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The Relationship Between Student Perceptions of Faculty Support and Student Perceptions of Clinical Competency

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The Relationship Between Student Perceptions of Faculty Support

and

Student Perceptions of Clinical Competency

A Research Project

Presented to the Faculty of the School of Nursing

San Jose State University

In Partial Fulfillment

of the Requirements for

the Degree of Master of Science

By

Linda Clark

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Abstract

This study explored the relationship between student perceptions of faculty support and student perceptions of clinical competency in beginning and senior level nursing students. A total of 91 ethnically diverse, generic baccalaureate nursing students from a state funded university participated in the study. The participants completed Mozingo, Thomas, and Brooks' (1995) Perceived Competency Scale (PCS), Shelton's (2003) Perceived Faculty Support Scales (PFSS), and a demographic questionnaire.

An independent t test determined that the observed mean difference between perceived competency scores in 46 beginning students (M=32.02) and 45 senior students (M=27.36) was statistically significant (t (89) =3.25, p<.05). The students demonstrated high scores of perceived faculty support and demonstrated no difference between the beginning (M=94.82) and the senior (M=95.61) nursing students (t (87) =-.25, p>.05). No statistically significant correlation was found between student perceptions of faculty support and their perceptions of clinical competency (r=-.20, p>.05) in both groups. However, this study identified faculty behaviors that were perceived to enhance student achievement.

The Relationship between Student Perceptions of Faculty Support

and Student Perceptions of Clinical Competency

Introduction

Caring is the essence of nursing. Scotto (2003) describes a scenario of a nurse demonstrating caring by intellectually, psychologically, spiritually, and physically looking after a patient. Scotto (2003) writes that in education it is not enough to impart the words of caring; the educator must provide the experiences of how to care. As the need for more nurses in the workforce increases, it is essential that nurse educators have the necessary skills to guide the next generation in the art of caring not only for others but also for themselves. Tanner (2005) summarizes the urgency of meeting this need by emphasizing that there is little evidence of research about strategies to improve the science of clinical teaching and adds, "…the relationship between teacher and student and the quality of their interaction is supremely important in learning outcome" (p. 161).

Balancing the needs for nursing educators to produce competent nursing professionals and the obligation to nurture and care for students dates back to the first nursing theorist, Florence Nightingale. Nightingale (1850) wrote, "Now no more childish things, no more vain things, no more love, no more marriage. Now, Lord let me think only of thy will, what Thou willest me to do" (as cited in Dunphy, 2001, p. 34). Rather than harboring such a harsh, self-sacrificing outlook on nursing, today's educators must conduct research into the efficacy of creating a more caring approach to educating and mentoring future nurses (Tanner, 2005; Wade, 2004; Clark, Owen & Tholcken 2003; Birx & Baldwin, 2002; Secrest, Norwood, & Keatley, 2003; Shelton, 2003; Brandon, 1998; Mozingo, Thomas, & Brooks, 1995; Haldordottir, 1990). Increasing the number of competent nursing graduates is critical to meeting the global needs of humanity.

The United States Department of Health and Human Services (USDHHS) (2002) writes that by 2020 the nursing workforce is projected to increase by 6%, while the demand is projected to increase by 40%. These projected figures reflect a nursing shortage of 34%. Additionally, the nursing workforce is aging with a projected 128% loss of nurses by 2020 (USDHHS, 2002). To add to the situation, the number of individuals graduating as licensed nurses is predicted to decrease 17% (USDHHS, 2002). Between 2010 and 2030, the population of people age 65 and older is predicted to more than double in the United States (Institute for the Future, 2003). This increase in people over age 65 will intensify the demand on the healthcare system due to chronic healthcare needs specific to this population.

Purpose of the Study

The purpose of this study was to examine the relationship between student perceptions of faculty support and student perceptions of clinical competency in beginning and senior nursing students. The research analyzed beginning and senior nursing students' perceptions of clinical competency in a generic, baccalaureate program.

Theoretical Framework

The theoretical framework for this research study was Watson's Theory of Caring (1979; 2000) and Bandura's (1997) Theory of Self-Efficacy. Bandura's (1997) Theory of Self-Efficacy describes faculty caring as integral to the creation of an environment that fosters clinical competency. Watson (1989) writes that there is a distinct link between nursing students' clinical competency and the caring attitudes of faculty.

Faculty support (instructor caring) is linked to Watson's (1979) carative factor of "promotion of transpersonal teaching-learning" (p. 9). Wade's (2004) study also linked these two components. Transpersonal teaching is a creation of a caring climate or culture in which the student feels inspired to obtain the knowledge or transpersonal knowing (Watson, 2002).

Transpersonal knowing is based on the connection to humanity and creating a conscious

movement towards the intention of understanding, accepting, healing, and caring as a spiritual

journey or quest (Watson, 2002). It is the intention of the educator to act as the facilitator,

inspiring the student by communicating and modeling a passion for being an integral part of the

caring practice.

Perceived clinical competence is linked with Watson's (2000, ¶ 1) carative factor relating to

the use of a "creative problem-solving caring process". Wade's (2004) study also linked these

two components. This carative factor describes the application and use of knowledge, clinical

expertise, ability to see beyond the situation, and the use of the nursing process to achieve the

outcome at the appropriate time. Simply stated, this is a caring consciousness. This factor is

associated with the knowledge and competence to provide caring moments from a humanistic

holistic approach centered on the individual, without preconceived notions from the caregiver's

perspective. Wade (2004) interpreted this caring factor as perceived clinical competence and

added that Watson (1979; 2000) did not distinguish between clinical competence and perceived

clinical competence in the creation of the carative factor.

Bandura's (1997) Theory of Self-Efficacy fosters the belief that student nurses' perceptions of

competency guide the success of their professional nursing practice. In other words, students

with high perceptions of clinical competency set high goals and strive to perform to the best of

their abilities in challenging situations. Whereas, nursing students with low perceptions of

clinical competency are more likely to feel defeated and give up in challenging situations.

According to Bandura (1997), increased levels of faculty support (instructor caring) will provide

students with the foundation to achieve their goals.

Bandura's Theory of Self-Efficacy (1997) emerged from Bandura's Social Learning Theory

(1977). Bandura's Theory of Self-Efficacy describes the concept of the influences that yield

individuals the confidence to believe they can perform skills and have the ability to persist in overcoming obstacles. The intrinsic and extrinsic influences that affect self-efficacy are cognitive, behavior, and environment (Bandura, 1997). In other words, nursing students will achieve higher levels of self-efficacy through choosing to apply themselves by mastering theoretical information, applying knowledge and skills towards clinical competency, learning through faculty mentoring and modeling, maintaining a positive physiological state, and an attitude that their goal can be accomplished. Bandura (1997) writes, "Unless people believe they can produce desired effects by their actions, they have little incentive to act" (pp. 2-3). According to Bandura's Theory of Self-Efficacy (1997), the faculty role is to provide a foundation for nursing students to grow and foster confidence within the educational environment.

<center>Literature Review</center>

An extensive search of the literature ranging 1980 to 2005, using the key words competency, caring, faculty support, student retention, professional socialization, self-efficacy, and nursing students revealed much discussion on how to impart professional socialization and caring in education. Haldordottir (1990) wrote that students responded with feelings of self-worth and motivation toward personal and professional growth when they felt appreciated and cared for by faculty that modeled the behaviors they were teaching. Brandon (1998) writes that compassion towards others and self-awareness are integral for all healing professions. Secrest et al. (2003) in their existential-phenomenological study, uncovered the patterns of knowing, belonging, and affirmation that were related to baccalaureate nursing students' feelings of professionalism.

Ellis (1980) found in a pilot study with 177 baccalaureate nursing students that self-esteem and self-confidence diminished with each year of nursing education. Ellis wrote (1980) that the more contact the students had with the faculty the less positive they felt about themselves. This

research is contrary to other findings in the review of the literature. There is need for further research in this area.

Mozingo et al. (1995) conducted a quantitative and qualitative study with 204 nursing students within two weeks of graduation with the Perceived Competency Scale (PCS) that was developed by Mozingo and Thomas. Mozingo et al. (1995) found 75% of students felt they needed increased time in the clinical setting and increased exposure to clinical skills. Additionally, 78% of the students were able to identify a faculty mentor and 57.4% reported feeling anxious about their clinical skills.

Clark et al. (2004) developed a tool to measure 80 baccalaureate nursing students' perceptions of clinical competence in a chronic care case management course. The purpose of the instrument was to assist faculty in evaluating student perceptions about the curriculum content and evaluate student's self-efficacy in performing clinical skills (Clark et al., 2004). Clark et al. (2004) reported that in order for students to succeed they needed to feel the content or skill was meaningful. This was the first instrument developed to measure nursing students' perceptions of clinical competency in 14 years and was limited to the chronic care setting.

Birx and Baldwin (2002) conducted a formative evaluation of methods of promoting nurturing staff-student relationships. Positive nurturing relationships between students and staff were enhanced by a unit-based orientation; evaluation about encounters with staff; and collaborative relationships between faculty, students, administration and staff (Birx & Baldwin, 2002). Birx and Baldwin (2002) concluded that the concept of caring needs to be extended toward students to cultivate the knowledge, skills, and values of professional development.

Shelton (2003) conducted a cross-sectional study of 458 associate degree nursing students exploring their perceptions of faculty support and student retention using the Shelton Model of Student Retention as the conceptual framework which was based on Bandura's Theory of Self-

Efficacy and Tinto's Theory of Student Retention. Shelton (2003) developed the Perceived Faculty Support Scale (PFSS) to look at factors that improved perceptions of psychological and functional support. Shelton (2003) demonstrated "...that both psychological and functional support contribute to student retention by promoting student persistence" (p. 75).

One study has explored the relationship of nursing students' perceptions of faculty support and their perceptions of clinical competency. Wade (1999) conducted a concept analysis that defined the attributes associated with professional nurse autonomy as nurturing relationships with clients, making responsible decisions, maintaining a reciprocal collegial relationship, and acting as a client advocate. Wade (2004) reported that caring and autonomy through perceived clinical competence are necessary components in achieving student success. Wade (2004) developed an instrument for this study to measure perceptions of instructor caring behaviors, and used a second instrument to measure autonomy. Males were excluded from the study population. Wade's (2004) research was unique in that the study linked student perceptions of faculty support with clinical competency.

Research Questions

1. What is the relationship between student perceptions of faculty support and student perceptions of clinical competency in beginning and senior nursing students enrolled in a baccalaureate nursing program?

2. Do student perceptions of clinical competency differ in beginning and senior nursing students enrolled in a baccalaureate nursing program?

Methodology

Sample/Demographics

A convenience sample of 91 nursing students from a state funded university participated in a non-experimental, cross-sectional, survey design study. The ethnically diverse, generic

baccalaureate sample was comprised of 46 beginning nursing students enrolled in their first

clinical experience and 45 senior nursing students in their final clinical experience. The

participants were asked to complete the PCS (Table 1), PFSS (Table 2), and a demographic

questionnaire. However, one female beginning and one female senior nursing student were

dropped from the data analysis of PFSS because of incomplete information.

The sample contained 79 females and 12 males. The ethnic breakdown of the sample was

30% Filipino, 16% Caucasian, 16% Vietnamese, 9% Chinese, 9% Latino/Hispanic, 5%

African/African-American, 5% Asian, 1% American Indian, 7% other, and 2% unreported.

Thirty-three percent of the participants identified English as their second language.

Procedure

Permission to conduct the study was obtained from the university formal internal review

board, the school of nursing, and the participating beginning and senior level faculty. The

researcher attended the beginning and senior-level nursing theory courses at the mid-point in the

semester to obtain participants. The nursing students were given an information packet

containing; (a) a cover letter introducing the researcher and explaining the purpose of the study;

(b) a consent form explaining time required to complete the study instruments and insuring

respondent anonymity; (c) PCS; (d) PFSS; (e) and a demographic questionnaire. To insure

respondent anonymity, the consent forms and the questionnaires were separated and placed in

sealed envelopes.

Instruments

The participants in this study were asked to complete two questionnaires. Permission was

obtained for the use of the PCS which measured perceived clinical competency and the PFSS

which measured perceived faculty support. The PCS consists of a 12 item questionnaire scored

on a 5-point Likert scale ranging from strongly agree (1) to strongly disagree (5). The potential

scores ranged from 12 to 60 with a mode of 36. Three of the items were reverse scored. The

reliability and validity of the PCS instrument was tested with a sample of 204 senior,

baccalaureate level nursing students, after the initial use of the instrument the Cronbach's alpha

coefficient was .83 (Mozingo et al., 1995).

The PFSS reflects the student perceptions of the psychological supportive behaviors (caring

and listening) and the functional supportive behaviors (communicating objectives and giving

feedback) that assist in student success. This instrument consists of a 24 item questionnaire

scored on a 5-point Likert scale ranging from strongly agree (5) to strongly disagree (1). The

PFSS potential scores ranged from 24 to 120 with a mode of 72. The reliability and validity of

the PFSS was tested with a sample of 458 associate level nursing students and the Cronbach's

alpha coefficient was .92 (Shelton, 2003).

Results

Perceived Clinical Competency

The result of an independent t test showed there was a significant difference between the

groups (t (89) =3.25, p<.05). The beginning students (M=32.02, SD=6.74) perceived themselves

as less clinically competent than the senior (M=27.36, SD=6.97) nursing students (Table 3).

Perceived Faculty Support

The result of an independent t test showed there was no significant difference found between

the groups (t (87) =-.25, p>.05). The beginning (M=94.82, SD=16.22) and the senior students

(M=95.61, SD=14.10) results demonstrated a high perception of faculty support.

Perceptions of Faculty Support and Clinical Competency

A correlation between student perceptions of faculty support and student perceptions of

clinical competence was performed. The result using the Pearson product-moment correlation

coefficient (*r*), (*r*=-.20, p>.05) was not statistically significant. The nursing students had similar

levels of perceived faculty support and differing levels of clinical competency.

Discussion

Perceived Competency

In reviewing the PCS, 39% of the beginning and 84% of the senior nursing students agreed or

strongly agreed that they had a faculty mentor. The value of faculty mentorship and modeling of

behaviors are important to the promotion of self-efficacy in nursing students. The development

of transpersonal teaching and knowing is contingent on developing a strong connection, or caring

consciousness between faculty and student.

Seventy-four percent of the beginning and 67% of the senior nursing students agreed or

strongly agreed that they had perceptions of anxiety regarding clinical skills. Additionally, 53%

of the senior nursing students agreed or strongly agreed that they were scared by the thought of

their first nursing job. The perceptions of anxiety remain high in the senior students as they

approached graduation and prepared to enter nursing practice without the safety net of the

faculty. This phenomenon can be explained by the faculties' increased expectations of

performance interdependence and the impending transition to professional practice. The ratio of

students to senior-level clinical faculty is traditionally higher than at the beginning-level because

senior nursing students are working with a preceptor in the clinical setting, rather than under the

direct supervision of the clinical faculty and the staff nurse.

Sixty-one percent of the beginning and 60% of the senior nursing students agreed or strongly

agreed that they were lacking technical skills. The small increase in perceptions of competency

regarding deficits in technical skills from the beginning to senior nursing students may be

explained by the increased level of functioning and responsibility as students advance through

the program. The beginning nursing student is a novice with little understanding of the field of

nursing and may not have a level of understanding to comprehend their inexperience at making

clinical decisions and performing interventions to impact patient care (Benner, 1985). The senior

nursing student is functioning at the advanced beginner level and has some understanding of the

requirements of safe nursing performance and is practicing interdependence in the clinical setting

(Benner, 1985). The enhanced performance expectations of senior nursing students might

explain the small increase in perceptions of clinical competency in this group. Focusing on areas

that nursing students perceive as lacking is an important step in increasing the transpersonal

knowing and self-efficacy concepts.

The PCS items that scored highest by the beginning nursing students were: they had strengths

to bring to nursing, well identified professional goals, felt prepared to practice safe care, and

perceived that the teachers respected their abilities. These findings suggest that faculty

demonstrated respect and trust in the students promoting increased feelings of self-efficacy,

refuting Ellis's (1980) finding that the more contact that nursing students had with faculty the

less positive they felt about themselves.

The senior nursing students PCS items that were ranked highest were: they had strengths to

bring to nursing, well identified goals, at least one faculty mentor, and knew where to find the

answers to clinical questions. The findings suggest that the majority of the senior students had a

mentor and increased levels of self-efficacy regarding goals, strengths, and ability to search for

information independently.

Perceived Faculty Support

In reviewing the PFSS items, only 55% of the senior and 57% of beginning nursing students

agreed or strongly agreed that faculty were aware of the level of student comprehension

regarding important nursing concepts. Additionally, only 64% of the seniors and 47% of the

beginning nursing students agreed or strongly agreed that faculty assessed the level of student

needs and tailored the teaching strategies to meet the deficits. The findings suggest that faculty need to create an atmosphere of trust, encouraging students to ask questions and tailor learning needs accordingly. Shelton (2003) pointed out that it is important for faculty to take the first step, approaching students who are struggling, demonstrating that the intention of faculty is promoting student success.

Although there were no significant differences between the groups, the PFSS items that were scored highest by the beginning nursing students were that faculty encouraged students to ask questions, demonstrated respect, were good role models, and were approachable. These results demonstrate the importance of creating a strong student/teacher relationship early in a nursing program to develop a supportive, environment for enhancing student achievement.

The PFSS items that were ranked highest by senior nursing students were that faculty trusted students , encouraged questions, were open to difference points of views, acknowledged when students performed well, provided helpful feedback, were good role models and had a genuine interest in students. These findings suggested that the faculty were valued as mentors who created an atmosphere of trust and professional acknowledgement.

It is interesting to note that the overall group PFSS items that ranked highest in an ethnically diverse, generic baccalaureate program are that faculty:

- Encourage students to ask questions.

- Stress important concepts.

- Can be trusted.

- Are good role models for students.

These items offer insight into the themes of faculty support that are perceived to enhance student achievement.

Limitations

The ability to generalize the findings is limited by the use of a self-selected convenience

sample and a cross-sectional design. Additional limitations were a sample selection from one

university, small sample size, and a lack of a pre-test/post-test to assess baseline and end-point

anxiety levels.

Recommendations

If the nursing shortage continues to increase, a healthcare catastrophe will unfold. The

profession of nursing needs to welcome and embrace the new graduates in order to maintain the

workforce necessary to care for the population of the United States. Thus, faculty must provide

the experiences needed for nursing students to enter the work force with feelings of confidence.

Tang, Chou, and Chiang (2005) found, "It is a teacher's attitude toward students, rather than the

teacher's professional ability, that is the crucial factor in whether the teacher is effective or

ineffective" (p. 191). Faculty must find strategies to cultivate the belief that student nurses with

high perceptions of clinical competency will cope with the increasing demands and complexities

of healthcare as they enter the arena and develop their own professional practice. Further

research is needed to explore effective strategies to nurture confidence in nursing students and

tools to evaluate nursing student perceptions of confidence and faculty support.

Areas that were identified for faculty development by promoting self-efficacy and a caring

environment for educating nursing students are:

- Creating early formalized mentoring programs.

- Developing methods for providing feedback.

- Promoting trust and opportunities for questioning.

- Approaching students who are having difficulties and offering support.

- Responding to students needs.

The caring influence of faculty will educate student nurses to care holistically for themselves, as well as their peers and clients. It is not enough to educate nursing students to think critically. Faculty must listen, develop trust, and create the opportunity for the "teaching moment" in which nursing students are allowed to reveal their perceptions of areas of incompetence without judgment. Then faculty can respond by providing opportunities to consolidate the nursing student's expertise, thus increasing transpersonal knowing and self-efficacy. These opportunities will help nursing students to develop a caring consciousness by giving them the confidence to apply their knowledge and expertise. Higher ratios of senior-level faculty to students may provide the support necessary to promote the use of the "creative problem-solving caring process" for the transition to the professional setting (Watson, 2000, ¶ 1).

Conclusion

This study demonstrated that nursing students felt supported by faculty. However, further research is needed to examine levels of anxiety identified by nursing students and to develop strategies for reducing anxiety while imparting baseline clinical knowledge. Faculty has made tremendous strides since Florence Nightingale (1850) commanded young women to sacrifice all for the art and science of nursing (as cited in Dunphy, 2001). Nurse educators have begun to compile evidence that supports a caring educational environment which provides students with the experience of how to care for themselves and others by developing tools, exploring student perceptions of clinical competency, and responding to student perceptions of need, rather than the faculties perceptions of need (Tanner, 2005; Wade, 2004; Clark, Owen & Tholcken 2003; Birx & Baldwin, 2002; Secrest, Norwood, & Keatley, 2003; Shelton, 2003; Brandon, 1998; Mozingo, Thomas, & Brooks, 1995; Haldordottir, 1990). The cultural shift from a self-

sacrificing environment of servitude to an environment where nursing students feel supported

and acknowledged will prepare the next generation of nurses to bring a caring, humanistic

approach to today's complex, ever-changing world.

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Table 1

Perceived Competency Scale with Ranking of the Differences in Nursing Student Mean Scores

Items	Beginning N=46 Mean	Senior N=45 Mean	Difference	Rank of the Difference
1. I have strengths that I will bring to my first nursing position.	1.89	1.64	-0.25	8
2. I have well-identified professional goals.	1.91	1.71	-0.20	10
3. I have confidence in my abilities as a nurse.	2.43	2.09	-0.34	7
4. I know how to give excellent nursing care.	2.63	1.98	-0.65	2
5. I am somewhat lacking in technical skills.*	3.72	3.51	-0.21	9
6. At least one faculty member has served as a mentor to me.	2.85	1.78	-1.17	1
7. I feel that my program has prepared me to be a safe practitioner.	2.13	1.98	-0.15	11
8. I am really scared when I think of my first job.*	3.48	3.33	-0.38	5
9. I know how to find the answers to my questions about nursing care.	2.22	1.84	-0.38	6
10. My teachers respect my abilities.	2.15	2.07	-0.08	12
11. I know how to do a lot of things.	2.67	2.04	-0.63	3
12. I feel anxious about my clinical skills.* * Reverse-scored items	3.93	3.44	-0.49	4

Reprinted with permission from Mozingo et al., 1995

Table 2

Perceived Faculty Support Scale with Nursing Student Mean, Summation, and Rank Scores

Items	Beginning N=46 Mean	Senior N=45 Mean	Summation	Rank Score
1. Know if students understand what is being taught.	3.59	3.41	7.00	24
2. Demonstrate respect for students.	4.11	3.98	8.09	7
3. Set challenging but attainable goals for students.	4.00	4.02	8.02	10
4. Acknowledge when students have done well.	3.98	4.18	8.16	6
5. Are helpful in new situations without taking over.	3.83	3.98	7.81	19
6. Stress important concepts.	4.07	4.20	8.27	2
7. Are approachable.	4.09	4.07	8.16	5
8. Correct students without belittling them.	4.04	3.78	7.82	18
9. Listen to students.	3.96	4.0	7.96	14
10. Can be trusted.	4.04	4.22	8.26	3
11. Provide helpful feedback on student assignments.	3.78	4.09	7.87	17
12. Are open to different points of view.	3.96	3.78	7.74	21
13. Encourage students to ask questions.	4.26	4.18	8.44	1
14. Provide help outside of class.	3.59	3.84	7.43	22
15. Vary teaching methods to meet student needs.	3.57	3.58	7.15	23
16. Make expectations clear.	3.87	3.89	7.76	20
17. Are patient with students.	3.93	4.04	7.79	13
18. Are good role models for students.	4.09	4.09	8.18	4
19. Are realistic in expectations.	3.93	4.04	7.97	12
20. Present information clearly.	3.96	3.96	7.92	15
21. Clarify information that is not understood.	4.04	4.02	8.06	8
22. Have a genuine interest in students.	3.96	4.09	8.05	9
23. Provide study guides and written materials.	3.93	4.04	7.97	11
24. Demonstrate confidence in students	3.87	4.04	7.91	16

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Table 3

Results of t test Between Groups–Perceived Competency Scale and Perceived Faculty Support

Scale

Scale	Students	N	Mean	Std. Deviation
PERCEIVED COMPETENCY SCALE	Beginning	46	32.02	6.74
	Senior	45	27.36	6.97
PERCEIVED FACULTY SUPPORT SCALE	Beginning	45	94.82	16.22
	Senior	44	95.61	14.10