COMPARISON OF NURSING STUDENT ACADEMIC ACHIEVEMENT AND SATISFACTION BASED ON FACE-TO-FACE INTERACTION VERSUS DISTANCE EDUCATION IN TEACHING THERAPEUTIC CRISIS MANAGEMENT TECHNIQUES

by
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Abstract

Nursing education today is very different with advances in science and technology. Nurse educators are using distance education in an effort to offer students the ability to practice varying skills in a safe non-threatening environment. This quasi-experimental, post-hoc causal comparative study had a two group post-test only design. There were two conditions: face-to-face classroom delivery of course content and distance education with online course content.

The study was designed to compare effectiveness of distance education and face-to-face interaction through reviewing test grades and class grades. Additionally students were asked to rate their satisfaction of the different modalities. The sample for this study was a convenience sample of ADN students who had successfully completed at least two semesters of nursing classroom and clinical work. ADN students had to be enrolled in the psychiatric mental health component of the curriculum in the third semester, where therapeutic crisis management techniques are taught. Students self-selected by enrolling in one of two sections each semester, including a section for face-to-face classroom interaction and a section for students to receive online distance education. This sample had a high level of homogeneity with participants enrolled in the same course in the same nursing program. The diversity of the students, such as age, gender, ethnicity, and learning style was addressed through demographic analysis from data collected from the questionnaire. There was no statistically significant difference in mean test grade, class grade or satisfaction between the two groups.
Dedication

I dedicate this work to my family. I could not have completed this dissertation without your encouragement and support. It was a long and difficult journey, but it was a journey that was worth every sacrifice.
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CHAPTER 1
INTRODUCTION

Nursing is an age-old profession that has drastically changed over the years with advances in medical, healthcare, and nursing research. Nursing education has also gone through a massive restructuring with emerging new technologies over the past few decades. In response to the technology savvy Millennial students and lack of nursing faculty and clinical sites, the use of technology has been incorporated into nursing curriculums (Kaas, 2010). The new advances in technology have made it possible to teach through web-based and web-enhanced learning. Web-based learning has been defined as “individualized instruction delivered over public (internet) or private (intranet) computer networks” (Manochehri & Young, 2006, p. 314). Web-based learning is also known as distance education, online learning or the virtual classroom (Mitchell, Ryan, Carson, & McCann, 2007). Web-enhanced learning, which is a form of hybrid learning, incorporates face-to-face interaction with online components (Mitchell et al., 2007). Web-based and web-enhanced instruction introduces a whole new world of learning opportunities for students and instructors.

Web-based, or distance education, is a recent addition in nursing programs, but not a new idea in education. The concept of distance education can be traced to the origins of correspondence courses, progressed to the use of television and VHS tapes, and with the advent of technology, distance education has begun to emerge in a new light (DiMaria-Ghalili, Ostrow, & Rodney, 2005). There are two modes of distance education, synchronous, which is broadcast in real time, and asynchronous, where content is delivered at a student-controlled pace (DiMaria-Ghalili, Ostrow, & Rodney, 2005).
Distance education courses offer students the chance to interact with other students, teachers, and utilize online resources (Jung, Choi, Lim, & Leem, 2002). According to the most recent survey conducted by the National Center for Educational Statistics (2008), 66% of two year and four year colleges offered some form of distance education courses during the 2006-2007 academic year. In 2010, the number of four-year degrees completely offered through distance education in Historically Black Colleges and Universities (HBCU) and other minority serving colleges rose from 11% in 2006 to 18% (Stuart, 2010). Furthermore, certain types of distance education allow students to work at their own pace and in the comfort of their own home (Korhonen, 2004; Thiele, 2003).

It is also important to note the type of students that are currently enrolled, as well as those entering the higher education environment. The Millennial generation has begun the path to higher education and this generation of learners brings a new way of thinking and teaching. The Millennial students are also referred to as Generation Y, the Net Generation, Generation Next, the Digital Generation, Digital Natives, and the I Generation (Barnes, Mareteo, & Pixy Ferris, 2007; Deloitte, 2008; Reilly, 2012). However, there is controversy over the exact age of this generation. Most experts state that the birth years for this generation fall somewhere between 1978 to 1995 or 1980 to 2000, with the majority being categorized in this generation with a birth year of 1980 and later (Carlson, 2005; Eckleberry & Tucciaron, 2011; Lohrmann, 2011; Reilly, 2012; Werth & Werth, 2011; Wilson & Gerber, 2008). The Millennial generation is one of the largest generations, with 81 million members, compared to the Baby Boomers who are comprised of 80 million members (Mangold 2007).
The Millennial generation is an interesting group of people who bring a whole new set of characteristics to the education environment. Most educators are comfortable when dealing with the Baby Boomers or Generation X, but are not as comfortable in dealing with this new generation of students. Before discussing the Millennials, it is important to look at previous generations. The term Baby Boomers refers to the generation that was born between the years 1943 and 1963 (Lavoie-Tremblay et al., 2010; Lohrmann, 2011; Mangold, 2007; Niles, 2011; Weston, 2006). This generation is characterized as being work-driven, competitive, service-oriented, and desiring financial prosperity (Lavoie-Tremblay et al., 2010; Weston, 2006). The Baby Boomers grew up in stable home and family environments with television being the newest technology (Mangold, 2007). Currently, most nursing faculty would fit into the Baby Boomer demographic (Billings, Skiba, & Connors, 2005).

Members of Generation X are comprised of those generally born between the years 1960 and 1980 (Lohrmann, 2011; Niles, 2011; Weston, 2010). Generation X members tend to be independent, energetic, assertive, resourceful, and less loyal (Lavoie-Tremblay et al., 2010; Niles; 2011; Weston, 2006). Generation X grew up mostly in unstable family environments where parents were not around, but technology was abundant with microwaves, computers, and video games (Niles, 2011; Weston, 2010). Education for both generations was the same with little to no changes in the way subjects were taught.

Millennials have a new set of characteristics different from previous generations due to varying life events as well as growing up in difficult and changing times. This generation is more racially and ethnically diverse as well as less religious than previous
generations (Weston, 2010). This is a generation that comes from mainly Baby Boomer parents and they report good parent-child relationships with respect for elders (Carlson, 2005; Lavoie-Tremblay et al., 2010; Mangold, 2007). Millennials believe that their generation is special and unique, which is how their parents brought them up. There are seven main characteristics of the Millennial generation. Howe and Strauss (2000) state that Millennials are special, sheltered, confident, conventional, team-oriented, achieving, and pressured.

The Millennial generation feels special because they have been told continuously that they are special by parents, teachers, and coaches while winning awards for just completing schoolwork or competitions (DeBard, 2004). Millennials have also been sheltered by over-protective, hovering parents who want to keep them out of danger (DeBard, 2004; Wilson & Gerber, 2008). This group is also confident, optimistic about the future, and believes in their abilities (DeBard, 2004; Wilson & Gerber, 2008). They are conventional in that they tend to accept social rules and norms and follow directions (DeBard, 2004). Millennials are accustomed to working in groups and almost tend to rely on group work as a way of life (Howe & Strauss, 2000; Skiba, 2005; Wilson & Gerber, 2008). This generation also has a sense of needing to achieve something and feels pressure when they are not able to achieve an expected goal (DeBard, 2004; Wilson & Gerber, 2008). Millennial students highly value personal lives over work and school (Reilly, 2012). This generation also expects immediate gratification related to technology saturation (Carlson, 2005).

The Millennial generation grew up in an environment saturated with technology, through computers, the internet, and cell phones. This generation relies on technology as
a way to make life easier while remaining connected with friends and family (Bennett, Maton, & Kervin, 2008; Bonaduce & Quigley, 2010; Pardue & Morgan, 2008).

Technology immersion of the Millennials may be the most important aspect for an educator to consider when trying to meet the educational needs of this generation (Bennett et al., 2008).

Millennials learn differently from previous generations because of technology immersion and media saturation. By the time the average Millennial reaches the age of 21, he or she will have spent 10,000 hours playing video games, 200,000 hours checking e-mail, 20,000 hours watching television, and 10,000 hours on a cell phone (Barnes et al., 2007; Lohrmann, 2011). This is a generation that wants more hands-on, interactive assignments with continual feedback (Barnes et al., 2007; Eckleberry-Hunt & Tucciarone, 2011). However, the instructor must be careful to note that technology immersion does not necessarily equate with proper knowledge of technology use (Bennett et al, 2008; Wilson & Gerber, 2008). It is important for instructors to not make generalizations about certain generations as every person brings a unique set of characteristics to the learning environment and not all individuals will fit nicely into a preset category.

Instructors must understand the students they are teaching and adjust andragogies accordingly. There is research that suggests Millennials must be taught differently from previous generations (Bennett et al., 2008; McDermott, 2011; McWilliam, 2008; Reilly, 2012). This is a generation that likes a structured learning environment that is objective driven (Wilson & Gerber, 2008). Students also only want to be taught what they need to know in an environment that is conducive to their learning style (Skiba, 2005). There has
been noted to be a movement from the “sage on the stage” to the “guide on the side” by instructors teaching this generation of students (Barnes et al., 2007; Bonaduce & Quigley, 2010; McWilliam, 2008; Skiba, 2005). The “old way” of didactic teaching with an instructor delivering a power point presentation in front of the classroom is no longer beneficial to student education (Bennett et al., 2008). Instructors are discovering that lectures are no more than 15 to 20 minutes in duration before the students are broken up into small groups for discussion and teamwork building exercises (Carlson, 2005). McWilliam (2008) even goes on to state that the instructor becomes the “meddler in the middle” for the Millennial generation. The meddler in the middle notion involves the student and instructor as co-creators of the learning environment, where both parties share input and feedback.

Some research suggests that Millennials in the higher education environment are no different from today’s adult learners. Knowles adult learning theory is important to review when discussing the student in the higher education environment. Most students in the college setting are adults, defined as a person over the age of 18, which makes Knowles theory applicable (Norman, 1999; Werth & Werth, 2011). Life circumstances are different for everyone, which will have an impact on how a person learns, and influence personal preferences and learning styles (Norman, 1999). Adult learning takes place in both formal and informal settings and involves finding meaning in what is being learned (Jackson, 2008; Korhonen, 2004). Adult learning theory is based on the premise of using active and engaging activities for the student to learn (Werth & Werth, 2011). The distance education environment addresses the needs of the adult learner and the
Millennial by offering education that was previously inaccessible through technology (Moskal, Dzuiban, Upchurch, Hartman, & Truman, 2006).

It is important for nurse educators to take into account all the different aspects and individuality each student brings to the classroom. Educators should incorporate a variety of learning activities to keep all students engaged in the learning environment (Lohrmann, 2011; Tanner 2006). The Partnership for 21st Century Skills (2009) states that it is important for students to learn the essential skills, such as critical thinking, problem solving, communication, and collaboration, in order to succeed in the world. Educators can teach these essential skills through a variety of means. One way of meeting this need is to incorporate technology into the classroom through the distance education format. The distance education format can utilize a variety of resources, such as Blackboard®, Google®, WebQuests, blogs, wikis, YouTube® and podcasting, to create a collaborative learning environment (Barnes et al., 2007; Moskal et al., 2006). Instructors need to be aware that while utilizing various distance education technology tools with Millennial students, it is important to also keep them motivated and engaged in the learning process.

Fallon (2009) states that there are several ways to motivate Millennials, which include giving them ownership, giving regular feedback, showing them the big picture, letting them do good, building enjoyment, tapping into their talents, and giving them bragging rights. When designing courses for Millennial students there are several factors to keep in mind such as resisting formal instruction, planning interactive activities, allowing content to be delivered by peers, having coursework that can be mastered in small pieces, providing a safe environment, and allowing students to develop skills that
are valuable to them (Werth & Werth, 2011). Most of these suggestions are based on the concepts that comprise adult learning. It is also important to be flexible and adaptable while stating clear expectation when working with Millennials (Eckleberry-Hunt & Tucciarone, 2011; Reilly, 2012). “Learning is mainly an active and self-regulatory effort in the learning environment” which fits into educating Millennials (Korhonen, 2004, p. 109). Educators must take into account the different and unique life experiences of all students in order to teach them effectively.

**Statement of the Problem**

The statement of the problem in this study is a growing need for nurses in the work force. However, there is a lack of educational facilities with the appropriate nursing faculty to fulfill this need. The Health Resources and Services Administration (HRSA) project that the nursing shortage will be over one million nurses by the year 2020 nationwide (HRSA, 2002). The Bureau of Labor Statistics (2012) found that nursing jobs will increase by 26% from 2010 to 2020. Along with this nursing shortage, there is also a shortage of nursing faculty. According to the American Association of Colleges of Nursing (AACN), the shortage of nursing faculty, as well as lack of clinical placements and space issues, led to over 75,000 qualified nursing student applicants being turned away (AACN, 2009; AACN, 2012).

Nursing schools have had to develop ways to handle faculty and space shortages. Distance education has been a viable option for nursing schools facing today’s difficult challenges. Nursing schools around the country have begun to utilize distance education in an effort to make nursing education available and accessible (Mancuso-Murphy, 2006). With the advent of technology and the move to more distance education courses in
nursing programs, it is especially important to examine the effectiveness in clinical skills education. Nursing students must demonstrate proficiency in a variety of skills including communication, safety, and technical skills related to patient care. Effective therapeutic communication is an essential skill for all nurses to possess (Kluge, & Glick, 2006). Psychiatric nursing is an integral component of nursing programs with the most important aspect of not only psychiatric nursing, but all nursing, being therapeutic communication. However, it is important to examine different methods in the effectiveness of teaching therapeutic communication techniques, specifically therapeutic crisis management techniques.

The Oxford English Dictionary (2013) defines crisis as “A vitally important or decisive stage in the progress of anything; a turning-point; also, a state of affairs in which a decisive change for better or worse is imminent” (Definition section, para. 3). Crisis is defined by Merriam-Webster (2013) as “the turning point for better or worse in an acute disease, an emotionally significant event or radical change of status in a person’s life, an unstable or crucial time or state of affairs in which a decisive change is impending; especially one with the distinct possibility of a highly undesirable outcome” (Definition section, para. 1c, 3a). Crisis refers to the inability to solve a situation. According to Aquilera (1998), “crisis intervention can offer the immediate help that a person in crisis needs to reestablish equilibrium” (p.1). Everyone lives in a state of equilibrium and when there is a crisis the person struggles to maintain that balance or homeostasis.

Nursing programs utilize different techniques, such as group work, conversations with patients, simulation labs, standardized patients, and computer simulation in order to teach therapeutic communication skills, specifically therapeutic crisis management.
techniques. Research has shown that “class time is insufficient for students to learn about communications theory and effectively practice communication skills, as well as the critical thinking and problem solving abilities associated with them” (Kluge & Glick, 2006, p. 463). Because students “do not know how to transfer their knowledge to actual patient care, students may also feel insecure about their nursing and therapeutic communication skills in the real clinical setting” (Yoo and Yoo, 2003, p. 444).

**Purpose of the Study**

The purpose of this study was to compare effectiveness and student satisfaction of distance education versus face-to-face interaction in delivering therapeutic crisis management skills content to Associate Degree Nursing (ADN) Students as measured by test scores, class grade, and student satisfaction survey results. In this case, one group of students was taught via face-to-face interaction in the traditional classroom setting with case studies and group work. The other group of students was taught via distance education with a recorded instructor presentation followed by the same case studies and distance education group work. This researcher hypothesized that test scores would be higher in the distance education setting because the students would have to take the time to read and respond to discussion board questions. Personal experience led to this hypothesis because students have verbalized in the past that they enjoy a distance education environment where students can set the pace. Research data will review overall test scores, class grade, and survey data related to student self-reported satisfaction.

**Significance of the Study**

This study is significant because it may help nurse educators understand students’ satisfaction during varying educational experiences. This understanding may also help
guide future development of effective methods to teach therapeutic crisis management techniques. This is important because there is currently a decreased opportunity for learning due to lack of clinical sites and nurse educators (Kaas, 2010). It is also important to note that with decreased clinical hours in psychiatric nursing settings, the distance education format provides a low-risk environment to practice (Kaas, 2010). The benefit to the college and nursing program was gaining insight into effective teaching methods for therapeutic crisis management techniques.

This study is also significant in helping understand varying learner needs in higher education. The traditional community college student is a returning adult who has a family and job. There has been a noted increase in postsecondary students ages 25 and older which also included those enrolled in distance education (Brownson and Schultz, 2009). There is also an increase in the Millennial generation entering college at this time. The distance education experience allows the returning student, as well as the Millennial student, to achieve their goals of a degree without the scheduling constraints of the traditional classroom setting.

**Research Questions**

In this study, the following questions were addressed:

1. Are there differences between test scores and class grade of students who were taught therapeutic crisis management techniques via face-to-face interaction as compared to those who were taught through a distance education format?

2. Are there differences in the degree of nursing student satisfaction between distance education and face-to-face interaction when learning therapeutic crisis management techniques?
For the purposes of this study the following null hypotheses were used:

Ho 1. There is no difference in therapeutic crisis management test scores and class grades of nursing students who receive instruction face-to-face as compared to those who were taught through a distance education format.

Ho 2. There is no difference in the degree of nursing student satisfaction with course delivery between those who received instruction face-to-face as compared to those who were taught through a distance education format.

**Definition of Terms**

For the purposes of this study the terminology was defined as the following:

*Academic Achievement* is established through test grades and class grades for the purposes of this study.

*Conflict resolution* is the use of certain therapeutic communication techniques that are used in an effort to defuse difficult situations. The Oxford English Dictionary (2013) defines conflict as “a prolonged struggle” (Para, 2b) or “the clashing or variance of opposed principles, statements, arguments, etc.” (Para, 2c) and resolution as “an act of resolving or determining; something which has been resolved upon; a fixed or positive intention” (Para, 11a).

*Distance education* is accomplished through online learning with a learning management system. This is operationalized via Blackboard®, which is used by the ADN program. Blackboard® allows the student to receive presentations online and complete required course materials on their own time schedule. The college defines distance education as courses that are conducted online 100% of the time and do not require face-to-face interaction. There are many different aspects of distance education and a review of the
literature will examine nursing practice and the effectiveness of distance education of therapeutic crisis management techniques.

*Face-to-face instruction* is the use of live classroom interaction with the same course content that students receive via Blackboard©. Face-to-face instruction is defined by the college as a course that meets 90% to 100% of the time in person in a designated area.

*Nursing Student* is a person enrolled in a National League for Nursing accredited ADN program with successful completion of at least two semesters of nursing classroom and clinical work. ADN students had to be enrolled in the psychiatric mental health component of the curriculum in the third semester, where therapeutic crisis management techniques are taught.

*Student satisfaction* is measured utilizing a researcher-developed survey regarding student satisfaction in regards to therapeutic crisis management content.

*Therapeutic communication* skills include a set of techniques that can be utilized for effective communication with patients. Therapeutic communication provides emotional support through listening, understanding and conveying empathy. Active listening is one of the most important keys to therapeutic communication because it demonstrates attentiveness to what the other person is saying while also communicating respect, understanding and acceptance of what the other person is feeling and trying to convey (Varcarolis & Halter, 2010). Empathy is another key component that involves the use of recognizing and acknowledging the other person’s feelings without losing objectivity (Varcarolis & Halter, 2010). Effective therapeutic communication includes empathy, positive regard, and congruence (Townsend, 2014).
Therapeutic crisis management is defined as utilizing therapeutic communication techniques in order to effectively resolve conflict in a multitude of scenarios. Aquilera (1998) defines crisis as “an individual’s inability to solve a problem” (p. 1). France (2007) defines crisis management as a “form of support that seeks to help the person develop adaptive ways of confronting challenges which have temporarily overwhelmed the individual’s inability to cope” (p. 13).

Assumptions

The following assumptions were identified for this study:

1. Case studies and group work adequately represent complex patient situations encountered in actual practice.

2. Participants will evaluate their satisfaction honestly.

3. The participant performance on the exam and in the class will be generalized to nursing performance.

Limitations

There were several limitations to this study. These limitations included a small sample size and limited time frame, since the class is only offered once a semester. The study did meet optimal sample size for the detection of small or medium effect size differences if they exist. The sample was also one of convenience. Students voluntarily register for either the distance education or the face-to-face instruction section of the course as part of the required nursing curriculum. As such, there is a risk of self-selection bias and non-random assignment of subjects. Students were asked about personal preferences for distance education versus face-to-face interaction.
Delimitations

This study compared effectiveness and student satisfaction of face-to-face and distance education modalities in delivering therapeutic crisis management skills content. This research had a small sample size (n=110) of adult learning students in the northeast United States at an Associate Degree Community College and cannot be generalized to other nursing student populations. Students had to volunteer to complete the satisfaction survey. The study was delimited to ADN students who had already successfully completed at least two semesters of nursing classroom and clinical work and who were enrolled in the psychiatric mental health component of the curriculum. Students who were not enrolled in the psychiatric mental health component of the curriculum were excluded from this study.
CHAPTER TWO

LITERATURE REVIEW

As technology advances and times change, the art of nursing evolves. In response to changing times, nursing education has adjusted accordingly. Lack of clinical sites and declining number of nursing faculty, as well as new technology has been a driving force behind the incorporation of distance education into nursing curriculum (Kaas, 2010). This literature review will cover various aspects of learning and therapeutic crisis management techniques. In order to have a better understanding of how students learn, it is important to discuss learning styles. The literature review will also focus on distance education in nursing education as well as satisfaction of distance education courses. Therapeutic communication techniques, therapeutic crisis management techniques and group learning will be reviewed.

Learning Styles

Learning styles are relevant for instruction, whether distance education or the traditional face-to-face classroom setting. It is important to also take into consideration students’ learning styles since every learner is a unique individual. Some schools and instructors offer testing of students in order to determine learning styles. There are many factors that contribute to learning and it is important for instructors to be mindful of every generation of students.

According to Silverman (2006), there are three main types of learning style modalities: auditory-sequential, visual-spatial, and tactile-kinesthetic. Auditory-sequential learners use a step-wise process and learn from hearing material and being able to discuss the subject matter (2006). Visual-spatial learning takes place “all at once”
and relies on images (2006, p. 71). The learning modality where the student uses touch and hands on demonstration is known as tactile-kinesthetic learning (2006).

Fearing and Riley (2005) conducted a qualitative, descriptive, nonexperimental study which was performed with adult distance education learners about their preferred learning styles and satisfaction with a distance education course. The researchers found that of the participants, 46% were tactile-kinesthetic learners who were, overall, satisfied with the distance education environment with convenience as the main motivating factor (2005). It is important to note that 14% of the group identified as auditory-kinesthetic learners, 14% of the group identified as visual-kinesthetic learners, 14% of the group identified as auditory only and 12% identified as visual-auditory (2005). This research shows that groups are not homogenous and every student brings a unique learning style and set of experiences with them to the educational arena.

Learning styles, specifically styles where an individual can assimilate information learned, are important predictors of performance (Manochehri & Young, 2006). This research also found that distance education courses were not as well liked by students as traditional face-to-face classroom settings (2006). In addition, Sabry and Baldwin (2003) conducted a qualitative study that explored student learning styles and distance education use and perception. Participants in the study showed a high tendency toward auditory-sequential learning, which suggests that instructors who teach a distance education course should consider the various learning styles of students, and incorporate these styles into the curriculum for effective outcomes. There are many ways that this can be accomplished, such as discussion boards for group work and problem solving activities (2003). Learning styles are not the only variables predictive of success in distance
education. One must also review student engagement and comfort level with technology.

Research has shown there to be an increase in intergenerational learners in nursing which can lead to intergenerational differences as well as tension and conflict among students in the classroom (Swearinger & Leiberman, 2004). There are also new styles of learning that are emerging with the Millennials, who are the digital natives of the next generation. Millennials are “connected” and always tend to have the latest technology at hand (Skiba, 2005). Based on a review of the literature, Mestre and Woodard (2006) concluded that distance education courses should be flexible and creative, while including interaction among students in order to be successful, due to a changing society.

Adult learners also have their own special needs. They work on six major concepts according to Knowle’s Adult Learning Theory (Knowles, 2011). The concepts of the Adult Learning Theory include the need to know, learner’s self-concept, role of the learners’ experiences, readiness to learn, orientation to learning, and student motivation (Knowles, 2011; Lehmann & Chamberlin, 2009). It is interesting to note that the Adult Learning Theory has viable applications to the Millennial student, since an adult is someone considered to be older than eighteen. A causal comparative research design was performed on adult undergraduate nursing students researching their achievement on exams (Carbonaro, 2006). In this study, the interaction of exam scores by instructional group was found to be significant. Full-time students in distance education performed better overall, but older students outperformed the younger students in this study. These results could suggest that age is a key factor in performance outcomes in the distance education environment (Carbonaro, 2006). Therefore, educators should consider all factors when offering distance education courses.
It is not possible to accommodate all learning styles at once. However, it is important to examine all aspects of the learner, including cultural and ethnic issues (Mestre & Woodard, 2006). Having an understanding of the different learning styles is helpful knowledge for an instructor designing a distance education course. Adult learners may prefer the distance education environment because of the flexibility and the ability to adapt their learning styles (Korhonen, 2004).

Instructors can use technology to offer classes in an accessible format and reach out to learners, accommodating different learning styles and engaging the student in the learning process with creative learning strategies (Phillips, 2005). The instructor becomes the facilitator where students interact with one another and are guided by instructor feedback. It is important for the instructor to guide the distance education experience with the use of technology.

**Distance Education**

Nursing education is currently in high demand due to an aging workforce and limited job options; and therefore, has had to make modifications to the way nurses are educated. According to the Institute of Medicine (IOM), there are core competencies that must be included in the education of health professionals (2003). The IOM core competencies include improving patient safety through refining nursing education with a focus on adaptability, flexibility and accessibility for students (2003). Many nursing schools have integrated some form of distance education or web-based component to their programs, which allows the capability to educate more students. Distance education courses have been increasing in numbers over the last decade; however, there has been little research on the evaluation and success of these courses in nursing education (Sheard
& Markham, 2005). It is important to evaluate the effectiveness of these courses and analyze what makes the courses successful. One systematic review of distance education in nursing found it to be an effective modality (Childs, Blenkinsopp, Hall, & Walton, 2005). However, the researchers found that limited national guidelines and inconsistent institutional support were major barriers to distance education in nursing (Childs et al., 2005).

Another research study found that instructors were taking existing course materials and putting them online without making it an engaging distance education environment (Greener, 2009). Developing a distance education course is time consuming, and not as simple as taking a pre-existing course and placing it online (Howatson-Jones, 2004). Two researchers developed four steps to transform a pre-existing course into the distance education format. The steps include developing a framework, reviewing objectives and materials, determining what is acceptable work through developing appropriate rubrics, and designing learning experiences that are beneficial to distance education students (Anderson & Tredway, 2009). It is important for instructors to realize that there will be an adjustment to the new role and andragogies will have to be adjusted accordingly (Ryan, Carlton, & Ali, 2004; Simpson, 2002).

The instructor developing a distance education course must consider the overall infrastructure for the course, realizing that students will be accessing the course from home with a multitude of connections (Jairath & Stair, 2004). There are several factors to take into consideration when addressing the infrastructure, such as student support, basic technology skills, student participation, communication, ease of student accessibility, clearly stated expectations, security, and workload of faculty (Jairath & Stair, 2004).
While considering all of these important aspects of the distance education environment, instructors must also create a supportive learning environment (Mancuso, 2009). Overall, after considering all items of the infrastructure, distance education courses can actually “accelerate student learning, facilitate progression through educational programs, and contribute to increased satisfaction with the educational experience” (Jairath & Stair, 2004, p. 72). In addition, instructors reported an overall satisfaction with teaching distance education courses and the satisfaction was increased when a mentor who had previous distance education experience was involved (Ryan et al., 2004).

A qualitative study was performed on the satisfaction of nursing students within the social context and looked at attitudes on experiences with distance education (Kenny, 2002). The researcher found that computer confidence affected satisfaction with the course. Students most liked flexibility of distance education, which increased motivation and enthusiasm (Kenny, 2002). Distance learners may also be at risk for feelings of isolation (Dickey, 2004). It is important for instructors to be aware of such a risk, so that distance education courses can be developed in such a way as to avoid alienating students and having them involved in the process.

One research study was conducted in an ADN program at the University of Alaska, where researchers were examining the benefits, problems, and overall effectiveness of a distance education nursing program as compared to a face-to-face nursing program. A total of 165 nursing students in the last semester before graduation were asked to complete a satisfaction survey instrument; 94 were distance education students and 71 were face-to-face participants. Students in the distance education section
of the program rated the delivery method more satisfactorily than the face-to-face group; 153 positive statements compared to 89 (Coose, 2010).

According to Dede (2004), “preparing teachers to assess and value the many dimensions of student success, rather than the single metric of minimum proficiency on high-stakes tests, is an important objective for professional development” (p. 19). A qualitative study with physicians compared continued distance education with face-to-face interactions in which they found that “because online learning lacks the physical space for participants to learn from each other, a key facilitator activity is to create an electronic environment supportive of learning” (Sargeant, Curan, Allen, Jarvis-Selinger, & Ho, 2006, p. 134). The researchers suggest that instructors should create a comfortable learning environment with friendly small group activities that are relevant to make the class successful (Sargeant et al., 2006).

The distance education environment can be a challenge for some students. Traits of successful distance education learners include being organized, self-motivated, proactive, resourceful, efficient, and knowledgeable about personal learning styles (Thew, 2007). Students need to learn how to take the initiative and schedule times on their own for class; so they become independent (Thiele, 2003).

It is also important to remember not to assume that all students have basic computer skills (Elder & Koehn, 2009). In a descriptive correlational study, 87 nursing students were asked to rate their satisfaction of their computer skills in which overall ratings were high for satisfaction (Elder & Koehn, 2009). However, after completing a computer competency assessment it was found that student satisfaction of their abilities was higher than their actual performance (Elder & Koehn, 2009). As stated previously, it
is important for the instructor, as well as the student, to possess knowledge of current technology (Paulus et al., 2010).

The “rapid growth of online learners and future demand of online learning imply that distance education is a ‘win-win’ situation for both learners and education providers” (Hsu, Ching, Mathews, & Carr-Chellman, 2009, p. 117). In this small study there were five students who were interviewed and observed with findings indicating that social and behavioral factors were of the greatest impact on self-regulated learning (Hsu et al., 2009). Over a five year period faculty from six different nursing programs met to discuss teaching strategies related to distance education (Shovein, Huston, Fox, and Damozo, 2005). Faculty believed distance education provided the learner access to the teacher as mediator and also provided encouragement from fellow classmates (Shovein et al., 2009).

Although nursing schools are currently offering a variety of didactic courses via distance education, distance education offerings for clinical skills has been restricted (Lashley, 2005). Clinical experiences remain the “foundation of practice” in nursing education (Dutile, Wright, & Beauchesne, 2011, p. 43). More recently, there has been the development of distance education courses that teach health assessment and basic skills (Dorman, Maredia, Hosie, Lee, & Stopford, 2003; Lashley, 2005). Furthermore, teaching a health assessment course via distance education was an effective mode of transmission, when supplemented with videos, assignments, and online interactions (Lashley, 2005). Other research has shown that standardized patients and other simulation activities have become dependable tools to augment distance education (Nagle, McHale, & French, 2008; Harder, 2010; Dutile et al., 2011).
Little research has been conducted in regards to distance education and psychiatric nursing content. One problem in the area of psychiatric nursing content is the belief that there needs to be face-to-face interaction for the successful facilitation of teaching and learning communication and interpersonal skills (Shea, 2008). Furthermore, Shea (2008) suggests that one solution to this problem is to develop distance education standards and practices for increased quality in the programs. One study found that it was important to include interactive activities and discussions to have a successful distance education psychiatric nursing program (Horton-Deutsch, McNelis, & O’Haver Day, 2012). Other studies have shown that distance education outcomes have been equivalent to those of face-to-face interaction outcomes (Allen & Seaman, 2004). However, little research has been done on the use of simulation and distance education on therapeutic crisis management and de-escalation techniques (Guise, Chambers, & Valimaki, 2011).

Overall, the greatest factor that led to student success was participation in required assignments and group work (Thiele, 2003). In a study of 110 undergraduate second-year psychology students, data showed that students who accessed online resources more frequently had increased success in the course (Hoskins & van Hooff, 2005). Those students who interacted with one another in a particular course were more successful than those who had limited-to-no interaction (Gunwardena, Linder-VanBerschot, LaPointe, & Rao, 2010; Jung et al., 2002). Thiele (2003) found that “the most significant factor in distance education is interaction with instructors” (p. 364).

Satisfaction

Student satisfaction is an important aspect to remember in the distance education environment. The “hallmark of distance education has been its reliance on learner
autonomy, also called independent or self-directed learning” (West, 2011, p. 136). The student must become an active learner and not just a passive recipient being taught by the instructor (Atack, 2003).

Nursing students enrolled in distance education courses were mostly satisfied with their experience, with two exceptions; feeling isolated and not receiving enough feedback from the instructor (Atack & Rankin, 2002). Further research indicated that nurses who were enrolled in a distance education course were satisfied with the content and delivery (Atack, 2003). The aim of one study was to explore nursing student perceptions of distance education by interviewing 21 students enrolled in a distance education program. The researcher found that one of the major themes of distance education was active learning, where the student felt motivated and engaged in the learning process. Active learning takes place when the student is engaged in the learning process and actively participates in assignments and group work (Kenny, 2002).

It is important to realize that distance education courses do not fit every student learning style and instructors should be sensitive to student engagement, or helping the student feel like a part of the course (Atan & Rahman, 2004; Frith & Kee, 2003). It is equally important for an instructor to know students in the distance education environment as well as in the traditional face-to-face classroom environment. Other research has looked at the link between sense of community, where the learner feels connected, and engagement. The more the student feels connected, the more motivation and satisfaction will be reported. (Craft, 2008; Gallagher-Lepak, Reilly, & Killion, 2009; Heejung, 2003). In all types of educational environments, the student must be motivated to learn.
Keller (1987) identified four essential characteristics of motivation, also known as the ARCS model, which includes attention, relevance, confidence, and satisfaction. Attention is where the instructor is able to gain and maintain the learner’s interest through a variety of interactive methods. Relevance refers to how learners perceive the information as meeting their own needs and interests. Confidence is about increasing the learner’s performance through instructor and student feedback. Finally, satisfaction is achieved through positive reinforcement of skills learned (Keller, 1987).

Motivation includes many aspects, but motivated students must be willing to set and achieve personal educational goals as well as thoroughly prepare for the course (Azaiza, 2008). In addition, Craft (2008) also suggests that preparation and self-purpose are good predictors of success and satisfaction. One important factor that influences motivation is learner-to-learner interaction, which can occur through discussion board activities. Learner-to-instructor interaction, however, is deemed to be the best indicator of increasing student motivation (Azaiza, 2008).

Distance education students have their own unique challenges as they relate to motivation. Overall, motivation must come from within the student and should be fostered by the instructor. In this case, motivation can be fostered through student engagement. Student engagement is defined as “a process and a product that is experienced on a continuum and results from the synergistic interaction between motivation and active learning” (Barkley, 2010, p. 8). This student engagement can be achieved through the instructor monitoring online usage with smaller and more frequent assignments. Norman (1999) also discussed adult learners and states that “the idea of
self-directed learning is that we are all individuals with unique needs and aspirations, strengths, weaknesses, and consequently, our own learning needs” (p.888).

Motivating a distance education student can present some difficulties as there is a lack of face-to-face interaction. Communication has been found to be a major component of motivation and student success (Little, 2009; Mancuso-Murphy, 2007). There are several other factors that influence student motivation, or lack thereof, in a distance education course; these include level of technology skills and isolation. To offer the most supportive learning environment, the instructor needs to minimize anxiety by increasing communication and offering frequent feedback (Beffa-Negrini et al., 2002). Another study showed that frequent feedback from the instructor was related to higher levels of satisfaction by the student (Jung, Choi, Lim, & Leem, 2002). A review of the literature found that “technology attributes, course quality, engagement, program format, and support services supported motivation and satisfaction” of distance education students (Bekele, 2010). Students who perform better in the distance education environment are “self-directed and tend to avoid procrastination” (Buckley, 2003, p. 370).

A virtual school symposium panel of students found that the top ten reasons why students prefer distance education included sleeping in, pursuing passions, focusing on work without classroom distractions, setting own pace, decreased competition, classes more interesting, flexible schedule, and ease of communication (Nielson, 2009). Student satisfaction is directly related to ensuring that students are prepared for the distance education experience (Gould & Padavano, 2006). It is important to remember that what works for one program may not work for another. Newman (2009) explored student satisfaction of experiences related to innovative strategies with both positive and negative
feedback. One study recommends that in the distance education environment, instructors need to outline course expectations at the beginning, remain flexible within reason and provide timely feedback (Gould & Padavano, 2006).

A qualitative and quantitative research study was performed on 77 undergraduate students to determine characteristics of distance education learners. Three main types of motivation emerged as key factors; course relevancy, self-efficacy, and reinforcement (Lim & Kim, 2003). Another quasiexperimental study was performed on the use of mobile communication tools to increase motivation. The researchers found that these mobile communication tools have a positive impact on engagement, which also increased motivation (Chaiprasurt & Esichaikul, 2013). One research study focused on determining nursing student engagement as it related to improving student learning outcomes. A random sampling of 3,000 students, 1,000 of which were nursing students, were asked to complete a survey on engagement (Popkess & McDaniel, 2011). Overall, nursing students rated themselves as less engaged than their peers in other majors, which contradicts nursing faculty reports of student engagement (Popkess & McDaniel, 2011).

A qualitative exploratory study examining post RN to BSN student experience of empowerment in regards to distance education courses was conducted (Ledwell, Andrusyszyn, & Iwasiw, 2006). In this study, students defined the empowered learning environment as flexible and accessible with major themes of self-direction and determination (Ledwell et al., 2006). Researchers found “online courses can be effective and engaging for learners” when utilizing several different methods such as presenting “thoughtful and provocative discussion questions” (Zsohar & Smith, 2008, p.26). Distance education nursing courses are comparable to live classroom delivery in regards
to student satisfaction and student learning outcomes (Bata-Jones & Avery, 2004). However, there are some nursing skills that are more difficult to teach via the distance education medium.

**Therapeutic Communication and Crisis Management Theory**

Therapeutic communication skills include a set of techniques that can be utilized for effective communication with patients. Therapeutic communication provides emotional support through listening, understanding and conveying empathy. Active listening is one of the most important keys to therapeutic communication because it demonstrates attentiveness to what the other person is saying while also communicating respect, understanding and acceptance of what the other person is feeling and trying to convey. Empathy is another key component that involves the use of recognizing and acknowledging the other person’s feelings without losing objectivity (Varcarolis & Halter, 2010). Effective therapeutic communication includes empathy, positive regard, and congruence. Therapeutic communication also explores feelings in a nonjudgmental way in order to promote trust and rapport (Townsend, 2014). The overall concept of therapeutic communication is to “foster and maintain healthy relationships” (Jasmine, 2009, p. 35).

There are several specific techniques that comprise therapeutic communication, which includes the use of open-ended questions, reflective listening, empathy, focusing, clarifying, reflecting, silence, and offering self (Kleier, 2013). Therapeutic communication techniques are important for the nurse to utilize in all areas of nursing. “Therapeutic communication has the potential not only to improve patient care but also to offer clinical staff additional rewards” (O’Gara & Fairhurst, 2004, p. 206). Basic
therapeutic communication techniques involve the use of questioning, listening, empathizing, collaborating with the client to include personal goals in the plan of care, and effective summarizing (2004).

“Effective communication is essential in a quality health care delivery system” and class time does not always allow sufficient time for students to learn about communication and how to effectively put it into practice (Kluge & Glick, 2006, p. 463). Kluge and Glick (2006) performed a mixed methods study where an experimental group (n = 18) had to therapeutically respond to a prerecorded simulated patient and record their personal response. The control group (n = 18) was only given feedback in class with no prerecorded patient’s simulation scenarios to complete. The researchers found that the experimental group responded appropriately more often than the control group (Kluge & Glick, 2006).

An essential component of therapeutic communication is the therapeutic relationship. The therapeutic relationship can be defined as an “ongoing, meaningful communication that fosters honesty, humility, and mutual respect and is based on a negotiated partnership between the patient and the practitioner” (Krauss, 2000, p. 49). The therapeutic relationship includes empathy, collaboration, congruence, and management of countertransference issues (Perraud et al., 2006). The goal of establishing the therapeutic relationship is based on respect and mutual understanding (Kleier, 2013). The principles of therapeutic communication and the therapeutic relationship can be difficult skills to teach in the distance education format.

Therapeutic communication is effective in a variety of situations. In order to effectively deal with angry patients, nonviolent communication can be utilized.
Nonviolent communication involves listening empathetically by gauging the patient’s reaction, understanding what the patient is feeling, determining if needs are not met, and then helping the patient to meet all needs (Sears, 2004). The nurse’s approach to the client is crucial in developing the best plan of care while also being a source of support for the client in need.

Ineffective communication can lead to conflict. Poor communication can present unclear messages which can adversely affect a personal relationship (McFarland, 2001). Conflict can be functional or dysfunctional, but it is usually associated with the more negative aspects and not the positive outcomes (Vivar, 2006). Today’s changing healthcare environment and stressful situations can also lead to conflict (Whitworth, 2008). Conflict is inevitable, but can be positive, such as being an impetus for change (Bickmore, 2002; Ciftci, Demir, & Bikos, 2008; Mueller, 2009).

Conflict resolution strategies were developed in an effort to handle conflict situations in a positive way. There are five styles associated with conflict resolution. Avoiding, accommodating, and competing are all negative aspects of conflict resolution because one side consistently wins and one side consistently loses (Conerly & Tripathi, 2004). Compromising and collaborating are positive aspects of conflict resolution because all parties involved win (Strom-Gottfried, 1998).

The first step to conflict resolution is to identify the cause of the conflict (McFarland, 2001). There are two categories of conflict, emotional and factual, and it is important to identify the type of conflict in order to resolve the issue (Buckman, 2008). In an article by the Harvard Mental Health Letter (2008), there are always underlying emotional issues in conflict, which may interfere with the resolution process. Based on a
nursing case study and survey, it was found that nurses tend to avoid conflict because there is not enough time to deal with the difficult situation, it is easier to avoid, there is a need to focus on the patients, and they are afraid of other’s reactions. There really is “no single way of managing a conflict” (Vivar, 2006, p. 204), it depends on many factors, but time is the most crucial component (2006).

Overall, making conflict resolution courses available to provide a baseline would help nurses who are confronted with this type of situation (Vivar, 2006). Conflict can cause “stress, frustration and tension, thereby creating unpleasant feelings” (Desivilya & Yagil, 2005, p. 59). Depending on stress levels and how a person responds to the conflict situation dictates which conflict resolution strategy to employ (Desivilya & Yagil, 2005). “When the parties to a conflict overcome the urge for reticence or downright deception about what they actually want and need, the results can be powerful” (Stiteler, 1995, p. 11).

There are certain communication skills that are necessary for successful conflict resolution. It is important to deal with the conflict when and where it occurs before getting others involved (Pierce, 2009). It is also important to have some therapeutic communication techniques available, such as use of empathy, being an active listener and using assertive statements (Adubato, 2008; Heydenberk & Heydenberk, 2007). There are several other conflict resolution strategies which include keeping your cool, walking in the other person’s shoes, taking responsibility, and not always giving in (Reece, 2008).

Overall, how one deals with conflict is directly related to how much personal goals are a priority and how much one cares about personal relationships (Conerly & Tripathi, 2004). If not handled effectively conflict can be time consuming and costly to
all involved (Schofield, 2008). A failure to resolve conflict is a direct result of ineffective communication; hence, the importance of teaching effective communication techniques (Stevens, 2003). Several studies have also found a link between the amount of stress and the ability to effectively resolve a conflict. In increasingly stressful situations it is more difficult to manage conflict resolution successfully (Schweizer, et. al., 2007; Smith & Principato, 1982). Davis (2007) performed a study using CUDSA; confront, understand, define problem, seek solution, and agree on action, using distance education videos with conflict scenarios and role-playing. The conflict resolution training was being held for 750,000 frontline staff. In this study it was found that 71% of staff that received the training said that they felt they had the skills to handle a potentially violent situation compared to 29% before the training (2007). In a study using a Myers Briggs Type Indicator (n = 30), it was found that approximately 60% accommodated and approximately 40% avoided the conflict situation (Whitworth, 2006). With training, nurses may feel more comfortable in using skills for dealing with crisis situations.

In the psychiatric setting, conflict with patients could lead to potentially aggressive situations. Patient aggression leads to new nurses quitting the profession, therefore making it essential to prepare them to handle these difficult situations. It was found that student nurses who had been involved with training to manage aggressive behaviors had increased self-perceived confidence in dealing with difficult patients (Needham et.al, 2005).

Nurse safety is as important as patient safety, which is one of the top priorities in nursing. In simulation experiences, students felt that they had deficits in regards to handling a crisis situation with a patient (Flanagan, Nestel, and Joseph, 2004). Crisis
occurs when a person is unable to solve a problem on his/her own and needs some type of
intervention (Aguilera, 1998). “Dealing with crises means dealing with nightmares and
nightmares become less of a threat if someone turns on the light” (Gundel, 2005, p.106).
Crisis intervention, or management, is utilized to help a person solve a problem
immediately. According to Aguilera (1998) “crisis intervention extends logically from
brief psychotherapy” (p. 18) and the main goal is to resolve the crisis at hand and
establish a baseline level of functioning. Eric Lindeman first noted crisis intervention in
1942 and his interventions led to modern day crisis intervention techniques (Aguilera,
1998).

The first step in crisis intervention is identifying the crisis (Smiar, 1992). Today’s
 crises are much more complex and diverse requiring a greater level of intervention
(Lalonde, 2007). As stated previously, crisis is inevitable and sometimes unavoidable;
therefore it is crucial to have a crisis intervention plan established (Smiar, 1992). Four
steps have been noted in crisis intervention which include assessment, planning
therapeutic intervention and resolution of crisis with future planning (Aguilera, 1998).
The stages of crisis intervention include risk identification, risk assessment, crisis
planning and preparation, mobilization and response, recovery, and plan testing
(NyBlom, 2003).

Crises can be used as an impetus for change as well as a learning opportunity for
all those involved (Hart, Heyse, & Boin, 2001; Robert & Lajtha, 2002). Interpersonal
communication is also an important component of crisis intervention (NyBlom, 2003).
Effective crisis intervention involves therapeutic communication techniques. During a
 crisis, effective communication can help resolve the issue and if the issue is resolved
successfully then something can be learned from the crisis (Ulmer, Sellnow & Seeger, 2007). Some strategies to teach this important content include group work with case studies.

**Group Learning**

Group learning can be achieved through collaborative and cooperative learning. Collaborative and cooperative learning are two very closely related modalities, which makes it hard to distinguish the difference between the two (Kreijn, Kirshner, & Jochems, 2003). Panitz (1999) defines collaborative learning as:

> A philosophy of interaction and personal lifestyle where individuals are responsible for their actions, including learning and respect the abilities and contributions of their peers. Cooperative learning is a structure of interaction designed to facilitate the accomplishment of a specific end product or goal through people working together in groups (para, 3).

In cooperative learning the instructor remains in control of the class, but the students are involved in group work to meet directed class objectives. Collaborative learning involves more work from the group, is more open-ended, and relies on the student to take ownership for meeting class objectives. Collaborative learning focuses on making the student the expert with the instructor as facilitator (Panitz, 1999). Collaborative and cooperative learning, or group learning, can be beneficial to nursing students trying to learn a new skill such as therapeutic crisis management. Dreyfus and Dreyfus (Benner, Tanner, & Chesla, 1996) state that theory and practice go hand-in-hand, where practice without theory cannot produce competent skilled behavior and theory without practice is even less successful. When teaching nursing students it is critical to
teach skills with theory. Group learning involves the use of small groups to teach a theory or learn a skill (Clark, 2008).

Group learning can happen many different ways, such as with collaborative and cooperative learning. Collaborative or cooperative learning involves students working in small interactive groups towards a common goal, with instructor guidance, to achieve that common learning goal while sharing knowledge and supporting one another (Barkley, Cross, & Major, 2005). There are many advantages of using group learning, including greater knowledge and increased problem solving (Clark, 2008). To increase student participation in a larger class, it may be helpful to have the students break into smaller groups for discussion. However, it is important to have the small groups working on a specific goal within a set time frame (Nilson, 1998).

However, instructors must be cautious when utilizing technology for group learning in the distance education environment. It is important to note that instructors must not assume that group learning is taking place because the distance education environment makes it possible (Kreijns et al., 2003). Social interaction and interactivity between students are key components of group learning and it is important for the instructor to develop distance education activities that will foster these processes. Discussion boards with active student participation are just one solution to engaging students in the distance education environment. The instructor should create a structured environment with expected objectives as well as using role-modeling behaviors and giving constructive feedback (Kreijins, Kirschner, & Jochems, 2003).

Overall, group work can be very beneficial when teaching nursing skills such as therapeutic crisis management techniques. Not all students are created equally and it is
important to take into consideration student learning styles, adult learning styles, and the
different generations of learners. Some students will be more comfortable with
technology and distance education where other students will prefer the face-to-face
interaction with an instructor.

Theoretical Framework

Research has shown that previous experiences help shape who one becomes and
how one handles certain situations. This is important to know, especially when teaching
therapeutic crisis management. For the purposes of this study the concepts of Bandura’s
Social Learning Theory were used as a guide.

Albert Bandura developed the Social Learning Theory, which suggests that people
learn from one another (Tomey & Alligood, 2002). Today the Social Learning Theory is
referred to as the Social Cognitive Theory. Social Cognitive Theory is based on
observational learning, self-evaluation and self-efficacy, (Bandura, 1986, Tomey &
Alligood, 2002; Clark, 2008). Bandura suggests that the person’s nature explains learning
where behavior, personal factors and environmental factors all play a key role (Bandura,
1986). Social Cognitive Theory has been shown to have positive educational benefits in
the areas of developing attitudes, beliefs, and performance skills (Bandura, 1969).

Several advantages of Social Cognitive Theory have been noted, which include the focus
on social aspects of learning and interaction of the environment and learner (Callery,
1990). The main disadvantage is that analysis of the interaction can be difficult at times
and there is neglect of the affective domain, which is significant in nursing (Callery,
1990).

It is important for nurse educators to develop learning environments that promote
self-beliefs, or self-efficacy, in nursing students (Clark, 2008). Self-efficacy is important in vicarious learning experiences, especially in collaborative, or group, learning experiences versus distance education learning experiences. Self-efficacy is also a major proponent in Social Cognitive Theory. Self-efficacy is the belief in the “capabilities to exercise control over [the] level of functioning and environmental demands” (Bandura, Barbarenelli, Caprara, & Pastorelli, 1996, p. 1206). Bandura (1997) also defined efficacy as “beliefs in one’s capabilities to organize and execute the course action required to produce given attainments” (p. 3).

Self-efficacy shapes a person during childhood and an increased belief in efficacy leads to an increased choice in life as well as an increase in educational preparation and persistence. Bandura et al. (1996) surveyed 279 children ages 11-14, parents and teachers on social, academic and self-regulatory behaviors and found that the child’s overall well-being and academic efficacy were linked together. Hodges (2008) states that “self-efficacy beliefs are context-specific and must be considered carefully as situations change. Changes in the mode of education and training, for example from face-to face to online, may affect learner self-efficacy beliefs” (p. 7).

Most of the research on self-efficacy is from the 1970s to 1990s, before the advent of distance education (Hodges, 2008). It has been noted that “a possible explanation for the lack of research regarding motivation constructs, such as self-efficacy in the online context, is the lack of consideration the affective domain receives in the design process” (Hodges, 2008, p. 11). The term active learning was also developed from Social Cognitive Theory. Bandura (2002) found that distance education benefits those who possess self-efficacy for regulating the learning experience, but this has not been
supported by research in the literature.

Active learning involves “increased engagement of students with the learning process with the ultimate goal of integrating and applying new knowledge” (Young & Paterson, 2007, p. 122). A study was conducted involving 73 community college students who had self-selected to enroll in distance education courses and found self-efficacy a poor predictor of student success (DeTure, 2004). Another study conducted with 122 self-selected distance education students found that self-efficacy was a good predictor of student performance (Wang & Newlin, 2002). Overall, more research needs to be performed in the area of self-efficacy and the distance education environment.

**Summary**

In an effort to understand success in the distance education environment there are several factors that must be addressed. It is important for the educator as well as the student to understand the different learning styles and how they affect learning. Teaching modalities and delivery of course content should be reflective of these different learning styles. Educators should also take into consideration generational learning styles and varying teaching modalities to address learners’ unique needs. Incorporating the use of group learning or discussion boards via the use of technology are just a few examples of how this can be achieved. It also important to keep the student engaged and interested because student satisfaction also plays an important role in student success. Bandura’s Social Cognitive Theory helps as a guide through the educational and research experience as it relates to self-efficacy and academic achievement.
CHAPTER THREE
METHODOLOGY

Research Design

The study employed a quasi-experimental, post-hoc causal comparative, two group post-test only design. Quasi-experimental research was used to review causal relationships or determine the effect of one variable on another. Quasi-experimental studies are frequently performed in nursing research because investigators are not able to control certain variables. A post-hoc causal comparative research design examines the effect of an independent variable upon the dependent variable, after the fact. This type of research design is used when the investigator is unable to manipulate a variable (Burns & Grove, 1995). There were two conditions in this study: face-to-face classroom delivery of course content and distance education with online course content. The study was designed to compare effectiveness of distance education and face-to-face interaction through reviewing test grades and class grades. Additionally students were asked to rate their satisfaction of the different modalities.

The course outline, case study questions, and discussion board was developed by a Master’s of Science in Nursing (MSN) prepared full-time faculty member with fifteen years of teaching and fifteen years clinical expertise in caring for clients with psychiatric mental health issues. Two advanced practice licensed nursing faculty reviewed the outline and case study questions for content validity. One reviewer has 40 years of psychiatric mental health experience and has taught nursing education for over 35 years. She has her MSN as well as being certified as a Clinical Nurse Specialist in Psychiatric Mental Health Nursing by the American Nurse Credentialing Center. The second expert
also has a MSN, over 40 years of psychiatric mental health nursing, and has taught
nursing for 40 years. A copy of the course outline and case study questions can be found
in Appendix A. A Participation Rubric was also developed to guide students during the
discussion board in the distance education modality (Appendix B). This rubric gave
students a guide for how to interact and participate in the discussion board as an
individual as well as in a group.

Therapeutic crisis management content is taught briefly in the entry-level nursing
courses. This information is then reinforced at the third semester at the beginning of the
psychiatric mental health nursing course. The topic of therapeutic crisis management was
used for this study because students had this classroom content prior to completing the
survey.

Participants

The sample for this study was one of convenience with ADN students who had
successfully completed at least two semesters of nursing classroom and clinical work.
ADN students had to be enrolled in the psychiatric mental health component of the
curriculum in the third semester, where therapeutic crisis management techniques are
taught. Only students enrolled in this program were included in the study. Students self-
selected by enrolling in one of two sections each semester, including a section for face-
to-face classroom interaction and a section for students to receive online distance
education. Each section has the capacity for forty students. Students in this study were
enrolled in the 2011 spring and fall semesters. Participation was voluntary with students
being asked to fill out the student satisfaction survey, which also included general
demographic information.
This sample had a high level of homogeneity with participants enrolled in the same course in the same nursing program. The diversity of the students, such as age, gender, ethnicity, and learning style were addressed through demographic analysis from data collected from the survey. Inclusion criteria for this study included students in the third semester psychiatric mental-health nursing course enrolled in the ADN program who voluntarily agreed to participate.

The sample size for the study included 110 participants recruited over two academic semesters. Participants self-selected into one of two sections, face-to-face interaction or distance education. There were 63 participants in the face-to-face interaction group, and 47 in the distance education group.

**Procedure for Protection of Human Subjects**

In June of 2010, Delaware State University’s Institutional Review Board (IRB) approved the research study. Approval was also received from the IRB at Delaware Technical Community College (Appendix C). Students who participated in the study were told that the purpose of the project was to examine student satisfaction and success with varying teaching modalities related to the delivery of therapeutic crisis management.

Participation for the study was voluntary. Students’ agreement to participate in the study was obtained through volunteer signatures. Consent was obtained from all volunteers prior to the study through the Student Consent Form (Appendix D.) Participants could decide to withdraw their consent at any time, for any reason since this was a voluntary study. Only the students enrolled in the ADN program were included. Students who had completed the third semester psychiatric mental-health nursing course were invited to participate in the survey. The primary investigator did not recruit
students. Students were asked to complete the survey and give consent by other full-time course faculty members. There were no risks associated with participation in the research study as the study did not affect students’ course grades or evaluations. Students were not asked to complete the survey until they had completed all work associated with the course. There were no discomorts or inconveniences associated with participating in the survey. There were no risks to the participants. Participants were also offered a copy of the results if they requested them. All participants were given the telephone number of the principle investigator as well as the Office of Sponsored Programs if there were questions concerning the rights of subjects or the project in general.

Confidentiality of records identifying participation was maintained by coding the questionnaires and student exam information. Completed survey information was stored in a locked filing cabinet located in the nursing office. Students were told that the data collected would be used for only this study. Course faculty were not aware of who did or did not participate.

**Procedures**

The ADN students were invited to participate if they had successfully completed the first two semesters of nursing classroom and clinical work and if they were enrolled in the psychiatric mental health component of the curriculum where therapeutic crisis management techniques for conflict resolution are taught. Each semester the content is offered in two formats: face-to-face interaction, and distance education via Blackboard©. Each section has the capacity for forty students and assignment of section is on a self-selection basis. Since it is first-come-first-served, self-selection into a particular section can be limited by the number of spaces available. This first-come-first-served system
does allow for some students to not be enrolled in the section that was desired. This was taken into account and participants were asked if they had received the section they desired on the satisfaction survey. All student names and test scores remained confidential with each student assigned a number in a computer program. A survey was given to students to gather quantitative and qualitative data on student satisfaction of the learning process. Informal qualitative data were collected with three open-ended questions including the strengths of the seminar, the weaknesses of the seminar, and recommendation for areas of improvement.

The face-to-face interaction group was given a thirty-minute power point presentation on different therapeutic crisis management techniques. The face-to-face students were then divided into eight groups and were given various case study scenarios. The groups worked for approximately 30 minutes on resolving each scenario and then presented their findings to the entire class. The distance education groups were given the same prerecorded 30 minute presentation online and then completed the same scenarios in eight groups via discussion board on Blackboard©. The discussion board was monitored by the researcher for accurateness and completeness as well as for student participation.

Data Collection

Test score data were collected from test questions related specifically to the therapeutic crisis management content. Test questions were application and analysis questions, which elicit student knowledge regarding use of skills in specific situations. These test questions were also part of a larger exam. Test questions were validated with data analysis including point biserial correlation coefficient and content validity.
Question analysis was gathered from ParScore©, a test analysis computer software program that calculates point biserial correlation coefficients. Content validity was established through the use of questions on previous tests during previous years with data from previous statistical analyses with the pilot group of students. Therapeutic Crisis Management Exam Questions with point biserial correlation coefficient data can be found in Appendix E. Point biserial correlation coefficients are used to compare continuous variables to variables that have either a correct or incorrect answer, such as an exam question (Tabachnick & Fidell, 2007). Point biserial correlation coefficients are used to determine validity of exam questions. No formal validity measure (Cronbach alpha) has been reported for prior uses of this measure.

Overall grade point average (GPA) and class grades were gathered from student records. Surveys of student satisfaction were developed by the researcher, peer reviewed by two faculty members and were piloted with a cohort of 65 students from the 2010 school year. A copy of the satisfaction survey can be found in Appendix F. No formal validity measure (Cronbach alpha) have been reported for prior uses of this measure. All student satisfaction surveys were solicited with pencil and paper questionnaires.

**Procedure for Data Analysis**

For this quasi-experimental study an independent samples t-test was employed to identify therapeutic crisis management test performance differences between students in face-to-face interaction and distance education sections. A t-test was also performed to assess differences in test grades, course grades and GPAs of students who were in their preferred setting and those who were not. A t-test was performed to test for significant differences between two statistical measures (Burns & Grove, 1995). Type I errors were
controlled for by using SPSS software.

A quantitative and informal qualitative analysis regarding satisfaction was performed with a series of questions on a researcher-developed survey. The quantitative data included information regarding age, gender, ethnicity, learning styles of the participants, and satisfaction of the delivery method of the therapeutic crisis management content. Informal qualitative data were elicited with open-ended questions on the survey. Qualitative research is helpful to describe and promote understanding of personal experiences that can’t be elicited through quantifiable measures. Quantitative research is a more “formal, objective” approach where numerical data are obtained to gain a better understanding about the world (Burns & Gove, 1995, p. 15).

The purpose of this study was to compare the effectiveness of distance education with face-to-face interaction as well as student satisfaction with the different modalities. Data were collected by the investigator, and the statistical analysis was completed by the investigator and a statistician. The data were collected on paper questionnaires then transferred to SPSS to be analyzed by the investigator.

For categorical responses on the questionnaire, such as age, gender, ethnicity, learning styles, and satisfaction counts and percentages are presented. All tests were conducted at a significance level of 0.05. The primary hypothesis was to investigate differences between test scores and class grade of students who were taught therapeutic crisis management techniques via face-to-face interaction and those who were taught through a distance education format. The primary null hypothesis was that there would be no difference in therapeutic crisis management test scores and class grades of nursing students who receive instruction face-to-face or through distance education. The
secondary hypothesis was to determine if there were differences in the degree of nursing student satisfaction between distance education and face-to-face interaction when learning therapeutic crisis management techniques. The secondary null hypothesis was there was no difference in the degree of nursing student satisfaction with course delivery between those who received instruction face-to-face or via distance education.

Chapter four reviews all the descriptive statistics for survey responses. For categorical responses such as age, gender, ethnicity, and learning styles, counts and percentages are presented.
CHAPTER FOUR

RESULTS

The purpose of this study was to compare effectiveness and satisfaction of distance education versus face-to-face interaction in delivering therapeutic crisis management skills content to ADN Students as measured by test scores, class grade, and student satisfaction survey results. One group of students was taught via face-to-face interaction in the traditional classroom setting with case studies and group work. The other group of students was taught via distance education with a prerecorded instructor presentation followed by the same case studies and online group work in a discussion board via BlackBoard©. This chapter presents the research data regarding a comparison of overall test scores, class grade, and survey data related to satisfaction.

Description of Variables

There were 110 participants who were eligible and agreed to participate in the study. There were 63 participants in the distance education group and 47 participants in the face-to-face interaction group. The majority of participants were 18 to 29 years of age (59.1%, n=65), female (84.5%, n=93), and Caucasian (79.1%, n=87). The age distribution of the remainder of the participants was as follows; 23.6% (n=126) categorized themselves as between the ages of 30 to 39, 17.3% (n=19) categorized themselves as between the ages of 40-59. There were 15.5% (n=17) male participants. The ethnicity of the other participants was 9.1% (n= 10) African American, 5.5% (n=6) Hispanic, 2.7% (n=3) Asian, and 3.6% (n=4) classified themselves as Other Ethnicity. The majority of the participants, 42.7%, (n=47) categorized themselves as visual and auditory learners, 32.7% (n=36) categorized themselves as tactile and visual learners,
24.5% (n=27) categorized themselves as other style learners. The overall mean GPA for the distance education group was 3.1 compared to 3.0 for the face-to-face interaction group. This difference was not statistically significant (t58=.765; DF=108, p=.446).

Please refer to Appendix G for demographic information.

**Research Question 1**

The first research hypothesis was to investigate if there were differences between test scores and class grades of students who were taught therapeutic crisis management techniques via face-to-face interaction compared to those who were taught through a distance education format. A series of Independent Samples t-tests, with an alpha .05, were performed to assess the mean difference between the section of the course as the dependent variable and test grade and class grade as the independent variables. Data were characterized for their distributional characteristics using descriptive and graphical methods where they were tested for equal variance and passed. Where the assumptions for the t-test were not met data were transformed to reduce skewness and number of outliers, and improve the normality and linearity of any residuals. Analysis was performed using SPSS.

Table 1 shows the comparison of the two modalities, face-to-face versus distance education, in relation to the class grade and test grade. Class grade and test grade information can be found as a histogram in Appendix H. The mean test grade was 82.1 out of 100, SD=5.88 for the distance education group and 82.8, SD=5.20 for the face-to-face interaction group. No statistically significant difference was noted between test grades (t58=.704; DF=108, p=.483). The mean class grade was 82.4, SD=4.23 for the distance education group and 82.8, SD=4.34 for the face-to-face interaction group. This
difference in class grades was not statistically significant (t58=.429; DF=108, p=.668). For research question one the null hypothesis is accepted.

Table 1

*Comparison of Different Modalities in Relation to Class Grade and Test Grade*

<table>
<thead>
<tr>
<th>Section</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>ClassGrade Distance Education</td>
<td>63</td>
<td>82.4386</td>
<td>4.22692</td>
<td>.53254</td>
<td></td>
</tr>
<tr>
<td>Face to Face</td>
<td>47</td>
<td>82.7940</td>
<td>4.38336</td>
<td>.63938</td>
<td></td>
</tr>
<tr>
<td>TestGrade Distance Education</td>
<td>63</td>
<td>82.0833</td>
<td>5.87590</td>
<td>.74029</td>
<td></td>
</tr>
<tr>
<td>Face to Face</td>
<td>47</td>
<td>82.8436</td>
<td>5.20456</td>
<td>.75916</td>
<td></td>
</tr>
</tbody>
</table>

**Research Question 2**

The second research question was to investigate if there were differences in nursing student satisfaction between distance education and face-to-face interaction when learning therapeutic crisis management techniques. The same methods listed above were used to assess the distributional characteristics for each of the variables of interest. A series of Independent Samples t-tests, with an alpha .05, were performed between the section of the course as the dependent variable satisfaction score as the independent variable. Analysis was performed using SPSS Independent Samples t-test.

The satisfaction scores were taken from a Likert scale with twenty-eight total points possible. Students were asked to select between Strongly Agree, Agree, Disagree, and Strongly Disagree. A higher score is indicative of less satisfaction while a lower
score is more indicative of higher satisfaction. Total satisfaction scores were grouped into three separate categories; one to nine points indicated satisfaction, ten to nineteen points indicated neutral, and twenty to twenty-eight points indicated not satisfied. Overall satisfaction score means were 9.3, SD=3.63 for the distance education group and 8.6, SD=2.48 for the face-to-face interaction group. This difference was not statistically significant (t58=1.12; DF=108, p=.264). There were no significantly statistical differences between the groups (t58=.169; DF=108, p=.87). Given the results above the null hypothesis was accepted for research question two. Table 2 shows the above results comparing face-to-face and distance education with satisfaction grouped into three separate categories; satisfied, neutral, or not satisfied.

Table 2

Comparison of Different Modalities in Relation to Satisfaction

<table>
<thead>
<tr>
<th>Section</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Distance Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfied</td>
<td>26</td>
<td>55.3</td>
<td>55.3</td>
<td>55.3</td>
</tr>
<tr>
<td>Neutral</td>
<td>21</td>
<td>44.7</td>
<td>44.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Not Satisfied</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Face to Face</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfied</td>
<td>30</td>
<td>47.6</td>
<td>47.6</td>
<td>47.6</td>
</tr>
<tr>
<td>Neutral</td>
<td>31</td>
<td>49.2</td>
<td>49.2</td>
<td>96.8</td>
</tr>
<tr>
<td>Not Satisfied</td>
<td>2</td>
<td>3.2</td>
<td>3.2</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Ancillary Findings

To examine if there were performance differences of students who were enrolled in the section they preferred (distance education or face-to-face interaction), the sample was divided into two groups based on their expressed preference. T-tests were performed to assess differences in test grades, course grades and GPAs of students who were in their preferred setting and those who were not. Overall there were 67 students who preferred the section (distance education or face-to-face interaction) they had chosen and 39 students who would have preferred the other section. Four students did not answer this question on the survey.

Overall, there were 67% of the students who were in the preferred section and 39% who were not in the preferred section. Table 3 shows the comparison of overall GPA, test grade, and class grade for the preferred section. The mean test grade was 82.8, SD=4.38 for the students who were in the preferred section and 82.2, SD=7.16 for the group that was not in the preferred section. No statistically significant difference was noted between test grades (t58=.478; DF=104, p=.634). The overall mean GPA for the group that was in the preferred section was 3.1, SD=.353 compared to 3.0, SD=.414 for the group that was not in the preferred section. This difference was not statistically significant (t58=.646; DF=104, p=.520). The mean class grade was 82.8, SD=3.99 for the group that was in the preferred section and 82.3, SD=4.80 for the group that was not in the preferred section. This difference in class grades was not statistically significant (t58=2.68; DF=104, p=.563).
Table 3

Comparison of Preferred Section

<table>
<thead>
<tr>
<th>Preferred Section</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>OverallGPA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wanted the section</td>
<td>67</td>
<td>3.0567</td>
<td>.35373</td>
<td>.04322</td>
</tr>
<tr>
<td>Did not want</td>
<td>39</td>
<td>3.0077</td>
<td>.41359</td>
<td>.06623</td>
</tr>
<tr>
<td>TestGrade</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wanted the section</td>
<td>67</td>
<td>82.7784</td>
<td>4.37820</td>
<td>.53488</td>
</tr>
<tr>
<td>Did not want</td>
<td>39</td>
<td>82.2436</td>
<td>7.15879</td>
<td>1.14632</td>
</tr>
<tr>
<td>ClassGrade</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wanted the section</td>
<td>67</td>
<td>82.8282</td>
<td>3.99128</td>
<td>.48761</td>
</tr>
<tr>
<td>Did not want</td>
<td>39</td>
<td>82.3254</td>
<td>4.80007</td>
<td>.76863</td>
</tr>
</tbody>
</table>

Table 4 shows the satisfaction differences based on the student being in the preferred section of the class. There was no statistically significant data found when comparing the satisfaction of students who were in their preferred section to students who were not in their preferred section.
### Table 4

**Satisfaction Comparison of Preferred Section**

<table>
<thead>
<tr>
<th>SatGroup</th>
<th>Satisfied</th>
<th>Count</th>
<th>Distance Education</th>
<th>Face to Face</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>63</td>
</tr>
<tr>
<td>Satisfied</td>
<td></td>
<td>30</td>
<td>26</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>% within</td>
<td></td>
<td>53.6%</td>
<td>46.4%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>SatGroup</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% within Section</td>
<td></td>
<td>47.6%</td>
<td>55.3%</td>
<td>50.9%</td>
<td></td>
</tr>
<tr>
<td>% of Total</td>
<td></td>
<td>27.3%</td>
<td>23.6%</td>
<td>50.9%</td>
<td></td>
</tr>
<tr>
<td>Neutral</td>
<td></td>
<td>31</td>
<td>21</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>% within</td>
<td></td>
<td>59.6%</td>
<td>40.4%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>SatGroup</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% within Section</td>
<td></td>
<td>49.2%</td>
<td>44.7%</td>
<td>47.3%</td>
<td></td>
</tr>
<tr>
<td>% of Total</td>
<td></td>
<td>28.2%</td>
<td>19.1%</td>
<td>47.3%</td>
<td></td>
</tr>
<tr>
<td>Not Satisfied</td>
<td></td>
<td>2</td>
<td>0</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>% within</td>
<td></td>
<td>100.0%</td>
<td>.0%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>SatGroup</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% within Section</td>
<td></td>
<td>3.2%</td>
<td>.0%</td>
<td>1.8%</td>
<td></td>
</tr>
<tr>
<td>% of Total</td>
<td></td>
<td>1.8%</td>
<td>.0%</td>
<td>1.8%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>63</td>
<td>47</td>
<td>110</td>
<td></td>
</tr>
<tr>
<td>% within</td>
<td></td>
<td>57.3%</td>
<td>42.7%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>SatGroup</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% within Section</td>
<td></td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>% of Total</td>
<td></td>
<td>57.3%</td>
<td>42.7%</td>
<td>100.0%</td>
<td></td>
</tr>
</tbody>
</table>
Qualitative Analysis

There was not a formal qualitative analysis completed but there were open-ended questions on the survey to allow for anecdotal responses to be collected. Students were asked to list strengths and weaknesses of the seminar. Fourteen students in the face-to-face interaction stated that the strengths of the seminar were the ability to interact with others and participating in discussions with real life examples. Six of the students in the face-to-face groups stated that some weaknesses included being divided into small groups and needing more time. Seventeen students in the distance education group stated that some of the strengths were they were able to complete the discussion board online and participate with their group members in an online environment. Since this was not a required section, most participants chose not to answer the open-ended questions. Both groups stated that a weakness was that there should be more participation from other students.
CHAPTER FIVE

DISCUSSION

This chapter provides a discussion of the findings as well as implications for future nursing education research. Study limitations and ancillary findings are also reviewed. The purpose of this study was to compare teaching modalities in delivering therapeutic crisis management skills content to ADN students as measured by test scores, class grades, and student satisfaction. One group of students was taught via face-to-face interaction in the traditional classroom setting with case studies and group work. The other group of students was taught via distance education with the same prerecorded instructor presentation followed by case studies and online distance education group work. This chapter provides a discussion of the research findings and implications for the future field of distance education in nursing. Additionally, study limitations and recommendations for future studies regarding distance education in nursing regarding therapeutic crisis management skills content are presented. This study yielded no statistically significant data therefore validating the null hypotheses. These results could indicate the need for increased incorporation and inclusion of distance education within nursing curriculum. This may be especially important with the projected shortages in nursing that the United States will be facing in the future.

Test Scores, Class Grades, and Level of Satisfaction of Students

The first research question was to investigate if there were differences between test scores and class grades of students who were taught therapeutic crisis management techniques via face-to-face interaction as compared to those who were taught through a distance education format. A t-test indicated that there was no statistical difference
between distance education students and face-to-face interaction students in test scores and grade in the course.

The questions that were utilized on the exam in this research study were designed to measure application and analysis of student critical thinking skills. These types of questions go beyond knowledge and comprehension and ask students to apply their knowledge in a given situation. Application and analysis questions are frequently used in nursing programs to prepare students for the clinical setting.

There has been an increase in the number of distance education courses and programs that are being offered at colleges and universities across the country. This “rapid growth of online learners and future demand of online learning imply that distance education is a ‘win-win’ situation for both learners and education providers” (Hsu, Ching, Mathews, & Carr-Chellman, 2009, p. 117). Nursing schools have been slower to adapt distance education courses, but there has been an increase in this modality over the last few years.

Nursing school currently offer a variety of didactic courses via distance education, however, distance education offerings for clinical skills has been restricted (Lashley, 2005). There is a perception that clinical skills are more difficult to teach in the distance education format. However, more recently, there has been the development of distance education courses that teach health assessment and basic skills (Dorman, Maredia, Hosie, Lee, & Stopford, 2003; Lashley, 2005). Current research is showing that standardized patients and other simulation activities have become tools that can be used to augment distance education (Nagle, McHale, & French, 2008; Harder, 2010; Dutile et al., 2011).
Still, little research has been conducted in regards to distance education and psychiatric nursing content. One problem in the area of psychiatric nursing content is the belief that there needs to be face-to-face interaction for the successful facilitation of teaching and learning communication and interpersonal skills (Shea, 2008). However, there is little research proving this statement otherwise false. Some studies have shown that distance education outcomes have been equivalent to those of face-to-face interaction outcomes (Allen & Seaman, 2004). However, little research has been done on the use of simulation and distance education on therapeutic crisis management and de-escalation techniques (Guise, Chambers, & Valimaki, 2011).

The second research question was to investigate if there were differences in nursing student satisfaction between distance education and face-to-face interaction when learning therapeutic crisis management techniques. A t-test indicated that there was no statistical difference between distance education students and face-to-face interaction students in regards to satisfaction with the therapeutic crisis management skills content.

Bandura’s Social Cognitive Theory was the theoretical framework that shaped this research study. Bandura (1986) suggests that the person’s nature explains learning with behavior, personal factors and environmental factors as major factors. Social Cognitive Theory has been shown to have positive educational benefits in the areas of developing attitudes, beliefs, and performance skills (Bandura, 1969). Self-efficacy is also a major proponent in Social Cognitive Theory as well as important aspect in student learning.

Nurse educators should realize the importance of developing learning environments that promote self-beliefs, or self-efficacy, in nursing students (Clark, 2008). Self-efficacy is important in vicarious learning experiences such as one would have in the distance
education environment. Self-efficacy is the belief in the “capabilities to exercise control over [the] level of functioning and environmental demands” (Bandura, Barbarenelli, Caprara, & Pastorelli, 1996, p. 1206). Bandura (1997) also defined efficacy as “beliefs in one’s capabilities to organize and execute the course action required to produce given attainments” (p. 3). As stated previously, increased belief in efficacy leads to an increase in educational preparation and persistence. Bandura (2002) found that distance education benefits those who possess self-efficacy for regulating the learning experience; however, this has not been supported by research in the literature. Overall, there is a lack of research in the area of self-efficacy and the distance education environment. This study could help augment research in this area.

Ancillary Findings

To examine if there were performance differences of students who were enrolled in the section they preferred (distance education or face-to-face interaction), the sample was divided into two groups based on their expressed preference. T-tests were performed to assess differences in test grades, course grades and GPAs of students who were in their preferred educational format and those who were not.

The mean test grade for the students who were in their preferred section compared with the group that was not in the preferred section found no statistically significant difference. The overall mean GPA for the group that was not satisfied with their section compared to the group that was satisfied with their section was not found to be statistically significant. The mean class grade for the group that was in the preferred section compared to the group that was not in the preferred section was also not statistically significant. The mean number of therapeutic crisis management content
questions missed on the test for the group that was in the preferred section compared to
the mean for the group that was not in the preferred section was not statistically
significant.

**Limitations**

There were several limitations to this study. Limitations included small sample
size, voluntary participation in the study, and limited time frame. The sample is one of
convenience. Students voluntarily registered for either the distance education or the face-
to-face instruction section of the course as part of the required nursing curriculum. Due to
limited number of seats in each section, it is not guaranteed that students will get their
preferred section. Students also had to volunteer to complete the satisfaction survey as
well as give consent to have their information used as participants in the study. This
research had a small sample size of 110 adult learning students in the northeast United
States at an Associate Degree Community College and cannot be generalized to other
nursing student populations. This study was limited to ADN students who had already
successfully completed at least two semesters of nursing classroom and clinical work and
who had successfully completed the psychiatric mental health component of the
curriculum.

**Implications for Nursing Education**

As previously stated there is currently a growing need for nurses in the work
force. However, there is a lack of educational facilities with the appropriate nursing
faculty to fulfill this need. The Health Resources and Services Administration (HRSA)
project that the nursing shortage will be over one million nurses by the year 2020
nationwide (HRSA, 2002). The Bureau of Labor Statistics (2012) found that nursing jobs
will increase by 26% from 2010 to 2020. Along with this nursing shortage, there is also a
shortage of nursing faculty. According to the American Association of Colleges of
Nursing (AACN), the shortage of nursing faculty, as well as lack of clinical placements
and space issues, led to over 75,000 qualified applicants being turned away (AACN,

Nursing schools have had to develop ways to handle faculty and space shortages.
Distance education should be a viable option for nursing schools facing today’s difficult
challenges. There is currently a decreased opportunity for learning due to lack of clinical
sites and staff as well as decreased clinical hours in psychiatric nursing and the distance
education format provides a low-risk environment to practice (Kaas, 2010). A finding of
no difference between the face-to-face and distance education groups could indicate that
distance learning is an effective teaching modality when compared to face-to-face
interaction. Despite the limitation of the size of the study large differences between
groups (large effects size) would have been detected if present.

It is important to note that student preference for a particular teaching modality
did not impact the overall test grade. Differences in overall GPA and overall course grade
were also not statistically significant. There were also no statistically significant
differences of overall satisfaction between students who were and those who were not in
their preferred section. This may suggest that providing both face-to-face interaction and
distance education sections will not adversely affect student outcomes or their level of
satisfaction with the course.
Recommendations for Future Research

The results may help nurse educators understand students during varying educational experiences. This understanding may help guide future development of effective methods to teach therapeutic crisis management techniques. The research should be performed with larger groups across varying geographical locations to be more generalized to nursing education. Future research could also look more closely at learning styles to see if there is any correlation between a specific learning style and satisfaction. It would be important to complete further research on student preference for either distance education or face-to-face interaction and academic achievement.

Summary

Neither research question was supported by the data from the study. No differences were found between test scores of students who were taught therapeutic crisis management techniques via face-to-face interaction and those who were taught through a distance education format. No differences in the degree of nursing student satisfaction between distance education and face-to-face interaction when learning therapeutic crisis management techniques were noted. Both null hypotheses were supported; Ho 1: - There is no difference in therapeutic crisis management test scores of nursing students who receive instruction face-to-face or through distance education and Ho 2: - There is no difference in the degree of nursing student and satisfaction with course delivery between those who received instruction face-to-face or via distance education.

Further research should study the correlation between students who are able to get the preferred section and overall scores and success within the nursing program. This study should be continued with future nursing groups and include other nursing courses.
to determine if this pattern is true with other nursing content. Several studies have found that students who self-select into a specific teaching modality serve as a valid predictor of student performance (DeTure, 2004; Way & Newlin, 2002).

With the advent of technology and the move to increased distance education courses in nursing programs, it is important to examine the effectiveness as well as student satisfaction with distance education. Distance education nursing courses are comparable to face-to-face interaction with classroom delivery of student satisfaction and student learning outcomes (Bata-Jones & Avery, 2002). Other research has studied student self-efficacy related to being comfortable with distance education courses (Beitz & Snarponis, 2006; Maag, 2006; Paterson, Storr, & McKenzie, 2006), but little research has been performed in regards to student satisfaction with the chosen method of delivery. It would be important to also determine if preference was a reflection of a particular learning style or rather a reflection of other student characteristics such as need for convenience or accessibility. Technology is the future and it is essential that nursing students as well as nurse educators be prepared for the changing educational environment. As nurse educators it is important to continually research the effectiveness of varying modalities and student satisfaction as well as effectiveness. Nurse educators strive for nursing programs that are efficacious and produce quality nurses. In a changing world, it important to stay abreast of technology and andragogy changes that may be more effective.
References


Chaiprasurt, C. & Esichaikul, V. Enhancing motivation in online courses with mobile communication tool support: A comparative study. *The International Review of Research in Open and Distance Learning, 14* (3), 376-400.


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Appendix A

Therapeutic Crisis Management Seminar Outline

Note to those who are in the distance education sections. Please watch the prerecorded power point presentation and then work in assigned groups to complete the case study questions on the Discussion Board. You will be assigned to a small group to answer the Critical Thinking questions. Each member of the group is responsible for answering a portion of the case study questions. It is important to review everyone's discussions and reply. I will review the discussion board periodically to see that everyone is participating and to answer questions. You will see what group you are assigned by clicking on each individual item.

Today We Will…

• …analyze factors that promote effective interactions with others
• …discuss therapeutic interventions to deal with special communication challenges
• …analyze the process of conflict management between and among groups
• …discuss key concepts including assertive communication, skills for confrontation and negotiation, communication to motivate others, and conflict

Conflict

• Inevitable
• Functional vs. Dysfunctional
• Beneficial vs. Destructive
• Constructive vs. Destructive
• Positive Aspects
• Outcomes
• Win-Lose
• Lose-Lose
• Win-Win

Approaches to Handling Conflict
• Avoiding or Withdrawing
• Accommodating or Smoothing
• Forcing the issue or Competing
• Compromising or Negotiating
• Problem solving or Collaborating

The Four Conflict Communication and Management Styles

1. Passive Communication Style
• Subordinates rights to the rights of others
• Tries to hide anger
• Hints rather than states directly
• Hopes others will notice his unhappiness
• Unwilling to confront
• Doesn’t set limits or expectations
• Tends to take little, if any action

2. Aggressive Communication Style
• Fights for rights but abuses rights of others
• Speaks in demeaning or attacking manner
• Loud and abrasive
• Uses inappropriate language
• Does not care how others are affected
• Too close body distance, hostile gestures and aggressive body stance
• Overt threats
• Enhances self-esteem by overpowering others.

3. Passive-Aggressive Communication Style
• Expression of aggression toward others in indirect and nonassertive ways
• Covert hostility and resentment masked by overt compliance
• Doesn't say what is actually meant
• Doesn't mean what is said
• Hints or implies rather than stating
• Makes condescending or sarcastic comments
• Makes covert threats
• Twists situations to insinuate that others are wrong

4. Assertive Communication Style
• Stands up for rights and respects rights of others
• Says what is meant
• Means what is said
• Adamant without being angry
• Confrontational without being combative
• Keeps emotional control
• Sets proper limits and boundaries
• Disciplines without punishment
• Does not become defensive or accusatory
• Listens to others’ points of view

Use Communication to Defuse Explosive Situations and Aggressive Behavior

• Use Passive Behavior
  o When the person is out of control
  o To buy time to get to safety
  o When others use threatening gestures
  o To hear others out when they are enraged

• Use Passive-Aggressive Behavior
  o Never

• Use Aggressive Behavior
  o May be necessary when others are coming at you
  o In an emergency, may be necessary
  o When the safety of others is in danger

• Use Assertive Behavior
  o Is almost always appropriate when handling aggressive people
  o Confront when necessary
Creating a Safe Environment: Violence rarely occurs without some precursor signs. Observe for signs of escalating anger and agitation and use interventions to ensure everyone’s safety.

• Assessment – Predictors of Violence
• History of violence
• History of stalking behavior
• Aggression in family of origin
• Victim or perpetrator of physical or sexual abuse
• Substance/ alcohol abuse
• Paranoia/ hostility generalized to people in the environment
• Impulsivity – physically or verbally
• Psychomotor agitation
• Disoriented with impaired memory

Behaviors Associated with Aggression
• Motor agitation
• Verbalizations
• Affect
• Level of consciousness

Creating a Safe Environment: Characteristic Traits of Potentially Violent Employees
• Low self-esteem
• Socially isolated, has few friends or family
• Holds grudges
• Low tolerance for frustration
• Changes jobs frequently
• Lacks control of impulses
• Is a marginal performer
• Shows frequent anger
• Blames others for mistakes
• Does not accept responsibility
• Abuses drugs and/or alcohol
• Overly suspicious of others and situations
• Shows signs of entitlement
• Is highly defensive
• Identifies self by job

Creating a Safe Environment: Confront to Build Understanding, Not Resentment

• Is confrontation your best choice?
• If so, where do you confront?
• Open with an “I” ownership statement
• Describe specific behaviors, not general attitudes
• Request specific behavior changes
• Acknowledge the person's perceptions (positive and negative) without arguing
• Say “and” and repeat the request for specific behavior changes
• When Disciplining an Employee
• Identify specific behaviors, not general descriptions
• Explain why the behavior is inappropriate
• Document in writing the high-risk behavior
• Do not try to give advice and/or therapy
• Refer employee to a qualified provider
• Discuss employee’s behavior with designated personnel only

Creating a Safe Environment: Conversation with an Angry Person
• Stay calm and actively listen
• Maintain appropriate eye contact
• Paraphrase
• Be courteous and patient
• Keep the situation in your control
• Do not tell the person what to do, argue or contradict
• For a Person Shouting, Swearing, and Threatening
  • Signal a coworker or supervisor that you need help
  • Have a prearranged code word or signal to use when you need assistance
  • Have someone else call for security or police

Creating a Safe Environment: Red Flags That Indicate a Situation Could become Violent
• Person gets red in the face
• Person starts to shake
• Person clenches fists
• Person invades your body space
• Person uses overt or covert threats
• Person suddenly becomes sullen and stares at you
• Coping with Threats and Violence
  • The natural instinct of fight or flight will activate
  • Flight – escape. Leave quietly, lock self into a secure area, provide barrier between self and door, get access to phone/help
  • Fight – defend. Stay out of subject’s sight, do not back subject, do not talk, drop to the floor, hide behind objects, prepare to defend self, rehearse defense behavior, remain calm

• Creating a Safe Environment: How to Defuse Explosive Situations and Handle Aggressive Behavior
  • Ask for a time out to allow everyone to regroup
  • Keep your voice level calm, low and in control
  • Do not become argumentative
  • Acknowledge that the person is upset and angry
  • Do not attempt to use reason or logic or show the person where they are wrong
  • Respond to feelings, not words
  • Resist the temptation to become defensive when the person is critical
  • Acknowledge the person's point of view, no matter how distorted
  • Take long, deep breaths to calm yourself
  • Repeatedly reassure others that there is a way to work this out
• Ways to deliver a Calm Response Even When You Are Not Calm
  • Take long deep breaths and focus on listening
  • Talk to yourself positively, repeat to yourself that you are in control
  • Keep your voice low, quiet and slow
  • Repeatedly acknowledge that the person feels strongly
  • Never argue with or try to reason with others when you are angry
  • Calmly state, reassuringly, that there is a way to reach an agreement

Creating a Safe Environment: When Terminating a Potentially Violent Employee, do:
  • Treat the person with respect and dignity
  • Rehearse ahead of time what you intend to say
  • Prepare for the worst, have personnel nearby
  • State your understanding of specific, unacceptable behaviors
  • Keep discussions to a minimum
  • Let the person know directly that there is no choice
  • Emphasize the future and that the person can be successful elsewhere
  • Have the person collect all company property, let them leave in dignity
  • Give the person time to empty their desk when others are not around

Creating a Safe Environment: Sexual Harassment
  • The victim as well as the harasser may be a woman or a man. The victim does not have to be of the opposite sex.
• The harasser can be the victim's supervisor, an agent of the employer, a supervisor in another area, a co-worker, or a non-employee.

• The victim does not have to be the person harassed but could be anyone affected by the offensive conduct.

• Unlawful sexual harassment may occur without economic injury to or discharge of the victim.

• The harasser's conduct must be unwelcome.

• What do you do?

Creating a Safe Environment: Crisis Management Debriefing

• Guidelines for Follow-up After a Threatening Episode has Occurred

• Document in writing what occurred

• Call a meeting of those who need to be informed of the incident

• Gather those who were involved. Summarize what happened and what can be learned from the incident

• Listen to everyone’s concerns about the incident

• Allow people to share how they felt about it

• Build a collective plan to prevent the same incident from occurring in the future

• Teach rules of collaborative cooperation rather than conflict

Assessing Warning Signs

• Displays angry outbursts after little provocation

• Extremely disorganized
• Sullen or withdrawn
• Has serious family problems
• Makes ominous threats
• Makes covert threats and/or insinuations
• Likes to intimidate others
• Is frequently absent
• Has serious financial troubles
• Preoccupation with weapons and violence
• Discusses feelings of persecution by others
• Dress is unusually careless
• Mumbles to self
• Looks unhappy/preoccupied
• Distracted
• Speaks disjointedly
• Makes poor eye contact
• Listless, can’t sit still
• Looks around in a searching manner

Anger Is a Normal Human Emotion

• Anger is a normal emotional response to something that we perceive as a threat to our needs, such as threats to our self-esteem, health, safety, security, relationships, and possessions. Conflict with others, not getting our way and overwhelming stress also breed anger. Anger varies in intensity from mild irritation to intense rage.
• It is okay to feel angry. It is what we do when we feel angry that matters.
• Anger can help us solve problems when we use it to make our needs known by expressing our feelings clearly, briefly, calmly, and quietly and listening to others respond to our feelings and concerns.
• Anger helps us save our relationships when we tell the person exactly what made us angry and offer a suggestion of how the person might prevent the situation from happening in the future.
• Anger helps when we use it to work out our differences with others.
• Anger can get us “fired up” to achieve a goal we thought was impossible.
• Anger helps us to handle emergencies by giving us a burst of energy and strength so we can react quickly and perform feats of physical endurance we would not otherwise be able to do.
• The aggressive expression of anger intimidates others and makes them uncomfortable, defensive and hostile. This destroys relationships.
• People who are chronically angry are at a higher risk for many illnesses, including heart disease and depression.
• Controlling your angry responses can keep your anger from getting out of control and destroying your health and relationships.
• You can learn to control your reactions to anger by identifying your triggers to anger and developing strategies to keep anger from escalating.
• Expressing your angry feelings, using assertive communication, is the healthiest way to express anger.
• Calming yourself down inside, taking steps to slow your breathing and letting the angry feelings subside reduces your angry feelings and the physiological arousal that anger causes.

• Control angry feelings by using relaxation techniques and changing the way you think.

• When you are angry, your thinking becomes negative. Focusing on negative thoughts and attitudes, such as thinking of yourself as a victim, placing blame and seeking revenge, causes your anger to escalate.

• Change the way you think to get a more balanced perspective by trying to see other points of view by recognizing the humor in situations.

• Change the way you think about behaviors or situations that make you angry. When someone is yelling at you, do not take it personally. Tell yourself that the person is angry at the situation, not at you. When a driver cuts you off on the highway, tell yourself that the other driver has a problem that has nothing to do with you.

• When you are in a situation that makes you feel impatient, focus your thoughts on something pleasant, take several deep breaths, or meditate.

• Go to a safe, pleasant place to calm yourself.

• Find a physical release, an anger workout.

Interventions to Use with an Angry Person

• Approach in a calm, nonthreatening manner to prevent an increase in angry feelings and possible violence. Anxiety is contagious and can be transferred from staff to client. A calm attitude provides client with a feeling of safety and security.
• Convey an accepting attitude to promote feelings of self-worth. Feelings of rejection are probably familiar to him/her. Work on development of trust. Convey the message that it is okay to feel angry. However, some behavior is not acceptable even though the person is acceptable and the feelings are understandable.

• Maintain a low level of stimuli to provide a calming environment,

• Assist the person to put angry feelings into words during one-to-one interactions so that person can express feelings in an acceptable manner and come to terms with unresolved issues.

• Help the person identify what is threatening and frustrating them to assist with recognition that anger can be a response to a real or imagined threat.

• Assist the person to clarify the intent of situations they perceive as threatening to promote reality.

• Observe for signs of escalating anger and agitation so interventions can occur if needed to ensure everyone’s safety.

• Remove all dangerous objects from the environment to ensure everyone's safety.

• Engage the person in physical activities to relieve pent-up tension.

• Talk the person through calming techniques, such as relaxation breathing, listening to calming music, visual imagery, going to a pleasant place.

• Set limits if there is evidence that anger may escalate to physical aggression to establish control and promote safety.

• Offer a prn medication when needed. Monitor for effectiveness of medication as well as for appearance of adverse side effects.
• When the person is calm, give feedback about the negative effects of the behavior and explore alternative ways of handling anger.

• Teach quick, effective strategies to reduce the physical manifestations of anger.

• Teach the person to identify early warning signs of anger and to immediately begin calming techniques.

• Help the person re-evaluate the perceived threat involved in the anger-producing situation before reacting explosively to extend the time between the stimulus and the response to give the person more opportunity to control anger.

• Use assertive responses with people who resort to angry outbursts to get their needs met. Teach assertive responses to the client.

• Help the person develop strategies for identifying and managing stressful situations.

• Praise the person when they control their anger.

• Involve the client in physical exercise programs throughout the day.

• Discuss how angry outbursts can discourage social relationships and lead to loneliness.

• Review tips for avoiding violence in your textbook.

• Review seclusion and restraints.

Communication Guidelines for Dealing with Verbal Conflict from Tongue Fu (Horn, 1996)

I. Respond rather than react. Keep a lid on your emotions

• Think before you speak or act
- Turn anger/frustration into empathy by thinking “How would I feel if this was happening to me?”
- Respond with sensitivity not sarcasm
- Choose to be compassionate
- Hold opinions until you are sure of all the facts

II. Handle hassles with fun and humor
- Identify your hot buttons and prepare humorous comebacks for insensitive remarks
- Learn to be amused rather than shocked when someone says something inappropriate
- Learn to laugh at life
- Ask for help, “Can we agree not to be so hard on one another?”

Communication Guidelines For Dealing with Verbal Conflict

III. Talk people through their troubles. Look for deep issues. “Tell me what’s bothering you.”
- No one wants advice, to be told things are not that bad or to be talked out of their problems.
- Paraphrase back what someone has said in an effort to confirm, clarify, and pursue the person's train of thought. Paraphrase, do not parrot.
- Reflect, do not refute. Reflecting helps them unburden what is bothering them.
- Troubled people want to feel heard not hassled. They want to get things off their chests, not told what they should do or how they should feel.

IV. End complaints instantly
• When people complain, hear them out. Listen with the intent to understand. Acknowledge the person. Clarify the situation. Avoid defensive communication.
• Empathize. Apologize.
• Take responsibility for actions.

V. Gracefully exit arguments
• Disagree without being disagreeable.
• Help both parties save face.
• Disengage from dead-end discussions with dignity.
• Realize that people are different and different is not wrong.
• Communication Guidelines For Dealing with Verbal Conflict

VI. Name the game
• Bypass bickering
• Voice the visceral. “I bet you want to turn around and run right back out that door, don’t you?”

VII. Tongue glue
• Tact equals tongue in cheek.
• Keep quiet.

VIII. What to say when you don’t know what to say
• Stop using stop. Phrase communication to yourself and other positively. Make silence is more effective than stop talking.
• Answer a question with a question, “What do you mean?”
• Delay your anger. Anger may be due to a misunderstanding.

IX. Find solutions, not faults
• Halt hostilities with a hand gesture and say, “Let’s not do this.”
• Move from “Who did it?” to “What can we do about it?”
• Act as a verbal traffic cop.
• Move from reasons to results

X. Acknowledge, don’t argue
• Use words that help and lose words that hurt
• But erases and acknowledges
• Substitute and for but.
• Communication Guidelines For Dealing with Verbal Conflict

XII. Turn orders into positive requests
• Have to verses want to.
• Command versus courteous request. “I would like you to…” “I would really appreciate it if you…”

XIII. Clear away the “can’t because” barrier
• Substitute as soon as or right after for no, you can’t because…. “I will get your pain medication right after I take care of this.”

XIV. Substitute positive phrases for the word problem

XV. Avoid going to extremes
• “You’re always late.” Keep discussion objective, “This is the third time you have been late. What is happening?”
• Make your feelings fit the facts. Avoid awfulizing.
• Get rid of old baggage (feelings and preconceptions you have because of things that have happened in the past.)
• Focus on the issue in the present, not the past.
• Address issues one at a time.
• Make a request for a behavior change, not for a change in feelings or attitude.

XVI. Listen actively for facts and how the person feels
• Respond with empathy
• Communication Guidelines For Dealing with Verbal Conflict

XVII. Rules for unruly behavior
• Respect each other’s rights.
• Establish ground rules for meetings.

XVIII. Defuse disputes
• Inform disputants “each will be heard” and take notes as disputants report.
• Don’t put up with put-downs.
• Document difficult behavior.

XIX. Approach with an open mind
• Withhold judgment.
• Unlock your labels.

XX. Share control
• Pose options and let them decide, “Which would you prefer…or…?”
• Make others part of the process, “How do you think we should handle that?”

XXI. Choose your battles
• Calculate the risks.
• Put you mind in gear before you put your mouth in motion.

XXII. Say no graciously, firmly and without guilt
• Balance needs being met in relationships.

XXIII. Terminate tactfully
• Stop nonstop talkers.
• Courteously close overlong conversations.
• Communication Guidelines For Dealing with Verbal Conflict

XXIV. Act and feel confident
• Conduct yourself with quiet confidence that deters others from all kinds of abuse.
• Change the way you hold your body to change the way you feel (Square shoulders, lift chin, assume athletic stance with weight balanced on your feet.)
• Use visualization to turn your self-doubts into decisiveness.
• Mental practice is perfect practice that accelerates improvement.

XXV. Five principles of persuasion
• Approach the situation with positive expectations.
• Anticipate and voice objections.
• Number and document each point.
• Meet their needs and speak their language.
• Motivate them to “try on” your ideas.

XXVI. Break free from bullies
• Is their behavior deliberate or dangerous?
• Hold bullies accountable for their actions.
• You versus I. Assertive communication requires the use of I when expressing your feelings, “I don’t like it when you use that tone of voice.” Bullies may require the
use of your words, “You need to return to work on time so you’re here for your noon assignments.”

• Initiate rather than internalize. Use assertive communication. Bullies respect those who say, “Enough!”

XXVII. Give people a fresh start

Close the book on conflicts.

• Suspend spite.

• Be what you want the world to be.

• Maintain no-regret relationships.

XXVIII. Take charge of your emotions

• No one can make you feel angry without your consent.

• Dwell on pleasant aspects rather than exasperating situations.

• Surround yourself with a serenity shield.

• Savor time.

• Peace is an inside job. “Most people are as happy as they make up their minds to be (Abe Lincoln).”

XXIX. Maintain a positive perspective

• Although you cannot always choose or control what happens to you, you can choose how to respond to it.

• Good things can come from bad experiences.

• Choose to see life as an accumulation of treasures.

• Wake up to wonders. Write down one thing that went well each day.

XXX. Be kinder to one another
Group Exercise: Critical Thinking Exercises

- Use handouts
- Assessing Warning Signs
- Anger is a Normal Human Emotion
- Interventions to Use with an Angry Person
- Communication Guidelines for Dealing with Verbal Conflict

Case Study/ Critical Thinking Exercise 1

You were appointed as charge nurse on the evening shift. You have noted that Debbie, LPN, who has worked at the facility for 20 years tells family and patients that they should talk to the day charge nurse about any concerns because the evening charge nurse (you) is so new that she does not know what is going on. You have decided you need to confront Debbie about this. Why is this a concern? What are the possible benefits and costs associated with confronting Debbie? Plan a strategy including specific words you will use to talk with Debbie. Discuss Ellis and Hartley’s key concepts in Chapter 5 regarding assertive communication and confrontation. When is conflict constructive and when is it destructive? Describe the use of accommodating as an approach to conflict resolution.

Case Study/ Critical Thinking Exercise 2

You are the nurse manager on Unit D. One of your nurses displays angry outbursts, is frequently absent and extremely disorganized. She has serious family problems and she looks preoccupied. Her appearance has become disheveled. She displays an aggressive


communication style. How will you handle this? List some important points when confronting and disciplining an employee. What are some red flags that indicate the situation could become violent? How would you protect yourself and others? How would you defuse an explosive situation? Use Ellis and handouts, especially Creating a Safe Environment.

Case Study/ Critical Thinking Exercise 3
You are the charge nurse in a long-term care setting for Medicare patients. You are concerned about the care of the elderly by some of the nursing assistants and want to increase motivation. What strategies might you use to increase motivation? What barriers might you face? Whom might you enlist as allies in this process? Discuss Ellis and Hartley’s key concepts regarding motivation.

Case Study/ Critical Thinking Exercise 4
Evening shift team members (Team E) have stopped talking to day shift team members (Team D). Team E complains that Team D does not include them in any decisions related to the psychiatric rehabilitation program and that the program is not working. Team E has begun making its own decisions that are inconsistent with the psychiatric rehabilitation program written by Team D. The clients are complaining about the inconsistencies among the staff and the program. Discuss the nurse manager’s use of the problem solving approach when resolving conflict with a group. Discuss how the nurse manager can lead both groups to look at the conflict as a problem needing resolution. Discuss Ellis and Harley’s steps for group conflict resolution.
Case Study/ Critical Thinking Exercise 5

Nurse A planned his vacation over the December holidays and purchased nonrefundable tickets. He assumed it was okay because every nurse manager has allowed him to do this. The new nurse manager is now enforcing the policy of no vacations from December 20th to January 5th. When Nurse A heard his vacation request was denied he threatened to quit. He is a valuable employee and others have commented “we are going to lose one of the best nurses we have ever had.” The nurse manager and Nurse A decide to use a problem-solving approach. Discuss possible solutions to this problem. The first list of possible solutions include: 1. Let Nurse A resign, 2. Fire Nurse A, 3. Allow Nurse A to take his vacation as planned, 4. Allow everyone to take vacation over the December holidays, 5. Allow no one to take a vacation over the December holidays. Differentiate among the 3 possible outcomes of conflict. The new nurse manager wanted this to be a win/win outcome. She preferred the solution of allowing no one to take vacation over the December holidays, but Nurse A favored the solution of being allowed to take his vacation as planned although he could change the days of his flight without penalty. Since they could not agree, they decided to try a new list of possible solutions. The second list of possible solutions included: 1. Reimburse Nurse A for the cost of the tickets, 2. Allow Nurse A to begin his vacation earlier in December so that he could return in time to work part of the December holidays, 3. Allow Nurse A to take this one last vacation from December 20th to January 5th. How can this conflict be resolved fairly to everyone and still enforce the new nurse manager’s determination to enforce the vacation policy?
Case Study/ Critical Thinking Exercise 6

The nurse manager realizes a conflict among the various levels of nursing has grown too big, too complex, and too heated to find a simple solution. Each level complains of an unfair workload and accuses other levels of not working as hard. The Nurse Manager decided to use the process of negotiation. Describe the use of compromising or negotiating as an approach to conflict resolution. Discuss organizing and conducting a meeting with those involved. Give examples of necessary ground rules that must be set first. According to Ellis and Hartley, what behaviors should the leader encourage and discourage during the meeting?

Case Study/ Critical Thinking Exercise 7

It is a busy morning on the unit and the nurse manager has just received a sick call out. He has to adjust the assignments and asks one of the CNAs to assume care for a patient that has a history of belligerent and complaining behavior. The CNA becomes upset at receiving this assignment and states that she “will not take care of that patient” and that she has “had her turn at having to deal with that patient’s complaints.” Discuss strategies for dealing with verbal conflict. What are the various expressions of anger?

Case Study/ Critical Thinking Exercise 8

Two employees at the hospital you work at have been arguing over the past few months. Last night one of the employees reported the other employee for abuse of a patient. She is now scared that there will be some type of retaliation against her from the other employee
and his friends. What are the warning signs that a person may become violent? Discuss strategies to protect yourself when someone is showing warning signs of violence.

You should be able to…

…differentiate between assertive, passive, and aggressive communication styles.

…define conflict, the types and causes of conflict, and differentiate between the three types.

…discuss when conflict is constructive and destructive and what positive and negative aspects of conflict are.

…discuss the problem solving approach when resolving conflict within a group.

…define and discuss the importance of game rules before negotiation.

…discuss strategies for dealing with verbal conflict.

…identify warning signs that a person might become violent and discuss strategies to protect you when someone is showing the warning signs.
## Rubric for Therapeutic Crisis Management Seminar

### Online Discussion Board

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<thead>
<tr>
<th>Criteria</th>
<th>Meets Criteria</th>
<th>Fails to Meet Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Promptness and Initiative</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Makes initial post within 1 week of assignment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Provides meaningful feedback to group members</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Relevance of Postings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Posted information demonstrates evidenced based practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Communicates well organized thoughts and idea to group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Responds respectfully when providing feedback or comments</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Contribution to the Learning community</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Directs discussion to present relevant viewpoints for consideration by group</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix C

With the advent of technology and the move to more on-line courses in nursing programs, it is important to examine the effectiveness, especially when related to teaching clinical skills. Psychiatric nursing is an integral component of nursing programs with the most important aspect of psychiatric nursing being therapeutic communication. However, it is important to examine different methods in the effectiveness of teaching therapeutic communication techniques, specifically conflict resolution techniques. Nursing programs utilize different techniques, such as group work, conversations with patients, and computer simulation, in order to teach therapeutic communication skills. According to Kluge and Glick (2006) "class time is insufficient for students to learn about communications theory and effectively practice communication skills, as well as the critical thinking and problem solving abilities associated with them" (p. 463). Yoo and Yoo (2003) state that because students "do not know how to transfer their knowledge to actual patient care, students may also feel insecure about their nursing and therapeutic communication skills in the real clinical setting" (p. 444).

In order to effectively teach therapeutic communication techniques, such as crisis conflict management, it is important to think "outside of the box." The purpose of this study is to determine the effectiveness of distance learning in teaching therapeutic crisis management techniques to nursing students. This researcher believes that there will be no difference in student achievement between students in the distance learning program and those in a face-to-face classroom setting. There are many different aspects to web-based learning and a review of the literature will examine nursing practice and the effectiveness of distance education on therapeutic crisis management techniques.

References

Kluge, M.A. & Glick, L. (2006). Teaching therapeutic communication via camera cues and clues: The video interactive (VIA) method. Journal of Nursing Education, 45(11), 463-468

PURPOSE OF THE STUDY: Briefly explain the purpose for the study (what you are trying to determine) and the benefit to the college and/or students, if any.

The purpose of this quasi-experimental study is to compare teaching modalities in delivery of crisis management skills content to associate degree nursing students as measured by test scores and student satisfaction. The study will utilize retrospective data from an Associate Degree Nursing (ADN) Program in the northeast United States. A satisfaction survey will be given to students to allow for qualitative data on student perceptions of the learning process. (Please see attached for a copy of the survey contents.)

The benefit to the college and nursing program may be gaining insight into effective teaching methods for crisis management techniques. There is no guarantee or promise that the student will receive any benefits from this study. This study is important; as it will help nurses to understand student’s perceptions during varying educational experiences. This understanding may guide future development of effective methods to teach crisis management techniques.

RESEARCH QUESTIONS: State specific questions you are seeking to answer with the study.

The following research questions will be addressed:
1. Are there student preferences between distance education and face-to-face interaction when learning therapeutic crisis management techniques?
2. Are there differences between test scores of students who were taught therapeutic crisis management techniques via face-to-face interaction and those who were taught via distance education?
3. Null Hypothesis: There is no difference in nursing students test scores on therapeutic crisis management.

UTILIZATION OF COLLEGE RESOURCES: Please describe what level of support you will need from the college in terms of data, materials, staff, time, facilities, etc.

The researcher is requesting the use of space to store confidential survey information and test scores. Surveys will be sent out via an on-line survey resource site and will be sent through the MyDCCC portal. This will be done during non work time.

RESEARCH DESIGN: Describe the proposed research design to be used, specific methods (including strategies for collecting data, instruments, questionnaires, etc.) and proposed analyses.

The ADN students will have already successfully completed at least two semesters of nursing classroom and clinical work. The ADN students have completed the psychiatric mental health component of the curriculum where therapeutic crisis management techniques for conflict resolution are taught. The students will be divided into two separate groups each semester for classroom learning, a section for live instructor interaction, and a section for students to receive instruction on-line via Blackboard. Test score data will be collected over four semesters test questions related specifically to the crisis management content. All student names and test scores will remain confidential with each student assigned a number in computer program.

Participation for the study will be voluntary. Consents will be obtained from all volunteers prior to the study. Only the students enrolled in the associate degree-nursing program will be included. Students who have completed the junior-level psychiatric mental-health nursing course will be invited to participate in an on-line survey through e-mail announcement.

Confidentiality of records identifying participation will be maintained by coding the
questionnaires and student exam information. Completed survey information will be stored in a locked filing cabinet located in the nursing lab. Students will be told that if they give permission by signing the consent that the data collected will be used for only this study. Course faculty will not be aware of who did or did not participate. There will be no discomforts or inconveniences associated with participating in the survey. There are no risks to the participants.

For this quasi-experimental study a t-test and ANOVA will be utilized to investigate the effectiveness of alternative methods in teaching therapeutic crisis management techniques to nursing students. There will be two treatments, face-to-face interaction with instructor in classroom, and on-line instruction. Statistical analysis using correlational statistics will be used to test for any measures of association between the groups.

Thank you for your consideration in my proposal for completing the requirements for my doctoral dissertation research.

Respectfully submitted,
Appendix D

Informed Consent Form

Dear Student:

As you may or may not know I am a doctoral candidate at Delaware State University. This letter is to ask for your participation in a survey that examines student satisfaction with teaching modalities related to the delivery of therapeutic crisis management skills. I'm hoping you will help me finish my last requirement by completing this survey. The survey is being distributed to Stanton Nursing students who have completed third semester requirements. Your responses will be completely confidential and your responses will not be linked in any way to your name. You will be giving your consent to participate by submitting a completed survey and you have the right to refuse to participate.

Your decision whether or not to participate will not prejudice your future relations with Delaware Tech. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without prejudice.

I greatly appreciate your assistance and look forward to completing a study that will benefit the nursing students and department at Delaware Tech. If you have any questions regarding the study, need additional clarification, or would like to obtain a report of the results at the completion of the study, please contact me at [redacted] or by email [redacted]. If you have questions concerning the rights of subjects involved in research studies, please call the Office of Sponsored Programs at [redacted]

I would like to thank you in advance for taking time from your very busy schedule to participate in this study.

YOU ARE MAKING A DECISION WHETHER OR NOT TO PARTICIPATE. YOUR SIGNATURE INDICATES THAT YOU HAVE DECIDED TO PARTICIPATE, HAVING READ THE INFORMATION PROVIDED ABOVE.

I acknowledge that I have received a personal copy of this consent form.

Copy received: __________________________
(initial)
Date: __________________________
Signature: __________________________

Investigator: Jennifer S. Graber, EdDc, APRN, CS, BC
Appendix E

Therapeutic Crisis Management Exam Questions with Point Biserial Analysis

<table>
<thead>
<tr>
<th>Exam Question</th>
<th>Point Biserial</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The nurse manager, who is aware of a conflict situation related to work distribution, decided to use the most up-to-date thinking on conflict which is:</td>
<td>.22</td>
</tr>
<tr>
<td>2. Which of the following is the best approach for the nurse manager to use when dealing with conflict situations?</td>
<td>.18</td>
</tr>
<tr>
<td>3. Jim is having a conflict with co-worker, Bev. Which of the following comments by Jim demonstrates that he is using an accommodating approach to conflict?</td>
<td>.26</td>
</tr>
<tr>
<td>4. Sue and Lee had a disagreement. They have resolved the conflict but avoid each other to minimize the chance that the conflict will arise again. This situation demonstrates that Sue and Lee:</td>
<td>.25</td>
</tr>
<tr>
<td>5. Which should the nurse manager include when teaching her staff the most effective conflict resolution strategies?</td>
<td>.40</td>
</tr>
<tr>
<td>6. Nurse A, a recent associate degree graduate, is upset by Nurse D’s comments to others made in Nurse A’s presence about the incompetency of associate degree nurses. Which of the following approaches, when used by Nurse A, both asserts the rights of Nurse A and respects the rights of Nurse D?</td>
<td>.26</td>
</tr>
<tr>
<td>7. A nurse approaches the nurse manager about how many shifts have been scheduled during the holidays. The nurse begins to yell at the nurse manager and is becoming confrontational. What is the most appropriate intervention for the nurse manager to use with the angry nurse?</td>
<td>.14</td>
</tr>
</tbody>
</table>
Appendix F

Student Satisfaction Survey

Please select the category that best describes you by circling the correct response:

1. Age

<table>
<thead>
<tr>
<th></th>
<th>18-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50-59</th>
<th>60 and above</th>
</tr>
</thead>
</table>

2. Gender

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
</table>

3. Ethnicity

<table>
<thead>
<tr>
<th></th>
<th>Caucasian</th>
<th>African American</th>
<th>Asian</th>
<th>Hispanic</th>
<th>Other</th>
</tr>
</thead>
</table>

4. Learning Style

<table>
<thead>
<tr>
<th></th>
<th>Tactile</th>
<th>Auditory</th>
<th>Visual</th>
<th>Tactile &amp; Visual</th>
<th>Tactile &amp; Auditory</th>
<th>Visual &amp; Auditory</th>
<th>Other</th>
</tr>
</thead>
</table>

Please select a response on the likert scale:

5. I felt that I met the following objectives of the therapeutic conflict resolution seminar:

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Analyze factors that promote effective interactions with others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. Discuss therapeutic interventions to deal with special communication challenges</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. Discuss key concepts including assertive communication, skills for confrontation and negotiation, communication to motivate others, and conflict</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

6. I felt supported in the learning process.

|   | 1 | 2 | 3 | 4 |

7. I would have preferred a face-to-face learning environment with a live instructor.

|   | 1 | 2 | 3 | 4 |

8. The teaching methods used during the seminar were effective in developing crisis conflict resolution techniques.

|   | 1 | 2 | 3 | 4 |

9. I am able to analyze the process of conflict management concepts between and among groups.

|   | 1 | 2 | 3 | 4 |

10. The strengths of the conflict resolution seminar were:


11. The weaknesses of the conflict resolution seminar were:


12. I would recommend the following for areas of improvement.
Appendix G

Demographic Information

![Gender Bar Chart]

![Ethnicity Bar Chart]
Overall GPA

Mean = 3.03
Std. Dev. = 0.364
N = 110
Appendix H

Class Grade and Test Grade Histograms

Class Grade

Mean = 82.59
Std. Dev. = 4.278
N = 110

Test Grade

Mean = 82.41
Std. Dev. = 5.587
N = 110