignments and midterm examinations, relevant feedback and dialogue about feedback.

4.3.1.1 Constructive Feedback

These students viewed constructive feedback as including positive and negative aspects of student performance, and incorporating suggestions to foster their future growth. Positive written feedback helped these students feel good about themselves, because they knew that faculty members were aware of the positive aspects of their performance. They did not appreciate faculty members noting only the weak points of their performance. For example, this participant described her experience,

“I think that instructor as well in their mid evaluation or final evaluation for that rotation had given feedback, as far as leadership qualities and things that she [faculty member] had noticed about me and you know things that make you feel good when you hear them from other people and you know may be give you ideas for things to do in your future for practice” (Participant #1).

Participants also indicated that constructive feedback from faculty members encouraged improvement in their future performance, because they could see the way forward.

“I also like it when they give good feedback. It doesn’t always have to be positive, but its constructive, it’s the most important thing, then you can work on it and then you can actually see an improvement” (Participant #4).

4.3.1.2 Ongoing Feedback

Students regarded ongoing rather than episodic or sporadic feedback as supportive. If they were constantly aware of faculty members’ opinions about their performance, they felt better about their learning. Students felt that, with ongoing feedback, there would be no surprises for them at the end of their learning experiences.
For example, this participant stated, “And the feedback too, it wasn’t really a surprise, it was continuous feedback on your performance. So that felt really good” (Participant #1).

Continuous feedback from faculty members assisted students in reflecting about their strengths and weaknesses, which provided opportunities for them to improve and grow.

“So, just the constant feedback, reflection, evaluation towards each other [between faculty and students] is really good and the ongoing feedback and conversation is good, just knowing where you are at. No surprises, I think from the most part what I have seen is the instructors are good at letting you know along the way how you are doing, and that’s important, so you can improve. You go along as a student and you don’t always know if you are doing something wrong or that you should be improving on something, which gives you a chance to improve. I think that’s really important” (Participant #5).

Participants linked ongoing feedback from faculty members to fairness of student evaluation processes, as it created opportunities for the students to demonstrate improvement in identified areas.

“And then [after providing ongoing feedback] they [faculty] can accurately evaluate us if they mention to us oh you know may be try this way or work on this. And then you can work on your plan or your clinical rotation to build on that” (Participant #6).

Faculty members who failed to provide ongoing feedback were viewed as unsupportive by the students, because they perceived lack of ongoing feedback as a loss of opportunity to demonstrate improvement.

“You want to know how you are doing and see if there are areas you need to work on, cause if you wait till you have an evaluation, by that time you could have already worked on it for a couple of days in clinical. So, it’s good to get it out right away” (Participant #4).

Students also felt that lack of ongoing feedback left them feeling uncertain about their position and their progress in terms of their learning and made them wonder if the faculty member was not truly engaged with them in the learning process.
"Like I find it very frustrating if an instructor doesn't give you very much feedback, you are kind of just left there wondering. Ok, do they think I am a good nurse or not? Or am I going to make it through?" (Participant #3). In particular, comments on negative aspects of student performance which were a surprise to the students at the end of the teaching term were viewed as unsupportive. This was particularly the case if the feedback was of critical importance to the progress of the student, rather than inconsequential feedback. Information suggesting that faculty members were indecisive about students’ performance and had been contemplating learning plans to improve their performance in a clinical setting was regarded as non-supportive. For example, this student described feeling unsure about the faculty member’s level of competence for evaluating students. She wondered about faculty member’s reasoning for not sharing this feedback with her earlier in the term.

"Finding out after the fact that she was contemplating putting me on a learning plan, which I guess she was unsure [about my performance], but at the same time, when you have your mid evaluation and it just came as a surprise at the end, rather than along the way. I would rather have the feedback throughout, rather than at the end" (Participant #1).

4.3.1.3 Consistent Feedback

These students regarded consistency between verbal and written feedback by faculty members as supportive. They did not regard that repetition as a problem. Obvious discrepancies between faculty members’ verbal and written feedback made their learning more challenging.

"One of the key things is when people [faculty] are consistent. So, when you, when they give you feedback on paper or written, especially actually that’s the part that is little bit different is that they will tell you one thing and then you might get another something on your written feedback that is not what they said or vice versa. So, that makes it harder" (Participant #4).
The inconsistencies also undermined their relationships with faculty members by interfering with the development of a trusting relationship. This participant explained her perceptions,

"I think that [inconsistency between verbal and written feedback] doesn’t build a lot of trust, then you don’t know what you are telling them or what they are telling you, is necessarily really what they are thinking, cause it comes out later. So, it’s nice if everything is consistent" (Participant #4).

4.3.1.4 Extensive Feedback

Participants in this study regarded detailed extensive feedback on their performance as supportive because it ensured that they knew that faculty members were aware of their progress. Participants valued written evaluation tools, because they provided for a means for detailed feedback from faculty members and facilitated ongoing communication and feedback between faculty members and students. They did not put any limits on the amount of detail of the feedback:

"I think just the CPRs [Clinical Progress records, a tool used to help the students critically reflect on their own progress] and LNs [Learning Needs, self identified by the students based on their CPRs] are good tools. It keeps them in tune with what we are thinking and what we are doing. And the evaluations like the midterm and the final. In that way, they keep in close contact with what we are doing” (Participant #5).

Lack of detailed feedback on student performance, particularly on midterm and final exams, was described as unsupportive by the participants. These students were unhappy about a program structure and schedule that failed to provide an opportunity for review of answers to the exam questions. They indicated that knowing the right answers to the exam questions would facilitate learning for them; otherwise they were uncertain about the answers to the exam questions.
“You know if there are two answers that are quite similar and the question is worded in a way that could go to either answer, and then it would be nice to be able to go over that kind of thing, instead of just fluffing it off. I don’t consider that very supportive. I mean I am not necessarily just trying to get marks, I am trying to understand, and that’s how you learn more and then you know why you got that answer wrong” (Participant #2).

4.3.1.5 Relevant Feedback

Participants indicated that any content that they viewed as irrelevant to their professional learning or unwarranted in terms of their learning objectives should not have been included in their written feedback. Elements of written feedback perceived to be irrelevant by the participants were comments about missing clinical time due to personal reasons, non-adherence to the dress code, and personality conflicts between them and the faculty members. The students appeared to make a distinction between content areas that represented other areas of their responsibility and the areas related to their learning progress. For example, this participant expressed his feelings about a faculty member’s comments about missed clinical time, “And then, at the end, it gets to put on your record that you missed these hours because you had to work. Like that got written in my review. Those are like the knit picky things” (Participant #3).

Students regarded their dress as outside of the faculty members’ realm of expertise and areas that they needed to use for evaluating students. Faculty members who included comments about failure to follow the college dress code in students’ written evaluations were viewed as unsupportive by students, as they regarded such comments as personal attacks as opposed to comments about their learning.

“Like it got written on my final evaluation, about how like I had to remind (...) to adhere to the dress code and I had to ask her twice not to wear a necklace. I don’t find that relevant to this year of nursing. It’s just how they [faculty] deal with it” (Participant #3).
Inclusion of comments related to personality conflicts between faculty members and students in the written evaluation was also viewed as unsupportive by the participants. They appeared to regard personality conflicts as separate from the realm of nursing practice and irrelevant to their future practice and felt that personality conflicts should be dealt off the record.

**4.3.1.6 Dialogue about Feedback**

A dialogue between the students and the faculty members about their performance was described as supportive. All of the above elements of feedback benefited from a verbal discussion between faculty members and students. For example, students felt that verbal discussion added more clarity to the faculty members’ written comments.

“So, I went and talked to her [the faculty member] and she gave me all the [verbal] feedback. You know she was totally open and said like one of the things was she said like you have all the thoughts, you are not just making the links in your paper. So, I was like OK. So, she clarified every thing [in the written feedback] for me. And then I wrote another paper for her, and I got an 80. So, then she wrote good job you know, you did much better” (Participant #3).

Initiating a dialogue with the students about their performance was clearly described as an area of faculty responsibility and faculty members who fulfilled this responsibility were regarded as supportive. The students did not regard avoidance of initiating dialogue with a faculty member as a strategy some students used to stay under the faculty members’ radar; instead they regarded it as a personality trait.

“I am a very open person, other students who may be aren’t as outgoing or kind of keep to themselves, I don’t think would initiate that conversation. I think it’s important for our instructors to kind of key into those, like personality kind of things. Like some students wouldn’t initiate that conversation, they would kind of float along and flow sort of under the radar kind of thing. But at the same time, maybe they are a really quiet person and they just don’t want to talk about it. It has to be the, it has to be the instructor coming and saying how do you feel about this, and how do you think that you are doing and how do you think that you did with that IM injection or whatever, and then those kind of questions you can’t really avoid (laughing). You have to answer and then you know that the dialogue can begin” (Participant #6).
Students also appreciated faculty members who ensured students' privacy during a verbal discussion about their performance. Providing students with an opportunity to discuss the clinical skill with faculty members before performing the skill and to discuss their performance after the skill was perceived as a supportive faculty behavior as it helped reduce the chance for faculty members giving negative feedback to students in front of the patient and helped students feel more relaxed.

“So, I found in my surgical rotation that my instructor was really good at discussing something, if I was going to do a skill or I was going to do some critical thinking or something about an intervention, she would have a discussion with me in private first and then watch me do it. And then once we left the room, there will be discussion. So, there was never any room for embarrassment or humiliation if it was said in front of the patient. So, I think that was really important, because you need to have that confidence with the patient as well” (Participant #5).

To summarize the findings on faculty feedback on students’ performance, supportive elements of feedback included constructive feedback, ongoing feedback, consistent feedback, detailed extensive feedback, and dialogue between faculty and students about students’ performance. Lack of ongoing feedback, inconsistencies between verbal and written feedback, and inclusion of comments in the written feedback that were perceived as irrelevant to the students’ learning were considered unsupportive elements of feedback by the students.

4.3.2 Handling Student Errors

The participants described how faculty members were supportive in their management of students’ clinical performance errors. Faculty members were viewed as supportive when they used incident reports to create learning opportunities for the students, demonstrated a focus on patient safety, and did not label the students with particular clinical errors.
4.3.2.1 Use of Incident Reports

Incident reports are a tool that students were expected to fill out in the event of a clinical performance error. The purpose of this tool was to help the students critically reflect on their error and come up with strategies to overcome their performance issue/s. Students described three different modes/styles of using incident reports by faculty members that they regarded as supportive or unsupportive.

Faculty members who used incident reports to assist the students to reflect on their clinical errors were viewed as supportive by the students. This helped students identify patterns that could be repeated and helped them develop strategies to prevent the recurrence of these identified patterns. For example, this participant described her experience with a medication error by stating,

“So, I did get an incident report for that and my instructor explained why. She said that she wouldn’t necessarily give an incident report, but it is important to recognize why this happened, which was me not being able to set limits and say um I am having some problems here, would you be able to help me with this?, asking other people for help, rather than thinking that I have to take it all on by myself if I am not ready yet. I mean incident reports can seem like a very negative situation, she made it into a very supportive situation and really looked at all these underlying bits” (Participant #2).

The faculty member in this situation also demonstrated a focus on student learning versus punishment by sharing some personal strategies with the student to help her improve in the identified area of her practice.

“So, I was able to go through this whole therapeutic session and she was able to share with me that she went through the same struggles and gave me ideas and it was just really great. Turned out to be really wonderful. So, that was pretty much my top example of good support” (Participant #2).

Faculty members, who avoided giving incident reports to students in situations where the students demonstrated immediate evidence of significant learning from
clinical errors were also described as supportive by students. They felt that by avoiding an incident report, faculty indicated that they viewed incident reports as a learning tool as opposed to a means of punishment for clinical errors. For example, this participant described his experience with a clinical error where the faculty member acknowledged his responsibility and accountability in finding and reporting his own error.

“So the fact that [the student] coming back, having found it [the error], being accountable and going to them [the faculty member and the team nurse] to get a result, to get the patient what they needed and just felt supported in that, you know what could have been an incident report, not that incident reports are necessarily a big deal but need to be done” (Participant #1).

Faculty members who handed out incident reports to the students without encouraging them to critically reflect on their clinical errors were viewed as using incident reports as a punishment, which was unsupportive. This participant described the difference between using incident reports to foster student learning or to punish them.

“But this one [the one that had a focus on learning] was so much beyond the typical, you know the typical incident report. I mean the first incident report I got, I just went through it and said I was stressed and that, but this one was so much deeper and we got to the heart of the matter” (Participant #2).

Faculty behaviors described as punishing students for clinical errors were talking to students in loudly and removing the student from the clinical area. Participants referred to those behaviors as harassing, intimidating, and humiliating and regarded them as demonstrating a lack of respect for them as individuals.

4.3.2.2 Focus on Patient Safety

Faculty members who demonstrated a concern for patient safety in clinical error situations were viewed as supportive by the students. A faculty member’s focus on patient safety assured students that their learning was around ensuring patient safety, even when they make a mistake. For example, this participant described a clinical
situation where she felt very nervous and terrified as a result of the medication overdose. She felt supported, because the faculty member reassured her and guided her to take appropriate measures to enhance patient safety.

“I was all freaked out. I told her [the faculty member] he [the patient] sprayed it himself and she was like just go check his blood pressure, don’t worry about it. So, I checked his blood pressure” (Participant #3).

4.3.2.3 Not Labeling the Students

Faculty members who did not label students with poor clinical performances, but were able to also acknowledge positive aspects in the context of clinical errors were described as supportive. The students felt they received a non-judgmental evaluation of their performance.

“After that [the clinical error] she [the faculty member] would kind of watch me and make sure I did it [correctly], but by the end of the rotation she knew that it wasn’t a problem and I knew that I was doing it cause I also felt horrible about it. So, I didn’t feel like she was always looking over my shoulder or wondering if I did it or not” (Participant #4).

This participant also found it supportive when she had the same clinical instructor a year later in the program, and the instructor did not identify the student by the clinical error she had made. The participant described this experience thus,

“And then I had her [the same faculty member who had witnessed the student’s error in the previous rotation] again actually just recently for few days, and you know it didn’t even come up, it wasn’t even something she was worried about. So, you know that they trust you, and it progressed, its not like she was oh my goodness, this person is screwed up for the rest of their life, it’s not like they are going to remember that forever” (Participant #4).

In summary, faculty members who focused on students’ learning and ensuring patients’ safety, when dealing with students’ clinical errors, were regarded as supportive by the students. Students also felt supported when faculty demonstrated responsibility by acknowledging their own clinical errors, did not label students negatively around
particular clinical errors, and acknowledged positive aspects of their performance despite their clinical errors. Faculty members who demonstrated punishing behaviors while dealing with students’ clinical performance issues such as using incident reports as a punishment, talking loudly to a student and removing a student from a learning experience were viewed as unsupportive by the students.

4.3.3 Personal Knowing between Faculty Members and Students

Personal knowing between faculty members and students was based on faculty members' appreciation for students' personal lives. The students felt that acknowledging them as people, knowing who they were outside of the classroom, and knowing how their personal lives complemented or competed with their professional lives were some of ways faculty members showed support for them. They felt that personal knowing between faculty members and students was an important element of a supportive learning environment, because it helped the students feel valued as individuals. Although personal knowing between faculty members and students was important, the participants also described concerns around confidentiality of students' personal information and limits to personal knowing between faculty members and students.

4.3.3.1 Acknowledging Students as People

Students valued their faculty members being able to acknowledge them by their names inside and outside of the classroom, as it conveyed respect for them as individuals.

“And then you know if you see someone else, you know other instructors that you have had before, if they remember your name, and they recognize you and they know you. You enjoy seeing them in the hall, and you feel like you know this is really nice” (Participant #4).
Another participant stated, “Like the people [faculty members] that I find most supportive, are people like that if I run into them on the street, they are like *hi (...)*, how *are you doing? You know they acknowledge [the students]” (Participant #3).

Students felt that knowing each other by their first names helped improve the communication between faculty members and students.

“It might be the smaller community, which I think smaller nursing program I think is good in certain ways that you know more people by there first name compared to a bigger university with instructors and other classmates, and it helps to initiate conversation [between faculty and students]” (Participant #1).

### 4.3.3.2 Knowing Students’ Extracurricular Interests and Personal Lives

Students described how the faculty members’ knowledge of personal aspects of their lives demonstrated support for them. Their interest in students’ extracurricular activities was regarded as supportive; because it helped the faculty members understand the students’ professional or academic performance. For example, this participant expressed her appreciation for a faculty member who initiated a dialogue with her in the pre-program interview about her extracurricular interests and how the program workload might affect them. This participant also felt the faculty member’s consideration for her extracurricular interests showed respect for her balance of time for her academic and personal life.

“You know I don’t do 100% of the readings [because of the time I spend on my extracurricular interests], I haven’t needed to. But I don’t do because I have other things to do and for me to do well, I have to balance. It will take me all day to do all the readings, and it’s just not what I am going to do. Most instructors understand that, and they, by knowing someone you can know how they think and you can understand them better” (Participant #4).

Faculty members who did not show any interest in students’ personal lives or attempt to know them as people were viewed as unsupportive. Students felt that without
knowing them as a person and taking their personal characteristics and interests into account, faculty members’ analysis of their professional or academic progress would be superficial.

“But its kind of like you have to, you feel the instructor, if you don’t feel comfortable, take a step back and they don’t get to really know you as a person. So, they can’t really evaluate what kind of nurse you are going to be. So, it’s kind of like surface level stuff, and that’s how I felt this whole year has been. It’s kind of superficial where you don’t really get to know the person” (Participant #3).

Faculty members’ lack of interest in students’ personal lives was perceived as a disregard for their personal choices. This participant felt deprived of her freedom of choice when a faculty member failed to take her personal life into consideration while making a short notice change in a scheduled learning experience.

“Well yah, you don’t really have a choice. It [the change in schedule] is still going to happen, whether you have a problem or not. So, they ask your feedback, but its not really coming in [it’s not really considered] and they expect you to be there. I told her I had to work, I cannot just, can’t just call in sick. I mean we need finances too while we are in school” (Participant #3).

Faculty members who expected students to meet at unscheduled times at short notice, to give up their personal interests, and who questioned students’ professional and academic commitment in light of their extracurricular interests were regarded as unsupportive. Those actions conveyed a lack of respect for their personal lives. This participant referred to a faculty member’s comments at the beginning of the program.

“First of all in general, that right in the beginning [of the program], you are told [by faculty] that this is going to be your life, for the next four years, this program is going to be your life. And I think that they are trying to make sure that students understand that it is a very busy workload, I appreciate that but… on the other hand they seem to frown upon any extracurricular activities, well they are not supportive of extracurricular activities that are important to people whether they be sports, where I know there are a lot of universities that have busy programs and very intelligent people working, you know balancing, you know driving themselves, I don’t know how some of these people do it, to excel in sports and school” (Participant #1).
4.3.3.3 Limits on Personal Knowing between Faculty Members and Students

Students placed limits on the appropriate sharing of personal knowledge between faculty members and students. They felt that only the aspects of their personal life that have a bearing on their professional or academic performance should be known to faculty members. For example, this participant stated, “So, I think if it has to do with clinical or school and its affecting it, then it’s a topic to explore [between faculty and the student] and then that should be discussed” (Participant #2). The students felt that faculty members who wanted to know about aspects of students’ personal lives that they considered irrelevant to their academic performance crossed a line, which made students feel uncomfortable.

“Having people [students] felt like if something was going on in their life making you know, school life difficult, I think faculty wants to know about everything even in preceptorship they say if anything is going on let us know, which in a way is a good thing if there are things going on and they are able to accommodate that or understand that, that’s a positive thing. Some people have felt, on the other hand that faculty are being too intrusive” (Participant #1).

Participants’ reasons for their limits on the extent of sharing of personal information between faculty and students included their fear that information about their personal life may be abused by faculty who were in powerful positions, resulting in negative consequences for them.

“I would think that they [faculty] should be able to [keep students’ personal information separate from their professional performance]. But I know that a lot of time they don’t. I kind of think that that’s the way with a lot of authoritative figures. I think that’s why you keep those things to your self and you share them with people that are close to you. And when you go to work, you leave that behind. Maybe that comes from my work, working relationships. I don’t bring that to work. To me the instructor role is kind of like an employer to me I suppose, that was my personal business unless it was absolutely crucial” (Participant #4).
Students wondered if faculty members gossiped about students' personal issues, which would create feelings of mistrust.

"When they [students] want to keep their personal life to themselves, they don’t know how these people [faculty members], these instructors know like one instructor might mention something, and the student is like I never said anything to that person about this, how did they find out. Who knows what who is talking about me" (Participant #1).

Faculty members who shared students' personal information with each other in the form of a gossip were regarded as unsupportive, because they breached students' confidentiality. Students expected faculty to share their personal information with other faculty members only in reference to their professional performance.

"I would like to think if I came to an instructor with a personal problem, that it stays between me and my instructor and I know that doesn’t happen, just from other students’ experiences and what they have told me. And I am sure they all, they sit around and discuss every student, which is fine for my educational standpoint, from you know clinical experience and that. But I think personal aspects of students’ life should be kept between the instructor [and the student]. I don’t think that is supportive at all" (Participant #5).

In summary, faculty members who acknowledged students by their names outside of the classroom setting and demonstrated consideration for students’ personal lives and extracurricular interests were viewed as supportive. On the other hand, students did not feel supported when faculty demonstrated a lack of consideration for their personal lives and their extracurricular interests. Participants felt that personal information relevant to their professional performance should be shared. Under other circumstances, they feared a breach of confidentiality when faculty members shared their personal information in the form of gossip, which led to feelings of mistrust towards faculty members.
4.3.4 Availability to the Students

Students frequently referred to faculty members’ availability to them as supportive and associated lack of faculty availability with lack of support. They described different forms of faculty availability such as participation in extracurricular activities with the students, initiation of contact with students to offer support, and availability at times convenient to the students.

4.3.4.1 Faculty Members’ Participation in Extracurricular Events

Faculty members who were available outside of regular curricular hours to participate in the extracurricular events organized by the students were regarded as supportive. Faculty members demonstrated support for them by being physically present, by demonstrating appropriate actions and by the using appropriate words. Availability outside of the extracurricular hours demonstrated faculty respect for them as individuals.

This participant commented about faculty participation in a grad fund raiser event.

“One thing that I liked that when we put out our grad fund raiser thing to have people come to the grad fund raiser, and the two instructors came and you know it was nice to see that they were actually supporting and they were out there, were interested in coming to support our graduation. So, that was one example. And then other people [faculty members] got back to me to say they couldn’t come…… yah, just to know that they are there for you” (Participant #3).

Another student expressed appreciation for a faculty member’s availability, outside of regular curricular hours, to help the students set up a Nursing Students Association (NSA). This faculty member’s support for setting up NSA was regarded as an effort to improve communication between students and faculty members.

“And later on that same instructor helped with student association that we were trying to create and get rolling which was not part of her workload or you know what she was supposed to be doing, but trying to increase communication and contact between faculty and students and try you know a little bit extra. That wasn’t a lot of work, but you know telephone calls on the weekend and then just
little bit of planning here and there and trying to get things organized, trying to find out how to go about doing things and made herself just more available” (Participant #1).

Faculty members’ participation in sports events organized by NSA increased the connection between faculty members and students by demonstrating their availability.

“You know stuff like that [referring to faculty participation in welcome back BBQ] makes a little bit more unity I think between people [between faculty and students]. Not just seeing people in the classroom or clinical. Makes it easier to relate to people or talk to people. Seeing them more like human beings” (Participant #2).

4.3.4.2 Initiation of Contact with Students

Faculty members who initiated contact with the students to offer their support for students’ learning were regarded as supportive by the participants. Students felt that, by making themselves available to offer support, faculty members demonstrated an appreciation for the challenging nature of their learning. This participant described a clinical experience with a faculty member who initiated contact with the students to offer her support for a challenging clinical assignment students were expected to complete.

“Just kind of knowing that she [the faculty member] was there, if we needed help. It was good to know that she was there, you know just that boundary that I am here if you need me. And there are not a lot of instructors who actually say that, if you need me I am here. It was nice to know that if you are drowning, you can go [to the faculty member] and say that you need help. And she had a lot of sessions to coordinate [with other students], organization on her part, she needed to be here, here and here. It was nice to know that if you need anything, just let me know” (Participant #6).

4.3.4.3 Faculty Members’ Availability at Times Convenient for the Students

Students expected the faculty members to be available to them at times that were convenient to them. Faculty members who were available at those times were regarded as supportive, while those who gave messages they were only available by formal arrangements were regarded as unsupportive.
"Just being available, like being able to just walk up and ask a question or sort of just have time to sit down instead of having to make an official appointment or you know being available by phone or email, just knowing you know people generally are quite respectful anyways, you are not going to call someone at night for every little thing, but if there is something, it is nice to be able to call. So, it's nice to have that available" (Participant #1).

Faculty members who responded to students' emails or other requests in a quick and timely manner were regarded as caring and available, while others who demonstrated some tardiness in responding to students' messages and requests were described unsupportive.

Participants felt that faculty members who were unavailable at times convenient to the students demonstrated a disregard for students' busy academic and personal lives. One student shared an experience where a faculty member refused to meet with the students during her lunch hour, claiming her right for a break. The student felt that the faculty member demonstrated a lack of consideration for the students' busy schedules. It would have been more acceptable to students if the faculty member gave other reasons for her inability to meet with them.

In brief, faculty members' availability to the students represented a significant element of a supportive learning environment for the students. They felt supported by faculty members who saw them outside of their regular curricular hours and participated in students' extracurricular activities. Faculty members who initiated contact with the students to offer their support were regarded as available and supportive by the students.

4.3.5 Asking Questions and Responding to Students' Questions

Students considered faculty members' styles of questioning and responses to questions as supportive or unsupportive. Some styles of questioning and responding to students' questions conveyed respect for students as individuals and facilitated their
learning by challenging them to learn. Those styles allowed students to balance their
independent learning and direction from faculty. A lack of faculty members’
appreciation for students’ reasoning behind their questions and use of inappropriate
verbal and non-verbal behaviors in response to students’ questions were viewed as
unsupportive questioning.

4.3.5.1 Challenging Students to Learn

Faculty members who asked questions that challenged students’ thinking were
regarded as supportive by the students, because they facilitated their learning. Students
felt that by challenging them with the questions, faculty members conveyed their
appreciation for students’ needs, abilities and willingness to learn.

“You felt like they [faculty] had a lot of respect and you respected them and there
was a lot of them, actually those instructors were the ones that would ask a lot of
questions during clinical, like try and challenge you for thinking” (Participant #4).

On the other hand, faculty members who failed to use questioning with students
were regarded as unsupportive. Students felt they missed out on important opportunities
to learn new information, which affected their overall learning outcomes negatively.

“It is too bad if you miss out with instructors that don’t ask questions because
later on you are expected to know it, you are not going to have a chance, and there
is no excuse once you are an RN [Registered Nurse]. So, I really love when
people ask questions. My preceptor is like that, I am lucky” (Participant #4).

4.3.5.2 Not Expecting the Students to Know Everything

Faculty members who challenged the students with questions, but indicated they
were not expected to immediately provide the right answer were regarded as supportive.
The students perceived those faculty members as expecting them to be interested in
learning and finding out the right answers.
"Like I said, [supportive instructor] makes me feel little bit uncomfortable, like and push me to know more, not condescending and you know expect that I know everything and may be giving hints or suggestions" (Participant #4).

Supportive faculty members allowed the students time to look up the answers. Students felt that they provided a trigger for their thinking, while still allowing them to be responsible for their own learning. They valued their faculty members looking for responsible learning behaviors in terms of finding things out rather than expecting answers to questions immediately.

“She [the faculty member] mentioned that to us and she said to us, you know I don’t expect you to know every thing but it’s your responsibility to seek the answer if you don’t know. So, yah you weren’t expected to just know it, but you were expected to be open minded and want to learn. So, in that way that was really supportive” (Participant #5).

4.3.5.3 Independence versus Direction

Students found it supportive when faculty members allowed them some independence with their learning. That involved having them reach their own conclusions and answers, while providing them with some direction to get there. Independence with their learning helped increase students' self esteem, while direction helped them focus their learning in appropriate areas. This participant described a clinical experience.

“It was kind of that deductive reasoning that made me feel good about myself and you know just my learning. So, at the end of the day, her gentle probing [by the faculty member] and little bit of direction and then letting me be independent, come to her with information and questions. If I was getting stuck on something I could return and may be give me a little bit more guidance, and then I was able at the end when I figured it out, that’s one thing I remember still, because it felt good having done that.” (Participant #1).

Students described faculty members who provided them with a framework or hints to help them answer a question, while allowing them time to think and discover the answers as supportive.
"I had asked a question about something that I can’t remember now. She [the faculty member] kind of turned it around on me which at first really intimidated me. She said what do you think this means? I just thought well I don’t know and I just kind of wanted to run and hide, but she said well think about this theory and how this happens and this happens, so why do you think that that is happening? So, she pushed me to not just ask questions but to think critically and go through it, which takes more time for a student. For me it takes more time to go through a situation and identify all this stuff and make all the connections. She made me do that which totally helps learning process instead of just asking why and her saying it is because of this. She made me go through it which was intimidating at first, because there were other students around. But I did go through it and I learned more from it because she did that” (Participant #2).

4.3.5.4 Unsupportive Styles of Questioning and Responding to Students’ Questions

Faculty members who demonstrated verbal or non-verbal behaviors indicating a lack of appreciation for the reasoning behind students’ questions were regarded as unsupportive. Students felt they perceived their questions to be a nuisance or annoying. They did not acknowledge that students’ questions were aimed at clarification.

“But it was just like that was a rude remark [by the faculty member], like look on your paper, I was just asking a question, it [the answer] wasn’t on the paper, so its kind of like what I talked earlier about asking a lot of questions, some people [faculty] tend to take it the wrong way and tend to think I am second guessing them. So, I asked her a question and I got a snooty remark” (Participant #3).

Faculty members who used a sharp tone of voice while asking questions, responding to students’ questions or responding to wrong answers by the students were described as unsupportive. Students felt attacked and that faculty members tried to induce guilt in them for not knowing the right answer. The resultant stress interfered with students’ learning.

“They [supportive faculty members] will push you to learn, they will ask you lots of questions, but they wouldn’t put you down for not knowing it. I mean obviously you are going to be disappointed, I mean I will feel disappointed that I am not able to answer the question, but if they don’t attack me for not doing it, it will push me more to learn that rather than make me feel guilty for not knowing it. Because guilt doesn’t get me anywhere, just stresses me out to the max, I can’t
learn any thing. You want a little bit of stress, but you don’t want to be so stressed that you can’t keep on learning and pushing yourself” (Participant #2).

In brief, faculty members who challenged the students to learn by asking them questions, not expecting them to know everything, and allowing them opportunity to find out the right information were viewed as supportive by students. They valued a balance between their independence in learning and the direction provided by their faculty members and felt supported when they allowed them opportunities to come up with their own answers while providing some guidance to help focus their learning. On the other hand, faculty members who did not challenge their thinking by asking them questions were regarded as unsupportive by students. Unsupportive styles of questioning and responses included faculty using a sharp tone of voice and verbal or non-verbal faculty behaviors that indicated a lack of appreciation for reasoning behind students’ questions and a lack of respect for them as individuals.

4.3.6 Supportive Teaching Strategies

Students described faculty members’ clinical and classroom teaching strategies they perceived as supportive. Teaching strategies that facilitated their learning included using narratives or stories to support student learning, making teaching interactive, demonstrating enthusiasm and passion for teaching, setting up a framework to help students achieve outcomes, motivating students to learn, modeling expected behaviors for students, presenting faculty members as human beings, guiding versus judging, and creating a relaxed environment for learning.
4.3.6.1 Using Narratives or Stories to Support Student Learning

Students wanted to see the relevance of theoretical content for their professional practice and growth. Faculty members who integrated real life examples in the form of narratives or stories in the content they were teaching were described as making their teaching more relevant and as supportive by the students.

“Even some of the classes we have had are kind of abstract or airy fairy whatever terms get thrown around and just I guess for me, I like having that abstract and theory kind of make it relevant and then demonstrate what that means in real life” (Participant #1).

Students felt that integration of real life examples into the classroom content was supportive to their learning, because they could apply the content in their professional lives, which added to their understanding of the content.

“Another instructor was able to bring a lot of personal experience to the content she was teaching which helped [the students] to visualize it and I think a lot of people were, it helped make more sense of that. That instructor did a good job of kind of really critical reflection of her own career or life, like bringing that content to life” (Participant #1).

Students indicated faculty members’ clinical expertise and active clinical practice where they were teaching facilitated the integration of real life examples and stories into teaching content. They believed those real life examples added to the effectiveness of their classroom and clinical teaching. The participants felt classroom teaching needed to be assigned in accordance with the clinical expertise of the faculty. For example, this participant stated,

“Like when we go, I think it was our central line lab with (...), and she works, still works once in a while, and labs run by say (...) are far more um conducive to learning, she brings forward like real examples, things that have happened to her, things that happened in clinical setting as opposed to some instructors who are may be more public health focus, and which is fine if we have public health, but I don’t think you should have public health nurse teaching central lines” (Participant #6).
4.3.6.2 Making Teaching Interactive

Students appreciated faculty members who involved them in their learning experiences, because it made them feel valued and respected. Faculty members who used an interactive teaching style with small group work and classroom discussions were described as supportive. For example, this student stated,

“And [faculty] answering questions and just making it a real good learning environment, like getting everybody involved. So, I thought they were really good at that. There was a lot of class discussion and I think that helps with the learning and just people get more involved with each other” (Participant #5).

Students also felt faculty members who provided them with opportunities to evaluate themselves and invited their opinions on their learning experiences were supportive. They felt those faculty demonstrated respect for them as learners.

“And then when you are done [with performing a particular clinical task], if someone [a faculty member] says how you think that went, that’s a good way. It’s not like you have missed this, this and this and you did this good. Most people [students] tend to think the negatives, so if you ask them how it went, it works a lot better and they can figure out and they can give you feedback” (Participant #3).

4.3.6.3 Demonstrating Enthusiasm and Passion for Teaching

Faculty members who demonstrated an enthusiasm and passion for their jobs were described as supportive by students. When faculty members came to class well prepared for the topic, for example with extra reference materials and detailed power point presentations, students felt faculty members wanted to be there. Being enthusiastic about their teaching showed them that faculty members wanted to teach the topic as opposed to feeling that they had to teach it.

“Wanting to teach as opposed to having to teach. And being prepared for it, whether its power point presentation or activities for us to do. You know how much we don’t like small group work, it really is valuable. Enthusiasm in the
classroom and like really, even though it may be like the driest topic in the world, but you know just coming prepared” (Participant #6).

Faculty members’ enthusiasm for their jobs was also viewed by the students as their interest in students’ professional wellbeing and growth.

“Most of them [the faculty members] are enthusiastic about their job, which I think is very important. Like they want to be there, they love teaching, they like to see students grow and learn and become from ducklings to geese or something. So, it’s good” (Participant #6).

4.3.6.4 Linking Teaching to Outcomes

When faculty members linked students’ learning to the achievement of their outcomes in classroom and clinical work, they were described as supportive. For example, in the classroom setting, faculty members who provided support for written work, such as offering students learning resources and providing information about how to access resources, were viewed as supportive.

“Yah, like I found even in first and second year, they [faculty] really took a lot of time with the whole writing process and stuff of the paper and how to get in contact with resources where I don’t think every other program would do that, they would expect you to already know that. But it’s like that they [nursing faculty] had their own supports in place [for the students]” (Participant #5).

In the clinical setting, students found it supportive when faculty members recognized that the students were having a problem in a particular area of their practice and then developed a plan with them to help them achieve the target outcomes.

“I kind of was totally flustered and disorganized. And she [the faculty member] was kind of like ok what are your reasons for being flustered or being disorganized. I was totally stressed out and not putting things together. And she developed a plan with me, a kind of like to set me up for the next three weeks of clinical and it was awesome and it worked” (Participant #6).

4.3.6.5 Motivating Students to Learn
Faculty members who were able to motivate the students to learn the content were described as supportive. They felt that faculty members should teach in a way that made the students want to learn, as opposed to feeling they had to learn the content because it was part of the curriculum.

"More you know setting it [the content] out in a way that it is easy for us and supportive for us to, make us want to learn it without us thinking that we have to do it, more like we should be doing it or something like that. That's how I feel about going to school anyway" (Participant #3).

4.3.6.6 Modeling Expected Behaviors for the Students

Students felt supported by faculty members who modeled behaviors that they expected the students to demonstrate. Students could see what was expected of them and it was easier for them to learn those behaviors. For example, when faculty members demonstrated compassion for the patients through their verbal and non-verbal behaviors they were regarded as helping students see the compassion faculty members expected from them in practice. This participant shared an example of a clinical faculty member intervening in a patient care situation simply because of her compassion for the patient.

"So, she [the faculty member] just leading by example of her compassion for the patient and wanting to do [something for the patient], you know we hear a lot about policies and this and that, but it was kind of rather than waiting for something to happen [waiting for the RN to do something], doing something herself. So, I guess in that way I think a lot of the students respected her for caring for the patients first" (Participant #1).

Faculty members who admitted and corrected their performance errors [if they were party to a student's clinical error] were viewed as supportive by the students. Those faculty members demonstrated the responsibility and accountability they expected from the students. This participant shared her experience with a clinical error where the faculty member shared part of the responsibility and blame. She stated, "And so, he [the
faculty member] didn’t blame it on me, he was like I should have caught that. You know it was like your first time doing it. So, kind of like we shared the blame”. (Participant #3)

**4.3.6.7 Faculty Members Presenting as Human Beings**

Students felt supported in their learning when they were able to see their faculty members as human beings, as opposed to regarding them as perfect and emotionless. Faculty members who shared their own emotional responses to stressful clinical situations were regarded as supportive, because their reactions helped students see them as human beings who cared for patients’ well being, as opposed to someone with power over students. This student shared an example of a clinical situation where a faculty member cried with the student over a patient’s suddenly worsening status.

“She [the faculty member] was really supportive; you know she was like a real person. She wasn’t like she is the instructor, she can’t show any emotion, and she is here to just facilitate my learning kind of thing. It was good to, like I kind of saw her and she is worried and crying, I am worried and crying, the husband is there and he is like hang on, don’t leave me. I felt so sad” (Participant #6).

Faculty members who presented themselves as less than perfect by sharing some of their areas of weakness in their nursing practice and clearly acknowledged the possibility of mistakes were described as supportive by students. Students felt more comfortable with them, because their approach helped to reduce the pressure on them around feeling they had to be perfect in their practice.

“Some instructors can get on your level and they do humble themselves cause obviously the instructors have been in, you [the interviewer] have been nursing for how many years, and its nice when they say I don’t know every thing, and I do mess up something rather than this superiority thing, so that’s also supportive. Cause then you are like its OK if I mess up every once in a while and I mean if I keep doing it, then it’s a problem, but like little things are OK” (Participant #3).
4.3.6.8 Creating a Relaxed Learning Environment

Faculty members who created a relaxed learning environment for the students were regarded as supportive, because it helped students feel more comfortable with them. Creating a relaxed environment in the clinical context included faculty members who talked to the student and/or the patient during the performance of a clinical skill. That action helped the students feel that the faculty member was not evaluating them during every moment of their performance.

Faculty members who were able to create a relaxed environment by conveying to the students that they were there to support and guide them in their learning rather than only being there to judge them or evaluate them were regarded as supportive. Faculty members who demonstrated trust in the students' abilities and did not make the students feel that they [faculty] were checking on them at all times were described as guiding the students. Students were able to view them as a useful resource.

“So, they [supportive faculty members] are not judging you, you know whether say you mess up they are there as guidance rather than judging you [all the time]. And they are not looking over your shoulder, they are more there as a friend, well not as a friend but they are there as a peer more yah, they are not so, because sometimes I know I felt like where I feel like oh they are peering over you and making sure you are not messing up” (Participant #3).

In summary, supportive teaching strategies used by the faculty members included narratives and stories, student participation in their own learning, passion and enthusiasm for their jobs, appropriate resources to support students in achieving identified outcomes, motivation for students to learn, a modeling of expected behaviors, relaxed learning environments, and being human by sharing some of their own flaws and weaknesses with the students.
4.3.7 Impact of Supportive Faculty Behaviors on Students

Students described the positive effects of supportive faculty. They shared various examples of experiences or interactions with faculty members where supportive faculty behaviors and/or attitudes improved their performance and increased their sense of accomplishment, independence, self-esteem, gratitude, learning retention, use of resources, and self-confidence.

4.3.7.1 Sense of Accomplishment, Independence and Confidence

Students described supportive faculty behaviors as fostering a sense of accomplishment and increased self confidence by allowing them some independence in their learning. For example, this participant described a supportive experience where a faculty member allowed her some independence by providing only gentle direction.

"when I kind of did figure things out and connect the data that was presenting with the patient and what was being asked of me in lab values and everything else, when I finally put it together, it really felt like a sense of accomplishment that I had actually figured something out, that might not be too difficult but it was kind of that deductive reasoning. That made me feel good about myself and my learning. So, at the end of the day, just her gentle probing and little bit of direction and letting me be independent, come to her with information and questions. If I was getting stuck on something, I could return and maybe give me a little bit more guidance, because it felt good having done that" (Participant #1).

Another student reported increased self confidence as a result of faculty support by stating, "I think if it's a supportive environment, it builds your confidence. That's mostly what I have experienced" (Participant #5).

4.3.7.2 Improved Learning

Students felt that supportive faculty led to better learning outcomes for them, because it facilitated their learning of new information and helped them retain information. This participant shared an example of a supportive experience, where her
learning was facilitated by a faculty member who assisted her to critically think and answer her own question. "She [the faculty member] made me go through it [critical thinking] which was intimidating at first, because there were other students around. But I did go through it and I learned more from it because she did that" (Participant #2). While supportive faculty behaviors helped them learn and retain the information, students felt that unsupportive faculty members could undermine their learning by interfering with the retention of information.

Participants felt that supportive faculty behaviors helped increase their insight into their own problems, by helping them analyze their performance and identify possible causes for their performance issues.

To summarize, students described a sense of accomplishment, independence, and increased self-confidence as a result of experiencing supportive behaviors from their faculty members. They also felt that supportive learning environment and supportive faculty behaviors resulted in better learning outcomes for them.

**4.3.8 Impact of Unsupportive Faculty Behaviors on Students**

Students associated lack of faculty support a decrease in self-confidence and self-esteem, loss of their voice, improper use of resources, lack of trust between students and faculty, and feelings of inequity.

**4.3.8.1 Decrease in Self-confidence**

Students indicated that unsupportive faculty members contributed to their feelings of lack of accomplishment and undermined their career choice, which led to decreased self-confidence and self-esteem.

"But I think it [lack of faculty support] made me just a little more unsure in what I was doing, probably feel less confident, for sure in the end once she [the faculty
member] told me that she considered putting me on a learning plan, that I was shocked, I was surprised, I was definitely concerned with my academic standing, I think that was the end of the semester so [it] threw me off. I think it kind of made me unsure of what I was doing at the time. For my next medical rotation, it made me try harder so may be a little benefit there but not in a positive way because I was concerned that previously rotations had gone well, and all of a sudden this was happening. So, I was a little bit in doubt of what I was doing in nursing, am I going to make it? What am I going to do if I fail now?” (Participant #1).

Another student described a feeling of decreased self-esteem associated with a feeling of lack of accomplishment as a result of a faculty member dealing with a personality conflict with her in an authoritative manner. The participant stated,

“She [the faculty member] just, there was nothing like that, it was just shut you down and do what I say kind of thing. That was one situation as well that happened. Yah, that made me feel really bad about myself and that I wasn’t doing a good job, made the whole day kind of crummy” (Participant #2).

4.3.8.2 Loss of Students’ Voice

Students described losing their voice as a result of unsupportive faculty members. Faculty behaviors such as trying to impose their views on students restricted their freedom of choice and made them uncomfortable about expressing their feelings. This participant felt a loss of freedom of choice when, in the orientation session at the beginning of the program, faculty members advised students to focus on nursing for the next four years and to devote less time to their extracurricular interests.

“But people [students] definitely feel that kind of over-socialization [into nursing] and that beginning, that opening statement [by faculty members] of ‘this is your life’ is a little bit overpowering, [students] seem to have lost their freedom or choice” (Participant #1).

Another student described a feeling of loss of voice associated with a lack of autonomy over setting own priorities as she stated, “You know if you [students] want to be able to miss a day because you have other priorities, then that’s what would happen in the real life, so why can’t it happen in school” (Participant #3).
4.3.8.3 Improper Use of Resources

Students described unsupportive faculty behaviors as a barrier to their proper use of resources. Students were less likely to seek out a faculty members they perceived to be unsupportive. This participant described a clinical experience where students did not use a faculty member as a resource.

“She [the faculty member] would get flustered and then respond a little sharply I guess in talking to you [the student]. Rather than, some other instructors, even rather than I am really busy right now, but in five minutes I will be able to do that [the task requested by the student] or something just instead of giving a sharp answer and making it less approachable so you didn’t even want to do and ask her to do something or tell her what was going on” (Participant #1).

4.3.8.4 Lack of Trust towards Faculty Members

Another negative outcome associated with unsupportive faculty members was a decreased level of trust between students and faculty members. If faculty members refused to respond to students it reduced their trust. This student provided an example.

“Probably, the first time I tried to talk to her, if I was able to just talk to her and you know I believed her that she was going to try [to address my concern], I probably wouldn’t have even bothered her after that, because I would have felt confident that she was doing what she could. But I just didn’t trust her that she was going to do it, so I had to keep sending emails to say Have you heard anything yet from the hospital, you haven’t forgotten. You know because I didn’t really know if she had remembered it or not” (Participant #4).

In brief, students described experiencing a decrease in self-confidence and self-esteem, a sense of lack of accomplishment and uncertainty about their career choice, a loss of voice, and a feeling of inequity as a result of their perceptions of unsupportive faculty behaviours. Those behaviours also interfered with the students’ use of faculty members as a valuable resource for their learning, and with the development of trust between students and their faculty members.
4.4 Chapter Summary

In this chapter, I have presented the sample characteristics and 6 nursing students' descriptions of their perceptions of faculty support. Although participants' experiences were unique, many common themes emerged from their discussion of experiences with faculty support. Eight major themes were developed, each with several sub-themes. The first theme was feedback on students' performance. The sub-themes under this theme included constructive feedback, ongoing feedback, consistent feedback, extensive feedback, relevant feedback and dialogue about feedback. The second theme was handling student errors. The sub-themes under this theme were use of incident reports, focus on patient safety, and not labeling the students. The third theme was personal knowing between faculty members and students and included sub-themes: acknowledging students as people; knowing students' extracurricular interests and personal lives; and limits on personal knowing between faculty members and students. The forth theme was availability to the students. The sub-themes under this theme were: faculty members' participation in extracurricular events; initiation of contact with students; and faculty members' availability at times convenient for the students. The fifth theme was asking questions and responding to students' questions. The sub-themes were: challenging the students to learn; not expecting the students to know everything; independence versus direction; and unsupportive styles of questioning and responding to students' questions. The sixth theme was supportive teaching strategies. The sub-themes under this theme included: using narratives or stories to support student learning; making teaching interactive; demonstrating enthusiasm and passion for teaching; linking teaching to outcomes; motivating students to learn; modeling expected behaviors for the students;
faculty presenting as human beings; and creating a relaxed learning environment. The seventh theme was impact of supportive faculty members on students and included sub-themes such as, a sense of accomplishment, independence and confidence, and improved learning. The last theme was impact of unsupportive faculty members on students. The sub-themes under this theme included: decrease in self confidence; loss of students' voice; improper use of resources; and lack of trust towards faculty members. In the next chapter, I will discuss these findings in the context of available literature, as well as suggest recommendations for nursing practice; education; administration and policy and research.
5. CHAPTER FIVE: Discussion of Findings, Summary, Nursing Implications, and Conclusions

This chapter includes discussion of the findings in the context of existing literature, as well as the implications for nursing education, research, administration, and practice. Finally, I have concluded the chapter with a summary of the research study and conclusions drawn from the study.

5.1 Discussion of Findings

In this section, the eight themes that emerged from the analysis of the interview data have been used to organize the discussion of the findings.

5.1.1 Feedback on Students' Performance

While describing their experiences with supportive or unsupportive faculty behaviors, students shared many details about the process and the content of faculty feedback on their learning. They considered feedback an important element of their learning environments. This finding fits with other studies which have documented the importance of the process and the content of faculty feedback to the students. Lofmark and Wikblad (2001) conducted a content analysis of 47 nursing students' daily diaries to explore facilitating and obstructing factors for development of their learning in clinical practice. Receiving feedback from faculty members was reported as a facilitating factor by students, while lack of feedback obstructed their learning. When describing the preferences of the emerging workforce Wieck (2003) indicated that this generation values and demands frequent feedback from faculty members, as they have received constant feedback from their parents as a means to bolster their self-esteem. This finding concurs with Ironside and Valiga's (2006) vision for excellence in nursing education, because
they recommended that faculty members provide detailed and thoughtful feedback to the students, as part of their teaching role.

Research studies exploring nursing students' perspectives about student-teacher relationships (Chapman & Orb, 2000; Gillespie, 2002; Miller, Haber & Byrne, 1990) also provide information about nursing students' preferences for feedback from their faculty members. However, findings of this study describe specific faculty behaviors in relation to the content and the process of the feedback that the participants perceived as supportive or unsupportive.

Miller et al. (1990) interviewed six senior nursing students and six nursing faculty members on their perceptions of caring student-faculty interactions and found that faculty members who provided feedback to the students on their performance, were described as caring and supportive by students. Feedback from them made those students feel that faculty members were engaged with them in their learning experiences. On the other hand, faculty members who failed to provide students with feedback were described as unsupportive by the participants. Students in my study also regarded faculty members, who provided feedback to them on their performance, as supportive while lack of feedback from faculty members was described as being equivalent to lack of support for the students.

Further to this, students in my study also described specific characteristics of the content and the process of feedback that they regarded as supportive. For example, constructive feedback from faculty members, which consisted of both positive and negative aspects of their performance, was described as supportive by the students. They also emphasized the importance of feedback about performance incorporating
suggestions for students’ future growth and improvement. Similarly, Chapman and Orb (2000) found nursing students regarded supportive clinical teachers as emphasizing the positive aspects of their clinical performance, while presenting negative aspects as opportunities for growth. Gillespie’s (2002) students also indicated connected teachers presented negative aspects of students’ performance as learning opportunities. In contrast to the previous studies where students described constructive feedback in the context of clinical learning, the students in my study provided examples of constructive feedback in the context of clinical as well as classroom learning. Supportive teachers in my study also ensured students’ privacy while giving them negative feedback. This finding is similar to connected teachers in Gillespie’s (2002) study who also provided privacy to the students in the event of delivering negative feedback.

Students in this study described aspects of faculty members’ feedback that were not evident in the previous literature on student-teacher relationships in nursing. For example, they identified faculty members who provided the students with ongoing feedback as supportive by the students, because timely feedback provided them with opportunities to grow and demonstrate improvement in identified areas. Faculty members who presented negative feedback to the students as a surprise at the end of the teaching term were characterized as unsupportive, because late feedback robbed them of any opportunities to demonstrate improvement in the identified areas. These findings extend the existing literature.

Goldenberg and Dietrich (2002) reported that nursing students expected faculty to be accountable for the quality of their teaching and for the fairness of their evaluation process. Clinical teacher behaviors which indicated fairness in grading constituted the
most important category that received the highest score from a group of RN students (Viverais-Dresler & Kutschke, 2001). Students in my study also valued a consistency between verbal and written feedback from faculty, but went on to indicate that it fostered trust and ensured fairness of the evaluation process.

They prized detailed feedback from faculty. This element of feedback has not been described by nursing students in any of the research literature, but the findings concur with the recommendation made by Ironside and Valiga (2006), who indicate that faculty members should provide extensive and thoughtful feedback to their students in order to support them in meeting high professional and academic expectations. In my study, participants criticized a program structure that did not allow for opportunities for them to review midterm and final exams, because they missed out on learning from knowing their mistakes on these exams.

Another element of faculty feedback that has not been discussed in the previous literature is the importance of the content of feedback for students’ learning. These students regarded written comments as relevant and supportive when they directly reflected their progress in relation to their learning objectives. On the other hand, these students regarded comments about not following a dress code, personality conflicts between students and faculty members, and students missing clinical time due to personal reasons as unsupportive, because they did not see any relationship between these issues and their learning objectives. Students expected faculty members to deal with such issues ‘off the record’. No existing literature on student-teacher relationships comments on the inclusion or exclusion of students’ affective behaviors into the written feedback on their performance. Thinking from the perspective of students’ accountability and
responsibility in following a dress code and attending clinical practice, students’ expectations of faculty members to deal with such issues off the record appears unrealistic and shows a lack of regard towards one of their most important professional responsibilities. Perhaps faculty members had not been clear about articulating elements of accountability in relation to professional practice.

Findings from my study also included regarding verbal discussions between faculty and students about students’ performance as supportive because they clarified written comments for students. Goldenberg and Dietrich (2002) also indicated that a dialogue between teachers and students can add clarity and accuracy to the evaluation process. Students in my study talked about initiation of dialogue as a faculty responsibility, because some students lack the skills to initiate a dialogue with the faculty members. This finding contrasts with those that indicated students with high academic performance and high self-efficacy were likely to seek more support from the faculty, while the students that were performing poorly were hesitant to seek the help they needed (Shelton, 2003). Shelton concluded that it was a faculty responsibility to initiate and offer support to failing students.

5.1.2 Handling Students’ Errors

Participants in this study described supportive faculty behaviors in response to students’ clinical errors. Faculty members who helped students to reflect on their clinical errors to identify behavior patterns that could be repeated were regarded as supportive. Faculty members who encouraged these students to critically reflect on their errors by writing out an incident report were regarded as supportive by the students, when they used the incident report as a learning tool. Faculty members who filed incident reports
without explaining their use or encouraging students to critically reflect on their errors were described as unsupportive as they were thought to be using incident reports as a punishment for the students. Students also felt supported when faculty members did not require incident reports in situations where the students demonstrated immediate learning and responsibility for the error. No discussions of students’ perspectives about desirable ways for faculty to deal with their clinical errors are evident in the existing nursing literature. My findings address the lack of attention to desirable and undesirable ways to deal with clinical errors. In my study faculty members who shared examples of personal struggles and strategies to help the students learn from their errors were regarded as supportive by the students and focusing on students’ learning. Sharing personal experiences and struggles has been documented as a strategy to connect with the students, as it gives the students and teachers a common ground (Diekelmann & Mikol, 2003). It has also been listed as a component of faculty caring towards nursing students (Beck, 2001). Although Beck, Diekelmann and Mikol have discussed personal disclosure as a way to be caring towards students, they have not examined it in relation to dealing with clinical errors.

Because caring is an inherent value in nursing (Beck, 2001), and care and concern for others is one of the most important factors influencing choice of nursing as a career by nursing students (Larsen, McGill & Palmer, 2003), it is likely that students have a genuine concern for patients’ safety in the event of a clinical error. The students in this study felt supported by faculty members who demonstrated a focus on patients’ safety in the event of clinical errors and directed students to prevent or reduce any harm to the patients.
Students in my study also felt supported when faculty members provided them with non-judgmental evaluations of their performance and did not label them with particular clinical errors or negative performances. Rather they focused on positive performance. The need for the faculty members to focus on positive aspects of students’ performance, while presenting negative aspects as learning opportunities is well documented in the nursing literature (Chapman & Orb, 2000; Gillespie, 2000). The findings of my study also underline the importance of maintaining a focus on patients’ safety and students’ learning even in the event of students’ performance errors.

5.1.3 Personal Knowing between Faculty and Students

Students in this study indicated that support involved mutual sharing of some personal information. Students wanted faculty members to know them beyond their roles as students. They felt supported when faculty members demonstrated appreciation and consideration for their personal lives. A caring and connected student-teacher relationship has also been described in the previous research as being comprised of a personal and a professional component (Beck, 2001; Gillespie, 2002). Students in my study felt valued and respected as individuals when faculty members acknowledged them by their names. Respect has been documented as an important component of successful relationships in the previous literature. According to Dillon and Stines (1996), an attitude of respect is necessary to create a caring atmosphere between nursing students and teachers. Tang, Chou and Chiang (2005) and Viverais-Dresler and Kutschke (2001) also described respect as an essential component of a thriving relationship between students and teachers. Findings from this study extended previous findings because students
indicated that knowing each other by their first names helped improve the communication between them and their faculty members.

Students in this study also felt supported when faculty members showed interest in their extracurricular activities. They felt those faculty members demonstrated respect for their balance of time between extracurricular interests and academic workload. Similarly, in the study by Gillespie (2002), nursing students felt valued and respected as individuals when teachers recognized their lives outside of school and their evaluations were more valid. The students in my study also felt that faculty knowledge of their extracurricular interests helped faculty members to understand their academic performance and added to the quality of faculty members' evaluations of students' performance.

This study also added to the literature by describing unsupportive behaviors, such as lack of faculty interest and consideration for students' personal lives, because students considered that behavior to disregard their personal choices. Specific unsupportive faculty behaviors included faculty expectations to meet at unscheduled times and to give up personal interests, as well as questioning their professional commitment in light of their extracurricular interests. These findings should be considered in light of Shelton (2003) and Wieck's (2003) description of current students. Current students are likely to have more family responsibilities and be employed in addition to going to school, and more likely to want a balance between fun and work (Shelton; Wieck).

In the study by Gillespie (2002), nursing students acknowledged that the personal component of their relationship with faculty members should have boundaries. These boundaries were flexible as long as the relationship remained focused on students'
learning. Students in my study expressed similar views about boundaries of personal knowing between faculty members and students. They placed limits on the amount and type of personal information to be shared between faculty members and students. They felt that only the aspects of their personal lives that had relevance to their academic performance should be known by faculty members. They feared other personal information might be abused because faculty members occupied powerful positions, resulting in negative consequences for students. This finding extends the findings on continued reports of negative student-teacher relationships in nursing (McGregor, 2005; Meissner, 1999) and confirms that current nursing students continue to fear power imbalance and negative interactions with faculty members.

In the study by Gillespie (2002), a connected student teacher relationship has been described as comprising of mutual knowing between the students and teachers. Interestingly, the students in my study described a need for the faculty members to know about certain aspects of students’ personal lives, but did not directly comment on their need to get to know the teacher as a person. They only indicated that they needed to know the teacher by their first name and that the teacher should be able to share some personal stories, concerns, struggles and strategies with them.

5.1.4 Availability to the Students

Faculty members’ availability to the students has been documented as a positive teacher characteristic (Berg & Lindseth, 2004; Dillon & Stines, 1996). Beck (2001), in her meta-synthesis of 14 research studies on caring between faculty members and students, reported that time spent by faculty members with students was perceived as caring. Nursing students also reported that connected teachers were available to the
students (Gillespie, 2002). Students in my study associated faculty members’ availability with faculty support for them; a lack of availability was associated with lack of support.

According to Dillon and Stines (1996), time is the most valuable gift faculty members can give to the students. Students in my study described ways faculty members shared their time with the students, including being available to them outside of their regular curricular hours, attending on-campus sports events, and assisting with forming a Nursing Students’ Association (NSA). Students regarded that behavior as supportive, because it demonstrated respect for them as individuals and increased communication and connection between faculty members and students.

Students in my study indicated that they felt supported when faculty members initiated contact with them to offer their support, because it demonstrated faculty members’ appreciation for the challenging nature of their learning. A similar finding has been reported by Beck (2001); ‘presencing’ indicated that faculty members were able to sense that something was wrong with students without students having to say something. Although such intuitiveness on a faculty member’s part may be possible when she/he has small groups of students to teach in clinical settings, it may prove to be an unrealistic expectation for faculty members who teach large groups of students in clinical or classroom settings.

When faculty members were available to the students at times convenient to the students, they were regarded as supportive. Students expected instantaneous responses from faculty members when they needed to physically meet with them or requested their attention by email. Diekelmann (1993) also pointed to the need for faculty’s availability to the students at unplanned and unanticipated times, as she states that teachers need to be
available to the students at particular moments and that “The possibility of these kinds of encounters is reduced when we close our doors, do more work outside our offices and spend less time with students” (p. 150). In this study, faculty members who made themselves available only by formal arrangements were described as unsupportive by students as they were perceived as conveying a disregard for students’ busy personal and academic lives. There was no suggestion by the students in my study that such expectations might be unrealistic, because faculty members also have non-teaching duties and other workload as part of their job.

5.1.5 Asking and Responding to Students’ Questions

The literature about student-teacher relationships in nursing does not include comments about questioning styles by faculty members. The students in this study described supportive questioning styles as challenging students’ thinking, facilitating their learning, and conveying an appreciation for their needs, abilities, and willingness to learn. Lack of questioning from faculty members was perceived as unsupportive by these students, because it had negative effects on their learning outcomes. In Gillespie’s (2002) study about student-teacher connection, nursing students indicated a lack of connection with teachers whose expectations were too linear and who did not challenge the students to learn. My study findings concur with the recommendation by Ironside and Valiga (2006) that instead of accepting an average performance from the students, faculty members should challenge them to achieve higher outcomes.

Another supportive style of questioning, not documented in the literature, involves faculty members not expecting the students to know the right answer immediately, but allowing them time to find correct answers. The students, in this study,
felt that this type of questioning by faculty members provided a trigger for their thinking, while allowing them to be responsible for their own learning. They regarded those faculty members as allowing a balance between independence and direction for the students. Independence helped increase students’ self-esteem, while direction helped focus their learning in particular areas. These faculty members were regarded as allowing students to assume responsibility and participate in their own learning. Other literature has suggested that allowing students to be autonomous and independent with their learning leads to the development of competent and autonomous practitioners necessary to work in constantly changing health care environments (Goldenberg & Dietrich, 2002; Rolfe, 1993).

Students in this study also described styles of questioning by faculty members that they perceived as unsupportive. These included faculty members who demonstrated verbal or non-verbal behaviors indicating a lack of appreciation for reasons behind students’ questions, use of sharp tone of voice in response to students’ questions, and inducing guilt for students who did not know the correct answer.

5.1.6 Supportive Teaching Strategies

Students in this study described several clinical and classroom teaching strategies they perceived as supportive, because they facilitated their learning. According to Wieck (2003), the emerging workforce wants their education to be relevant to the work they are to do after graduation, so it can contribute to their capacity to earn money and move forward in life. The students in this study also looked for relevance of their course material to their professional lives. Faculty members, who integrated real life examples in the form of narratives or stories in the content they were teaching, were described as
supportive by the students as it helped them see the relevance of the theoretical content for their professional lives. According to Diekelmann and Mikol (2003) and Gillespie (2002), stories/narratives help faculty members connect with students and increase students’ learning of the content. The students in this study also reported that use of narratives and stories by the faculty members helped them understand content better, because they could see its application into their professional lives. Sharing of personal stories by the teachers has also been reported as a caring practice by Beck (2001).

Nursing students in a study by Gillespie (2002) reported that teachers with recent clinical experience were more effective in the clinical area. The students in my study also valued faculty members’ clinical expertise, because being active clinical practitioners increased integration of appropriate clinical examples in class content and made teaching more effective. These students felt that classroom teaching content should be assigned in accordance with the clinical expertise of the faculty members. This study extends Gillespie’s findings by confirming the importance of clinical expertise of faculty members in making them more effective classroom teachers.

Students in this study also regarded interactive teaching styles as supportive. They also regarded supportive faculty members as those who used multiple teaching strategies encouraging a dialogue between the students and the teacher in a classroom setting and who encouraged students to participate in their learning and evaluation. Participation in their learning made the students feel valued and respected. Existing nursing literature offers a strong support for interactive teaching styles (Lindseth, 2004; Paterson, 1998; Rolfe, 1993; Tornyay, 1990; Wieck, 2003). Students bring a wealth of lifetime experiences with them into the classroom and demand to be valued for their
contributions to their own learning (Tornyay, 1990; Wieck, 2003). Also, in accordance with the humanistic approach to education, faculty members are expected to utilize students’ motivation and ability to plan and organize their own learning, while assuming roles as facilitators of learning (Paterson, 1998; Rolfe, 1993). In a study by Berg and Lindseth (2004), nursing students reported interactive teaching style to be a characteristic of effective teachers. Ironside and Valiga (2006) recommended that teachers and students share ideas and experiences by asking questions and learn from and with each other in the classroom.

Students in my study described supportive faculty members as those who demonstrated enthusiasm and passion for their job by coming to the classroom well prepared with the content and bringing extra resources. Students perceived them as having genuine interest in their professional well being and growth. Enthusiasm for the job has also been reported as a sign of effective teachers by the nursing students in the study by Berg and Lindseth (2004). Beck (2001) also reported that caring teachers were well prepared to provide knowledge to the students and assist them in solving problems.

Students in my study regarded faculty members who linked students’ learning to the expected outcomes in the classroom as well as clinical setting as supportive. Examples included making students aware of different resources for written assignments and recognizing students’ problems area in clinical settings and developing a plan with students to achieve targeted outcomes. These students also felt supported by faculty members who were able to motivate them to learn, but did not elaborate on the strategies faculty members could use to improve their motivation to learn. Caring environments have been reported to increase students’ motivation to learn (Hanson & Smith, 1996).
Students in this study felt supported by faculty members who role modeled behaviors that they expected students to demonstrate in their professional life, such as compassion for the patients in the clinical area. Role modeling of these behaviors by faculty helped the students learn such behaviors. Role modeling has been documented in the nursing literature as a strategy to facilitate students' learning, as an expectation of the nursing students from their faculty, and as a characteristic of effective teachers (Nehring, 1990; Nelms, Jones & Gray, 1993).

In my study, students perceived faculty members who shared some of their emotional reactions to stressful clinical situations with the students as supportive, because they perceived those faculty members as human beings who cared for the well being of the patients, as opposed to individuals with power over them. The students also felt supported by faculty members who shared some of their flaws and weaknesses and acknowledged the possibility for making errors. This approach helped to reduce students' feelings of pressure to be perfect in practice. No nursing literature has specifically commented on faculty members' sharing of emotional responses to situations with students. Self disclosure of personal concerns and problems has been reported as a characteristic of caring teachers (Beck, 2001).

Evaluation of students' performance has been reported as a factor constraining student-teacher relationships in nursing (Smythe, 1993). Students in this study also perceived evaluation of their performance to be a factor interfering with supportive learning environments. They felt supported when faculty members were able to extend their foci beyond evaluation of their performance. In other words, they felt supported when faculty members talked to them during the performance of a skill, rather than
checking on them at all times to make sure they didn’t make any mistakes. They felt that this approach helped create a relaxed learning environment for the students and demonstrated faculty’s confidence in the students’ abilities. These relationships have not been explored in the literature.

5.1.7 Impact of Supportive Faculty Behaviors on Students

Students in this study described several positive outcomes associated with supportive faculty behaviors. They felt a sense of accomplishment and increased self-confidence as a result of supportive teachers allowing them some independence in their learning. This finding is very similar to the positive outcomes of connected student-teacher relationship reported by Gillespie’s (2002) students in the clinical setting.

Supportive faculty behaviors also led to better learning outcomes for the students in the classroom. They facilitated students’ learning of new information and increased their retention. Similar findings have been reported in the literature on caring and connected student-teacher relationships (Beck, 2001; Gillespie, 2002).

Students felt valued and respected as a result of supportive faculty behaviors towards them. Faculty support also helped them apply theory to practice. These findings are also very similar to those reported in caring and connected student teacher relationships (Beck, 2001; Gillespie, 2002).

5.1.8 Impact of Unsupportive Faculty Behaviors on Students

In contrast to the positive impact of faculty support, students in my study also described several negative outcomes resulting from unsupportive faculty behaviors. Students reported feeling decreases in self esteem and self confidence, as a result of feelings of lack of accomplishment, which undermined their choice of nursing as a
career. In contrast to these findings, Hanson and Smith (1996) reported that caring faculty behaviors helped affirm students' career choices.

In my study, students also described losing their voices as a result of unsupportive faculty behaviors, such as faculty members trying to impose their views on students. Those actions restricted students' freedom of choice and autonomy in making their personal decisions. Lack of trust between faculty members and students was another negative outcome of unsupportive faculty behaviors. If faculty members refused to respond to students, they described mistrust between them and faculty members. These findings need to be considered in light of studies that indicate nursing students have increased responsibilities outside of school and competing demands in their personal lives and their efforts to balance work and fun (Diekelmann & Mikol, 2003; Shelton, 2003; Wieck, 2003).

Lack of supportive faculty behaviors also resulted in improper use of faculty resources by the students in my study. Students were less likely to seek out faculty members as resources, if they perceived them to be unsupportive. Not using faculty as a resource can be detrimental to students' learning outcomes (McGregor, 2005).

5.2 Study Limitations

Several measures have been integrated throughout the design of this study, to minimize the influence of my position as a faculty member in the research setting. Despite those measures, there is still a possibility that some of the participants may have felt somewhat constrained in terms of details they could share with me, and may have feared some implications of sharing their feelings and perceptions with me.
This study was also limited by the very small sample size i.e. 6 participants, due to limited interest and availability of the target population to participate in the study and to the time constraints of the researcher. As a result, the findings can only be viewed within the context of this study. Because this was my first experience with a formal research study, the quality of the results may also have been influenced by my limited skills for data collection and analysis.

5.3 Implications for Nursing Education and Nursing Research

The findings of this study have a number of implications for nursing education and nursing research.

5.3.1 Implications for Nursing Education

The findings of this study provide direction for nurse educators around engaging in constructive and positive relationships with their students. Even though these findings have limited generalizability due to the small sample size, nevertheless, they can sensitize educators about elements of their practice.

Because the students in this study placed significant emphasis on the need for faculty to provide ongoing, detailed, constructive, consistent and timely feedback on their performance, nurse educators can focus on incorporating some of these elements of feedback into their practice. Increasing faculty workloads and increasing class sizes are constraining factors in terms of time available for the faculty to fulfill students' expectations for detailed feedback; however, the study findings provide motivation for nursing educators to be innovative with their time management skills and to set priorities for their responsibilities. Nurse educators can advocate for themselves and on students' behalf, to keep the class sizes small and manageable, so as to allow themselves
appropriate amount of time and interaction with the students. The findings suggest that nursing faculty members take time to make students aware of their time constraints, while being encouraged to actively seek feedback in situations where they feel the need for feedback.

In light of students’ views that personality conflicts, missed clinical time, and failure to follow university dress code be excluded from their evaluations, nurse educators could encourage students to engage in verbal discussions about their performance to clarify any questions students may have about the content of their feedback. Faculty could assist students to view these behaviors as part of their professional responsibility and accountability and as appropriate to include as part of their written evaluations.

Following performance errors, faculty members can labeling students with negative performances, focus on patients’ safety, and share personal strategies with the students to help them overcome their performance issues. Disparities in the use of incident reports by faculty members, such as using them to punish students, is perceived by students as unfair and discriminatory. Nurse educators can be sensitize to students’ views about uses of incident reports so that they can be used effectively.

Students felt respected when faculty members took the time to know them and demonstrated interest in their personal lives and extracurricular interests. They expressed a need to get to know the faculty members through faculty members sharing personal stories and experiences with the students and using first names. Faculty members can identify opportunities to know students as people in order to have a comprehensive
overview of their academic performance. Such individualized student contacts can facilitate exchange of personal information between students and educators.

Because the students expressed concerns about the amount of personal information to be shared between faculty and students resulting in abuse of their personal information and inappropriate sharing of such information among faculty members, nurse educators can exercise caution in sharing students' personal information with their colleagues and others. In situations where students' personal information must be shared, it should be done with students' knowledge and when relevant to students' academic performance.

Because students valued spending time with their faculty members, nurse educators could look for innovative ways to share their time with the students. Faculty members could explore with students their expectations about nurse educators and their understandings of their workloads and other responsibilities. Reciprocity around considerations of respect for busy personal lives could create opportunities for faculty members and students to engage realistically around requests for meetings.

Because students' saw challenging their thinking with appropriate questions as supportive actions by faculty members, the findings provide some direction for tailoring questioning styles around actively stimulating students' thinking without expecting correct answers immediately and by providing them with some direction to find the answers.

The findings of this study provide direction nurse educators to use specific teaching strategies described as supportive by the students. Narratives or stories to support students' learning were described as a supportive in terms of making content
relevant. Students also indicated that having an active clinical practice in the area they were teaching helped faculty members integrate narratives or stories into their classroom content. Nurse educators who are assigned courses in accordance with their clinical expertise could meet students' expectations more readily.

Barnes, Duldt, and Green (1994) present three different perspectives on the nursing faculty's need to maintain clinical competence: faculty practice should be a requirement for nurse educators and the time required to work in the clinical area for the purpose of maintaining clinical competence should be part of normal workload for faculty; it is too much to expect nurse educators to maintain faculty practice and be competent in their role as a teacher at the same time; faculty practice is not a good way to maintain clinical competence for the faculty, alternative ways to maintain clinical competence for the faculty need to be explored. The findings suggest that assigning faculty workload in a manner that allows nurse educators to teach in the clinical area as well as classroom might assist nurse educators to stay current with their practice, as they will be in contact with their respective clinical areas and be aware of the ongoing practice trends.

Other teaching strategies that nurse educators can strive to incorporate into their practice, based on the findings of this study, are making teaching more interactive, demonstrating enthusiasm and passion for teaching by being adequately prepared for the topic on hand, role modeling expected behaviors to the students, and presenting as human being as opposed to attempting to present themselves as flawless. Another teaching strategy that students indicated they perceived as supportive was when nurse educators talked to the student or the patient during the performance of a skill by the students, as it
helped create a relaxed environment for the students. Although students feel supported when educators are able to create a relaxed learning environment, some students might be distracted or be challenged to perform skills if educators talked to them during the performance of a skill.

Positive student outcomes associated with supportive faculty behaviors included a sense of accomplishment, increased self-confidence, better learning outcomes, and students feeling valued and respected. Supportive faculty behaviors also helped students apply theory to their practice. Unsupportive faculty behaviors were linked by students to decreases in self esteem, feelings of lack of accomplishment, undermining of students’ choices of nursing as a career, loss of students’ voice, loss of freedom of choice and autonomy over personal decisions, lack of trust towards faculty and hesitancy to use faculty as a resource. The findings suggest that nurse educators strive to incorporate supportive behaviors in their practice with the students and avoid unsupportive behaviors. Because these findings serve to sensitize nurse educators, they need to be aware of students’ personal preferences and responses while taking general direction from the findings.

5.3.2 Implications for Nursing Research

Although the sample size was small, the study findings illuminate a number of behaviors that are perceived by the students as supportive or unsupportive. In addition to studying students in other settings and contexts to determine whether their perceptions of support are similar, I would also propose that nurse educators be studies to elicit their perspectives on the meaning of faculty support towards students and student support for faculty.
It is also possible that students with different levels of academic performance have differing views on supportive and unsupportive faculty behaviors. For example, a failing student may not see similar behaviors as supportive as the student who is achieving high grades in the same course. Since, it is important for the nurse educators to be able to support failing or struggling students in their learning; it will be beneficial to conduct a similar study with a purposive sample of students who are performing poorly in a course.

5.4 Summary of the Study

The purpose of this study was to describe, from nursing students’ perspectives, faculty behaviors that are perceived as supportive or non-supportive. In light of the lack of nursing literature describing faculty support or instructor support from students’ perspectives, this qualitative study sought to answer the questions: What are nursing students’ perceptions of supportive behaviors demonstrated by their faculty members towards them? What are nursing students’ perceptions of unsupportive behaviors demonstrated by their faculty members towards them?

A descriptive exploratory research design was used to answer the research questions. Six undergraduate nursing students, who were enrolled in year 4 of a BSN program at the time of recruitment and data collection, participated in the study. This sample of students was chosen using non-probability sampling and their participation was strictly voluntary.

I used semi-structured interviews and field notes to collect data. Each of the interviews was approximately 45-60 minutes long and was audiotape-recorded. The audiotape-recorded interviews were transcribed verbatim, and field notes were written
immediately after the interviews. I analyzed the data using constant comparative analysis to develop and delineate properties of common themes.

To code and interpret the text obtained, I read and re-read the interview transcripts. I then coded each line or small segment in the transcript. I compared segments of data with similar or same codes within and between interviews. This process allowed me to group the similar or same meaning codes into particular categories. Eight main themes, each with several sub-themes emerged from the analysis of the interview data. The eight main themes were: feedback on students' performance; handling student errors; personal knowing between faculty members and students; availability to the students; asking questions and responding to students' questions; supportive teaching strategies; impact of supportive faculty behaviors on students; and impact of unsupportive faculty behaviors on students.

A discussion of the study findings in the context of the available literature has been presented. Students regarded faculty support as an important factor contributing to their learning. Findings from this study extend the current literature on student-teacher relationships by illuminating faculty behaviors that are perceived as supportive or unsupportive by the students. This study also supports some of the nursing literature; the findings are in contrast with the findings of previous studies on student-teacher relationships. The study findings include elements that represent all the components of caring described by Beck (2001) in her meta-synthesis of 14 qualitative studies on caring in nursing education. But in addition to these caring behaviors, supportive faculty behaviors described by nursing students in my study include additional elements such as content and the process of feedback, use of incident reports in the event of students'
clinical errors, supportive and unsupportive styles of questioning, supportive teaching strategies and effects of unsupportive faculty behavior on students.

5.5 Conclusion

Historically, interpersonal relationships between nursing students and teachers have been characterized negatively. For the last twenty years, nursing education has moved towards a more humanistic approach to education that is focused on student-teacher partnerships and where students and teachers share equal responsibility for the learning (Gillespie, 2000). This study was aimed at exploring ‘faculty support’ as a component of this re-conceptualized student-teacher relationship. The students in this study provided useful insights about faculty behaviors they perceived as supportive or unsupportive.

The findings of this study illuminate current students’ perceptions of faculty support and carry several implications for the practice of nurse educators and nursing research. The findings illustrate behaviors that nurse educators can use as a guideline to help themselves establish positive relationships with their students. At the same time, the findings of this study also point out to the fact that current nursing students have some unrealistic expectations from their faculty members. Faculty members’ failures to meet these expectations can result in students’ perceiving faculty members as unsupportive.
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Appendix A: Participant Information Letter

Project: Nursing Students' Perceptions of Faculty Support towards them in a University College Setting – A Descriptive Exploratory Study

My name is Samarjit Dhillon. I am a student in the Masters of Science in Nursing Program at the University of British Columbia. From my professional and personal experiences of working with nursing students, I have a strong interest in promoting and facilitating positive student-teacher relationships. For my Master’s thesis, I am studying nursing students’ perceptions of faculty support in a University College setting. Exploration of the concept of faculty support from the students’ perspectives will help expand our understanding of current student-teacher relationships and this knowledge can then be used to improve relationships between nursing students and their faculty.

My target population for this study is nursing students that are currently in year 4 of the Bachelor of Science in Nursing Program at University College of the Fraser Valley, Chilliwack, British Columbia, Canada. This group of students has been selected as the target population for this study because these students have had the most amount of interaction with their faculty by virtue of their position in year 4 of the program. Year 4 students who have had positive or negative interactions with their faculty are invited to participate in this study. As a participant, you will be interviewed about the nature of
Printed Name of the Participant.

Investigator Signature Date

Printed Name of Investigator
Appendix C: Semi-Structured Interview Guide

1. From your experience of interacting with nursing faculty in the classroom and in the clinical settings, what does the term ‘faculty support’ or ‘instructor support’ mean to you?
   (What is your understanding of the term ‘instructor support’?)

2. Have you experienced ‘faculty support’ from the faculty in this nursing program? If so, would you please describe your overall experience of ‘faculty support’ (in this program) to me?
   (How would you describe ‘faculty support’?)

3. Would you please describe a particular experience (in the clinical setting, classroom setting or in any other setting) with a nursing faculty member where you think you received ‘faculty support’?

4. What particular faculty behaviors in this particular situation or in general, would you describe as ‘supportive’?

5. How did these ‘supportive’ faculty behaviors make you feel?
   (about yourself, about nursing, about your nursing program, about nursing faculty, and about your classmates)

6. Did these ‘supportive’ faculty behaviors meet your expectations of the nursing faculty? If yes, please describe how. If no, please describe why they did not.

7. If ‘supportive’ faculty behaviors did not meet your expectations of nursing faculty, would you please describe what ‘supportive’ behaviors you expect from nursing faculty?

8. Please describe a particular experience or your experience in general with nursing faculty where you felt that their behavior was ‘non supportive’?

9. From this particular situation or in your experience in general, what particular faculty behaviors would you describe as ‘non supportive’?

10. How did these ‘non supportive’ faculty behaviors make you feel?
    (about yourself, about nursing, about your nursing program, about nursing faculty, and about your classmates)

11. In contrast to these ‘non supportive’ behaviors, what were your expectations from the faculty members in terms of their behavior?

12. Were there any questions that I should have asked you that I did not?
(Additional open ended questions will be used as 'probing questions' to assist the interviewee in understanding the tone of the main questions and to establish a conversational tone for the interview).