

Nursing Students' Perceptions Regarding Faculty Feedback

Deborah Hartzog Chatham

A dissertation submitted to the faculty of the

Joseph and Nancy Fail School of Nursing

In partial fulfillment of the requirements for the

Doctor of Philosophy in Nursing Education

William Carey University

August, 2018

Approved by Committee:

Karen Sicard, Ph. D., Chair

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Judith Baker Ph.D.

Jalynn Roberts, Ph. D.

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ABSTRACT

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Higher education researchers in a variety of disciplines have explored instructor and student perceptions of what constitutes feedback that is useful and timely. Researchers agree that students desire feedback but are often not sure of how to interpret or use faculty comments. Students vary in an understanding of what constitutes feedback. Nursing researchers have conducted fewer studies to determine student concerns regarding faculty feedback. Nursing faculty differ in perceptions of what constitutes effective feedback. Nursing faculty use various forms of feedback, such as written comments, audio recordings, and automatically generated feedback. These variations suggest nursing faculty do not always know what students consider useful, effective, and timely feedback. The purpose of this qualitative study was to determine student perceptions regarding what constitutes feedback and what feedback practices are useful, timely, and meet student expectations. The research was designed using constructivist theory and Bandura's concept of self-efficacy. The investigator interviewed 14 participants who met inclusion criteria. Data were collected using a prepared interview guide. Data analysis consisted of coding and categorizing recurring themes. Four main themes emerged to answer the research questions. Ten sub-categories were identified. The results were interpreted and reported with recommendations. Faculty should be aware of what students want from feedback and should initiate feedback practices early in nursing education. Faculty can introduce students to feedback by defining the purpose, setting standards for expectations, determining reasonable timeframes for providing feedback, and role modeling behavior for providing feedback in beneficial and respectful ways.

DEDICATION

This work is dedicated to my mother, Doraett Ready Hartzog (1934 – 2007). My mother was my number one fan and she valued education. This degree represents the education she deserved, but never pursued because of her unwavering sacrifice caring for her family and always putting us first.

I love you, Mom.

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Chapter I

INTRODUCTION

Nursing faculty seek educational methods to aid nursing students in the acquisition of knowledge in the areas of critical thinking and clinical reasoning skills, as well as concept-based learning. Faculty who teach in higher education institutions recognize that faculty feedback is a significant component of the teaching and learning process and is necessary to confirm whether students have acquired these skills (Institute of Medicine [IOM], 2011).

Higher education researchers in a variety of disciplines have explored instructor and student perceptions of what constitutes feedback that is useful and timely. Researchers agree that students desire feedback but are often not sure of how to interpret or use faculty comments. Also, students vary in understanding of what constitutes feedback (Bayerlein, 2013; Murphy & Cornell, 2010). Nursing researchers have conducted fewer studies to determine student concerns regarding faculty feedback (Giles, Gilbert, & McNeill, 2014). Nursing faculty differ in perceptions of what constitutes effective feedback. Nursing faculty use various forms of feedback, such as written comments, audio recordings, and automatically generated feedback. These variations suggest nursing faculty do not always know what students consider useful, effective, and timely feedback (Giles et al., 2014; Cushing, Abbott, Lothian, Hall, & Westwood, 2011; Douglas, Salter, Iglesias, Dowlman, & Eri, 2016).

Students voice a variety of concerns regarding feedback, including understanding the meaning, how to use feedback, and when feedback is returned. These concerns pose a challenge for faculty to provide feedback that students consider useful. With an increased number of nursing students and the move to more online technologies, more researchers are

exploring ideas for faculty to obtain formalized training in the provision of written feedback (Khowaja, Gul, Lakhani, Rizvi, & Saleem, 2014; Montenary et al., 2013). Both faculty and students face struggles in bridging the theory into practice gap. Nursing researchers must explore methods for providing written feedback to nursing students. Nursing faculty need expert guidance to improve feedback responses to enhance student learning (Tuvesson & Borglin, 2014).

Tuvesson and Borglin (2014) identified five main recommendations for improving written faculty feedback to nursing students. First, instructors should offer a summary of strengths and weaknesses that focus mainly on the content of the paper. Second, instructors should give constructive feedback that focuses on ways the student can improve writing, including both content and grammar. Third, instructors should offer explanations to clarify what the feedback means. Fourth, instructors should be respectful and use simple language when providing feedback. Last, instructors should provide feedback that has a direct relationship to the grading rubric or evaluation criteria established at the beginning of the assignment (Tuvesson & Borglin, 2014).

Nursing researchers must explore the impact feedback has on student learning (Tuvesson & Borglin, 2014). Providing written feedback as an assessment and learning tool is just as important as the faculty member's ability to assess clinical competency. In this context, student perception of faculty provision of feedback is a relevant research topic to promote improved faculty feedback and enhanced student learning through motivation, as well as increased student participation in learning. Faculty can become more student centered by researching feedback practices from the perspective of student expectations (Tuvesson & Borglin, 2014).

Providing nursing students with written feedback does not automatically improve learning. Students may have a lack of insight regarding the purpose and use of faculty feedback (Agius & Wilkinson, 2014). Students expect faculty to provide marginal notes, which can lead to increased workload for faculty. Faculty members expect students to utilize feedback to improve learning. Student perceptions regarding the usefulness of feedback vary, depending on how faculty members introduce feedback practices. Students may view feedback more constructively if the faculty member indicates whether the feedback is to aid in future learning or simply a justification for the grade obtained (Agius & Wilkinson, 2014; Cushing et al., 2011). In this respect, research regarding how students use feedback can help faculty determine the quantity, quality, and type of feedback to provide.

Although students may request feedback as soon as possible, some research suggests that delayed feedback promotes an increased transfer of knowledge over feedback that is immediately received (Bayerlein, 2014). Increased course loads due to faculty shortages, the inclusion of hybrid and fully online environments, and the immediacy orientation of today's student all contribute to how and when faculty provide feedback to students (Benner, 2010).

As nursing educators adapt to include more online learning platforms, the need to provide high quality and efficient feedback is greater. With less time spent in physical contact with nursing instructors, students desire feedback more than ever (Bayerlein, 2014). A search of the literature regarding faculty feedback demonstrates a gap regarding what students expect in faculty feedback and what students regard as timely feedback.

Statement of the Problem and Significance

Nursing students request feedback from faculty. Literature suggests that students do not always understand what feedback is and how to use it (Groves et al., 2015). Students

perceive feedback as a compliment of the work submitted. Some students see corrective feedback as negative and do not know how to accept the critique as constructive criticism (Groves et al., 2015). For feedback to be useful, nursing students must first clarify what feedback means to them.

Limited studies are available in nursing literature regarding student perceptions of faculty feedback (Agius & Wilkinson, 2014; Cushing et al., 2011). Evidence-based literature reviews reveal qualitative and quantitative studies that concentrate on quality and quantity of feedback, balance between negative and positive feedback, focused feedback, linguistic clarity, and timeliness of feedback (Parboteeah & Anwar, 2009; Murphy & Cornell, 2010). The literature suggests that students want detailed feedback, but only if the feedback relates to formative feedback that can influence grades (Giles et al., 2014). Additional findings indicate that faculty members are inconsistent in views of positive feedback and negative feedback. Many faculty members believe they provide positive aspects of student work in feedback, when in fact, the feedback focuses on grade justification (Agius & Wilkinson, 2014). Students even noted the relevance of feedback location, with preferences for marginal notes rather than comments on a cover sheet (Ball, 2010). All of these findings suggest that research is needed to explore how students define feedback, what constitutes useful, practical feedback and what students consider timely feedback (Agius & Wilkinson, 2014).

Nursing students expect and want faculty feedback on assignments (Giles et al., 2014; Cushing et al., 2011; Douglas et al., 2016). However, students do not necessarily define feedback in the same terms as faculty. Student expectations regarding the quality and quantity of feedback may differ from what faculty perceive. The timely return of feedback and the purpose of the feedback have significance to the student regarding how the student

will use the feedback. The significance of this study is related to student understanding of what feedback is, what students expect from faculty regarding feedback, how students use feedback, and student expectations of instructors relating to the timeliness of feedback. A qualitative study to address these issues can guide faculty in more efficient and timely ways to deliver useful feedback. Enhanced quality of feedback and delivery can aid the student in learning the art and science of nursing.

Purpose

The purpose of this qualitative study is to examine nursing students' perceptions regarding faculty feedback. Results of this study may have implications for nursing educators to determine how nursing students define feedback, what students expect regarding faculty feedback, how students use feedback and when students want to receive faculty feedback.

Research Questions

There are four research questions:

1. How do nursing students define feedback?
2. What do nursing students expect from faculty regarding feedback?
3. How do nursing students use faculty feedback?
4. When do students want to receive faculty feedback?

Theoretical Framework

The IOM (2011) issued a seminal report regarding the future of nursing and what changes in education and care delivery must occur in response to systems changes in health care. One aspect of this comprehensive report focused on nursing education. Along with recommendations regarding lifelong learning and interprofessional collaboration, the IOM identified the need to change teaching methodologies to adapt to the changing health needs of patients. Before this time, most schools of nursing responded to the growing volume of

research by simply teaching more content. By systematically layering new information onto the existing curriculum, learning in nursing curricula grew exponentially (IOM, 2011).

To promote lifelong learning and work in collaboration with other health professionals, many nursing educators have responded by shifting the instructional focus to conceptual teaching and active learning strategies. One educational theory that supports this approach is the constructivist theory, which will guide, in part, the development of this research project. The constructivist theory was first noted in the work of John Dewey, the American educational pioneer who lived from 1859 to 1952. Dewey first studied education from a philosophical perspective, which expanded to a sociological approach. In education theory and practice, Dewey integrated the concept of experience to encompass the social experience of learning (Dworkin, 1959). The constructivist theory in health education dates back to the late 1960s with studies conducted by Glaser and Strauss that centered on the care of dying patients (Higginbottom & Lauridsen, 2014). Charmaz (2009) further expanded the concepts of constructivist theory to generate a theory more responsive to complexities of action and differing points of view.

An expanded view of the constructivist theory has provided a means for nursing educators to integrate active learning strategies into the classroom. Through the constructivist model, nursing educators acknowledge past experiences of students as a tool for generating new ideas and concepts that apply to nursing (Brandon & All, 2010). A paradigm shift is occurring in nursing education that promotes student engagement, application of past knowledge to current concepts, and lifelong learning as a means to keep knowledge current and relevant (IOM, 2011).

Brandon and All (2010) described the constructivist theory with the student as the focus of learning. Students interact with one another and the teacher, who functions as the facilitator to help the students move closer to understanding the context of the material. Evaluation of learning occurs at each interaction and is needed by the student to determine whether they are ready to integrate the concepts learned and whether it is time to move to more complex concepts. Evaluation is an essential component in the theory and suggests that students view feedback as a necessary element of learning and that faculty feedback is critical to moving forward in education. The evaluation aspect of the constructivist theory is the basis for the research project. Nursing faculty have an understanding of the meaning and role of feedback as part of the evaluation process. Student perceptions regarding faculty feedback vary (Groves et al., 2014), and these perceptions should be investigated for faculty to provide effective feedback successfully and for students to use feedback to enhance learning.

In the evaluation component of the constructivist theory, faculty serve to facilitate student learning. The faculty member provides the resources by which nursing students actively pursue information. Feedback processes by the faculty guide student learning towards an understanding of material in the nursing context. The student experience is acknowledged and applied when appropriate, and the faculty member helps the student to understand application and evaluation of the material. Nursing students must be actively engaged in each step of the evaluation process. Feedback becomes a give and take process, where the instructor guides and also responds to student feedback. For the evaluation process to be effective in student learning, the student must understand the feedback, engage in the feedback process, and provide responses to feedback. The model in Figure 1 illustrates the

evaluation component of the constructivist theory as applied to student engagement in feedback processes.

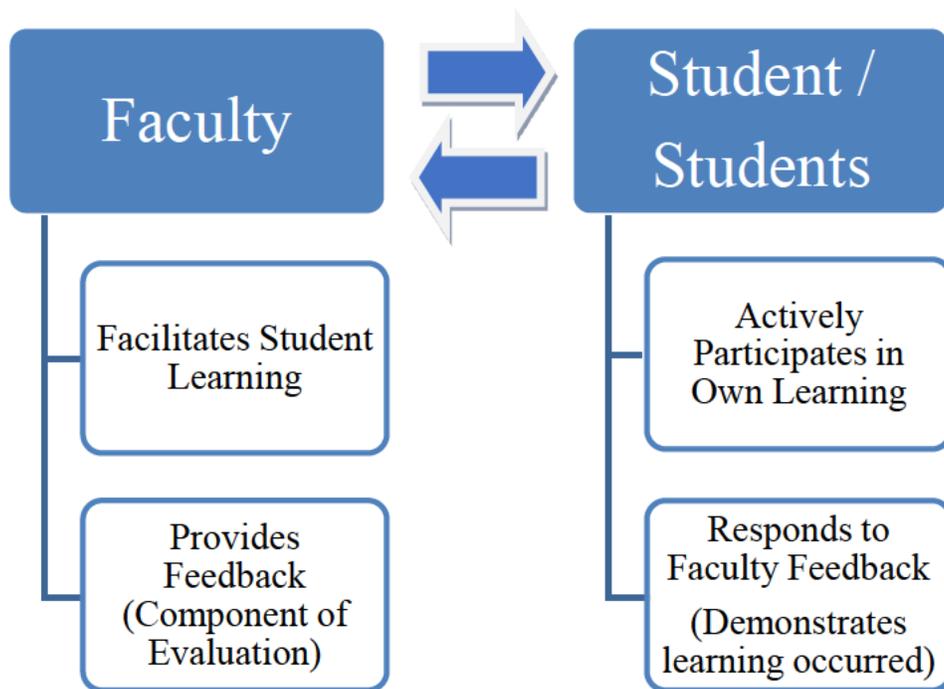


Figure 1

Constructivist Theory Applied to the Component of Faculty Evaluation and Provision of Student Feedback. Figure developed by investigator based on the work of Brandon & All, 2010.

In addition to the constructivist theory, the concept of self-efficacy is applicable to the proposed study. Albert Bandura (1994) explored the idea that individuals are motivated based on outcomes. If a person believes themselves to be capable of achieving a positive outcome, the probability of achieving that outcome increased. If an individual believes they are incapable of achieving a favorable outcome, fear would keep them from the attempt (Bandura, 1994). Nursing students learn self-efficacy through the process of nursing

education. Positive experiences promote an increase in positive experiences, while negative experiences produce fear of potential negative outcomes. If a student perceives that feedback is negative or punitive, then feedback will be ineffective for enhancing student learning. If the student perceives that feedback is a positive experience, then the student can use the feedback to enhance learning. This concept of positive and negative educational experiences can be applied to the student receiving faculty feedback and as such, should be considered an element in the study of student perceptions of faculty feedback (Weibell, 2011).

Definition of Terms

For this study, the following terms are defined. Operational definitions developed by the investigator are not cited.

1. *Nursing student*: An individual enrolled in an accredited undergraduate pre-licensure baccalaureate nursing program who has successfully completed one semester of the nursing program, speaks English as a primary language, and is eligible to progress in the program.
2. *Perception*: Attitudes, beliefs, and expectations of nursing students.
3. *Timeliness*: Determined by the student as a frame of reference to indicate that faculty provide feedback in a period that the student considers useful or effective to aid in the learning process.
4. *Faculty*: A nursing instructor who is responsible for evaluating the professional education of an individual enrolled as a student in an undergraduate prelicensure baccalaureate program in a variety of learning formats.
5. *Feedback*: Verbal or written information regarding an assignment or performance provided to assist the student in the learning process.

Assumptions

The assumptions of the study include:

1. Students have received instructor feedback as part of the learning process.
2. Students will answer the questions voluntarily, honestly, and without duress.

Limitations

The limitation identified in this study includes:

1. Self-reported data can be subject to changes in recollection, inaccuracies, bias, and preconceived ideas that change over time, and cannot be verified.

Summary

Chapter I includes a discussion that has provided the background for exploring nursing student perceptions of what faculty feedback is, what students expect from faculty feedback, how students use faculty feedback, and what students consider to be timely faculty feedback. Also included is a theoretical basis for guiding the study, as well as the research questions, definition of terms, assumptions, and limitations of the study.

Chapter II

REVIEW OF LITERATURE

Chapter II represents a literature review of current research related to the perceptions of nursing students regarding faculty feedback. The focus of the literature review was to research articles regarding how nursing students define feedback, what nursing students expect from faculty regarding feedback, how nursing students use faculty feedback, and what nursing students consider timely faculty feedback. A review of the literature was conducted using the William Carey University online library resources. The databases explored included: CINAHL, Nursing Reference Center, Medline Plus, Academic Search Premier, ERIC, ScienceDirect, PubMed, DynaMed, Sage Premiere, and Google Scholar. The search was limited to articles published from January 2010 – December 2017. Search terms included: *nursing students*, *faculty feedback*, *evaluation*, and *perceptions* in an assortment of combinations.

Student Definition of Faculty Feedback

Cushing, Abbott, Lothian, Hall, and Westwood (2011) conducted a mixed methods study of medical and nursing students to determine skills competency and development of effective feedback delivery techniques. The authors did not mention a theoretical framework; however, the researchers utilized a formative objective structured clinical examination (OSCE) to gauge findings. The authors did not discuss survey reliability or validity in the article.

Medical students ($n = 45$) and nursing students ($n = 48$) from three universities in London took interprofessional collaborative courses in communication skills before the study. A total of 78 students (84%) elected to participate in the study. The study included a

simulation experience with students rotating through three roles: as patient, health practitioner, and observer. The researchers administered a 20-statement survey with both positive and negative responses available regarding feedback from peers, patients (simulation actors), and faculty. The study was conducted towards the beginning of the school year and repeated at the end of the school year, with the two phases of the study approximately 6 months apart. Assessment of the first step of the survey resulted in the findings that students responded favorably to those statements that were framed affirmatively and responded unfavorably to those statements that were worded negatively. The researchers concluded that this qualitative portion of the study was a valuable experience for students to give and receive peer feedback. Students reported a high rate (91%) in ability to be honest in giving and receiving feedback (Cushing et al., 2011).

Following administration of the second survey, the results were similar. On analysis of the individual statements from the second part of the study, one account identified as statistically significant was the statement, "I would learn better if I had more in-depth feedback," with $p < 0.05$ reported. The researchers identified one statement that was statistically significant between the two studies, "I would prefer feedback from tutors rather than colleagues." Forty-eight percent of participants disagreed/strongly disagreed on the first part of the research, while 52% agreed/strongly agreed with this statement on the second part of the study. These findings indicated that study participants were divided on whether students preferred feedback from tutors as opposed to fellow students. Students overwhelmingly agreed (91%) that functioning in the faculty role as an evaluator in the exercise led to new learning (Cushing et al., 2011).

A focus group conducted after the first phase of the study included five medical students and two nursing students. Cushing et al. (2011) reported four main themes that emerged in the group. Students voiced concerns regarding personal ability to provide feedback, anxiety over giving negative or corrective feedback to peers, the presence of peers as a source of tension in the simulation experience, and questioned simulation over real communication as a learning experience in communication techniques. Researchers did not repeat the focus group following the second phase of the study, opting instead to elicit free text comments. No themes emerged from these observations, although remarks were positive regarding the experience.

The research findings were discussed at the conclusion of the article and compared to findings from similar research suggesting that the results are generalizable. Limitations to the study included three notable changes between the first phase and the second phase of the survey. Limitations included loss of participants in the second phase of the study ($n = 48$ or 52% participation rate), statement changes on the questionnaire between studies, and change of qualitative data collection methodology in the second study. No conflict of interest was noted reducing the possibility of bias (Cushing et al., 2011). Recommendations of the study included a 5-year plan to continue this process for interprofessional teaching and evaluation of learning at the identified universities. Also, the researchers suggested additional research build on this peer feedback learning model.

The relevance of this study to the proposed research project is the support for examining what students identify as feedback and how students want feedback delivered. As noted earlier in the literature review, students need clarification on what feedback is and how to use feedback to improve learning.

Groves et al. (2015) conducted a qualitative study to determine student expectations regarding feedback in four nursing educational programs that included two undergraduate programs, one post-graduate program, and one nurse midwifery program. The project consisted of a single simulation exercise that incorporated multiple aspects of patient care, active participation, and communication skills. The students received formative feedback as a part of the simulation activity.

The researchers collected data from student surveys that utilized open-ended questions, as well as focus groups that met within one week of the assignment. Five hundred and fifty-seven students answered the questionnaires, and 91 students attended the focus groups. The study took place in Queensland, Australia. The authors did provide educational references to support the need for understanding student perceptions of what feedback is but did not provide a theoretical framework for the study (Groves et al., 2015).

Three themes emerged from the study: (a) value of feedback to increase student learning, (b) student perceptions of what feedback is, and (c) consistency of feedback quality and delivery. Students did report that they valued feedback regarding receiving expert analysis from a variety of health care professionals. Comments also included the need to see nursing care from the patient's point of view. Some students voiced negative responses to peer feedback suggesting that peers made errors that were not corrected and that peer inexperience amplified in the simulation exercise and did not improve student learning. Regarding inconsistency, the students voiced concerns that instructors varied in the consistency of teaching techniques. The students reported that this lack of consistency produced feelings of insecurity and confusion, which hampered the learning process (Groves et al., 2015).

Most significant to this study of student expectations regarding timeliness of instructor feedback were the findings regarding how students defined feedback. Two serendipitous findings were that students view feedback as always positive and that quantity of feedback is more important to students than quality of feedback. A small number of students reported that immediate feedback given to a student actively participating in a simulation did not apply to them when they were present as observers. Students sought reassurance as a form of positive feedback rather than hearing a negative instructor remark (Groves et al., 2015). This information leads to the conclusion that students need education on what feedback is and how feedback functions as a learning tool.

With this qualitative study, the researchers did not address issues of generalizability or study limitations. Groves et al. (2015) did discuss relevance to clinical practice and made recommendations for application. These recommendations included that instructors and students need to understand the different types of feedback, the purpose of feedback, and the useful application of feedback to improve clinical performance.

Student Expectations of Faculty Feedback

In early 2016, Ismail, Aboushady, and Eswi published a descriptive, correlational study to investigate the relationship between clinical instructor behavior and nursing student perceptions of what constituted effective clinical instructor characteristics. This study is relevant in assessing what students expect concerning effective evaluation and timeliness of feedback.

Three hundred and thirty-three students participated in the study using convenience sampling from all levels of baccalaureate nursing programs from multiple schools in Cairo,

Egypt. To be included in the survey, the students had to complete at least two clinical nursing courses involving direct patient care. Study participants ranged in age from 19-23 years old. The authors did not identify a theoretical framework; however, the researchers did use the Nursing Clinical Teacher Effective Inventory (NCTEI) as the data collection tool. Reliability coefficients reported in the range of .79 to .89. The researchers indicated that reliability coefficients for the five items tested, as well as the instrument as a whole, were stable through repeated use of the NCTEI (Ismail et al., 2016). The probability ranged from .76 to .93, and the test/retest reliability was considered acceptable. The researchers also reported a rigorous process of interrater reliability in the translation of the questionnaire from English to Arabic for data collection and back to English at the conclusion of the study. There was no researcher bias noted in the survey.

Ismail et al. (2016) used descriptive and parametric inferential statistics to analyze the data. The level of significance was set at $p < .05$. The Pearson r test was also used to analyze the strength of correlation among the variables. At least five different clinical instructors taught each of the participants. The study participants ranged in age from 19-23 years old. Five categories of instructor behaviors were assessed and included: teaching ability, personality, nursing competence, interpersonal relationships, and evaluation. When placed in rank order, the characteristic of instructor evaluation of student learning ranked second in importance to nursing students, exceeded only by teaching ability. Nursing students also reported that the most frequent use of teaching behaviors was the provision of regular feedback (Ismail et al., 2016). Included in this student expectation was that instructors who were effective teachers provided immediate feedback and did not criticize student performance in front of others.

The implications of the study suggested that students desired instructor feedback and considered timely feedback a desirable instructor behavior. The authors did not address generalizability. Additional recommendations for study included the use of the NCTEI as a self-assessment tool for instructors and self-examination to include effective behaviors that have not been previously used (Ismail et al., 2016). This research is relevant to establishing the need to investigate further student expectations of timely instructor feedback and how this impacts student learning.

Murphy and Cornell (2010) conducted a qualitative study at three universities in the United Kingdom (UK) to look at student perceptions regarding the usefulness of timely feedback from instructors. The researchers did not identify any theoretical framework; however, the authors described the methodology for data collection and measurement. No researcher bias was detected.

The researchers utilized a convenience sample of 18 first-year students and 20 third-year students. All 38 study participants were full-time students. Researchers recruited students to the study by posting online requests, handing out hardcopy brochures, and seeking volunteers in classes. Focus group interviews were recorded and transcribed verbatim. Thematic analysis resulted in three main topics: time and timeliness, communication, and student-tutor expectations (Murphy & Cornell, 2010).

Regarding timeliness, the student participants expressed frustration on the timing of feedback. Many students identified wait times of up to two months for feedback, which was considered ineffective due to progression to other courses and topics. Although some students did acknowledge somewhat quick turnaround time for feedback, most of the participants expressed concern that a 2-to-3-week wait time is too long. Study participants

were asked open-ended questions, one of which asked: “What do students need and want from instructor feedback?” (Murphy & Cornell, 2010, p. 49). Six main themes emerged from this question.

Students identified six types of faculty feedback: (a) typed feedback; (b) feedback on exams; (c) specific, structured, and transparent feedback; (d) face-to-face feedback; (e) a feedback chain to allow students to see feedback across courses and time; and (f) technical help. The researchers concluded that a sufficient amount of feedback must be provided and that the quality of feedback must be targeted, clear, and understandable. Students indicated that the timing of feedback was crucial to the learning experience (Murphy & Cornell, 2010). Limitations of the study were small sample size and inclusion of a nursing program structured differently from programs in the United States.

Implications of the study identified that timeliness is a concern to students and that students have an expectation that feedback will increase levels of understanding. The researchers suggested that further research could provide insight into ways to help students engage more with feedback to promote better understanding of content. The recommendations also included the possible use of peer feedback, using sample work, and having periodic face-to-face review sessions to improve student learning through feedback (Murphy & Cornell, 2010). This research supports a relationship between student expectations and timeliness of instructor feedback making this study relevant to the research questions proposed.

Hampton, Pearce, and Moser (2016) conducted a descriptive, comparative survey aimed at determining what online teaching methodologies best meet the needs of students from different generations. The researchers developed their survey. A group of experienced

faculty determined face validity of the instrument and offered suggestions for revision. There was no evidence of reliability. Two universities in the southeastern United States served as the sites for the study. Study participants consisted of students who had either graduated within the previous 2 years or were still currently enrolled in RN-to-BSN, MSN, or DNP programs. The invitation was by e-mail with presumed consent if participants completed the anonymous, researcher-created instrument provided on Survey Monkey®. A total of 217 students participated in the project. The researchers asked questions regarding 17 identified teaching methodologies used in online programs. Statistical analysis was performed using chi-square tests to look at generational and program differences among online students regarding their preferences in teaching methods. Data analysis included descriptive and inferential analyses. Statistical significance was reported as $p < .05$.

The researchers did not indicate the use of a theoretical framework but did, however, conduct a literature review of generational learning styles among the most common population of online learners: Baby Boomers (1946-1964), Generation X (1965-1980), and Millennial (born after 1980) nursing students. The literature review did produce studies that showed statistically significant results related to learner styles, generational preferences, and experiential preferences. These results formed the basis for the research conducted by Hampton et al. (2016).

The study results revealed that 32% of the participants were Baby Boomers, 48% were Generation X students, and 20% were Millennial students. One member of the Traditionalist generation (before 1946) and the Baby Boomer responses composed one category. Although the purpose of the Hampton et al. study (2016) was to determine generational preferences in teaching methodologies, other findings pertinent to the current

study of student perceptions regarding faculty feedback were extrapolated and included in this literature review. The researchers noted characteristic expectations and preferences of each of the identified generations. Specifically, the researchers pointed out that millennials desire immediacy in the educational process. Millennial students like to multi-task, expect information to be given in real time for fast processing, are group oriented workers, and want to know what errors they made immediately.

The implications of this study included the need for instructors to offer diverse teaching methodologies, take cultural and generational differences into consideration when developing assignments, and to draw on the strengths of each generational group to enhance learning. One example of this strategy would be to have baby boomers receive technology assistance from millennials while the older, experienced nurses can share clinical expertise to enrich the overall learning experience. Study limitations included that almost half of the students did not know the technology needed for online learning. The researchers included only two online classes in the study. The researchers recognized that having more classes in the study would have enhanced external validity. The authors did not establish generalizability, and no bias was detected (Hampton et al., 2016).

The researchers noted many methodologies across the generations regarding preferred teaching and learning styles. Study recommendations were to research various teaching modalities and generational preferences related to learning styles. The significance of including this study in the literature review is related to a possible gap in determining generational expectations regarding faculty feedback (Hampton et al., 2016). By examining student expectations and preferences in teaching methodologies, the researcher hopes to

expand the body of literature to consider whether students from different generations have different expectations of faculty feedback.

How Students Use Faculty Feedback

Douglas, Salter, Iglesias, Dowlman, and Eri (2016) conducted a qualitative research project to investigate first and second-year health science students' perceptions related to the feedback process. Included in this group were nursing students. Students participating in the project were enrolled in face-to-face, blended, and online formatted classes at the University of Tasmania. Of the 587 students invited to participate, 321 or 55% of the students completed the qualitative questionnaire, which consisted of four questions asking participants to describe forms of feedback, awareness of what feedback is, the student's role in asking for feedback, and what value students place on feedback. Yorke's theoretical foundation (2003) formed the basis of the study, most notably the features of effective formative assessment. This theory explored the psychology of student involvement with giving and receiving feedback. A significant component of this formative evaluation and subsequent feedback is active learning (Douglas et al., 2016).

The qualitative section of the study identified four main themes: identification of forms of feedback, student responsibility in seeking feedback, awareness of the purpose feedback serves, and what the educational value of feedback is. The question regarding timeliness of feedback was discussed by the researchers at length (Douglas et al., 2016).

The study results suggested that students have a limited idea of what feedback is and often use assessment of tasks as the interpretation of useful feedback (Douglas et al., 2016). This formative type of feedback is typically effective with tasks that are not considered challenging. Respondents indicated that the more typical summative form of feedback is

what students expect more often. In summative feedback, students received an evaluation after the assignment was turned in without an opportunity to make changes that could influence the final grade. In formative evaluation, students receive feedback at established intervals and make corrections that can improve performance and the final assignment grade. Students found that the more challenging and complex the task, the more significant the timeliness of the feedback. However, students also indicated that the degree of difficulty of the assignment would make a delay in feedback necessary. The researchers did not report a strong student preference for timeliness in feedback, with only 22% of participants indicating that the timely return of feedback influenced their learning and overall grade. Participants did note that timely feedback was more related to online assignments that generate immediate standardized feedback compared to individual faculty notations. Douglas et al. (2016) captured data that suggest that students use feedback for self-reflection to learn and improve academically. The researchers indicated that students then use this feedback reflection to feed-forward and thus positively influence performance on future assignments.

The authors did not address limitations of the study. Implications of the findings were that students still seek individualized feedback even with the provision of electronic feedback, suggesting they have no clear understanding of how to interpret feedback and use it effectively to reflect on personal practice. Study recommendations were that specific feedback processes must be taught to faculty to better assist in developing measurable student learning outcomes. No conflict of interest was reported suggesting negligible bias (Douglas et al., 2016).

The relevance of this research to the current study is related to assessing what students believe feedback is, determining best methods of delivering feedback, and developing feedback protocols for timely delivery.

Giles, Gilbert, and McNeill (2014) conducted a descriptive survey study to determine nursing student perceptions regarding the amount and type of written faculty feedback needed to enhance learning. Ultimately the study is classified as a mixed methods approach, due to the inclusion of open-ended questions in stage 2 of the study. The researchers did not identify a theoretical basis for the study but did indicate that they had significant experience in feedback practices. The researchers developed a 28-item questionnaire but did not mention any testing for validity or reliability. The survey consisted of demographic questions (6), close-ended questions (16), and concluded with open-ended questions (6). The study consisted of two sections. Four hundred and seventy-one students were invited to participate in an in-class survey as part of Stage 1 of the investigation. Three hundred and sixty-two students participated. In Stage 2, the same students were asked to fill out a feedback preference form. Due to attrition, only 440 students were available to take part in Stage 2. Two hundred and twenty-seven students completed the feedback preference form. The statistical analysis reported study results as frequencies, means, and range. Thematic analysis was conducted to identify patterns and themes in the qualitative portion of the survey (Giles et al., 2014).

Respondents indicated that some types of assignments did not require feedback. Students reported that examinations, final assignments, journals, assignments that students may resubmit, and assignments with clear rubrics did not need faculty feedback. The study results indicated that students believed certain types of feedback hinder student learning,

such as unnecessarily harsh or negative feedback, too much or overwhelming amounts of negative commentary, and comments with not enough detail provided. Students indicated that certain types of feedback help student learning, such as, including specific suggestions for improvement, balanced feedback regarding positive and negative comments, and positive feedback only (Giles et al., 2014).

Giles et al. (2014) indicated that their study findings align with current research recommendations that written feedback should acknowledge success, be adequately detailed, guide students to improve, and should be timely. The researchers suggest that even though the study took place at a single university, the large sample size and high rate of participation make the study generalizable to other settings. The researchers reported that students want to be engaged in the feedback process for more effective learning, but that prior negative experiences with feedback can hinder student participation in feedback processes.

Khowaja, Gul, Lakhani, Rizvi, and Saleem (2014) conducted a cross-sectional descriptive study across nine institutions in Karachi, Pakistan. The purpose of the survey was to examine nursing students' perceptions about written feedback practices. The study sample included 379 second-year nursing students who completed a modified Assessment Experience Questionnaire (AEQ) with sections one and two developed by the researchers and author permission obtained for the use of the third section. Sections one and two contained demographics and current practices regarding written feedback respectively. Experts in nursing and education evaluated section three of the original questionnaire for validity. The statistical analysis reported Cronbach's alpha between .74 – .87. A pilot study was conducted to re-establish reliability before administration of the instrument in this study. The researchers did cite educational concepts regarding instructor feedback as a significant

element of student learning but did not mention the use of a theoretical framework (Khowaja et al., 2014).

Ninety-six percent of participants received specific guidelines for written assignments. Of these participants 84% ($n = 319$) reported that the feedback received was consistent with the established assignment guidelines. Interestingly, the majority of students said that feedback was related mostly to the content, while almost half of the respondents reported receiving feedback on grammar and formatting issues. Study participants reported multiple causes for obstacles to using feedback. About 40% of students indicated that low grades, lack of opportunity to discuss feedback with the instructor, and long waits for receiving feedback contributed to decreased student use of feedback. Almost 30% of students felt that disagreement with the feedback and negative comments by the instructor led to the reduced usage of the feedback. Overall, close to 60% reported satisfaction with feedback practices (Khowaja et al., 2014).

Limitations of the study indicated that participants were nursing students and no other discipline. Also, students had to rely on recollection and memory of past experiences to complete the self-administered questionnaire. Recommendations for further study included applying the research to other disciplines and comparing findings to that of nursing. The authors did not report generalizability (Khowaja et al., 2014).

Implications of the study relate to instructors' need to understand what impact written feedback has on student learning. Also, professors should know that their words are powerful and temper negative feedback with positive feedback to produce constructive feedback (Khowaja et al., 2014). Institutions can support effective instructor feedback by developing

policies and procedures for written feedback, as well as promote professional development by teaching professors effective feedback techniques.

The study is relevant to the current research as a support for feedback guidelines for instructors, consideration for student learning needs, and determining the significance of timeliness as it relates to the provision of feedback to nursing students. Studying the feedback practices of faculty may lead to more standardization of procedures to enhance student learning.

When Students Want to Receive Faculty Feedback

In 2014, Watkins et al. conducted a mixed methods study using both qualitative and quantitative research approaches to look at student perception of timeliness, accessibility, consistency, and quality of feedback when using the Grade Mark® evaluation tool provided as part of the Turnitin® antiplagiarism program already in place at the university. The population sample size was 296 students at Cardiff University in the United Kingdom (UK). One hundred medical students, 63 dental students, and 133 baccalaureate nursing students took part in a 6-month study that consisted of surveys and focus groups performed sequentially. The researchers identified no theoretical framework but did set up a mixed methods research design to gather various data. The researchers developed a Likert scale survey and open-ended interview questions for the study. Pilot testing was conducted to determine the clarity, significance, and readability of the quantitative data. The use of seven students as part of the pilot study helped ensure validity of the instrument by determining clarity, consistency, and readability of the questions. The authors did not address reliability. The use of pilot testing did result in some changes being made to the survey questions and the focus group open-ended questions (Watkins et al., 2014).

The online survey consisted of a 16-item survey with closed-ended questions for acquiring quantitative data. Also included were two open-ended questions that allowed for qualitative input from the participants. Following the online survey, students were randomly selected to participate in one of three focus groups. The researchers contacted 20 students from each school, and a total of 27 students chose to participate in the focus groups (Watkins et al., 2014).

The researchers chose to represent the survey data in tables reported as percentage scores. The authors reported a 62% response rate, which was significantly higher than the standard 30% seen with online surveys. A content analysis was conducted to analyze the open-ended questions. The survey results indicated that over a third of respondents found the Grade Mark® software to be readily available for reviewing feedback. The survey did not ask specific questions regarding the timeliness of receiving feedback on assignments, yet this issue was reported in the open-ended questions in the focus groups (Watkins et al., 2014).

In the qualitative portion of the study, seven of the 21 nursing students indicated that the electronic program allowed for improved timeliness in receiving feedback (Watkins et al., 2014). The respondents disagreed on the quality and consistency aspects of feedback. The researchers concluded that this finding might relate to differing perceptions of what constitutes quality and what constitutes consistency.

Watkins et al. (2014) acknowledge study limitations as a result of combining the different school surveys, which could lead to a sampling bias. The study does add to the body of knowledge and offers a standardization of reviewing instructor feedback, which makes this study generalizable to other academic settings using Grade Mark®.

Recommendations included that the use of such electronic tools as Grade Mark® could offer a solution to student concerns of timely feedback. Previous studies have supported that the use of feedback and availability of feedback significantly impacts student learning by eliminating student wait time and enabling students to use feedback to improve academic performance on future assignments (Watkins et al., 2014). This finding provides further evidence of the need to consider feedback timeliness and makes this study relevant to the current study.

Montenary et al. (2013) utilized a descriptive, longitudinal, anonymous survey design to determine student nurses' perceptions of the effects various instructional strategies have on their attentiveness, knowledge, critical thinking skills, and satisfaction with the learning experience. Two theoretical frameworks formed the foundation for this research. Benner's novice-to-expert theory used the concepts of clinical competency development as a basis for nursing instructors to select teaching strategies to match the developmental learning level of the student. Kolb's theory of experiential learning served as the foundation for starting novice nursing students in the clinical simulation area to develop confidence in a non-threatening learning environment.

Finding no suitable existing instrument, researchers developed a nine-item survey using ranked responses to collect student data. Undergraduate nursing students could also submit remarks via an open-ended response on the questionnaire. Content validity was established by a panel of content experts, followed by a review by three faculty members to make recommendations on wording and format. Four senior nursing students examined the survey to establish face validity. Over two semesters, 108 students participated in the study. The researchers indicated that six of the nine items were successfully reported using

Cronbach's alpha coefficients with a score of .73 indicating an acceptable finding when using a new data collection instrument. Software issues led to eliminating three items. The survey results were reported using means and standard deviations (Montenary et al., 2013).

Study findings indicated that millennial learners made up the largest population of nursing students in this program. Montenary et al. (2013) noted several findings pertinent to millennial students and the use of learning technologies. The survey results indicated that millennial nursing students prefer audience response raters, known as clickers, the most out of all technologies. Virtual learning experiences, such as intravenous catheter insertion, also rated high as a preference. Podcasts, which resemble instructor lectures, had mixed responses.

Montenary et al. (2013) reported a change in student responses within the two-semester study that occurred with an institutional policy change. In the first group of surveys from the fall semester, students reported high satisfaction with computerized tests, indicating that the ability to see grades instantly was highly desirable. However, in the spring semester, the nursing department implemented a policy that restricted student access to tests following concerns related to testing security and academic integrity. The researchers felt this change could have negatively impacted student responses to computerized testing. This finding complements the current research regarding student perceptions of timely instructor feedback.

The researchers identified limitations of the study. First, only current faculty members participated in the research. The anonymity of the survey coupled with the lack of personal identification of the students meant the researchers had no way to conduct comparisons of groups or test-retest correlations. As a result, Montenary et al. (2013)

reported the study findings as non-generalizable. Suggestions regarding future studies included examining ways to link instructional needs of millennial students with real-world experiences to improve outcomes for patient care and student learning.

Bayerlein (2014) conducted a quantitative study of undergraduate and graduate accounting students enrolled in blended and fully online university courses. This retrospective study consisted of reviewing the standard questionnaire used by the institution for course evaluations. A 5-point Likert scale was used to evaluate the statement: *The feedback I received was provided in time to help me improve*. Also, the researcher sought to assess whether students preferred the use of individualized instructor remarks or feedback automatically generated from a pre-determined database of comments based on the percentage of the grade assigned to each section of the assignment. The author did not specify a theoretical framework but did base the study on recognized educational concepts related to feedback timeliness, feedback quality, and the use of feedback as a guide to student learning (Bayerlein, 2014).

The study sample size consisted of 102 undergraduates and 30 graduate students. A Spearman's rank-order correlation did not demonstrate any significant relationship between feedback timeliness and feedback timeliness as identified in the course evaluation scores ($r_s = .140, p = .872$). Study findings indicated that automated feedback significantly improved students' perceptions of constructiveness of feedback received (Bayerlein, 2014). The authors did not address any study limitations, as well as no mention made regarding validity or reliability of the university generated course evaluation. The authors detected no bias in the research study.

Study recommendations suggested that timeliness and extreme timeliness in providing student feedback are not as significant to students as the provision of constructive feedback. Also, the study suggests that undergraduate students see manually generated feedback as effective as automatically generated feedback while graduate students indicate a preference for automatically generated feedback. Implications for these findings suggest that instructors can use automatically generated feedback as constructively as manual feedback without compromising student learning (Bayerlein, 2014).

The relevance of this article to the current research project is that this study is the first available research that specifically addresses higher education student perceptions regarding timeliness of feedback. Accounting students composed the research group. A study of nursing student expectations and perceptions regarding faculty feedback represents a continuation of additional study of feedback concepts with a different student population.

Summary

The purpose of this literature review is to link current literature to a research topic that asks the following questions: How do nursing students define feedback? What do nursing students expect from faculty regarding feedback? How do nursing students use faculty feedback? When do nursing students want to receive faculty feedback?

A review of the literature established the following connections to the current research topic. Student nurses desire feedback from their nursing faculty. Students do not always have a clear perception of what feedback is and often find feedback lacking. Instructors do not always understand how to provide effective feedback to students. Students perceive electronic assignments as desirable if the feedback is immediate.

The current literature has existing gaps that warrant further investigation. While some studies did address the need for assessing student expectations regarding feedback, no studies explicitly identified nursing student definitions of feedback, clear student expectations and use of faculty feedback, or expectations of timeliness in faculty feedback. Research to investigate student perceptions of faculty feedback, feedback usage, and the timely provision of faculty feedback can contribute to the body of literature with the goal of improving student learning and generating successful learning outcomes.

Chapter III

METHODOLOGY

Chapter III will describe the methodology that was used for this research proposal. Included components of the study's methodology consist of the statement of purpose of the study, research questions, research design, the setting for interviews, participants, and the sample. The principal investigator (PI) will describe the process used to obtain permission to conduct research, the protection of participants, and the protection of data. The instrument used for data collection is introduced, as well as the procedure for data collection and data analysis. The PI will describe the content validity of the instrument.

Purpose of the Study and Research Questions

The purpose of this qualitative study was to examine nursing students' perceptions regarding faculty feedback. Results of this study may have implications for nursing educators to determine how nursing students define feedback, what students expect regarding faculty feedback, and what constitutes timely and useful feedback to students. The four research questions were:

1. How do nursing students define feedback?
2. What do nursing students expect from faculty regarding feedback?
3. How do nursing students use faculty feedback?
4. When do nursing students want to receive faculty feedback?

Research Design

This study utilized a qualitative research design to explore student nurses' perceptions regarding faculty feedback. The study used an interpretive phenomenological approach (Creswell, 2012). A qualitative research design is appropriate to understanding the

experiences and perspectives of nursing students. Often faculty provide feedback to students with the assumption that the student knows the purpose and meaning of the feedback, as well as how to use the feedback effectively. The PI anticipates that the results of this study will provide insight into how best to present feedback, how much education the student needs regarding the purpose and role of feedback, and how to improve feedback to enhance student learning.

The research design is rooted in sociology. Phenomenology theory was selected to seek an understanding of an action or process derived from the point-of-view of the participant (Creswell, 2014). In qualitative studies, the PI can choose to place the theory at the beginning of the study (deductive) or the end of the study (inductive). A method of theory placement at the beginning of a study can shape participant responses and result in the deductive interpretation of data. By using "theory at the end of a qualitative study" (Creswell, 2014, p. 68), data gathered will not need to fit a prescribed mold. Data collection consisted of one-on-one interviews. The PI sought to locate and identify any reoccurring concepts. As interviews proceeded, the PI looked for categories to determine whether interrelationships existed among the concepts. The data generated concepts and relationships to build towards broader themes. The research continued until data saturation was reached. The schematic in Figure 2 demonstrates the steps that were followed using the inductive theory of research in qualitative studies.

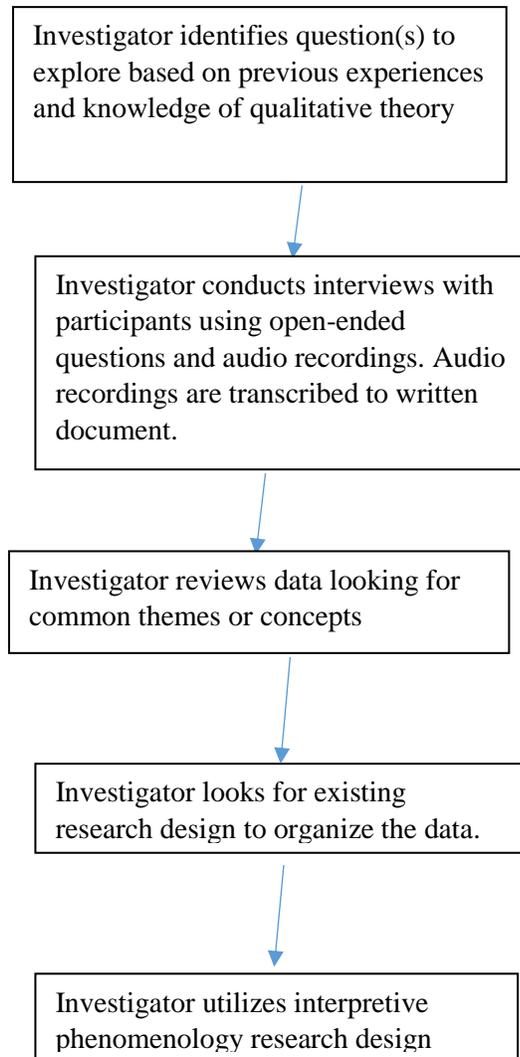


Figure 2

Description of inductive qualitative based on research proposed by Creswell, 2014

Setting

The PI conducted the research at a small, private university in the southern region of the United States. The PI conducted individual interviews from the main campus of the university with students who were not enrolled in the principal investigator's courses. The participants were interviewed in a private room to allow for quiet and an opportunity to speak freely about the subject. All interviews were conducted face-to-face.

Participants and Sampling

A central theme of obtaining the research sample was to establish a productive relationship with the participants to answer the research questions honestly. The investigator continued interviews until themes were identified and recurring (Maxwell, 2012). The criteria for inclusion was undergraduate nursing students who had successfully completed at least one semester of nursing school. Each student spoke English as a primary language and was eligible to progress in the nursing program. Exclusion criteria included undergraduate nursing students enrolled in the principal investigator's class, non-English speaking students, and students who were ineligible to progress in the nursing program.

This study was designed to explore nursing students' perceptions of faculty feedback. Therefore, the PI planned to obtain a convenience sample with the goal of obtaining participants who represent diversity in the undergraduate nursing student body. Students were recruited and participated on a volunteer basis in a private room at the university. The PI emailed the identified course instructors and requested an opportunity to address the classes face-to-face to recruit interested participants. At this time the PI described the research and the expected time frame for conducting the research, as well as student time needed to conduct the interview. The PI answered any questions that participants had and provided an informed consent to sign at the time of the interview (Appendix E). The consent included information that acknowledged that participation was voluntary, confidential, and data collected would be used for research purposes only. Participants were informed that they could withdraw consent and participation at any time in the process.

Permissions and Participant Protection

Permissions

The PI completed extensive web-based training in the protection of human subjects. This training was obtained through the Collaborative Institutional Training Initiative (CITI) during the fall of 2016, as part of doctoral course requirements. The training covered the responsible conduct of research with a section on the protection of human subjects. The training also included ethical clinical and biomedical research (Appendix A). The permission to conduct research was obtained through the William Carey University (WCU) Institutional Review Board (IRB), the Mississippi Institute of Higher Learning (IHL), and the participating university (Appendices B, C, and D).

Participant Protection

The time and place were negotiated with each participant to be sure a comfortable environment was available to conduct the interview. Face-to-face interviews were the preferred method to interview participants in a private meeting area to maintain confidentiality. All interviews were conducted face-to-face within the designated timeframe. Interviews were digitally recorded, and these recordings were kept under double lock and key available only to the principal investigator. Participants did sign consent forms, which included a statement regarding maintaining confidentiality (Appendix E).

Data Protection

Back up data was maintained on a password protected computer accessible only to the PI. The PI contracted with a medical transcription service to have the interviews typed verbatim. The service guaranteed confidentiality. All recordings were designated by coding (Participant A, B, C, etc.) to ensure that participant identity was kept confidential. Data

analysis was initiated with the use of a macros-enabled Word document to identify recurring themes. The PI did ultimately review all transcripts in part and in whole to thoroughly and completely identify themes. The data collected has only been made accessible to the PI. The study results may be shared as part of a professional podium presentation, poster presentation, or publication, but in all cases, the participants' identities will remain confidential. At approximately 3 years following the conclusion of the study, data will be deleted from audio recordings, password protected digital media, and the PI will physically destroy any written transcripts.

Instruments

The instrumentation for qualitative research resides primarily on two elements: the communication skills of the principal investigator and a well-designed script of open-ended questions (Creswell, 2014). The PI made every effort to ensure the respondent was comfortable by providing a room with comfortable seating, lighting, and temperature control. Also, the respondent was told that participation in the research was voluntary and withdrawal from the study could occur at any time. The research questions formed the basis for the scripted interview with follow-up questions to clarify or to ensure completeness (Appendix F).

The PI formulated the interview questions using the four identified research questions. Each question had follow-up questions to verify, clarify, and extract any needed information (Appendix F). The PI had the questionnaire reviewed by three educational experts to determine whether the questions were asking what was intended (content validity) and to ensure the questions would consistently ask the same information from each respondent (reliability). The educational experts were all doctoral nursing faculty who each

have 10 or more years in nursing education, as well as experience in educational research. The PI made revisions and formulated the final interview questions based on their recommendations (Appendix G).

Data Collection

The principal investigator conducted interviews to ensure that a diverse group of respondents was selected. Interviews were conducted on an individual basis. The investigator continued interviews until data saturation had been reached. Data saturation consisted of recurrent themes occurring with no additional information emerging. Face-to-face interviews were the preferred method of data collection, and the PI obtained an adequate number of participants through this type of interview.

Data Analysis

The process of data analysis in qualitative research runs concurrently with data collection. As the "key instrument" (Creswell, 2014, p. 185) in data collection, the PI is personally involved in each step of the process from purposive selection through interpretation of the meaning. In this process, the PI did obtain data in a natural setting for the participant, did use primarily inductive interpretation of the data collected, reflect upon findings, explore key themes, and review data holistically (Creswell, 2014).

The PI coded the information obtained by looking for common themes to occur and assigning numerical identifiers to the themes. This process was accomplished by the PI reading all transcripts, taking raw data from the transcripts, organizing the themes into categories, integrating the themes (when appropriate), and interpreting the meanings of the themes (Creswell, 2014). Also, outlier themes were noted and recorded to determine whether these themes emerged in additional interviews. The PI summarized the interviews with the

participants to verify accuracy (validity) and to help determine whether there were any discrepancies or misunderstandings. Following the procedure steps listed, the PI then determined contextual meaning from the data obtained.

Summary

Chapter III described the methodology for this qualitative research study. The investigator described components of the study methodology including the purpose of the study, research questions, research design, the setting for conducting interviews, participants, and selection of a convenience sample. The PI described permission to conduct research, protection of participants, and data protection procedures. The PI formulated an interview guide with validity and reliability of the instrument assessed by content experts in the context of a qualitative study before conducting research.

Chapter IV

Presentation and Analysis of Data

The PI used a qualitative research design to examine nursing students' perceptions regarding faculty feedback. This chapter includes an analysis of data collected from interviewing 14 study participants. The findings are organized around the four research questions. Selected participant statements are included to provide exemplars of the main themes identified in the study. The data is presented as participant answers to interview questions based on the research questions.

Description of Subjects

Permission to conduct interviews was granted by the associate dean of the school of nursing where the study was conducted. Course instructors were contacted to obtain permission for the PI to address students in their classrooms to explain the research, engage students in the research, and solicit participants. The PI went to the school of nursing on a day when students were scheduled to be on campus attending one of the two identified classes. The PI obtained permission to address two student groups to request volunteer participants following class. A classroom was obtained in an empty part of the building to serve as a private interview room. Fourteen students agreed to be interviewed. The students read and signed consent forms and the PI audio-recorded interviews. The consent forms were coded alphabetically (participant A, B, C, etc.) to maintain confidentiality. In addition, during the interview process, the participants were referred to by the coded letter for identification purposes on the audio. Interviews took place over a 2-week period.

Following a review of the audio recordings, the PI submitted the audio files to an online transcription service, *Transcribe Me*©. This service guarantees confidentiality,

transcription by English speakers, 99% accuracy, and a rapid turnaround time. Audio files were returned within 5 days of submission. The PI compared the transcripts to the original recordings to ensure accuracy. The PI determined that all interviews were appropriate for inclusion in the study.

The PI manually coded the written transcripts into a Word document. A process involving a macros-enabled Word document was used under the review tab to organize themes in the comments section. Each research question from the interview transcript was assigned a code word as an identifier. For example, the question, “As a nursing student, how would you define the term *feedback* that you receive from nursing faculty?” was assigned the code word *definition*. All comments were consolidated into a Word document which identified the key remarks and themes under the designated code word (Peach, 2015). The PI read the coded transcripts contextually to determine recurring themes and outlier remarks.

The final sample size was 14 students. The individual participants were coded by hand using the alphabetic letter assigned. Demographics were extracted from the coded transcripts. Demographics included: six (6) students in the second term of the undergraduate nursing program and eight (8) students in the fourth term of the nursing undergraduate program. Students self-identified in the following ethnic groups: 72% Caucasian, 24% Black, < 1% Asian, and < 1% mixed race. The age range spanned from 20 years to 42 years with the mean age being 22 years of age.

Qualitative comments were analyzed using interpretive phenomenology theory with inductive reasoning at the end of the study (Creswell, 2012). By using this process, the PI identified recurring themes from the structured interviews. The PI studied context, interest, willingness to participate, and verbal, as well as facial cues to guide understanding of the

answers the participants gave. The following questions were asked of participants and themes emerged throughout the interviews.

Research Questions and Findings

Themes were identified and summarized through organization of the data under the research questions. Recurring themes were extracted from the interviews, and selected examples are included under the themes using the assigned participant alphabetic code to maintain confidentiality of the participants. Table 1 demonstrates the relationship between each research question and the corresponding interview question.

Table 1

Relationship between research and interview questions

Research Questions	Interview Questions/Guide
<i>Research Q1:</i> How do nursing students define feedback?	1. As a nursing student, how would you define the term <i>feedback</i> that you receive from nursing faculty?
<i>Research Q2:</i> What do nursing students expect from faculty regarding feedback?	2. What do you expect when you receive faculty feedback? a. Are you getting what you expect from faculty feedback? b. How would you recommend faculty change feedback practices to meet your expectations?
<i>Research Question 3:</i> How do nursing students use faculty feedback?	3. How do you use the faculty feedback that you receive? a. Tell me about the last time you used faculty feedback. b. Tell me about any negative experiences you have had with faculty feedback. c. Tell me about any positive experiences you have had with faculty feedback.
<i>Research Question 4:</i> When do students want to receive faculty feedback?	Research Q4 4. When would you like to receive feedback from nursing faculty?

Themes did overlap across the interview questions. The PI included multiple participant examples to address the themes and avoid repeating comments.

Research Question 1: How do nursing students define feedback?

Respondents overwhelmingly defined faculty feedback in terms of individual, personalized interaction. The respondents less frequently defined faculty feedback as a written remark or grade on a paper or test. Instead, respondents identified feedback primarily as verbal responses to questions asked in a classroom or clinical setting.

Four themes emerged to identify students' definitions of faculty feedback:

- Verbal and nonverbal responses to questions asked.
- What I did right.
- Beneficial.
- Balanced.

Verbal and nonverbal responses to questions asked. Most of the respondents (7/14) used terms that identified one-on-one verbal interactions as the most significant description of feedback. Terms included: *positive, useful, constructive, and encouraging*. Many respondents identified facial expressions, tone of voice, and attitude as key elements of feedback. For example, Respondent A stated:

If a teacher is talking to me and I have asked a lower-level question, but for me, it's an important question. The way they answer it – the body language that they use – it is important to me. Was their tone monotone, or was it in a positive – kind of an uplifting tone?

Respondent D remarked, "I might ask a question, and the teacher acts like it is a silly question, I can see by the look on her face." Respondent J noted, "I don't feel like I can ask a question when the teacher is mad. It just keeps me from raising my hand."

What I did right. Many participants expressed concern regarding feedback that addressed primarily what activities were considered “the right way.” Terms that appeared numerous times in the responses (5/14) included, *critiquing us, an assessment of my work,* and *details on how I can fix a problem.* Respondent K defined feedback as “demonstrating how to do something right.” and Respondent H stated that feedback was “What the teacher says to you that is constructive. For me it needs to motivate me to want to do better.”

Beneficial. Respondent B was the first participant to define feedback as, “Feedback should help us, not just critique us. It should not be threatening or condescending.” Respondent E indicated that the student had concerns that feedback was “something that hurt me.” Several comments (6/14) centered on how the feedback was delivered. Phrases that respondents used to describe hurtful or harmful feedback included the following excerpts. Respondent K stated, “Don’t be condescending,” Respondent F stated, “Show me a better way, but don’t be threatening about it” Respondent I indicated, “I don’t want them to be demeaning or condescending to me.” Many respondents did emphasize that feedback was *positive, beneficial, and helped me learn.* Some remarks included the following statements. Respondent M said, “When she told me my care plan was accurate, it really made me relieved to know that I understood what I was doing.” Respondent N stated, “I feel like the feedback I am given points me in the right direction for when I have to do that same thing again.”

Balanced. Respondents noted that feedback should be *balanced.* Respondents (8/14) indicated that feedback was balanced if the feedback addressed both the positive and negative aspects of their work. These students expressed concerns that much effort was spent in doing assignments and that they wanted the assignment to be assessed for work submitted

correctly in comparison to what was considered wrong. Respondent F defined feedback as, “I can accept feedback that is positive or negative, but not exclusively negative.” Respondent G stated that feedback was “not telling us what we did wrong but saying what we did right.”

Research Question 2: What do nursing students expect from faculty regarding feedback?

Respondents were specific about what they expect from faculty feedback. Student comments also referenced expectations that included terms such as, *timely*, *useful*, *beneficial*, *specific*, and *caring*. Three main themes that emerged regarding student expectations regarding faculty feedback were:

- Faculty should read and respond to assignments.
- Feedback should be useful to the student.
- Instructors should be clear and consistent in feedback they provide.

Instructors should read and respond to assignments. Several students voiced concerns that instructors do not read the work submitted. Most students referred to papers as having minimal comments (4/14) by faculty. Respondent B stated, “My expectation is that if I do a paper – the instructor should read it! If they just say, ‘good job,’ I don’t know what means.” Another emerging theme regarding feedback expectations was that students did not want to be told that they were wrong without being told why. Respondent F stated, “I don’t want to be told to go to the text book to read about it. Tell me why it was wrong. Just explain it to me.”

Feedback should be useful. Respondents (6/14) expressed that useful feedback consisted of information that could be used in future assignments. Respondents indicated that feedback was useful if presented in a positive tone with methods regarding how to use the

feedback. For example, Respondent C noted, “Leave something like, ‘Good job’, or ‘This met the standard.’ I’ve gotten stuff back before where there’s absolutely nothing and I’m like, ‘Did I do good? Did I do bad?’” Respondent L stated, “Let me know what I can do to make it better on my next care plan.”

Instructor comments should be clear and consistent. Respondents indicated that instructor feedback should be clear and easy to understand. Also, respondents voiced concerns that feedback should be consistent among print resources and faculty notes. Respondent H stated, “Be clear-cut and consistent in telling me what to do.”

Respondent J stated:

I hate it when the teacher says one thing and the ATI practice test says something else. What am I supposed to do with that? They should help us understand why ATI is right or wrong. If I knew why, I could learn it better.

Respondent B stated, “I liked the feedback that I got because it was detailed, it was specific, and it told me what I did right – specific things that I did right.” Student comments also referenced expectations that included terms such as, *timely, useful, beneficial, specific, and caring*. Respondent C stated, “When the teacher has taken the time to tell me how to fix it, then I know she cares.” When directly questioned, all of the respondents (14/14) stated that feedback expectations are currently being met, despite the concerns discussed above.

Research Question 3: How do nursing students use faculty feedback?

Students answered questions regarding how feedback is used in terms of positive and negative feedback. Students did note that positive feedback experiences outnumbered negative feedback experiences. The respondents also indicated that either positive or negative feedback is better than no feedback and that the purpose of feedback is to help the student improve. Emphasis was placed more on respondent reaction to the feedback than actual use

of the feedback. Interestingly, some of the respondents referred to *receiving* positive feedback, while others referred to negative *experiences* in receiving feedback. In this context, two main themes emerged:

- Positive feedback *received*.
- Negative feedback *experiences*.

Positive feedback. Interview respondents described classroom and clinical experiences that they believed to be positive and negative. Many of the students interviewed identified timeliness as a positive trait of feedback. Timeliness was loosely described as receiving feedback on care plans or skills performance in adequate time to improve before a similar assignment is due. Some respondents indicated that positive feedback consisted of receiving feedback *in chunks* or *manageable amounts*. Respondent D stated:

I didn't think my instructor tore up my care plan nearly as much as she could have. She gave me small amounts of criticism and I thought to myself, I can handle this. When she addresses everything, I feel like there is no way I could ever do this.

Respondent F stated, "I am fine if the teacher says, 'This is wrong,' but instead why can't she say, 'This may be wrong, but here is what you can do to fix it.'" Respondents described positive feedback in terms of what could be done to correct errors.

Students did include perceptions of how they use feedback. Students indicated that feedback is important to them: "We really use it and discuss it with our classmates." Positive descriptions were identified as "pulling me aside to speak to me," not embarrassing me in front of other students", and "telling me what I did do right." Terms that appeared in multiple positive descriptions included *consistency*, *encouragement*, and *building confidence*.

Respondent L identified text messaging as a form of preferred feedback. This respondent was an outlier, as other students did not identify text messaging as feedback. This

student indicated that text messaging is a positive form of faculty feedback in terms of “she always messages me right away when I send a text.” Respondent L voiced concerns regarding needing information quickly to most effectively learn the material.

Negative feedback. The majority of respondents (12/14) identified negative feedback in terms of *how* the information was presented or the actual feedback experience. Negative feedback experiences included terms such as, the statement by Respondent D, “answering me with a rude face.” Respondent K mentioned, “The teacher acting defensive when I asked her a question in class,” and Respondent C stated:

I thought my performance was better than what she said. I kept asking to give some insulin and she kept putting me off and then we finally gave it and she said I had an NI because the med was late.

Respondent E indicated that correcting all aspects of a paper or assignment was “too overwhelming” and that “it felt like negative feedback if every single thing is corrected – just tell me what is most important on this assignment and add in those other things later.”

Research Question 4: When do students want to receive faculty feedback?

The main concept that emerged regarding the timing of feedback indicated that respondents understood that how quickly feedback is received is relative to the nature of the assignment. Students look for immediate responses in verbal communications, but responses indicated they understand to some degree the delay in receiving written feedback.

Student responses varied regarding what constitutes a preferred time to receive feedback. Responses ranged from expecting instructors to provide cell phone numbers and respond to text messages immediately to expressing that waiting on the test item analysis by the instructor is more reasonable and gives the faculty more time to provide constructive feedback. Respondent A stated, “Feedback? Always, immediately. As students, we need to

learn point A and move on to point B. We need to know now.” Respondent B stated, “When you really sit down and think about it, instructors need a few days to take adequate time to think about and really focus on the assignment.”

Students did express concern that some instructors want to only give feedback in writing. Respondent G recalled an incident where a student passed an instructor in the hall and asked a question. The perception was the teacher either did not know the answer or was distracted. The instructor asked the student to please put the question in writing. Another respondent recounted a similar incident where the instructor did not want a lecture recorded. Respondent H stated, “She became defensive and said she didn’t want to be considered always right – that she could reconsider and correct information, but not if she had been audiotaped.” Others suggested that instructors become defensive when questioned with the expectation of an immediate verbal response. Respondent E recounted an experience in class where the instructor did not want to answer a question and said, “It is in your book. Go back to your book and look for that answer.”

Most students did not indicate that *immediate feedback* was an expectation on written assignments, but that *immediate access* to instructors was more desirable.

Respondent C stated:

The amount of time needed to give a quick reply – I understand that is a factor. Everybody has a life, so I understand if the teacher needs 24 – 48 hours to return an email. But of course, I wish it was immediate.

Respondents cited specific instructors as being timely in responding and more willing to provide feedback than other instructors. Respondent C stated, “She answered my text within ten minutes,” as compared to the comment by Respondent D which indicated, “When the teacher gives you an ugly look, you know better than to ask questions.”

Summary

Chapter IV presented an overview of the results of the interviews conducted. Themes emerged with examples given with some outlier comments noted. Overall, respondents spoke openly about what mattered to them regarding receiving faculty feedback. Multiple themes were identified and overlap of concepts occurred among the research questions. Chapter V will discuss the findings and illustrate the main themes that emerged, including those areas of overlap among research questions.

Chapter V

Summary, Discussion, Conclusions, Implications, and Recommendations

Chapter V is a presentation of the study findings including a summary, discussion, problems encountered in the research process, implications, future areas of research, conclusions, and recommendations for nursing education. The findings are organized under the research questions with overlapping themes identified and discussed.

Summary

This qualitative research design was the foundation for a study to explore nursing students' perceptions regarding faculty feedback. The PI used a convenience sample of 14 current nursing students in two classes in an undergraduate baccalaureate nursing program located in the southeast United States. The use of only one nursing program was identified as a limitation of this study. The interviews were audio recorded and then transcribed to text files. The audio files were maintained to provide additional analysis if needed. Data were extracted using an inductive process at the end of the interviews to determine emerging themes. Respondents and data were coded, analyzed, and interpreted.

Discussion

The purpose of this qualitative study is to examine nursing students' perceptions regarding faculty feedback. Numerous studies were included in the literature review that explored what students want in terms of instructor behaviors, but these studies were derived from educational research in university settings that did not focus on nursing students. Research that addressed health care professions did look at a variety of faculty factors that affected student learning.

The literature review presented a body of work that identified students' understanding of what feedback is, what types of feedback students desire, student reaction to computer generated feedback, and peer feedback. This study was initiated in response to an identified gap in the literature where feedback appeared in studies as a student concern, but no clear evidence of what students want or need from faculty feedback. The literature review included studies involving accounting, medical, nursing, and education students. None of the studies were exclusive to nursing students. This study was undertaken to assess the current state of nursing student perceptions regarding faculty feedback. The results of the study provide insight into the perceptions of nursing students regarding faculty feedback.

Integration of Theory into the Research

The constructivist theory formed the theoretical basis of the study. Brandon and All (2010) described the constructivist theory as a learning process with the student at the center of all interactions. Students interact with one another and the teacher, who functions as resource person, architect of learning, and motivator to move the students closer to understanding the application of material. Student evaluation occurs at each step of evaluation and is needed by the student to determine if they are ready to progress to the next step of integrating concepts learned. Evaluation is an essential component occurring throughout the theory and indicates that students view feedback as an essential component of the learning process. Faculty feedback assists the student in determining if learning is occurring. The evaluation component of constructivist theory formed the basis for this research project. Nursing faculty are responsible for providing feedback to students with the goal of increasing learning. The literature review indicated that student perceptions regarding faculty feedback vary considerably and these perceptions should be investigated for faculty

to provide effective feedback successfully and for students to use feedback to enhance learning (Agius & Wilkinson, 2014; Cushing et al., 2011; Groves et al., 2014). Throughout the study, respondents expressed a keen interest in what feedback provided and how the feedback affected student learning. Similarities noted included that the respondents did expect and want faculty feedback. Differences were mainly seen in respondent perceptions regarding what types of feedback were most useful. Respondents placed more emphasis on verbal feedback than written feedback.

In the evaluation component of constructivist theory, faculty feedback guides student learning towards an enhanced understanding of material in the nursing context. Faculty must acknowledge student learning and the faculty member does this by providing student feedback. Nursing students must be actively engaged in their learning by participating in the evaluation process. For the evaluation process to be effective in student learning, the student must understand what constitutes feedback and how to use the feedback to enhance learning. Respondents did not define feedback as the PI anticipated. Most respondents focused on feedback *processes* more than feedback *content*. When students understand feedback in terms of how it makes them *feel*, rather than how it makes them *learn*, then faculty must address the definition of feedback and teach students how to actively and effectively engage in the process.

In addition to the constructivist theory, the concept of self-efficacy was applied to the current study. Albert Bandura (1994) explored the idea that individuals were motivated based on outcomes. If a person believed himself to be capable of a positive outcome, the probability of achieving that outcome increased. If an individual believed himself to be incapable of achieving a favorable outcome, fear would keep that person from attempting to

achieve the desired outcome (Bandura, 1994). Nursing students learn self-efficacy as an integral part of the nursing process. Positive perceptions promote an increase in positive experiences, while negative perceptions produce fear of potential negative outcomes. If a student perceives that feedback is negative or punitive, then feedback will be ineffective for enhancing student learning. If the student perceives that feedback is a positive experience, then the student can use the feedback to enhance learning. This concept of positive and negative educational experiences can be applied to the student receiving faculty feedback and as such, was considered a critical component in this study of student perceptions of faculty feedback (Weibell, 2011). Throughout the study, the concepts of student engagement (constructivist theory) and self-efficacy were demonstrated by the respondents' interest in the research topic and descriptions of positive and negative responses to faculty feedback. The results of this study did reflect that students are capable of engaging in their own learning through involvement in the feedback process (self-efficacy concept). The study results also suggest that students want to participate in their own learning by using feedback to improve areas of deficit and reinforce those areas that are correct.

Research Question 1: How do nursing students define feedback?

Students identified emotional responses to verbal and nonverbal communications as a significant definition of faculty feedback. Rather than respond to the content of the feedback, many students responded to *how* faculty provided feedback. Facial expressions, tone of voice, and speech patterns were all identified in the definition of faculty feedback. This finding suggests that students are concerned about their feelings in how they process information and how they interpret information that is presented to them. Several students specifically voiced perceptions that faculty could use threatening and intimidating behavior

in the delivery of verbal feedback. Students also perceived that faculty should present information in a positive tone for the feedback to be heard and used by the student. Students indicated that positive experiences in the receipt of feedback led to enhanced learning and that negative experiences in the receipt of feedback led to decreased interaction. This inability to engage in the face of negative perceptions suggests that learning is diminished. This study was congruent with the literature review that suggests that students do not always define feedback as faculty define feedback (Cushing et al., 2011; Groves et al., 2015).

Research Question 2: What do nursing students expect from faculty regarding feedback?

Students indicated that they are getting what they want and expect from the feedback they receive. Most students did not offer recommendations for changes in feedback practices, except as the feedback related to delivery of the content. Adjectives noted to describe feedback included *useful, beneficial, specific, timely, and caring*.

As noted in the first research question, the main emphasis appeared to be related to the student's emotional response to the feedback, more than the content. The suggestion is that students place emphasis on individual acknowledgment, being heard, and treated respectfully. This finding is also consistent with the literature review that suggests that students *react* to feedback on an emotional level and not exclusively on an intellectual level (Hampton et al., 2016; Murphy & Cornell, 2010).

Research Question 3: How do nursing students use faculty feedback?

Students reported that feedback is read, used, and discussed among classmates. Students indicated that faculty who do not leave feedback comments were perceived as not reading the student work, uncaring, or failing to provide useful feedback. Students indicated

that they seek out feedback and are disappointed if none is given. This finding was similar to the literature review, but differed in one aspect. The literature review suggested that some students felt that feedback was not needed in all cases such as exams and assignments with clear rubrics (Douglas et al., 2016). The nursing student respondents in this study did expect feedback from faculty on all aspects of learning from classroom questions, clinical performance, care plans, and any other student-faculty interaction (Giles et al., 2014).

Research Question 4: When do students want to receive faculty feedback?

The concept of timeliness was addressed more under the definition of faculty feedback. Timeliness was perceived as a positive attribute of faculty feedback and viewed from the perspective of useful when provided before the next assignment of a similar nature was due. Many students believed faculty needed to have adequate time to review test items, but also indicated they wanted and expected immediate feedback in the classroom or clinical setting when verbally discussing material. This study finding was consistent with the literature review which indicated that students were more interested in the quality of feedback than the timeliness of the feedback (Bayerlein, 2014)

Themes emerged from the four research questions. The themes overlapped and were noted in more than one question. The diagram in Figure 3 illustrates the recurring themes.

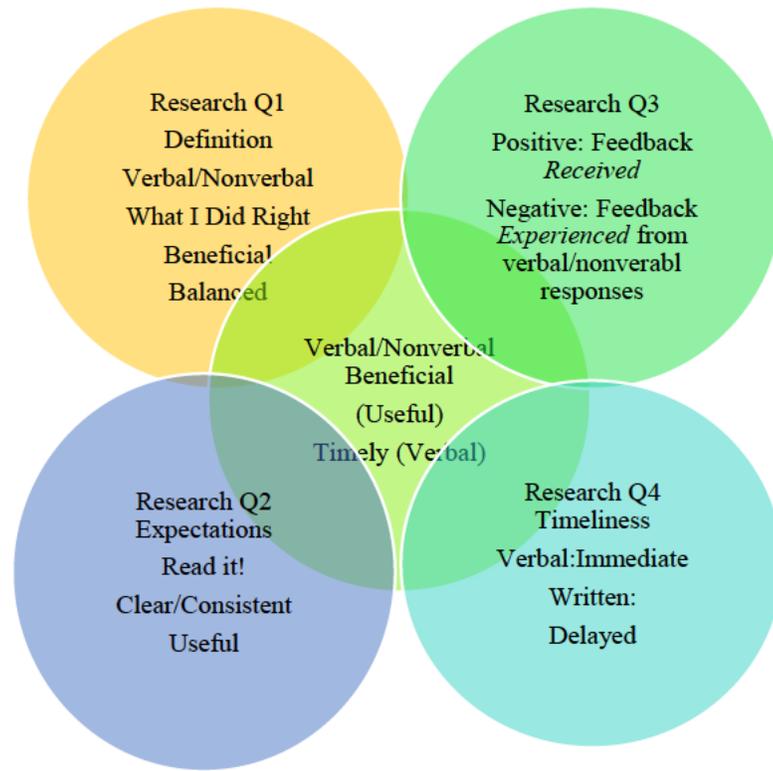


Figure 3

Overlapping Concepts Emerging from Qualitative Study of Student Perceptions Regarding Faculty Feedback

Problems Encountered in the Research Process

The principal investigator sought to obtain a purposive sample of study participants in an effort to represent a diverse population congruent with the types of students seen in undergraduate nursing student populations. Demographics included: six (6) students in the second term of the undergraduate nursing program and eight (8) students in the fourth term of the nursing undergraduate program. Students self-identified in the following ethnic groups: 72% Caucasian, 24% Black, < 1% Asian, and < 1% mixed race. The age range spanned from 20 years to 42 years of age. The study participants who volunteered represented a convenience more than a purposive sample. Ethnicity was well represented, but due to the traditional dormitory style campus, most study participants were typical *college age* students with a mean age of 22.

The main area that was problematic in the interview process was the respondents' reactions to the first research question. Several students asked for clarification of the question or answered the question with the question, "What *kind* of feedback do you mean?" Initially, respondents expressed concerns that they may not be answering the question *right*. The PI assured the respondents that there were no right or wrong answers, simply their perceptions. Once this clarification was made, respondents answered the question without hesitation.

Implications

Results of the study suggest that students place significant emphasis on receiving feedback. Students want and expect feedback. Faculty should be aware about what students want from feedback, and faculty should initiate feedback practices early in nursing education. Faculty can introduce students to feedback by defining the purpose, setting standards for

expectations, determining reasonable timeframes for providing feedback, and role modeling behavior for providing feedback in beneficial and respectful ways.

Implications for nursing practice should also be considered. As students become new registered nurses, the process of being evaluated by administrators becomes a significant part of professional development. Managers can benefit by considering methods, styles, and wording of evaluation criteria to be most effective in training newer employees and aiding them in the feedback process. Perhaps periodic formative evaluations would encourage new nurses to maintain and improve nursing skills and patient care. The annual evaluation might not be as daunting or overwhelming for new nurses.

Implications for nursing policy can also be affected. In the current environment of communication issues, feedback processes can be enhanced. Workplace violence, bullying, and other acts of incivility can be addressed by establishing policies that improve on feedback processes. These considerations could enhance the working environment for nurses and all healthcare providers.

Future Areas of Research

Many aspects of feedback can be investigated and improved upon by future studies. Future studies regarding students' perceptions of faculty feedback should consider best practices for faculty to use in the provision of feedback, best practices for engaging students with the feedback process, and exploration of most effective forms of feedback. Research might include quantitative studies that focus on the correlation of feedback and final course grades or test scores. Another area of research to explore could be the development of a quantitative tool for measuring feedback and the value students place on feedback.

Studies with participants more diverse in age would be useful to see whether generational differences in perceptions exist. Studies to determine whether peer feedback is effective should be explored. A mixed methods study to explore student perceptions and types of feedback desired could add to the body of nursing educational literature.

Conclusions and Recommendations

Students expect and want faculty feedback. Student responses supported that positive feedback is as important as negative feedback. Students pay attention to how much feedback is provided by faculty and consider this a significant indicator of the quality of their work. Most students reported an understanding of the need for faculty to accurately assess work, and therefore were more flexible on the aspect of timeliness of feedback. Students preferred useful feedback over timely feedback. Students did indicate that instructor access was important and related this as a function of feedback.

The unanticipated finding in this study was the student focus on verbal feedback in the classroom or clinical setting. Although students did mention feedback on care plans, tests, and written papers, the primary focus was on instructor behaviors including tone of voice, facial appearance, or manner of speech. This finding suggests that nursing students are as concerned with how feedback is presented as they are with the content of the feedback. The implication is that students are concerned with how faculty see student work and the image of their work in front of their peers. Students also indicated they discuss feedback among themselves and that students are aware of what faculty say to other students in feedback comments.

In a service profession such as nursing, faculty should remain cognizant and vigilant in providing positive role modeling regarding communication. To promote effective

professional communication among faculty, students, patients, and clinical staff, faculty members must be sure to project the professional image they want to see in nursing students. Students can unconsciously or deliberately provoke negative responses from faculty in the classroom or clinical setting. Faculty must be prepared to demonstrate effective responses to these students as a teaching tool for future unanticipated communication exchanges that students may encounter. Faculty can benefit from teaching students what feedback is and engaging students in this vital aspect of the communication process.

REFERENCES

- Agius, N., & Wilkinson, A. (2014). Students' and teachers' views of written feedback at undergraduate level: A literature review. *Nurse Education Today*, *34*, 552 – 559, Retrieved from: <http://dx.doi.org/10.1016/j.nedt.2013.07.005>
- Ball, E. (2010). Annotation an effective device for student feedback: A critical review of the literature. *Nurse Education in Practice*, *10*, 138 – 143, retrieved from: doi: 10.1016/j.nepr.2009.05.003
- Bandura, A. (1994). *Self-efficacy*. In V. S. Ramachaudran (Ed.), *Encyclopedia of human behavior* (Vol. 4, pp. 71-81). New York: Academic Press. (Reprinted in H. Friedman [Ed.], *Encyclopedia of mental health*. San Diego: Academic Press, 1998).
- Bayerlein, L. (2014). Students' feedback preferences: How do students react to timely and automatically generated assessment feedback? *Assessment & Evaluation in Higher Education*, *39*(8), 916 – 931, retrieved from <http://dx.doi.org/10.1080/02602938.2013.870531>
- Brandon, A., & All, A. (2010). Constructivist theory analysis and application to curricula. *Nursing Educational Perspectives*, *31*(2), 89 – 92.
- Benner, P., Sutphen, M., Leonard, V. & Day, L. (2010). *Educating Nurses: A Call for Radical Transformation*. Stanford, CA: Jossey – Bass.
- Charmaz, K. (2009). Shifting the grounds: constructivist grounded theory methods. In Morse, J., Stern, P., Corbin, J. et al. (Eds). *Developing Grounded theory: The Second Generation*, Left Coast Press, Walnut Creek, CA
- Creswell, J. (2012). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). Thousand Oaks, CA: Sage Publications.

- Cushing, A., Abbott, S., Lothian, D., Hall, A. & Westwood, O. (2011). Peer feedback as an aid to learning – What do we want? feedback! when do we want it? now! *Medical Trainer*, 33, e105 – e112. doi: 10.3109/0142159X.2011.542522
- Douglas, T., Salter, S., Iglesias, M., Dowlman, M., & Eri, R. (2016). The feedback process: Perspectives of first and second-year undergraduate students in the disciplines of education, health science, and nursing. *Journal of University Teaching & Learning Practices*, 13(1), 1 – 18. <http://ro.uow.edu.au/jutlp>
- Dworkin, M. (1959). *Dewey on Education: Classics in Education, No. 3*. Teacher's College Press, Columbia University, New York.
- Giles, T., Gilbert, S., & McNeill, L. (2014). Nursing students' perceptions regarding the amount and type of written feedback required to enhance their learning, *Journal of Nursing Education*, 53(1), 23 – 30. Retrieved from: doi: 10.3928/01484834-20131209-02
- Groves, M., Mitchell, M., Henderson, A., Jeffery, C., Kelly, M. & Nulty, D. (2015). Critical factors about feedback: 'They told me what I did wrong, but didn't give me any feedback.' *Journal of Clinical Nursing*, 24, 1737-1739, doi: 10.1111/jocn.12765
- Hampton, D., Pearce, P., & Moser, D. (2016). Preferred methods of learning for nursing students in an online degree program. *Journal of Professional Nursing*, 1-11, Retrieved from doi: 10.1016/j.profnurs.2016.08.004
- Higginbottom, G., & Lauridsen, E. (2014), The roots and development of constructivist grounded theory, *Nurse Researcher*, 21(5), 8 – 13.
- Institute of Medicine (IOM). (2011). *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: The National Academies Press.

- Ismail, L., Aboushady, R., & Eswi, A. (2016). Clinical instructor's behavior: Nursing student's perception toward effective clinical instructor's characteristics. *Journal of Nursing Education and Practice*, 6(2), 96-105. Retrieved from <http://dx.doi.org/10.5430/jnep.v6n2p966>
- Maxwell, J. (2013). *Qualitative Research Design: An Interactive Approach*. (3rd ed.). Thousand Oaks, CA: Sage Publications.
- Khowaja, A., Gul, R., Lakhani, A., Rizvi, N., & Saleem, F. (2014). Practice of written feedback in nursing degree programmes in Karachi: The students' perspective. *Journal of the College of Physicians and Surgeons Pakistan*, 24(4), 241 – 244.
- Montenary, S., Walker, M., Sorensen, E., Thompson, R., Kirklin, D., White, R., & Ross, C. (2013). Millennial generation student nurses' perceptions of the impact of multiple technologies on learning. *Nursing Education Perspectives*, 34(6), 405-409.
doi: 10.5480/10-451
- Murphy, C., & Cornell, J. (2010). Student perceptions of feedback: Seeking a coherent flow. *Practitioner Research in Higher Education*, 4(1), 41-51.
- Parboteeah, S., & Anwar, M. (2009). Thematic analysis of written assignment feedback: Implications for nurse education. *Nurse Education Today*, 29, 753 – 757. Retrieved from: doi: 10.1016/j.nedt. 2009.02.017.
- Peach, H. (2015). *Coding text using Microsoft word*. Available from <https://www.youtube.com/watch?v=TbjfpEe4j5Y>
- Tuvelsson, H., & Borglin, G. (2014). The challenge of giving written thesis feedback to nursing students. *Nursing Education Today*, 34, 1343-1345. Retrieved from <http://dx.doi.org/10.1016/j.nedt.2014.07.003>

Watkins, D., Dummer, P., Hawthorne, K., Cousins, J., Emmett, C., & Johnson. (2014).

Healthcare students' perceptions of electronic feedback through Grade Mark®.

Journal of Information Technology Education: Research, 13, 27-47. Retrieved from

<http://www.jite.org/documents/Vol13/JITEv13ResearchPO27-047Watkins0592.pdf>

Weibell, C. (2011). *Principles of learning: 7 principles to guide personalized, student-*

Centered learning in the technology-enhanced, blended learning environment.

Retrieved from <https://principlesoflearning.wordpress.com>

Yorke, M. (2003). Formative assessment in higher education: Moves towards theory and the

enhancement of pedagogic practice. *Higher Education*, 45, 477-501.

APPENDICES

Appendix A

Responsible Conduct of Research Training and Clinical and Biomedical Research Training

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COURSEWORK REQUIREMENTS REPORT*

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Deborah Chatham (ID: 5690654)
- **Email:** [REDACTED]
- **Institution Affiliation:** William Carey University (ID: 2935)
- **Institution Unit:** College of Health Sciences (CHS)
- **Phone:** [REDACTED]
- **Curriculum Group:** Biomedical Research - Basic/Refresher
- **Course Learner Group:** Clinical and Biomedical Researchers - Basic/Refresher
- **Stage:** Stage 1 - Basic Course
- **Description:** Choose this group to satisfy CITI training requirements for Investigators and staff involved primarily in biomedical research with human subjects.
- **Report ID:** 20389902
- **Completion Date:** 08/04/2016
- **Expiration Date:** 08/04/2019
- **Minimum Passing:** 80
- **Reported Score*:** 97

REQUIRED AND ELECTIVE MODULES ONLY / DATE COMPLETED / SCORE

Avoiding Group Harms - U.S. Research Perspectives (ID: 14080) 08/03/16 3/3 (100%)
 Recognizing and Reporting Unanticipated Problems Involving Risks to Subjects or Others in Biomedical Research 08/03/16 5/5 (ID: 14777) (100%)
 Populations in Research Requiring Additional Considerations and/or Protections (ID: 16680) 08/04/16 5/5 (100%)
 Belmont Report and CITI Course Introduction (ID: 1127) 08/04/16 3/3 (100%) Students in Research (ID: 1321) 08/04/16 5/5 (100%)
 Basic Institutional Review Board (IRB) Regulations and Review Process (ID: 2) 08/04/16 5/5 (100%) Informed Consent (ID: 3) 08/04/16 5/5 (100%)
 History and Ethics of Human Subjects Research (ID: 498) 08/04/16 7/7 (100%)
 Social and Behavioral Research (SBR) for Biomedical Researchers (ID: 4) 08/04/16 4/4 (100%)
 Records-Based Research (ID: 5) 08/04/16 3/3 (100%) Genetic Research in Human Populations (ID: 6) 08/04/16 5/5 (100%)
 Research and HIPAA Privacy Protections (ID: 14) 08/04/16 5/5 (100%) Vulnerable Subjects - Research Involving Workers/Employees (ID: 483) 08/04/16 4/4 (100%)
 Conflicts of Interest in Research Involving Human Subjects (ID: 488) 08/04/16 3/5 (60%)
For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

CITI Program
 [REDACTED]

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COURSEWORK TRANSCRIPT REPORT**

** NOTE: Scores on this Transcript Report reflect the most current quiz completions, including quizzes on optional (supplemental) elements of the course. See list below for details. See separate Requirements Report for the reported scores at the time all requirements for the course were met.

- **Name:** Deborah Chatham (ID: 5690654)
- **Email:** [REDACTED]
- **Institution Affiliation:** William Carey University (ID: 2935)
- **Institution Unit:** College of Health Sciences (CHS)
- **Phone:** [REDACTED]
- **Curriculum Group:** Biomedical Research - Basic/Refresher
- **Course Learner Group:** Clinical and Biomedical Researchers - Basic/Refresher
- **Stage:** Stage 1 - Basic Course **Description:**
Choose this group to satisfy CITI training requirements for Investigators and staff involved primarily in biomedical research with human subjects.
- **Report ID:** 20389902
- **Report Date:** 08/04/2016
- **Current Score**:** 97

REQUIRED, ELECTIVE, AND SUPPLEMENTAL MODULES / SCORE / MOST RECENT

History and Ethics of Human Subjects Research (ID: 498) 08/04/16 7/7 (100%)
 Students in Research (ID: 1321) 08/04/16 5/5 (100%)
 Informed Consent (ID: 3) 08/04/16 5/5 (100%)
 Social and Behavioral Research (SBR) for Biomedical Researchers (ID: 4) 08/04/16 4/4 (100%)
 Belmont Report and CITI Course Introduction (ID: 1127) 08/04/16 3/3 (100%)
 Records-Based Research (ID: 5) 08/04/16 3/3 (100%)
 Genetic Research in Human Populations (ID: 6) 08/04/16 5/5 (100%)
 Research and HIPAA Privacy Protections (ID: 14) 08/04/16 5/5 (100%)
 Vulnerable Subjects - Research Involving Workers/Employees (ID: 483) 08/04/16 4/4 (100%)
 Conflicts of Interest in Research Involving Human Subjects (ID: 488) 08/04/16 3/5 (60%)
 Avoiding Group Harms - U.S. Research Perspectives (ID: 14080) 08/03/16 3/3 (100%)
 Basic Institutional Review Board (IRB) Regulations and Review Process (ID: 2) 08/04/16 5/5 (100%)
 Recognizing and Reporting Unanticipated Problems Involving Risks to Subjects or Others in Biomedical Research (ID: 14777) 08/03/16 5/5 (100%)
 Populations in Research Requiring Additional Considerations and/or Protections (ID: 16680) 08/04/16 5/5 (100%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

CITI Program

[REDACTED]
 [REDACTED]

Appendix C IHL Approval

[REDACTED]

Mon 11/6, 2:04 P.M.

Chatham, Deborah;

[REDACTED]

Inbox

This message was sent with high importance.

Dr. Chatham,

IHL Institutional Research Office has reviewed the documentation submitted for the proposed research and does not have any issues with this study. However, some recommendations have been forwarded to your faculty for further consideration.

Thank you.

[REDACTED]

Director of Nursing Education
[REDACTED] Institutions of Higher Learning

[REDACTED]

Thu 11/9, 11:09 AM

Good Morning Deborah,

I have spoken with Dr. [REDACTED] and you are fine to start your data collection. The recommendation that was made was in relation to the reliability and validity of your interview questions and you have already addressed this in your Chapter III. Keep in mind that IHL does not receive your entire document, so they do not realize what you have in all parts of your document. Thank you and happy data collection!

Appendix D
Institutional Approval

Deborah,

I am granting permission for you to collect data for your doctoral research from students enrolled in Adult Health Nursing and Mental Health Nursing. I will communicate this approval with the faculty of record for these courses. If we can be of any assistance to you, please let us know. I look forward to the results of your study.

Respectfully,

A solid black rectangular box redacting the signature of the sender.

Strong – “God is our Refuge and our Strength”

Psalm 46:1-2, 11

Appendix E

Project Participant Consent Form

Nursing Students' Perceptions Regarding Faculty Feedback

Deborah Chatham, RN, DNP is a student in the PhD Program at [REDACTED]
[REDACTED] Nursing students who are currently enrolled in the pre-licensure nursing program at [REDACTED] who have had one term in the program, are eligible for progression, and are not currently enrolled in the principle investigator's class are invited to participate in a project to learn about how students perceive faculty feedback of their work.

You are asked to discuss a series of questions from a prepared script. The interview will take place in a location suitable to the participant. The discussion will be audio recorded and later transcribed in a written report. There is no cost to the participant, nor will the participant receive any compensation.

Your name will never be used and your identity will never be revealed in connection with this project. The information you provide will be analyzed and studied in a manner that protects your identity. The information you provide that is transcribed will be locked in a file cabinet in the investigator's possession and digital copies will be maintained on a password protected computer. At the end of the project, all written transcripts will be destroyed by shredding the documents and audio recordings will be erased.

Participation is entirely voluntary and you can decide not to participate at any time. Should you change your mind, you will not be penalized and your information will be destroyed right away.

The benefit to participating in this study will be in knowing that you helped faculty learn the needs of nursing students in the provision of feedback and how to best provide effective feedback to nursing students.

This project and this consent form have been reviewed by the [REDACTED] University Internal Review Board (IRB) to insure that projects involving human subjects follow federal regulations and protect participants' rights to privacy.

If you have any questions about this project, please contact Dr [REDACTED], RN,
PhD, Dean, [REDACTED] School of Nursing at [REDACTED]
[REDACTED]

I have read and understand this form, and consent to participate in the project as it has been explained to me. I have received a copy of this consent form for my records.

Signature of Participant

Date

Name of Participant (Printed)

Signature of Principal Investigator

Date

Appendix F

Interview Questions/Guide

First three questions are demographic information

1. Would you mind telling me your year of birth?
2. How do you describe your ethnicity or ethnic identity?
3. What is your current level of progression in the nursing program?

Research Q1

4. As a nursing student, how would you define the term *feedback* that you receive from nursing faculty?

Research Q2

5. What do you expect when you receive faculty feedback?
6. Are you getting what you expect from faculty feedback?
7. How would you recommend faculty change feedback practices to meet your expectations?

Research Q3

8. How do you use the faculty feedback that you receive?
9. Tell me about the last time you used faculty feedback.
10. Tell me about any negative experiences you have had with faculty feedback
11. Tell me about any positive experiences you have had with faculty feedback.

Research Q4

12. When would you like to receive feedback from nursing faculty?

Appendix G

Interview Questions/Guide

Original questions with recommendations from faculty reviewers:

Research Questions

There are four research questions.

1. How do nursing students define faculty feedback?
2. What do nursing students expect from faculty regarding feedback?
3. How do nursing students use faculty feedback?
4. What do nursing students consider timely feedback?

First three questions are demographic information

1. Would you mind telling me your year of birth?
2. How do you describe your ethnicity or ethnic identity?
3. What is your current level of progression in the nursing program?

Reviewer #1:

Research Q1

4. As a nursing student, how would you define the term *feedback* that you receive from nursing faculty?

Are questions 5-6 to help you understand their definition? What is purpose of these questions?

5. Have you had a positive experience with faculty feedback? If so, can you tell me about that?
6. Have you had a negative experience with faculty feedback? If so, can you describe that for me?

Research Q2

Questions 7-9 seem more about what students' *desire* from feedback – not what they *expect*. Can you change your research question? While I don't know your overall purpose I think *desire* may be more useful. *Expect* may be shaped by past experience. Or you may just want to adjust questions 7-9 to fit your research question 2.

What do you expect when you receive faculty feedback?

Are you getting what you expect?

How would you recommend faculty change feedback practices to meet your expectation?

7. Thinking about nursing courses you have completed and ones that you are currently taking, what is it that you most want when you receive feedback?
8. Thinking of your answer to question 8, do you feel that you get what you want or need from faculty feedback?
9. If you are not receiving what you would like from faculty feedback, what would you recommend to improve faculty feedback to better meet your learning needs?

I'd revise 10 to say "How do you use the faculty feedback you receive?" Remove the easy no. I would follow up with asking them for an example. "Tell me about the last time you used faculty feedback."

10. Do you use the faculty feedback you receive? If so, how?

Instead of saying "how quickly", I would just say "when"? I think it's a more objective way to phrase questions 11-12.

11. In an ideal, situation, how quickly would you like to receive feedback from nursing faculty?
12. Realistically, how quickly do you think you should receive feedback from nursing faculty?

Possible probes to use *for clarity*:

1. What is your understanding of that?
2. Can you be more specific?
3. Tell me your thoughts or opinion.

Possible probes to use *for completeness*:

1. Take pauses and allow the interviewee to think about their answer
2. Repeat the question as needed.
3. Repeat their answer.

Reviewer #2: "Your interview questions are consistent with your research questions and therefore are appropriate."

Reviewer #3: "Having read the comments from your first reviewer, I really have no additional comments – I do agree with the recommendations from the first reviewer."

