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Hispanic Nursing Students' Perspectives on Student-Clinical Instructor Relationships and Learning

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This is to certify that the doctoral dissertation by

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2020

Abstract

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Inela Brito

MSN, Barry University, 2001

BSN, University of Miami, 1995

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Non-Hispanic students are more likely to be successful in their nursing school studies than Hispanic students. Facilitators and barriers to classroom success for Hispanic students has been studied; however, few studies have addressed the academic clinical experience and the clinical instructor's role in Hispanic students' success. The purpose of this descriptive phenomenological study was to explore the perspectives of undergraduate senior Hispanic nursing students regarding how student-instructor interactions in the clinical setting influenced students' ability to learn and succeed in completing their studies. The research questions were guided by an adapted institutional support model and were used to explore how nursing students perceived the influence of their relationship with the clinical instructor. Purposive sampling was used to recruit 12 senior Hispanic nursing students enrolled in a clinical rotation. Individual interviews were conducted, audio-recorded, and transcribed verbatim. Content analysis was completed using Braun and Clarke's thematic 6-step analysis. Overarching themes identified include faculty characteristics, teaching and learning opportunities, student and faculty interpersonal relationships, and individual self-ownership factors. Findings revealed that clinical nursing faculty characteristics and positive interactions in the learning environment affected Hispanic students' ability to learn. This study provided faculty with insights on Hispanic nursing students' perception of the factors that can promote learning in nursing schools. These factors may ultimately improve student retention and graduation among Hispanic nursing students.

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Dedication

This project is dedicated to family and friends who inspired me every step of the way. I could not have done this without my parents' love, support, and by them instilling in me the belief that any goal can be achieved through hard work and dedication. I am the leader and professional I am today because of the strong foundation and teachings I received from them.

To patients and future nurses, I hope that the research findings serve as a best practice guide to aid Hispanic nursing students' journey to successful educational outcomes. Adding more Hispanic nurses to the workforce will diversify the profession to better care for this minority patient population.

Acknowledgments

First and foremost, it is with immense gratitude that I would like to acknowledge my committee chair, committee member, professors, and classmates for the support and guidance received. Everyone's enthusiasm for promoting social change, concern for cultural processes, and the abilities of marginalized communities to gain greater access to health care resources helped me to understand the significance of this project. Thank you God for the blessing you have bestowed upon me, for the strength you give me daily to overcome obstacles, and for letting me enjoy another day.

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Chapter 1: Introduction to the Study

Health care disparities among minority populations in the United States

necessitate a renewed focus to increase the representation of minority nursing providers

(Alicea-Planas, 2017). Nurses make up the largest number of health care providers; yet,

nurses' ethnic backgrounds are not representative of the fastest growing minority

populations, such as the Hispanic population. In the state of Florida, Hispanics account

for 25.6% of the population, whereas Hispanic nurses account for 12.5% of the

population (Florida Center for Nursing, 2018; U.S. Census Bureau, 2018). Leaders in

nursing schools must recruit and retain Hispanic nursing students to achieve health care

equality for the Hispanic population and diversity within the nursing profession in the

state of Florida. Health care equality can bring about positive social change for the

community.

Minority patients feel more comfortable being cared for by someone from their

same ethnic group who understands and identifies with their needs (Sanchez & Frank,

2017). Moreover, culturally competent care—which may be delivered when nurses have

similar cultural backgrounds to those of their patients—improves patient care outcomes

(Dolan-Martinez, Young, Cesario, & Symes, 2015; Graham, Phillips, Newman, & Atz,

2016; Stroup & Kuk, 2015). Increasing the number of nurses of Hispanic ethnicity who

graduate from nursing programs may help address the disparity between the Hispanic

population in Florida and the percent of Hispanic nurses. To understand the reasons for

this disparity, I proposed to study Hispanic students' perceptions regarding their

interactions with their clinical instructors and the role the clinical instructor plays in

students' ability to develop knowledge and skills that will promote successful completion

of the nursing program. The sections to follow will focus on the background of the study, problem statement, purpose, research questions, theoretical framework, nature of the study, definitions, assumptions, scope and delimitations, limitations, significance, and summary.

Background of the Study

Advances have been made in the recruitment of Hispanic nursing students; however, little improvement has been achieved in terms of retention rates. Hispanic nursing students account for 7.3% of students enrolled in baccalaureate degree programs, 10.1% of students enrolled in associate degree programs, and 4.9% of students enrolled in diploma degree programs (Alicea-Planas, 2017; Nadeau, 2014; National League for Nursing [NLN], 2014; Sanchez & Frank, 2017). Hispanic students account for 8.1% of students enrolled in basic nursing programs (NLN, 2014). Black and African American nursing students account for 12.8% of students enrolled in baccalaureate degree programs, 12.1% of students enrolled in associate degree programs, and 8.7% enrolled in in diploma degree programs. Black and African American students account for 12.2% of students enrolled in basic nursing programs overall.

The Health Resources and Services Administration (HRSA; 2017) reported that Hispanics comprise 16.1% of the U.S. workforce and only 5.7% of the registered nurse workforce. In comparison, African Americans comprise 11.6% of the U.S. workforce and 10.4% of the registered nurse workforce. Many overarching factors, such as financial burdens, language barriers, discrimination, lack of mentors, and differences in values and beliefs, influence success (Fuller & Mott-Smith, 2017; Gipson-Jones, 2017). However, most of the nursing literature focuses on facilitators and barriers that occur in the

classroom setting. Clinical experience is perhaps the most influential factor in a nursing student's transition into nursing practice. Clinical instructors are responsible for providing a learning environment that supports student-instructor relationships to increase enrollment and retention of Hispanic nursing students (Graham et al., 2016). This study was designed to examine the relationships between students and clinical nursing faculty and determine if these relationships influence retention of Hispanic nursing students, thus resulting in a more diverse nursing workforce. Hispanic nurses may improve patient care outcomes as Hispanic nurses provide care that reflects the cultural behaviors, beliefs, and needs of the Hispanic population.

Problem Statement

The problem addressed in this study is the low retention rate of Hispanic nursing students. Limited nursing literature addresses how the relationship between instructors and Hispanic nursing students in the clinical setting may contribute to Hispanic students' success in nursing school and improve student retention. The high attrition rate is preventing the number of Hispanic nurses from being representative of the growing Hispanic population, and there is a need to have a better understanding regarding why Hispanic nursing students are not consistently successful in schools of nursing (Alicea-Planas, 2017). It is still an ongoing problem despite efforts to remediate this lack of diversity in nursing. The gap in the literature neglects to describe how student-instructor interactions in the clinical setting influence Hispanic nursing students' ability to learn. The best way to address this gap in the literature was to assess Hispanic nursing students' perspectives affecting the clinical learning environment.

Purpose of the Study

The purpose of this descriptive phenomenological study was to explore the perspectives of undergraduate Hispanic nursing students regarding how student-instructor interactions in the clinical setting influenced their ability to learn. A descriptive phenomenological design was appropriate for this study because this design involves providing rich and detailed descriptions of lived experiences leading to interpretation of the shared phenomenon.

The reasons why Hispanic nursing students have a low retention rate related to their clinical education experiences are unclear and have not been well studied in the literature. This gap in the literature pointed to a need to address how the relationship between the student and the clinical instructor affects students' ability to learn.

Few studies have been conducted that explore the perspectives of a sample made up entirely of Hispanic nursing students currently enrolled in an undergraduate nursing program in southeast Florida. A study that focuses entirely on Hispanic nursing students will contribute substantially to the body of knowledge within the nursing profession and provide evidence for the development of clinical standards that will positively impact the clinical experience of Hispanic nursing students.

Research Questions

I used one central question and two subquestions to align with the qualitative research methodology and research focus. The questions are open-ended, explore a single phenomenon, focus on the lived experiences of Hispanic nursing students, and are relevant, feasible, and answerable.

RQ: How do Hispanic nursing students perceive student and clinical instructor interactions?

SQ1: How do interactions between clinical instructors and students influence Hispanic nursing students?

SQ2: What are Hispanic nursing students' perceptions of their relationships with their clinical instructors?

Theoretical Foundation

The theoretical model in this study served as a guide in the development of key concepts, research questions and purpose, data collection methods, and analysis. The adapted institutional support model (ISM; see Figure 1) was the theoretical framework that guided this study. The framework was used to organize the study, present and communicate the findings in a logical manner. The categories from the model allowed for a better understanding of best practices that will support Hispanic students' success .
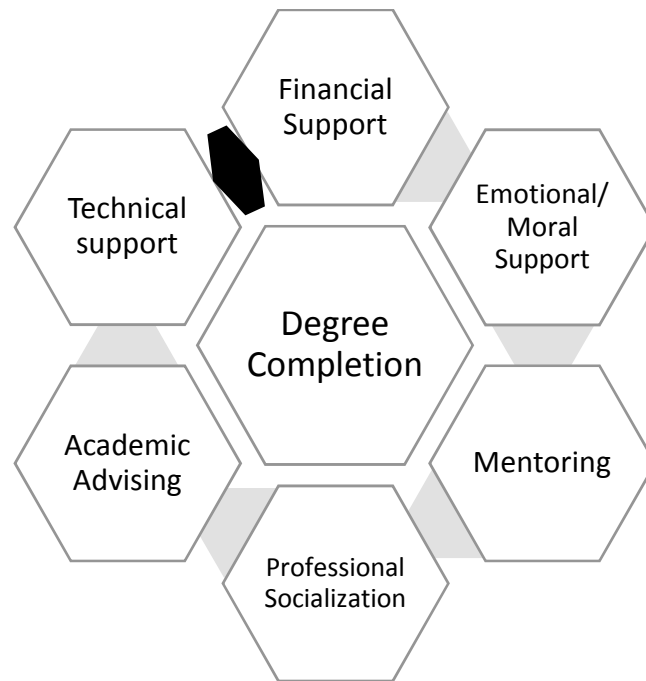
Figure 1. Adapted ISM for degree completion of Hispanic nursing students.

The ISM addresses barriers to success that can be experienced by Hispanic nursing students (Bond, Cason, & Gray, 2015). Faculty can help students to complete their degree by focusing on the following areas of support: financial support, emotional and moral support, mentoring, professional socialization, academic advising, and technical support. Financial support involves recognizing students' need for monetary resources to pay for education. Students need emotional and moral support from family, friends, and instructors to overcome program stressors. Mentoring involves students' having a relationship with a role model who serves to guide, support, and understand the mentee. Professional socialization involves skills learned to develop one's professional identity. Academic advising involves information provided that sets realistic expectations and guides the plan of study. Technical support refers to assistance provided to students by faculty that will allow for the development of effective technical skills. The ISM will

help instructors further understand and support the perspectives of Hispanic nursing students regarding barriers and facilitators to successful degree completion. The framework can help support positive student-instructor relationships that can lead to enhanced retention, learning, and graduation of Hispanic nursing students.

Nature of the Study

The methodology selected for this study was a qualitative descriptive phenomenological research design. I chose this design because it allowed me to gather rich, insightful, and descriptive data to delineate relationships between Hispanic nursing students and clinical instructors and how these relationships affect the student's ability to learn. Individual interviews were used for data collection after Walden University Institutional Review Board (IRB) approval and student consent was obtained. Interviews provided a means for participants to speak freely. Key concepts under study included students' perceptions regarding student and clinical instructor interactions and relationships with clinical instructors.

The study focused on Hispanic senior nursing students enrolled in an undergraduate program who attended clinical rotation. I interviewed 12 senior students until saturation was reached. Saturation was reached when the information gathered became repetitive, and no new information about a particular theme was discovered (Grove, Burns, & Gray, 2015). Senior nursing students have rotated through several clinical experiences and can provide their perspectives regarding student-clinical instructor interactions. Individual interviews were conducted face-to-face, and I recorded them for ease of accuracy and transcription. This format allowed for the interpretation of body language and facial cues. Audio recording, field notes, and journaling were parts of

the data analysis plan. Audio recording allowed for the verbatim transcription of participants' own words, field notes helped describe body language and facial expressions, and journaling guided self-reflection during this process.

Definitions

Attrition rate: The rate of student loss from a nursing program of study (Kukkonen, Suhonen, & Salminen, 2016).

Clinical instruction: A safe and supportive form of instruction that is conducive to fostering the development of student learning into the role of a professional nurse (Moscaritolo, 2009).

Hispanic: Ethnic minority including different cultures and subcultures regardless of race (Taxis, 2002).

Instructor-student interaction: The quality and frequency of interactions that affects student learning (Lundberg & Schreiner, 2004).

Undergraduate programs: Prepare students for entry-level nursing practice and provide a foundation for advanced practice (Warda, 2008).

Assumptions

The researcher must identify assumptions about the research study to answer the research questions. Assumptions are beliefs about a phenomenon that may not be proven or validated (Houser, 2015). A significant assumption of this study was that students perceived bias and discrimination from faculty towards Hispanic students. This biased and discriminatory environment would have a negative effect on students' clinical experience and their ability to learn. Another assumption was that students provided honest and truthful answers by remembering and sharing their experiences regarding

clinical faculty interactions. The study design reduced the possibility of bias with inclusion criteria and examining threats to validity by maintaining objectivity.

Scope and Delimitations

The scope and delimitations of a study set boundaries regarding what the study intended to address to resolve the research problem (Simon & Goes, 2013). The study was delimitated to only senior Hispanic undergraduate nursing students. Student-instructor interactions were chosen as the specific focus of the study due to a gap in the nursing literature regarding this topic. Nursing educators have a responsibility to implement practices that will benefit a successful learning environment. Building student-instructor relationships can open lines of communication to discuss issues that can impact students' ability to learn. Educators must take student differences into consideration and value students' cultural diversity.

The theoretical model chosen for this study was the adapted ISM. This model was chosen because it serves to describe barriers and support for Hispanic nursing students in their attainment of degree completion. Watson's human caring theory could have also been used in this study to support the idea that building a positive caring relationship between student and instructor can influence students to achieve positive learning outcomes. Watson's human caring theory was not chosen because the focus of this study was not to determine the effectiveness of a caring relationship. In order for continuous change to occur, dialogue and self-reflection regarding the current topic can make student diversity a priority in nursing education.

I used a qualitative methodological design to answer the research questions and better understand the human experience from the individual's perspective. It is important

to evaluate the transferability of findings. The findings from this study can be transferable to different parts of the country that serve large numbers of Hispanic nursing students. The study will create a dialogue that can support the academic success of Hispanic nursing students by creating an inclusive learning environment even if there are differences among Hispanic subgroups.

Limitations

Transferability of the findings was limited, as this study was conducted in a single geographical region of the country representative of two sister campuses within one educational system. Additional research can be conducted for transferability of findings at different universities around the country and include a larger sample size of Hispanic nursing students. It is recommended that other studies seek to analyze the perspectives of students who were not able to continue in the nursing program. The timing of interviews can interfere with testing and other course commitments that may have affected the time participants allotted for the interview process. Perhaps future studies would reveal additional results. Credibility of findings was enhanced by immersion of the data during data interpretation.

Significance of the Study

The Hispanic population in the United States continues to grow, but their health care needs are not properly addressed. Nurses spend more time with their patients; thus, increasing nurses' presence in the clinical setting will enhance nurses' communication and understanding of cultural beliefs, values, and health care practices. Nurses who understand the health care needs of patients can better help them adhere to treatment

measures, create a smooth recovery process, and narrow health disparities among patients (Fuller & Mott-Smith, 2017).

Significance to Practice, Theory, and Social Change

Findings can impact student success, nursing education, clinical practice, and patient care outcomes, contributing to positive social change. Hispanic nursing students will make contributions to social change through positively impacting the communities they serve. It is essential that patient safety is maintained and enhanced in the clinical setting, as patient safety can impact interactions between students and clinical instructors.

The study results can be used to create a supportive clinical environment that may decrease attrition and meet the needs of a diverse Hispanic student population. Nurse educators have been challenged to improve the quality of clinical education. The clinical setting is an interactive place that should support students in learning the most from this experience. Patient safety is compromised when nursing students do not have the proper guidance or lack supervision. Student-instructor interactions significantly affect students' academic performance and educational development. The clinical instructor should find ways to motivate students to try harder and build students' self-confidence. Students who feel respected, supported, and trusted as members of the health care team are further supported in their resolve to grow and become professional nurses. Instructors and students must work together to ensure that students are provided equal opportunities.

Summary

This study is organized into five chapters. Chapter 1 included an introduction to the study topic, background information, the problem statement, purpose, central and subquestions, theoretical framework, nature of the study, definitions of terms,

assumptions, scope and delimitations, limitations, and significance. Identifying barriers

and facilitators to learning by focusing on the student-instructor relationship can increase

the number of Hispanics in the health care field and thus decrease health disparities in the

Hispanic population. Instructors who focus on improving student-instructor interactions

that lead to a positive clinical environment can help Hispanic nursing students feel valued

and accepted as they successfully pursue their academic endeavors. A caring learning

environment promotes confidence, trust, and freedom to achieve learning (Mikkonen,

Kyngäs, & Kääriäinen, 2015). The ultimate goal of nursing education is to provide

resources to help develop nurses who will provide safe and competent patient care and

improve the overall health of the community. Chapter 2 will include a further review of

relevant literature.

Chapter 2: Literature Review

Introduction

Nursing leaders and educators understand the importance of having a culturally diverse nursing workforce for the provision of quality competent care. Leaders in the nursing profession have made strides in diversifying the workforce; however, more needs to be done. Clinical faculty serve an essential role in facilitating learning through the transfer of knowledge and clinical experiences. Creating a positive learning environment can be achieved by maintaining student-instructor relationships that foster learning in the clinical setting. A positive relationship between instructors and students may lead to clear and supportive lines of communication that will enhance professional growth.

The problem addressed in this study was the low retention rate of Hispanic nursing students. Limited nursing literature addresses the relationships between instructors and Hispanic nursing students in the clinical setting that may contribute to Hispanic students' success in nursing school and improve student retention. The attrition rate is not keeping up with the growing Hispanic population, and there is a need to have a better understanding regarding why Hispanic nursing students are not consistently successful in schools of nursing.

The purpose of this descriptive phenomenological study was to explore the perspectives of undergraduate Hispanic nursing students regarding how student-instructor interactions in the clinical setting influenced students' ability to learn. The following research question and subquestions were formulated based on the literature review and study problem and purpose:

RQ: How do Hispanic nursing students perceive student and clinical instructor interactions?

SQ1: How do interactions between clinical instructors and students influence Hispanic nursing students?

SQ2: What are Hispanic nursing students' perceptions of their relationships with their clinical instructors?

Chapter 2 includes an in-depth analysis of literature to determine emergent themes related to student-instructor interactions and how these interactions affect Hispanic students' ability to learn. The literature search strategy, theoretical foundation, summary, and conclusions are also discussed in Chapter 2.

Literature Search Strategy

The following electronic database platforms were accessed to determine how the Hispanic student-instructor relationship affects students ability to learn: ProQuest, PsycINFO, SocINDEX, EBSCOHost (which includes access to CINAHL), and Medline Complete. Key search terms and combination of terms with the Boolean "and" were used, including: *nursing students, clinical instructor, instructor student relationship, clinical supervision in nursing, clinical nursing education, student clinical experience and instructor rapport, student clinical experience and instructor feedback, clinical instructor interaction and learning, Hispanic nursing students clinical instructor relationship, Hispanic nursing student clinical,* and *Hispanic nursing students and learning.* All sources were published between 2014 and 2019 to capture current perspectives regarding relationships between Hispanic nursing students and clinical

instructors. Articles referenced prior to this date focused on studies that have used the ISM as its theoretical foundation.

Articles chosen were peer-reviewed and reported findings related to Hispanic or minority nursing students currently or previously enrolled in an associate degree or Baccalaureate degree nursing program. Few studies have examined the relationship between Hispanic nursing students and clinical instructors and the impact this relationship has on students' ability to learn.

Theoretical Foundation

I chose the adapted ISM to develop a notable understanding of recruiting and retaining Hispanic nursing students. The ISM forms the study's conceptual basis and allows for follow up on students' perceptions on barriers and supports for program completion. The ISM constructs were used to aid in coding the texts.

The original ISM was developed by Valverde and Rodriguez in 2002 and was based on an extensive and comprehensive review of the literature and their own experiences. The model outlined barriers and supports for degree completion among Hispanic doctoral students in a discipline other than nursing. The four constructs that inform the core elements outlined in the original model are financial support, emotional and moral support, mentorship, and technical support (Cason et al., 2008).

The ISM has been modified over time. In 2007, Bond, Cason, and Gray adapted the model to make it more inclusive in terms of the education of health care professionals (Bond & Cason, 2014). The ISM constructs of academic advising and professional role socialization were added. Academic advising was found to be an important and separate construct from mentoring. The six constructs of the adapted ISM are financial support,

academic advising, emotional and moral support, mentoring, technical support, and professional role socialization. The ISM constructs were used to code and present the study findings.

Financial Support

Financial support is defined as having money to pay for tuition and other academic expenses. Lack of financial support is a common identifiable issue that impacts the successful completion of an academic program. Fear of acquiring debt and lack of financial planning affects students' intent to apply and qualify for loans, stipends, and scholarships. Saving for education might be a foreign concept to immigrant families. Students' lack of familiarity with the financial aid process can become a burden when seeking reference letters and completing applications. Students' need to continue employment to help their families financially and has a negative impact in terms of successful progression for those students who do not receive financial support (Bond, Gray, Baxley, Cason, & Denke, 2008).

Academic Advising

Academic advising is defined as guidance provided towards courses and plans of study. Students who are ill-informed about prerequisites and requirements that facilitate acceptance into nursing programs face barriers when applying to nursing programs. Students often do not know about achieving the required grade point average or taking courses that are not applicable towards degree completion; this lack of knowledge leads to students who are inadequately prepared. Counselors and faculty must be well-informed and share information about resources that will guide minority students. The role of the

advisor is to provide information, encourage students to do well in class, and follow up on student progress (Cason et al., 2008).

Emotional and Moral Support

Emotional and moral support is defined as the relationships students experience with faculty, family, and classmates. Nursing school produces a high degree of stress and anxiety that demands emotional and moral support. Family and cultural support are essential to the empowerment, well-being, and academic success of Hispanic students. Lack of family support due to stereotypes of the profession and trying to meet the demands of personal roles leads to stressful circumstances. Classmates become like a second family and a supportive academic environment helps to enhance problem solving and critical thinking skills (Bond et al., 2008).

Mentoring

Mentoring is defined as having a long-term relationship with a coach or role model from the same culture. Mentors from different cultures should seek to understand the culture of the mentee. Mentors are trained professionals that provide trust, support, knowledge, learning experiences, and guidance (Mijares, Baxley, & Bond, 2013). Peer mentors also serve to support minority students, especially in a university environment that is underrepresented by trained professionals from the same culture. Lack of role models for Hispanic nursing students is a major challenge. A mentor can show and pave the way to success; students who see that others just like them have been successful provides students with encouragement to succeed (Bond et al., 2015).

Technical Support

Technical support is defined as having access to the equipment, computers, and skills needed for research design. Lack of access or knowledge regarding educational resources is a barrier and unnecessary disadvantage for potential health professionals. Using computerized testing and high-fidelity simulation prepares students for the NCLEX examination and clinical practice (Cason et al., 2008).

Professional Role Socialization

Professional role socialization is defined as activities that enhance abilities, skills, and professional identity. Active membership in professional organizations provides students with mentorship support and professional formation to nursing practice. Professional socialization leads to satisfaction, retention, motivation, role acceptance, and empowerment (Dinmohammadi, Peyrovi, & Mehrdad, 2013).

Cason et al. (2008) posited that the adapted ISM provided a greater understanding of the challenges faced and the ability of Hispanic students to successfully complete their degree of study. Hispanic students' families must be integrated in every step of the academic journey due to strong cultural values and beliefs of the Hispanic culture. Hispanic students continue to meet family responsibilities and provide financial support. Doutrich, Word, Del, and Ruiz (2005) stated that, for Hispanic students, leaving home to go study caused conflict and lack of understanding of financial support and applying for scholarships posed concerns. The use of the adapted ISM was meaningful to the current study because it allowed for a closer look into the nursing educational system and how the system promotes a climate of supportive services and academic success.

Literature Review

A total of 74 articles were reviewed from the research literature to examine the concept of student and faculty relationship in the clinical settings. The articles were grouped and organized into relevant categories guided by the theoretical framework and research questions. The overlapping categories included collaborative relationships, perceived barriers and facilitators, learning styles and learning experience, mentoring, self-ownership, motivation, and caring.

Collaborative Relationships

The following synthesis of the nursing literature provides a sample of what is known about the student-instructor interaction in the clinical setting and how these interactions influence the students' ability to learn. Studies relating to the students' perspectives about their clinical instructors revealed the importance of maintaining collaborative relationships (Fuller & Mott-Smith, 2017; Graham et al., 2016; Knight, 2018; Mikkonen, Kyngäs, & Kääriäinen, 2015; Rowbotham & Owen, 2015; Valiee, Moridi, Khaledi, & Garibi, 2016). Esmaeili, Cheraghi, Salsali, and Ghiyasvandian (2014) conducted a qualitative study and interviewed 17 nursing students in Iran regarding their expectations about clinical rotations. Esmaeili et al. revealed that maintaining positive relationships between the instructor and unit nurses is a vital component to clinical learning. Yaghoubinia, Heydari, and Roudsari (2014) used a grounded theory approach to study the student and clinical instructor relationship. Yaghoubinia et al. determined that the instructor is more attentive to student problems, needs, and concerns when an emotional connection is made. The clinical experience is certainly one of the most important ways for students to socialize into the nursing role. Sedgwick, Oosterbroek,

and Ponomar (2014) determined that positive interactions with nurses, clinical instructors, and student colleagues fosters a sense of belonging.

Perceived Barriers and Facilitators

Studies from the literature on this topic focus on student success by determining perceived barriers that affect program completion rates. Language barriers, work, finances, lack of cultural sensitivity, differences in learning styles, difficulty working in groups, traditional role expectations, discrimination, and negative interactions are some of the perceived barriers to student success. Possible facilitators to the perceived barriers include mentoring programs, role models, social support, academic support, financial support, exposure to the health care environment, and rigorous high school programs that focus heavily on science (Reising, James, & Morse, 2018; Sedgwick et al., 2014; Stroup & Kuk, 2015). Social support, academic support, and financial support are of upmost importance. Financial problems are problematic for minority students due to rising tuition costs and decreased government support. Academic support includes tutoring activities, one-on-one meetings with faculty, and language support. Social support encompasses environmental and nurturing support from family, peers, friends, and educators (Ferrell & DeCrane, 2016). It is everyone's responsibility to assist, guide, and encourage students to graduate.

Additionally, the social environment at the campus level must be more inclusive to minority students (Alicea-Planas, 2017). Alicea-Planas (2017) concluded that campus climate is fundamental to student success. Valuing diversity and fostering a nurturing academic environment can be accomplished by having culturally diverse faculty and diversity training. Diefenbeck, Michalec, and Alexander (2016) asserted that increasing

faculty diversity, providing cultural training, and academic and social support improves recruitment and retention of ethnically underrepresented students. Educators must promote a learning environment that embraces cultural differences to protect minority students from discrimination and marginalization. Minority students who feel isolated, disrespected, stereotyped, and discriminated are less likely to succeed. Faculty need to enhance their own cultural competence and examine their own cultural beliefs to support minority nursing students and promote a culturally diverse learning environment (Englund, 2018; Harris, Rosenberg, & O'Rourke, 2014).

Farzi, Shahriari, and Farzi (2018) found that the fear of constant criticism during a procedure and fear of making a mistake causes significant challenges. Lack of self-confidence and mastery of skills, along with incompetent clinical instructors that provide little to no feedback, interferes with the learning process. Strategies to improve clinical performance include the use of the nursing process, simulation, open communication, feedback, and knowing expectations. Instructors who create a supportive learning environment and know the students motivate student learning and reduce student stress. In this regard, Baraz, Memarian, and Vanaki (2015) reported that a nonsupportive clinical environment, along with incompetent instructors, are challenges to clinical learning. The students interviewed in this study felt that novice faculty had no adequate training and did not use adequate instructional strategies. Lack of supervision and insufficient presence of the instructor at the clinical setting caused students not to take advantage of clinical opportunities and became disillusioned with the learning process.

Learning Styles and Learning Experience

Knowing the most common learning styles of Hispanic nursing students will provide for a better understanding of how the students learn and retain information. Learning style refers to how the learner organizes, interprets, and retains information. No one learning style works for each individual all the time. Different learning styles work at different times depending on the information to be learned. Jones and Blankenship (2018) posited that Hispanics prefer peer-oriented learning, structure, and a field-dependent cognitive style. Field-dependent learners need to see the big picture, find relevance to the content, and have a personal and meaningful relationship with the instructor. Frantz and Mthembu (2014) reviewed literature spanning four continents and found that the most common learning style preferred by nursing students was kinesthetic and multimodal learning. Nursing students prefer a holistic approach to learning that incorporates all senses as they interact with others. To involve all senses, kinesthetic learners need to be involved in hands on activities that makes them think and solve problems. Knowing students' learning styles allows faculty to use supportive learning and teaching strategies that can enhance student success and guide the learning process.

The student experience in the clinical environment has been studied in terms of belongingness. Liljedahl, Bjorck, Kalen, Ponzer, and Laksov (2016) found that belongingness is a requirement to learning. Learning in the clinical setting is an interaction between student engagement and the environment. The environment provides the learning opportunities and the student engages in the activities. The student must adapt to the workplace culture to experience belongingness. Students who experience belongingness become responsible for the care provided and are active in their own

learning; however, students are not willing to conform to the culture when they observe poor patient practices. Exposure to real life situations and knowledge transferability provides favorable learning opportunities.

The learning experience has also been studied based on students' satisfaction with the clinical environment. Papastavrou, Dimitriadou, Tsangari, and Andreou (2016) considered interpersonal relationships to be the most significant factor for clinical satisfaction. Mentorship, feedback, guidance, and understanding between practice and theory supports learning and professional development.

Mentoring

Mentoring becomes important as schools increase enrollment of diverse nursing students. Peer mentoring and faculty mentoring decreases student stress, increases students' levels of socialization, increases students' use of campus resources, and improves students' study strategies and problem-solving abilities. Peer mentoring for first-year students is essential in helping new students navigate challenges in course work and college life, develop perceptions of self-efficacy, and promote leadership skills (Latham, Singh, & Ringl, 2016). Mentors can provide advice, strategies to overcome challenges, life skills, empathy, motivation, self-reflection, self-confidence, time management, and communication skills. Mentors not only help mentees achieve their goals; mentors improve their own listening skills, communication skills, and grow professionally through mentoring. Recruiting and retaining minorities is an active process that requires faculty to provide students with available resources that optimize success. One-time solutions leads to students not using available support when needed (Ferrell, DeCrane, Edwards, Foli, & Tennant, 2016; Latham et al., 2016).

Self-Ownership

Self-ownership in Hispanic nursing students is a factor that influences student success. Dolan-Martinez et al. (2015) found that students who were proactive and persistent, modified their study habits, sought assistance when faced with adversity, and learned from their behaviors had improve outcomes. Nurse educators need to intervene early once they recognize a student is at risk of failure. Behaviors can be changed and new strategies can be implemented. A study by Sanchez and Frank (2017) supports the findings that facilitating psychosocial, social, and culture support enhances student success and satisfaction.

Motivation

Intrinsic motivation—behaviors that are motivated by student interest—has been recognized as a contributor to student academic success. For example, Trevino and DeFreitas (2014) examined the relationship between intrinsic motivation and the successful academic achievements of first-generation Hispanic college students. First, motivating intrinsic behaviors can lead to positive academic outcomes as the individual is likely to listen, pay attention, and participate in the classroom. Hispanic students who possess intrinsic motivation are more resilient and persistent. Intrinsic motivation is important because some of the students face financial as well as personal challenges. Additionally, intrinsic motivation is not only innate; it can be cultivated by instructors, parents, and by the individuals themselves. Instructors who are caring, supportive, relatable, and provide positive feedback enhanced motivation. Lastly, students' are more motivated when they become involved in the educational process and believe that they can achieve their goals.

Knight (2018) studied the effects of motivation on the student and clinical instructor interaction. Knight found that clinical instructors' behavior can affect students' motivation in the engagement of clinical activities. Clinical instructors can impair clinical development when they do not have a clear understanding of the students' drive to succeed. Unmotivated students give up easily, lack effort, and resort to doing the bare minimum. Instructors who provide students with motivation, self-confidence, autonomy, structure, feedback, support, and challenge learning help to promote learning through engagement and understanding (Jamshidi, Molazem, Sharif, Torabizadeh, & Majid, 2016; Valiee et al. 2015). Webster, Bowron, Matthew-Maich, and Patterson (2016) interviewed a total of 30 nursing students. Webster et al. further posited that nursing staff can influence motivation and student learning. Students who are exposed to negative interactions among coworkers can experience high levels of stress, anxiety and lack confidence that can permeate as they enter the nursing workforce. Students who are motivated and encouraged by the nursing staff feel valued, supported, and confident.

Caring

The students' perception of the clinical instructors' role was studied based on the construct of caring. Caring is a core nursing value that must be part of the nursing curriculum and a desired student attribute. The clinical setting allows students to develop their own professional values and the clinical instructor is influential in the development of the core values. Caring instructors (a) express their concerns, (b) express interested in students' learning and well-being, (c) are kind and respectful, and (d) are flexible when unexpected events occur. Students who perceive their clinical instructors to be caring also see themselves as caring. Students who feel cared for are confident and empowered

during clinical practice. Findings from a study by Meyer, Nel, & Downing, (2016) uncovered that students perceive their instructors as more caring than uncaring. No correlation was found between the frequency of clinical instructor and student interaction. The frequency and duration between student and instructor interaction should be tailored based on student needs.

Mikkonnen et al. (2015) determined that caring and empathy from instructors towards nursing students influences students' learning and professional growth. An empathetic relationship leads to higher levels of communication and critical thinking abilities. Communication that is consistent, respectful, constructive, and guided by empathetic relationships leads to less errors and fewer complaints. Students are likely to study harder and thus achieve better learning outcomes. Students who experience empathy can integrate empathy into nursing practice and provide patient comfort.

Summary and Conclusions

Studies included in this literature review represented results from different geographic areas including Iran, Finland, Canada, Australia, and the United States. It is unclear if the role of the clinical instructor in those countries is representative of the role of the clinical instructor in the United States. Studies from the United States focused on data gathered from a particular region of the country and the use of small convenience samples. A more robust understanding of the clinical instructor's role in the facilitation of learning for the Hispanic nursing student is needed. Exemplar quotes would help readers better understand themes and a richer description of the data analysis tools used would help readers have a better understanding of the qualitative studies reviewed.

Creating positive relationships in clinical practice seems to be at the forefront of clinical education. Clinical experiences have implications that affect retention and recruitment of nursing students. Students who have supportive clinical faculty and role models are less likely to drop out and more likely to remain confident of their skills and improve patient care outcomes (Webster et al., 2016). Leaders of institutions of higher learning must prepare and assist clinical faculty to become more supportive in their role to educate students and provide safe patient care.

Previous studies in other countries have been conducted to examine the relationship between nursing students and their clinical instructor; however, in the United States, few researchers have examined the student-clinical instructor interaction and its influence on Hispanic students' ability to learn. No studies have been identified that examined the influence of the clinical instructors on the retention of Hispanic nursing students. Most researchers have not focused on remediation programs for the clinical setting that can increase success of minority nursing students. Researchers that discuss the relationship between the student and the clinical instructor do not address differences for Hispanic nursing students.

A qualitative research approach was appropriate to answer the research questions and supported the use of the adapted ISM to collect and analyze the descriptive data. A descriptive phenomenological approach allowed me to provide an unbiased understanding of the lived experiences of Hispanic nursing students in their own words and how their relationship with the clinical instructor affected their ability to learn. The clinical environment provided a social context in which learning occurred through interactions (Liljedahl, Boman, Fält, & Bolander Laksov, 2015). Instructors who

understand the impact the instructor-student relationship has on Hispanic nursing students' success can better retain students and improve health care disparities for the Hispanic population. The lack of Hispanic nurses will continue to prevail without enough qualitative research studies to guide changes in the student-clinical faculty relationship.

My understanding of the research problem developed in this chapter with an extensive search of the literature helped support the methodology, findings, and conclusions of the study. Chapter 3 will include the research design and rationale, role of the researcher, methodology, instrumentation, procedures for recruitment, participation, data collection, data analysis plan, issues of trustworthiness, and ethical procedures.

Chapter 3: Research Method

A skilled workforce that meets the needs of minority populations is strategically essential to improve health care equality for minority populations. A diverse workforce increases patient satisfaction, communication between patients and providers, and improves access to care (HRSA, 2017). Nurses play a key role in the delivery of culturally competent care, especially if nurses come from the same cultural background as their patients. It is essential that culturally diverse students successfully complete their nursing program plan of study. The clinical learning experience empowers students to learn skills and competencies necessary to become professional nurses (Baraz et al., 2015).

The purpose of this descriptive phenomenological study was to explore the perspectives of undergraduate Hispanic nursing students regarding how student-instructor interactions in the clinical setting influence students' ability to learn. This chapter is divided into sections that include the research design and rationale, role of the researcher, methodology, issues of trustworthiness, and summary.

Research Design and Rationale

The intent of this study was to answer the main research question and subquestions. The research question and subquestions were as follows:

RQ: How do Hispanic nursing students perceive student and clinical instructor interactions?

SQ1: How do interactions between clinical instructors and students influence Hispanic nursing students?

SQ2: What are Hispanic nursing students' perceptions of their relationships with

their clinical instructors?

The attrition rate of Hispanic nursing students is not keeping up with the growing

Hispanic population that needs culturally sensitive care (Alicea-Planas, 2017; Nadeau,

2014; NLN, 2014; Sanchez & Frank, 2017). This problem persists despite efforts to

increase the number of Hispanic nurses who provide care to Hispanic patients. To address

this gap, instructors must acquire a detailed understanding of Hispanic students'

perspectives on the clinical learning environment. This understanding will guide efforts

that promote student retention and successful completion of students' course of study and

clinical experiences.

A qualitative research design was deemed appropriate for this study. Qualitative

research is derived from sociology, anthropology, and the humanities (Grove et al.,

2015). Nursing involves using a humanistic and holistic approach to promote health and

prevent illness. A qualitative approach was chosen to provide narrative evidence of the

highest possible quality to answer the research questions. The complex topic of student

perspectives regarding student-instructor interactions allowed students to define their

reality in their own words. Each individual has their own reality that is influenced by

culture, environment, and values.

The goal of qualitative research is to determine perspectives, behaviors, and

attitudes from the points of view of individuals experiencing a common situation. Data

were gathered directly from study participants in a holistic and in-depth fashion using an

inductive approach. When using the inductive approach, coded categories and themes

were extracted from the text data to determine detailed meaning of the research context.

Qualitative research involves a variety of approaches such as grounded theory, ethnography, phenomenology, narrative analysis, discovery analysis, and action research. Vaismoradi, Turunen, & Bondas, (2013) described a phenomenological research approach not merely as content to be classified but as a vehicle to interpreting data. The content analysis served to examine detailed and personal student accounts to determine patterns, trends, and relationships among the data. This iterative process is not linear and required multiple reviews before I was able to explain themes in relation to the research questions and decide when saturation was achieved. Themes are best explained when the content is summarized and supported by direct quotations provided from the participants. The findings from qualitative research can be used in the day-to-day clinical practices of academic institutions to enhance nursing knowledge of clinical practice.

Role of the Researcher

The researcher in a qualitative study serves a dual role as the primary instrument for data collection and agent of analysis. Researchers immerse themselves in the environment and work to become an insider to understand participants' perspectives (Unluer, 2012). Data are gathered through consistent interactions and researchers reflect on their role by understanding personal values, interests, prejudices, and biases. The researcher provides detailed explanations about study outcomes, allowing readers to ultimately make their own interpretations (Toma, 2011).

My role as part of this research study was that of an insider. I chose to study Hispanic students, as I am a member of this ethnic group. The understanding I have about this culture enhanced my sensitivity, awareness, and knowledge regarding challenges experienced by Hispanic students. I can also draw from my knowledge as an educator

and clinical instructor. This prior knowledge may lead to bias, but I remained as objective as possible by identifying biases, assumptions, and personal values. My background affected the way I collected, understood, and interpreted Hispanic students' experiences. Students guided the study and prior personal assumptions were bracketed. The students' stories, views, and perspectives were the basis for the research.

The nursing profession values communication and interaction between nurses and patients. The researcher's presence during the interview process can influence interview outcomes. It is important not to confuse the role of the researcher with that of a counselor because in research no therapeutic goals are established (Malagon-Maldonado, 2014; Sorsa, Kiikkala, & Astedt-Kurki, 2015). The researcher controls what is asked, the analysis of data process, and how the data will be presented (Berry, 2016). Being empathetic and not asking leading questions or manipulating participants allows for an ethical relationship between researcher and participants.

My ability to communicate effectively during the interview process allowed for rich data to be gathered. I collected research data at two sister campuses within one educational system; however, I did not have power or authority over the students who participated in my study. I did not have access to privileged student information. By reflecting on my thoughts and actions, I understood the ethical responsibilities and roles I had in the data analysis process.

Methodology

A qualitative descriptive phenomenological approach was chosen to guide the data collection involving Hispanic students' perspectives regarding student and clinical instructor interactions and how these interactions affect students' ability to learn. The

research design was further connected to a constructive worldview. The students'

perspectives is constructed through their social interactions with clinical faculty. Students

create a perspective of their work as they engage, interpret, and reflect on what is

occurring in their surroundings (Creswell & Creswell, 2018). Open-ended questions were

asked during interviews, which allowed students to convey the most relevant information

that answered the research questions.

Participant Selection Logic

Purposive sampling was used to select participants who best aligned with the

research purpose and scope of the research questions. This type of sampling strategy

revealed information-rich cases among a group of Hispanic students. The inclusion

criteria for the study included undergraduate Hispanic senior nursing students currently

enrolled in a clinical rotation. Senior students have more experience than freshman

students due to their length of time in the program and their ability to recount a number

of experiences with their clinical instructor and preceptor (Golightly, Kennett, & Stout,

2017; Masruroh & Kurnia, 2018).

I recruited Hispanic nursing students from the senior class of two sister campuses

within one educational system in a southern region of the United States. I recruited a total

of 12 senior students for interviews by submitting e-mail requests to the deans and

directors of two nursing campuses with an e-mail attached for them to send out to their

students. Additionally, I sent a flyer for the deans and directors to post in a central

location where students may have access to it.

I continued interviewing students until saturation was reached. Saturation

occurred when the interviews no longer revealed any new content or did not add anything

new to be observed in the data. Saturation is reached when the data becomes repetitive regardless of the sample size. No rules determine the number of cases that need to be included to reach saturation (Grove, Burns, & Gray, 2013; Houser, 2015).

Instrumentation

The data were collected using individual interviews. An interview guide was constructed (see Appendix A) to facilitate the interview protocols and explain the purpose of the interview. Data were collected using semistructured questions that allowed for some freedom to ask follow-up questions to clarify perceptions. The interview questions included demographic data followed by the research question and subquestions. The interviews lasted approximately 30 minutes and were audio recorded. At the end of the interview, participants were asked to provide any supportive information not addressed during the interview (Baraz et al., 2015; Serçekus & Baskale, 2016).

Researcher-Developed Instruments

I developed my own data collection tool. A total of five open-ended questions were used to gain insights into the influence that the student-instructor interaction has on the students' ability to learn. The questions focused on (a) how Hispanic nursing students perceived the student and clinical instructor interaction, (b) the number of hours spent with the clinical instructor, (c) a typical clinical day, (d) how students learn in the clinical setting, and (e) the influence of the clinical instructor on the Hispanic nursing students and their learning experience. The qualitative research instruments that I developed required validation. For this study, the instrument was validated by following methods that support the true, applicability, consistency and neutrality of the findings (Lincoln & Guba, 1985). Content validity was accomplished through the practice of reflexivity with

journaling, member-checking, an iterative process of analysis, and careful steps of analysis. I used an audit trail to further demonstrate content validity through careful documentation of activities and data collection. The participants' nonverbal behavior was also analyzed to add validity to the data.

Procedures for Recruitment, Participation, and Data Collection

I recruited participants by contacting the deans and directors of two sister campuses of the same educational system via e-mail. Students who met the inclusion criteria were contacted via e-mail by the program director at that campus. The e-mail included a participant invitation letter that provided a brief synopsis of the study including the study goals, intent, duration, and my contact information. The e-mail reinforced that confidentiality would be maintained by conducting individual interviews in a designated, private classroom setting. Students were asked to respond to the e-mail if they were interested in participating and sign up for a convenient interview time.

Students were interviewed in an empty classroom to provide a private, consistent and natural setting. Student data were kept confidential by assigning a corresponding numerical identifier to the transcripts; only I had access to a list with the students' actual names. Students were advised during the interview that follow-up contact would be made. Participant validation to establish credibility of findings was achieved by member-checking. Students were asked to review the accuracy of the transcripts from the responses previously provided.

Data Analysis Plan

The data analysis process began with a verbatim transcription of the recorded interviews. The analysis was guided by Braun and Clarke's (2013) thematic 6-step

analysis. The first step is familiarization with the data. The data were transcribed and

manually analyzed by extracting and coding what was said during the interview. I read

the interview transcript several times to ensure a clear understanding prior to coding. The

second step was the generation of codes. The content analysis was used to generate initial

codes. The codes summarized the information based on the participant's own words. The

codes were grouped based on similar descriptors in relation to the research questions. The

third step was searching for themes. Themes were developed from the analysis of the

codes. I looked to see what features captured the very essence of the data and related to

the research questions. The fourth step was to review the themes. The themes were

analyzed and systematically broken down into smaller parts. The fifth step was defining,

understanding, and naming the themes. This was done by describing what was specific

and unique about each theme. The sixth and final step was to write a clear and concise

analysis. This final step was accomplished by using examples from the data that related

back to the literature review and the research questions.

　　　During the manual analysis process, I kept personal notes to highlight preliminary

thoughts that aided in the interpretation process. Direct quotations supported the themes

that emerged from the participant interviews. The ISM was used to guide the analysis

process for congruency of themes and to determine representative raw data quotes to

support the findings. It is possible to encounter discrepant cases or unexpected cases; a

determination was made if a discrepant case is an isolated occurrence or if additional data

needs to be gathered.

　　　The analysis is an iterative process of simultaneous review and refinement

between the interview findings and emerging themes. NVivo12 qualitative analysis

software was used to allow for reconfiguration of the data after manual coding. Study rigor can be maintained by backing up the findings with meaningful, solid evidence, and analysis. Generating qualitative evidence requires rigorous analysis of the interview data. The systematic analysis process guided by Braun and Clarke's (2013) thematic 6-step analysis allowed for a realistic interpretation of data by using examples from the transcripts that would resonate with the participants and the reader. The goal was to have the reader understand how the codes, themes, and subthemes were developed and the significance of the analysis.

Issues of Trustworthiness

In qualitative research, the interpretation of findings can be questioned by the reader. Four criteria of trustworthiness were employed to provide academic rigor and trustworthiness to this study: credibility, transferability, dependability, and confirmability. Ensuring rigor and transparency of data findings can have an impact on practice and quality of care.

Credibility

Credibility refers to how the findings being reported in the study correlate with the Hispanic students' reality. Credibility determines confidence in the study findings. Credibility of findings was promoted by choosing students who met the inclusion criteria and by providing direct quotes to showcase the participants' perspectives. To ensure honesty of participants, I strived to establish rapport, encouraged participants to be sincere, and stated that there were no right or wrong answers to the questions asked. Peer debriefing sessions were implemented to further enhance credibility. The interview transcripts, categories, and themes were reviewed by a research committee member. The

committee member had extensive experience in qualitative research and helped identify

possible sources of bias and provided scholarly guidance.

Transferability

Transferability refers to how the study findings can be applied to other settings.

Transferability was assured by the use of purposeful selection of participants and full

descriptions of the findings. Rich and detailed descriptions of the findings will allow the

reader to evaluate how the study conclusions can effectively be applied to different

settings, situations, and to a wider population of Hispanic nursing students.

Dependability

Dependability refers to the ability to repeat the study at a future date and arrive to

similar findings. Dependability was achieved by thoroughly following the plan described

at each stage of the data gathering and analysis process. The steps were detailed precisely

to aid in future study replication. I also kept notes on activities and decisions made

throughout the study.

Confirmability

Confirmability refers to the objectivity of the researcher with data collection and

reporting of findings. It is important for the researcher to show that the results can be

authenticated and asserted by others. To ensure confirmability, students were allowed to

view responses they provided to the interview questions to determine accuracy. Checking

for accuracy of transcripts, field notes, and audit trails ensured that findings were shaped

by participant responses and were free of researcher bias or motivations. I also kept a

reflective journal in which I included observations, hunches, feelings, and concerns.

Being reflective of my experiences helped shape the interpretation of study findings and the subjectivity of the research process.

Ethical Procedures

Understanding my ethical responsibilities as a researcher ensured that safety, privacy, integrity, and respect for study participants came first. I considered the participants' informed consent and confidentiality. Informed consent was obtained at the start of the interview. The consent advised the participants of the potential benefits and risks and their ability to voluntarily withdraw from the research study without consequences. Students were assured that the answers provided would have no negative impact on their grades. This ongoing process allowed participants the ability to participate voluntarily and led to greater credibility of data. Students were informed that the interviews would be audio recorded. The small sample size and the one-on-one interviews made confidentiality difficult to maintain; therefore, confidentiality was maintained by keeping the data password-protected and keeping participants' identities anonymous during the dissemination of study findings. My role was to protect students who were emotionally affected by their relationship with the clinical instructor and steer the conversation back to professional underpinnings. My goal as an accountable steward of the study was to generate research that follows sound ethical standards. IRB approval (approval no. 12-26-19-0655235) was obtained from the university's ethics committee prior to beginning data collection.

Summary

This chapter highlighted the main components of the study methodology. This section is best understood by the justification of the methodology and how it is used to

guide the study. The methods described include participant selection, recruitment, data

collection, data analysis, issues of trustworthiness, and ethical approval and

considerations. I conveyed the steps undertaken and rationale for each design choice to

determine credibility of findings. I used member-checking to have participants determine

the accuracy of findings. Using rich descriptions to espouse the findings made the results

more realistic. Clarifying biases and self-reflecting on the topic creates an open dialogue

between the researcher and the reader. Data and field notes were reviewed consistently by

comparing data with generated codes, themes and subthemes. Rigor was achieved by

being transparent in all steps of the research process. Chapter 4 will include a summary of

research findings with the discussion centering around themes and participants' quotes to

communicate a holistic picture of experiences.

Chapter 4: Results

Introduction

The purpose of this descriptive phenomenological study was to explore the perspectives of undergraduate Hispanic nursing students regarding how student-instructor interactions in the clinical setting influence students' ability to learn. The central research question and associated subquestions helped narrow the purpose statement and supported the data collection methods. The research question and subquestions were as follows.

RQ: How do Hispanic nursing students perceive student and clinical instructor interactions?

SQ1: How do interactions between clinical instructors and students influence Hispanic nursing students?

SQ2: What are Hispanic nursing students' perceptions of their relationships with their clinical instructors?

The central question was open-ended while the subquestions had a more specific focus. The questions allowed the participants to respond candidly. Prompts that were specific to the research topic allowed for detailed understanding of the students' individual experiences. This chapter includes a description of the setting, demographics, data collection, data analysis, evidence of trustworthiness, results, and a summary.

Research Setting

The research setting included two sister campuses of a multicampus academic university system. Each campus is comprised of nursing students enrolled in accredited ASN and BSN programs. Both programs are full time and accelerated, allowing students to graduate in four semesters. This university system was chosen because of its diverse

population of students and accessibility. Leaders from three campuses were contacted initially, but only students from two campuses were interested in participating in the study. Eight participants were interviewed through individual face-to-face interviews. The interviews took place at a designated secure office on campus. The office was located in a quiet location. The last four interviews were conducted using videoconferencing on Zoom. The face-to-face interview format was replaced by videoconferencing on Zoom to minimize possible COVID-19 exposure that can potentially occur with face-to-face interviews. Zoom videoconferencing was used to record the audio portions of interviews. The interviews were not video recorded to maintain participant confidentiality.

Demographics

The study included undergraduate senior Hispanic nursing students currently enrolled in a clinical rotation. The study population included a total of 12 students. Five students were enrolled in the BSN program and seven were enrolled in the ASN program. All students had attended clinical rotations at a hospital setting. Five of the students had completed all of their clinical hours, and seven had completed more than half of their clinical hours because they were senior nursing students at the time of the study.

Demographic data are presented in a narrative format to provide for additional comprehensive information (see Table 1). Ten of the participants were female and two were male. Participant ages ranged from 21 to 56 with a median age of 33. All participants self-identified as Hispanic. Family countries of origin included Venezuela, Colombia, Peru, Cuba, and Costa Rica. One participant identified as a Hispanic of both Dominican Republic and Palestinian decent. Five students were born in the United States

and the remaining seven participants were born outside the United States. Five of the seven born outside the United States were raised outside of the United States. The other two students migrated to the United States as children. Six of the students reported their primary language was Spanish. Five students spoke English and one reported two primary languages: English and Spanish. One student did not speak Spanish, three preferred to speak English exclusively, and eight of the students identified as bilingual.

Table 1

Demographic Data

	Gender	Age	Place of Birth	Primary Language	Raised Outside US
P 1	Female	22	Florida	English	No
P 2	Female	40	Colombia	Spanish	Yes
P 3	Female	21	Cuba	English	No
P 4	Female	27	Mexico	Both	No
P 5	Female	32	Florida	English	No
P 6	Male	36	Peru	Spanish	Yes
P 7	Female	42	Peru	Spanish	Yes
P 8	Female	37	New Jersey	Spanish	No
P 9	Female	29	Cuba	Spanish	Yes
P 10	Female	56	Cuba	Spanish	Yes
P 11	Female	33	New York	English	No
P 12	Male	26	Texas	English	No

Data Collection

Participant recruitment and data collection began after approval was granted from Walden University's IRB as well as the target university's IRB. An e-mail was sent to the program directors at each campus with a brief explanation of the research study and

inclusion criteria. An invitation letter for students was attached to the e-mail. The

program directors forwarded the scripted invitation letter to students who met the

inclusion criteria. Only Hispanic undergraduate senior nursing students currently enrolled

in a clinical rotation were eligible to participate in the study. The invitation letter

provided a brief synopsis of the study goals, intent, duration, and my contact information.

I also attached a flyer that was posted in a central location on campus where students

congregate. Students were asked to contact me via e-mail if they were interested in

participating.

Participants were recruited from January to March 2020 using the purposive

sampling method. With this sampling method, participants are chosen based on certain

common characteristics (Houser, 2015). I was looking for a specific population of senior

undergraduate Hispanic students. I received e-mails from students who were interested

in participating in the study. Interviews were scheduled with students who met the

inclusion criteria based on participants' availability. The first eight interviews were

conducted in a secure office on campus that provided a conducive quiet atmosphere and

privacy. The last four interviews were conducted using videoconferencing on Zoom

following CDC guidelines to minimize possible COVID-19 exposure.

I interviewed students who met the inclusion criteria and who agreed to

participate in the study. I reviewed consent, background information, study procedures,

the voluntary nature of the study, risks and benefits, privacy, and contact information at

the beginning of each interview. I also emphasized the voluntary nature of the study.

Each student was assured that (a) they were free to turn down the invitation to participate

in the study and could change their mind and stop the interview at any time and (b) no

one at the university would treat them differently if they decided not to participate. Students were also advised that the interview would be audio recorded and the data would be kept secure. Each participant was assigned a code number in place of names to maintain privacy and confidentiality. All participants signed the consent form to acknowledge that they understood the purpose of the study and wanted to move forward with interviews.

An interview guide (see Appendix A) along with general introductory questions about demographic data and nursing as a career choice was used to build rapport with participants. The interviews were guided with five key open-ended questions about the research topic (see Appendix B). The five key semistructured interview questions were specifically derived to help answer the research question. Probing questions were asked to clarify, expand, summarize, and solidify participants' answers. Before the end of each interview, participants were encouraged to reflect and share relevant information not discussed during the interview. My role during the interviews was to listen, direct, encourage, and prompt conversations.

Each interview lasted approximately 30 minutes. Field notes about impressions and observations were written down to assist and support the data analysis process. Sufficient data to answer the research question was collected with a total of 12 interviews. Data saturation was reached as the same concepts and ideas began to repeat themselves and no new insights were provided. Additional recruitment ceased upon reaching data saturation.

Data Analysis

The data analysis began during the data collection stage through an iterative and transparent process. To minimize bias, I bracketed my preconceived ideas and assumptions and allowed the students' voices to guide the analysis. The interviews and the findings were reviewed several times, which allowed the study codes, themes and subthemes to emerge from the data. The data gathered during the interviews were audio recorded and transcribed using Trint, a web-based transcription service. Data analysis rigor was ensured by uploading the data into QDA Miner, a qualitative data analysis software. In Chapter 3, I indicated that NVivo12 software would be used to assist with data analysis. NVivo12 software was reviewed for its functionality of use. It was determined that the data set was small and not complex to require the use of NVivo12 software. NVivo 12 software is intended to aid in the analysis of larger and more complex data sets; for this reason, I used QDA Miner, a basic easy to use qualitative data analysis software to organize, code and annotate the data.

The data were thematically analyzed by using Braun and Clarke's (2013) 6-step process. Step 1 involves familiarization with the data. The transcripts and audio recordings were reviewed several times to familiarize myself with the data and reach an overall understanding of the student experience. I also wrote down some initial ideas about the meaning of the dataset.

Step 2 included the generation of initial codes. The research questions and the adapted ISM were used as a guide. This step was performed by grouping phrases and common ideas that expressed the essence of similar ideas about perceptions and the lived

experiences of Hispanic nursing students. Each code frequency was analyzed before determining the themes. A short summary of each interview key points was conducted.

Step 3 involved searching for themes through examining similar codes derived from key phrases. These codes were grouped together into themes from the narrative of each student response and displayed in a table format (see Appendix C). Each code was placed under each research subquestion to allow for better visualization. This approach allowed me to stay true to the data and the participants' lived experience.

Step 4 involved reviewing developed themes and Step 5 included revising and describing themes. Both steps were carried out simultaneously and systematically. Codes were reviewed, revised, and modified until shared themes and subthemes were generated (see Table 2). The themes were confirmed to fit and answer the research question (Serçekus & Baskale, 2016). QDA Miner analysis software was used to generate a more detailed analyses of the themes until a broader picture of the core themes and subthemes emerged.

Table 2

Themes and Subthemes

Subquestion	Codes	Themes	Subthemes
Subquestion 1: How does the interaction between the clinical instructor and student influence Hispanic nursing students?	Faculty traits	Faculty characteristics	Positive and negative characteristics
	Teaching Opportunities	Teaching and learning opportunities	Engagement
Subquestion 2: What are Hispanic nursing students' perceptions of their relationship with their clinical instructors? Two themes arose during the data analysis process.	Interpersonal Relationships	Student/faculty interpersonal relationship	Support
	Student Individual Factors	Individual Self-Ownership Factors	Confidence

Step 6 included the written presentation of the results. A narrative approach was used to produce the presentation of the results in a meaningful way. Quotes from the transcripts were used in the narrative to support the themes and subthemes. Four themes and four subthemes emerged from the data that described the subjective experiences of Hispanic nursing students and their relationship with their clinical instructor. The presentation and analysis of the themes were described by relating back to the research questions.

Evidence of Trustworthiness

Trustworthiness of findings is an important element to the qualitative research process because trustworthiness establishes methodological rigor. Lincoln and Guba's criterias were followed to ensure trustworthiness or confidence of findings. The framework includes credibility, transferability, dependability and confirmability of findings.

Credibility

Credibility refers to how credible the data is in regard to the phenomenon being tested. Credibility was promoted by triangulation of findings. Selecting students who met the inclusion criteria of being an undergraduate senior Hispanic nursing student currently enrolled in a clinical rotation was used. Rapport and trust was established with the participants during the interview, which allowed me to immerse myself in participants' experiences and views. Responses were summarized and clarified with participants at the time of the interview. Field notes taken after each interview. Field notes allowed for brief analysis and depth of participant responses along with their nonverbal behavior (Anney, 2014). Participants that had a positive attitude sat upright and responded to the research questions with confidence. Participants that exhibited a more negative demeanor had a flat affect and were more cautious when responding to the research questions. Direct quotes provided additional evidence of the findings in the participant's own words.

Transferability

Transferability or the ability to generalize the findings to other groups was accomplished with the use of field notes. Field notes provided thick detailed descriptions and better understanding of my engagement with the participants' words, emotions,

verbal and nonverbal behavior. Thick descriptions of the study context, participant

selection, data collection and analysis allow for ease of replication under similar

circumstances in another setting (Anney, 2014). The purposeful selection of the

participants yielded Hispanic students of different genders and ages who were from

different Spanish speaking countries, ASN and BSN programs, and campuses within the

same university system.

Dependability

Dependability or accuracy of the data results was achieved by an audit trail.

Dependability was accomplished through member-checking during the interview for

accuracy of findings. Participants were allowed to correct misinterpretations and provide

additional supportive evidence. All interviews occurred under similar conditions and all

participants were asked the same introductory questions. Dependability was also

achieved by engaging and collaborating with the Walden University dissertation chair

and committee member for a final review and reflective analysis of participant

experiences and study findings. I also kept notes about decisions made throughout the

study.

Confirmability

Confirmability was achieved by an awareness of any potential bias that could

have emerged from the data. The study results were based on the students' experiences

and not on personal bias. Confirmability was facilitated by checking for accuracy of the

interview transcription and categorizing codes into themes and subthemes. I also

explicitly documented everything that was done at each stage of the data gathering,

analysis, and conclusion process. Reflexivity and bracketing were used to set aside

personal assumptions to maintain conformability and objectivity. Through reflective field notes and putting my own assumptions about the data aside, I was able to arrive to the study conclusions based on the study findings and by listening to the students' experiences in their own words.

Study Results

The central research question was used to guide the results of this descriptive phenomenological study. The central question was the following: How do Hispanic nursing students perceive the student and clinical instructor interaction? Two subquestions were used to answer the central question. Subquestion 1 was referenced to address the influence that interactions with the clinical instructor had on Hispanic nursing students. Subquestion 2 was referenced to address Hispanic students' perceptions of their relationship with their clinical instructor. Results from the subquestions were organized into codes and will be discussed using themes and subthemes. Table 3 indicates the major codes that arose and the frequency or number of times that each code occurred across the 12 interviews. The highest code frequency count was teaching opportunities, followed by faculty traits, interpersonal relationship, and student individual factors. The codes were further broken down into themes and subthemes. Participant quotes were included to further support the data. Participant confidentiality was maintained by identifying each participant with a code number from P1–P12.

Table 3

Code Frequency Count

Codes	Code Frequency Count
Faculty Traits	78
Teaching Opportunities	100
Interpersonal Relationships	66
Student Individual Factors	63

SQ1

    SQ1 was as follows: How does the interaction between the clinical instructor and student influence Hispanic nursing students? Two themes and two subthemes arose during the data analysis process. Themes were faculty characteristics and teaching and learning opportunities. Subthemes were positive and negative characteristics and engagement.

    Theme 1: Faculty characteristics. Participants conveyed that clinical instructors who love what they do, are good communicators, patient, caring, enthusiastic, calm, relaxed, motivational, present, involved, knowledgeable, clinically competent, and share their experiences in nursing provide for a positive and safe clinical learning environment. Participants stated that they found it easier to learn when the instructor was passionate about the subject matter and loved what they do. P10 said, "They were very enthusiastic about you can see that they love what they do … people when they love what they do, they were able to transfer that to the students." P8 stated: "No, you know, just by a look. It would not even have to be words. Sometimes she would just look at you and you would

know, okay, I missed a step. She would take her time. Very patient" (P8). P12

commented, "I think mainly caring, caring about us learning, being confident themselves,

because if they are not confident themselves, how can they teach me. And just

experience, I think their experience" (P12).

According to the participants interviewed in this study, clinical instructors who do

not want to explain and who are confrontational, verbally abusive, negative, and

aggressive hinder the learning experience. The students were afraid to ask questions and

felt lost when communicating with these instructors. P1 stated, "not being able to ask a

question because I feel like they're just going to like judge me and make me feel like I

should know that" (P1). Intense scrutiny can impact the students' ability to think

critically and perform clinical skills safely and effectively. P5 described a clinical

situation they experienced:

> It would have me very just uncomfortable to where when I was even trying to do
>
> a head-to-toe assessment, which we all know how to do, head-to-toe assessment
>
> by now, like I was forgetting how to do steps because of the energy that was in
>
> the room. But once that person was gone, I was confident in doing my job. I didn't
>
> second guess myself. (P5)

Students' self-perception is impacted when students do not receive constructive

feedback or are treated as being stupid for asking a question. These types of interactions

can lead students to consider dropping the program. Faculty feedback provides for an

opportunity to determine student progress. Instructors who excessively criticize and

constantly put the student down impair the students' learning process. P1 stated, "But

we're two people, two people who are just trying to do the same thing, which is take care

of a patient. You don't have to make me feel like you're so much better than me" (P1).

P5 stated, "You know, one would express embarrassment that she had us as students and that she would never want to work alongside any of us because she didn't feel we were up to par up to her standards" (P5).

Clinical faculty need to be cognizant that negative interactions with students can cause feelings of discrimination. P1 expressed feelings of discrimination: "You're a minority and they don't care for you" (P1). However, the majority of the students had positive interactions with their clinical faculty. Most students felt motivated, supported, and encouraged by faculty.

Theme 2: Teaching and learning opportunities. Study participants emphasized that having a faculty member who challenged them to think critically enhanced the learning process because students were able to find solutions to problems on their own. Students' ability to convey knowledge and connect theory into everyday practice is essential. P8 mentioned, "They also may spark interest so, in their questioning, in their expectations of us is how they spark that in us to go and go a step further into things" (P8). P10 stated the following:

> The clinical site and how the clinical day is structured also supports learning. The quality of the clinical site such as the use of ISBAR, care plans, pre and post conferences enhances the teaching and learning process. So depending on the facility to. Is the experience that you get not only an instructor, the facility. (P10)

Eleven participants spoke about being visual learners, hands-on learners, or both. One participant, P11 liked to ask questions in order to learn. All participants learned the most through feedback, by asking questions, and by being exposed to real life situations.

Clinical faculty members' who are supportive and provide students with new learning opportunities allow students to feel a sense of confidence. P9 and P11 helped to support this point: "When you don't have opportunities to do things, then they look for the opportunity for you" (P9) and "But, you have that sense of confidence, I guess, when you have someone else that's on your side backing you up" (P11). Students who are able to perform a skill instead of just watching it being performed are able to better sustain the learned skill.

Nine out of 12 participants felt that the number of hours spent in the clinical setting on an average day were enough to support learning. Participants had 12-hour shifts in the clinical setting. However, seven of the 12 participants interviewed felt that they needed more interaction, more engagement, and personalized attention from their instructor to develop into a professional role. Faculty support is essential in helping students translate theory into practice as they get accustomed to the complexity of the clinical setting. P11 shared their thoughts on faculty who are not engaged: "If they're not passionate about, you know, being a clinical instructor" (P11).

SQ2

SQ2 was as follows: What are Hispanic nursing students' perceptions of their relationship with their clinical instructors? Two themes and two subthemes arose during the data analysis process. Themes were students and faculty interpersonal relationship and individual self-ownership factors. Subthemes were support and confidence.

Theme 1: Student and faculty interpersonal relationship. Participants indicated that the best clinical faculty tend to take time with students and provide guidance that builds students' confidence. According to participants, a caring learning

environment enhances communication, reduces fear, enhances self-confidence, and provides a sense of belonging. Faculty can foster this sense of support and belonging by creating meaningful learning experiences and by allowing the student to be an active participant of the learning process. P9 stated: "The instructor was like, don't worry. I'll be there. You do it. If I see that you are doing something wrong I'll tell you but just try to do it because you know the concept already" (P9). Faculty are role models and motivators for the students. Instructors who engage the students help students feel valued, supported, and a collaborative member of the nursing team; for example, P4 stated: "They're just encouraging by making us think critically in other ways to get to the to the [sic] solution" (P4).

Interpersonal relationships that are built on negative remarks can spark negative reactions. P5 stated, "Don't sit there and say, oh, well, you should know this already. If I'm asking a question, it's because I need to know" (P5). P1 commented, "I've been told my first semester, I don't know why you're in nursing school" (P1).

Some students felt that having a more diversified faculty mixture would be beneficial for Hispanic nursing students. Individuals from different cultures cope and learn in different ways. Students asserted that faculty could take more time when speaking to students who use English as their second language. P11 commented, "I think they give up sometimes when they don't get their answer. Even if they don't get the answer, they give up on trying to get it just because they get frustrated that their question is not being answered" (P11).

Theme 2: Individual self-ownership factors. Most of the participants shared that self-determination, drive, and grit allowed them to persist in the program.

Participants had clear goals, personal aspirations, and perseverance that allowed them to cope effectively. P1 recalled a time when, "A nurse that's 30 plus years into the field to tell me I shouldn't be a nurse if I wasn't a strong person, that would have made me like, just quit right then and there" (P1).

Participants were able to build their confidence from the interactions they had with the clinical instructors, which helped students enhance professional development. Faculty provide students with that push to conquer their individual fears to master the performance of nursing skills. Students' self-confidence was strengthened when faculty provided words of encouragement, cared about student progress, and provided a sense of belonging. Participants realized that being a nurse requires effort, decision-making skills, and a sound foundation to provide safe and quality care. Participants controlled their emotions and put things behind them when confronted with challenges and the emotions that come with them; for example, P5 stated: "I take and I find something to learn, something to learn from everyone, from every person, every personality, every, everything" (P5).

Participants found a way to deal with negative faculty characteristics when faculty were not comforting. Participants tried to learn from the situation and did not allow the negative encounter to affect them as it was just one negative person. Participants sought help and asked questions. P11 stated: "I take different things from each one. No one. Everyone's not the same" (P11).

Summary

One central question and two subquestions were used to guide the study findings and describe Hispanic nursing students' perspectives on student-clinical instructor relationship and learning. Findings indicated that faculty characteristics, teaching and learning opportunities, student faculty relationships, and individual self-ownership are the overarching themes in this study that captured the perspectives of the student-clinical instructor interaction and learning. Most students expressed that spending more time with their clinical instructor on an average day was fundamental for meeting course objectives. Participants clearly shared that they went into nursing to love and care for others. P7 stated that they learned from most of their instructors who do the following: "She was reminds [sic] us of why we wanted to be nurses. You know, we care about others. We want to make the world better. You know, we want to teach other generations, too. This is what nurses do, you know, the love of the of the career" (P7). Hispanic students need guidance and support, and this support should be tailored to meet students' individual needs. Chapter 5 includes an interpretation of study findings and study limitations, recommendations, implications, and conclusion.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this descriptive phenomenological qualitative study was to determine the perspectives of Hispanic nursing students regarding how student-instructor interactions in the clinical setting influenced students' ability to learn. I explored Hispanic student interactions with their clinical instructors on a typical day, the number of hours students spent at the clinical setting, the influence clinical instructors had on students, how students learned in the clinical setting, and how clinical instructors influenced students' learning. The study findings revealed that faculty are instrumental to student success in a clinical environment that can be unpredictable and constantly evolving.

Interpretation of Findings

This study includes one central research question and two subquestions.

RQ: How do Hispanic nursing students perceive student and clinical instructor interactions?

SQ1: How do interactions between clinical instructors and students influence Hispanic nursing students?

SQ2: What are Hispanic nursing students' perceptions of their relationships with their clinical instructors?

Four themes were identified: (a) faculty characteristics, (b) teaching and learning opportunities, (c) student and faculty interpersonal relationships, and (d) individual self-ownership factors. Results for SQ1 demonstrated the influence interactions with clinical instructors has on Hispanic nursing students. Results for SQ2 demonstrated Hispanic

students' perceptions of their relationships with their clinical instructors. The two key factors that were most influential to Hispanic students' learning were faculty characteristics and quality of teaching and learning interaction in the clinical environment.

Faculty Characteristics

Participants shared that they need clinical faculty to rely on, support, and encourage them. According to participants, the most effective characteristics of clinical instructors included clinical competence, good communication skills, caring, and being patient, enthusiastic, motivational, present, and involved. Faculty who had positive interactions with students enabled students to grow and prepared them for the challenges of real-world nursing practices.

Serçekus and Baskale (2016) stated that providing feedback closes the learning loop and follows up allowing students to understand what they have learned and how competently their learning is being applied to direct patient care. Negative feedback must be provided in a respectful way and not in the patient's presence. Constructive feedback can be enhanced by continuous reflection from faculty regarding their own ideas and assumptions about Hispanic students.

Some students who experienced negative interactions due to faculty being confrontational adopted a passive attitude toward learning. Negative interactions violate every ethical principal followed and practiced in nursing. Negativity, discrimination, and bias can have negative effects. Truong, Museus, and McGuire (2016) shared that witnessing discrimination can influence students' perceptions, even when discrimination is experienced vicariously by another. Self-doubt and fear can set in as confidence levels

go down. Baraz et al. (2015) said that incompetent instructors and a nonsupportive clinical environment challenge clinical learning. This current study confirmed that a nonsupportive clinical environment does not sustain learning and professional growth further increasing the theory to practice gap.

Most study participants reported positive interactions with clinical instructors. It is possible that nurses are learning from best practices and being more proactive in educating faculty on such topics as incivility and cultural competence (Ruvalcaba, Welch, & Carlisle, 2018). The location where the study took place could have influenced students' perspectives. The campuses where the interviews were conducted serve a large population of minority students. The faculty are more diverse and could be more culturally competent than faculty living in other parts of the country. The negative consequences of not having a diverse workforce can have profound negative effects on Hispanic patients seeking health further increasing disparities and declining patient outcomes (Scherer, Herrick, & Stamler, 2019).

Teaching and Learning Opportunities

Ruvalcaba et al. (2018) considered practical clinical experience to be an integral part of teaching and learning because students apply what they learned in the classroom in the clinical setting. Clinical teaching and learning opportunities allow students and faculty to work together to identify strengths and weaknesses. Faculty must provide support and resources to help students develop and strengthen practices, problem solving, and critical thinking skills. Students prefer a clinical experience that allows them to practice their skills with autonomy while knowing that faculty members are available for

guidance and support. Irrespective of faculty approach, clinical teaching strategies need to align with students' learning styles for learning to occur (Ezeonwu, 2019).

According to the study results, the faculty as facilitator approach seems to work best. Teaching and learning opportunities are influenced by proactive faculty who look for additional experiences for students to engage in. A proactive faculty member dictates a productive clinical environment, thus helping to fulfill students' clinical expectations and objectives. Proactive faculty look at availability of patients and resources at clinical practice sites. Students should not be left alone for long periods of time without instructor supervision. Lack of supervision can make the students feel vulnerable and less confident (Barz et al., 2015).

Students felt that both clinical faculty and floor nurses are role models and mentors. P10 stated, "You can see on everybody's faces that everybody was like really interested in what she was talking about because they are very knowledgeable. So they transfer that experience to the students." The floor nurses and clinical faculty have to work collaboratively to help students meet their learning outcomes. Clinical faculty can influence the nursing staff to get involved in the achievement of student learning outcomes (Bawadi et al., 2019). Nursing staff, faculty, and students must work together and support each other. Sedgwick et al. (2014) determined that positive interactions among students, nurses, and clinical faculty fosters a sense of belonging. The best learning opportunities occur when students are able to integrate theory into practice by merging learned skills and making basic connections.

Student and Faculty Interpersonal Relationship

Participants emphasized the important role the student-instructor relationship has on students' ability to learn. The long hours the students spend with their clinical faculty, along with the unpredictability of the clinical environment, accentuates the need to have a positive interaction that enhances instructors' ability to be good role models and motivators of learning (Albloushi et al., 2019). Most students in this study agreed that they learned more, overcame obstacles, integrated theory into practice, and improved their critical thinking and clinical judgment skills when the clinical instructor motivated them.

Papastavrou et al. (2016) found that interpersonal relationships were a key component to clinical satisfaction. Participants in Papastavrou's study posited that autonomy influenced their behavior to engage in different learning opportunities. Instructor's ability to positively verbally and nonverbally relate to the student enhances rapport. Students feel that a smile, good communication, and calm approach by clinical faculty enhances relatedness while humiliation and intimidation hinders it. The quality and frequency of interaction fosters a sense of trust and satisfaction (Wang & BrckaLorenz, 2018). Student-instructor interactions are most effective when instructors encourage students to devote more time and effort to their clinical learning activities.

Self-Ownership Factors

Students who have a strong sense of self and high confidence level are able to develop psychomotor skills and their own professional identity as future nurses. P12 stated, "When you are doing it over and over again, you get so comfortable with it that you can go into a room and talk to a patient. And then we do this task confidently and

teach about it confidently" (P12). The current study, along with Dolan-Martinez et al. (2015), found that students who take self-ownership and accountability for learning are able to modify their study tactics and seek assistance. Students who act like a nurse and behave like a nurse adopt a more caring attitude while caring for patients (Teskereci & Boz, 2019). Student confidence is increased when students are empowered by faculty who encourage students to learn and provide diverse, high-quality learning opportunities. With increased self-confidence, students asked more questions, clarified concerns, and practiced competently. Self-confidence has multifaceted effects that influence an individual's affective and cognitive levels (Rowbotham & Owen, 2015).

The results of this study are in line with Valiee et al. (2016), who reported that self-confidence is an effective teaching strategy. Williamson, Smith, and Bigman (2019) studied other ethnic minorities and found that the perception of discrimination had negative consequences of mistrust and poor communication. Students' self-motivation and a distinct desire to become a nurse helped the students succeed. Self-confidence, self-ownership, and accountability are strong characteristics that can be highlighted when recruiting and retaining Hispanic nursing students.

Findings in Context to Theoretical Framework

The adapted ISM was the theoretical framework used in the study. The ISM addresses barriers to success that can be experienced by Hispanic nursing students. The six constructs are supportive services for students. The constructs include financial support, emotional and moral support, mentoring, professional role socialization, academic advising, and technical support. The use of the ISM allows for the development of the clinical climate and allows supportive services staff to better understand the

recruitment and retention of Hispanic nursing students (Bond, Cason, & Baxley, 2015).

The data gathered from this study revealed that four out of the six constructs from the

framework including professional role socialization, emotional and moral support,

academic advising, and mentoring are represented in the students' responses and in the

themes and subthemes.

The first construct of financial support was not mentioned by any of the students

interviewed. This construct does not seem to have influenced the students' progression in

nursing. Students may have felt that financial support was not a topic of concern.

Additionally, not everyone is willing to discuss their financial status. Most students

shared that emotional and moral support was instrumental to their success. Mentoring and

academic advising can build trusting relationships that have a positive influence on

communication and a free-flowing exchange of ideas. P12 discussed the benefits of

simulation as part of technical support. Students spoke about socializing into the nursing

role and how instrumental the relationship between faculty and nursing staff was in its

achievement. Emotional support and mentoring also help with professional socialization

and growth. Caring relationships promote respect and collaboration in the clinical

environment allowing for better problem-solving ability (Bond et al., 2015).

Quality time between student and faculty members encourages faculty to learn

more about the minority students they serve. Faculty must reach out and empower

Hispanic students to enhance the learning experience and to retain these students. Self-

ownership is not a construct depicted in the model; however, self-ownership emerged as a

theme in this study. Taking ownership of learning seems to be a driving force for success;

thus, this construct could be integrated as part of the ISM.

The ISM can be used as an assessment tool to make programmatic recommendations based on students' needs in each category. Faculty might discover some specific traits that are persistent to Hispanic students. The ISM can be used within systematic partnerships between student and faculty in which change can occur by improving the way the clinical environment works (Collins & Stockton, 2018).

Limitations of the Study

Limitations of the study included sample size and transferability. The sample size included 12 participants ($n = 12$). A larger sample may have shown a greater variety of responses. The participants included senior Hispanic nursing students from two sister campuses pertaining to the same educational system in the South Florida area. Conceivably, the Hispanic nursing students interviewed are not representative of the Hispanic population in other states of the country. The timing of the interviews could have interfered with testing, course commitments and may have affected the time students' allotted for the interviews. Some students were interviewed in between classes. The COVID-19 pandemic is a limitation as it affected the face to face access to students. The last 4 interviews were conducted via Zoom videoconferencing to record the audio portion of the interview.

Researchers in future studies can focus on a more inclusive subgroup of Hispanic nursing students and a larger sample size. Future researchers may consider analyzing the perspectives of successful Hispanic students and comparing them to the perspectives of students who were not able to complete the nursing program. This study focused on senior Hispanic nursing students and researchers of future studies can focus on the learning needs of students at different academic levels. Learning needs at different

academic levels might require different support strategies. Nevertheless, the results of the current study made up exclusively of Hispanic nursing students are valuable because the results addressed how the student-clinical instructor interaction affects students' ability to learn.

Recommendations

Understanding the perspectives of Hispanic nursing students about factors that affect their clinical learning experiences allows for sound recommendations that can enhance the learning environment. The study findings indicated that instructor feedback plays an instrumental role in supporting students' clinical learning. Instructors who provide feedback using the three learning domains of Bloom's Taxonomy can assist to facilitate knowledge, skills and attitude. The three learning domains include knowledge (cognitive skills), skills (psychomotor), and attitude (affective; Russell, 2019). Most of the Hispanic nursing students asserted that their learning style included visual and hands-on activities and shared that they learn experientially through practice.

Clinical based teaching can be supported by using Bloom's Taxonomy learning domains. The knowledge (cognitive skills) domain can be implemented by having faculty question students to determine students' knowledge of the subject matter. Questioning can be related to previous acquired knowledge with a gradual increase in complexity to determine critical thinking and clinical reasoning skills. Instructors can implement the skills (psychomotor) domain by asking students to perform the skills while interacting with the patient. The attitude (affective) domain can be implemented by instructors determining if the student understands the relationship between the diagnosis and how the diagnosis affects the patient's health. The clinical instructor must also determine if the

student is able to apply the knowledge and skills learned. Students must understand and not memorize content to determine the reason why students are incorporating the skills into daily practice. Providing feedback by using Bloom's Taxonomy learning domains can ensure effective communication that is essential to support learning and clinical competence (Russell, 2019).

Clinical faculty who understand what factors facilitate learning in the clinical setting can promote a supportive environment. Faculty who have access to continuing education and faculty-development programs can foster competence to bolster soft skills, cultural sensitivity, and motivational theory principles (Knight, 2018). Additionally, nursing leaders should consider including cultural competence training as part of the nursing licensure renewal process. Schools of nursing can benefit from hiring faculty that are culturally diverse to further support a nurturing environment. Faculty who understand the value of diversity can help to increase Hispanic nursing student retention (Alicea-Planas, 2017). Instructors who get to know the students and listen to students' needs will open a dialogue that can lead to acceptance and respect of each other's uniqueness. Developing evidence-based clinical professional standards can assist faculty in following teaching strategies that are student-centered and meet the needs of the Hispanic patient population (Scherer et al, 2019).

The number of Hispanic students who graduate each year may be increased through developing a minority retention program that focuses on a supportive mentoring network, provides students access to available resources, and makes students feel connected to faculty and peers. Each institution can determine what will work best for their Hispanic student population; assigning someone as a retention coordinator is a good

approach. Retention strategies must be sustained over time with follow up progression to increase retention and graduation rates. Temporary fixes cannot be used to deal with a permanent and consistent problem in nursing education. It is about time to begin to understand the inadequacies in nursing education that affect the retention of Hispanic nursing students in order to take action and implement solutions (Murray, 2019). These simple suggestions can creative a supportive environment for Hispanic students to flourish.

Implications

The study findings have implications that will affect patient care, patient safety, retention, nursing education, and professional practice. Patient safety, patient satisfaction, and quality care can be compromised when students do not feel comfortable asking for guidance and lack confidence in their skills. Creating competent nurses that are supported by caring clinical faculty will create a safe environment where excellent patient care can be provided (Webster et al., 2016). Hispanic nurses can enrich the nursing profession by presenting different life experiences and different ways of looking at the world. Nurses must be committed to the success of Hispanic nursing students.

The nursing workforce must be diversified to meet the needs of the Hispanic population. Hispanics prefer to receive care from someone who understands their health beliefs, traditions, and customs. Cultural beliefs influence the Hispanic population's perspectives about health. These beliefs are foundational to health care practices and the way Hispanic individuals respond to the care received (Scherer et al., 2019). Hispanics tend not to seek health care if there are language barriers or if they cannot identify with the provider. Treatment adherence improves if the provider can speak the same language

as the patient. The best way to meet the needs of this population is to help more Hispanic

students graduate from schools of nursing (Dolan-Martinez et al., 2015; Sanchez &

Frank, 2017).

Academic excellence and improved health outcomes can be ensured through

providing students with an inclusive learning environment, adequate resources to meet

specific learning needs, and a mentoring program. Schmidt, George, and Bussey-Jones,

(2016) postulated that minority graduates return to work in minority underserved

neighborhoods, which helps to lessen health disparities. Hispanic nurses are better

equipped to adapt nursing interventions that meet the patients' cultural beliefs that can

decrease sickness and improve wellness. Hispanic nurses can also impact the Hispanic

population served through positively influencing health outcomes by providing culturally

competent care (Murray, 2019). Achieving health care equality for the Hispanic

population can incite positive social change and improve the health of the overall

population. Hispanic nurses can provide care that is sensitive to the patients' culture,

language, and ethnic beliefs.

The mission of nursing educators should be tied to Walden University's mission

of social change to come together for the good of the community. Educating minority

nursing students who can impact the human condition at the community level and beyond

can have positive long-term consequences. This change can only happen when nursing

students are taught how to be social change agents. Nursing graduates can have an

influence at a personal level and eventually have enough connections to create a

significant impact at a higher level. Change needs to have an influence at a group level to

create true social change. The target should be to create an impact on the health care

system. Individuals are affected when the system is impacted (Yob et al., 2016).

Increasing the number of Hispanic nurses will give Hispanic Nurses an opportunity to

rise to leadership positions that can transform the nursing culture by changing

perspectives and attitudes. Hispanic patients should have access and control over health

care resources to improve health care outcomes (Read, Pino Betancourt, & Morrison,

2016).

Leaders in the nursing profession continue to work to decrease disparities and

provide all patients with equal access to health care; however, the past few decades have

seen changes in technology and population needs. Curricular changes must occur to

motivate nursing students and new nurses to be agents of social change. Nurses need to

have a broader understanding of patient needs to care for multiple ethnic groups and to

improve quality of care that is cost effective. Assignments, courses, and capstone projects

must be developed. Engaging in community activities will allow the students to realize

the unique needs and barriers experienced by different communities. In this way, students

become involved in solutions that can have a lasting and sustainable impact. Health

equality and social justice can be cultivated while serving the needs of society.

Nursing students can develop wellness programs that focus on disease prevention

and health promotion activities for the Hispanic population. For example, a health fair

can create access to care and provide ways for the population to learn about risk factors;

this types of activity can stimulate behavioral changes. Health information can be

provided in Spanish to increase the likelihood of compliance and adherence to positive

lifestyle changes. In addition, health screenings such as screenings for blood pressure,

diabetes, body mass index, and many others can be performed. If done on a regular basis,

such activities allow students to interact with the community. Greater interaction with the community during nursing school allows students to reflect on the inequalities of health care and the role nurses play in the pursuit of social justice (Mohammed, Cooke, Ezeonwu, & Stevens, 2014). Increasing the health of the community brings the discussion of social change to the forefront. If planted early, the seeds of social change in the nursing curriculum can foster greater social justice through leadership development. Nursing leadership among Hispanic nurses can help those patients who do not have a voice and do not feel represented (Read et al., 2016).

Conclusions

Clinical faculty have the ability to implement the change needed to better prepare our students for practice. The current study findings supported what other studies have proven: that clinical nursing faculty and a positive clinical environment affects Hispanic students' ability to learn. Students are important stakeholders in this learning process, and instructors who provide timely and constructive feedback enable students to reflect and enact change to achieve the learning objectives. Inadequate feedback can hinder student learning. The use of the Bloom's Taxonomy three domains of learning can help clinical faculty provide streamlined and descriptive feedback. A retention program can also increase the number of students graduating and making the workforce more diverse.

Faculty who lack cultural awareness can benefit by attending continuing education on the subject matter. Clinical faculty should be provided with specific clinical education pedagogies to reference when mentoring students. Clinical nursing faculty must understand the Hispanic students' perspectives and experiences to help Hispanic students meet their educational goals. In conclusion, clinical faculty enhance confidence

levels, motivation, promote learning, provide constructive feedback, and maintain good interpersonal relationships with students by generating a supportive learning environment. Clinical faculty must be committed to helping minority students' progress and succeed in the nursing program by taking a holistic transformational change approach to develop future Hispanic nursing professionals.

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Appendix A: Interview Guide

Thank you for participating in this research study. The purpose of this study is to explore the perspective of Hispanic nursing students regarding how the student-clinical instructor interaction affects your ability to learn. The aim of the study is to provide evidence based on Hispanic nursing student feedback that will positively enhance the retention and graduation rate of Hispanic nursing students in the community. During the interview, I will be asking you about demographic data, nursing as a career choice, your relationship with the clinical instructor, number of hours spent with clinical instructor, interactions with clinical instructor on a typical day, clinical instructor influence, and the impact of the clinical instructor on your ability to learn. The interview will be audio-recorded and will last about 30 minutes. During the consent form process, I was given your permission to audio record the conversation. Are you still in agreement that the interview be recorded? ___ Yes ___No. Let me know if at any time you want me to stop recording the interview or keep any statement off the record. Do you have any further questions before we begin the interview? If additional questions arise during the interview please ask and I will be answer your questions.

Appendix B: Demographic and Interview Questions

Table B1

Demographic Characteristics:	
I will begin the interview by asking you some demographic data	Age
	Place of birth
	Family Country of Origin
	Primary Language
	Raised outside the US
Nursing as Career Choice I like to get to know you better. I like to ask you:	How did you choose nursing as a career choice?
Student and Clinical Instructor Interaction Thank you for sharing your information about nursing. The next five questions that follow focus on the research topic.	Please describe if the number of hours spent with your clinical instructor on an average day are enough to support learning? If so, tell me in what ways.
	Describe a typical day of interaction with your clinical instructor?
	How do you evaluate the influence your clinical instructor has on you? Elaborate on why it is positive or negative.
	Tell me about how you learn in the clinical setting?
	How does the clinical instructor influence your learning?
Conclusion: Before we end the interview,	Is there any additional information you like to provide that we have not discussed during the interview?
	Do you have any additional questions you would like to ask me?

Closing Statement:

Thank you for your participation and your willingness to answer the research questions. I will provide you with my contact information should you have further questions or would like to obtain a copy of the interview recording or transcript.

Appendix C: Code Retrieval by Category

Table C1

Category		Case Text	Coder	Words	% Words	Variable
Interaction between clinical instructor and student	P1	There are some instructors who I feel love what they do more than others. So some of the ones that don't I don't feel like I have a connection with as to them teaching me per say. I don't feel like I get as much, even if we were there for twenty four hours with our professor. I feel like it still wouldn't enable me to learn anything. But then you have professors who genuinely want to teach you and be there for you. That they'll teach you everything in one hour.	Admin	97	3.2%	DOCUMENT
Interaction between clinical instructor and student	P6	she wasn't very. What do you say? Approachable	Admin	9	0.5%	DOCUMENT
Interaction between clinical instructor and student	P1	They'll just belittle you and make you feel like you're stupid.	Admin	13	0.4%	DOCUMENT
Interaction between clinical instructor and student	P6	To to be very, very, very careful of everything	Admin	9	0.5%	DOCUMENT
Interaction between clinical instructor and student	P6	It's being careful, you know, double checking everything.	Admin	9	0.5%	DOCUMENT
Interaction between clinical instructor and student	P6	she's very she's very anal and everything she does, which in a way it's very good for me because that's how I am.	Admin	27	1.4%	DOCUMENT
Interaction between clinical instructor and student	P7	I think I think as a nurse it's important to have a good heart.	Admin	15	0.3%	DOCUMENT
Interaction between clinical instructor and student	P7	is good influence on me to keep me on track, you know.	Admin	12	0.2%	DOCUMENT

Category		Case Text	Coder	Words	%Words	Variable
Interaction between clinical instructor and student	P5	by being positive, be positive and don't treat me like everybody else	Admin	13	0.4%	DOCUMENT
Interaction between clinical instructor and student	P5	No, you know, just by a look. It wouldn't even have to be words. Sometimes she would just look at you and you would know, OK, I missed a step. She would take her time. Very patient. So.	Admin	39	1.2%	DOCUMENT
Interaction between clinical instructor and student	P5	Her constantly being positive, like motivating. You got this. Don't second guess yourself. Or like I said, her constant quizzing only helped.	Admin	23	0.7%	DOCUMENT
Interaction between clinical instructor and student	P1	oh, you should know that by now, your fourth semester	Admin	10	0.3%	DOCUMENT
Interaction between clinical instructor and student	P9	Their is no reason to yell, even if I did something wrong.	Admin	12	0.5%	DOCUMENT
Interaction between clinical instructor and student	P1	So I can ask my clinical instructor a question without feeling like I'm being ridiculed	Admin	16	0.5%	DOCUMENT
Interaction between clinical instructor and student	P5	You know, one would express embarrassment that she had us as students and that she would never want to work alongside any of us because she didn't feel we were up to par up to her standards. She was very confrontational.	Admin	42	1.3%	DOCUMENT
Interaction between clinical instructor and student	P5	So I had one instructor who was actually very aggressive and very negative, had very, very just anything negative you can think of	Admin	23	0.7%	DOCUMENT
Interaction between clinical instructor and student	P7	she's very personable with each of us	Admin	8	0.2%	DOCUMENT
Interaction between clinical instructor and student	P7	She's very connected. She's very involved. She is a great communicator. She's always communicating with you. And she's a very she is a good motivator.	Admin	29	0.6%	DOCUMENT
Interaction between clinical instructor and student	P7	you feel like it's so overwhelming and you need that little. All right. Come on. You know, you're almost there. You can do this.	Admin	26	0.5%	DOCUMENT

Category		Case Text	Coder	Words	%Words	Variable
Interaction between clinical instructor and student	P5	At that semester, we actually weren't even allowed to do things that we were checked off on because that instructor was not comfortable,	Admin	24	0.7%	DOCUMENT
Interaction between clinical instructor and student	P7	And she just keeps you accountable.	Admin	6	0.1%	DOCUMENT
Interaction between clinical instructor and student	P5	One of them was great, always there when I need her	Admin	11	0.3%	DOCUMENT
Interaction between clinical instructor and student	P1	But we're two people, two people who are just trying to do the same thing, which is take care of a patient. You don't have to make me feel like you're so much better than me.	Admin	39	1.3%	DOCUMENT
Interaction between clinical instructor and student	P5	Others, though, were very hands on very, very hands on wanted know where you were at all times and making sure you're doing the right thing and checking in see if you have questions.	Admin	35	1.1%	DOCUMENT
Interaction between clinical instructor and student	P4	Just by being a very open and positive and encouraging instead of just like making us feel dumb for asking questions or not knowing something	Admin	25	1.2%	DOCUMENT
Interaction between clinical instructor and student	P9	Availability. Whenever you had a question, even if you have one or 20, they'll be like answering in the same smiley way, where some others when you go for the third time. They look at you weird.	Admin	38	1.5%	DOCUMENT
Interaction between clinical instructor and student	P4	It's been very good influences because it makes me feel like it like she's very open.	Admin	18	0.8%	DOCUMENT
Interaction between clinical instructor and student	P4	she at least always helps us lead to lead us to the right answers and stuff and questions	Admin	18	0.8%	DOCUMENT
Interaction between clinical instructor and student	P9	The fact that they'll all different and they have different ways to talk and that doesn't make them like bad people.	Admin	23	0.9%	DOCUMENT
Interaction between clinical instructor and student	P9	They were professional, knowledgeable. So. Yeah, for sure	Admin	8	0.3%	DOCUMENT

Category		Case Text	Coder	Words	%Words	Variable
Interaction between clinical instructor and student	P10	He was always looking for something to do basically	Admin	9	0.2%	DOCUMENT
Interaction between clinical instructor and student	P3	I think most of them are very good with understanding that some things you might not know and they don't like make you feel bad that you don't know them	Admin	32	1.5%	DOCUMENT
Interaction between clinical instructor and student	P3	you have someone with knowledge that you can always go up to,	Admin	12	0.6%	DOCUMENT
Interaction between clinical instructor and student	P9	Definitely positive. Cause. OK. When you don't have opportunities to do things, then they look for the opportunity for you.	Admin	21	0.8%	DOCUMENT
Interaction between clinical instructor and student	P7	But for her, I think the fact that we it's a beautiful career. I think it means a lot to her. And she brings that to the table that we can feel it.	Admin	34	0.6%	DOCUMENT
Interaction between clinical instructor and student	P8	The clinical instructor is always there to help, to support, to guide us and help us understand the things we're doing in the hospital and why we're doing them and gives us background information as to why these things are done. Also helps us go back and evaluate those procedures or those interventions that we're doing.	Admin	59	2.3%	DOCUMENT
Interaction between clinical instructor and student	P10	Knowledge.	Admin	1	0.0%	DOCUMENT
Interaction between clinical instructor and student	P10	they were very enthusiastic about you can see that they love what they do.	Admin	14	0.3%	DOCUMENT
Interaction between clinical instructor and student	P2	So sometimes it is their attitude. Sometimes they act like they don't want to be there	Admin	17	0.7%	DOCUMENT
Interaction between clinical instructor and student	P10	Very enthusiastic when they were like talking.	Admin	7	0.2%	DOCUMENT

Category		Case Text	Coder	Words	%Words	Variable
Interaction between clinical instructor and student	P10	she took the time before she went to clinicals to think about it, to think about a subject or something that we might be that maybe we need to learn something besides what we're learning in class	Admin	38	0.8%	DOCUMENT
Interaction between clinical instructor and student	P2	They also help out the nurses	Admin	6	0.3%	DOCUMENT
Interaction between clinical instructor and student	P2	we actually they're very open for us to go and ask questions	Admin	13	0.5%	DOCUMENT
Interaction between clinical instructor and student	P8	And then afterwards always answer any questions	Admin	7	0.3%	DOCUMENT
Interaction between clinical instructor and student	P12	I think mainly caring, caring about us learning, being confident themselves, because if they are not confident themselves, how can they teach me? And just experience, I think their experience.	Admin	30	1.4%	DOCUMENT
Interaction between clinical instructor and student	P10	If you ask for help, they will help you. But they were not proactive.	Admin	14	0.3%	DOCUMENT
Interaction between clinical instructor and student	P9	they were really helpful.	Admin	4	0.2%	DOCUMENT
Interaction between clinical instructor and student	P12	I think it's positive being that they give you confidence.	Admin	11	0.5%	DOCUMENT
Interaction between clinical instructor and student	P10	And depending on their personality	Admin	5	0.1%	DOCUMENT
Interaction between clinical instructor and student	P8	And the anxiety about things and being nervous, that would be a negative influence. And then the being calm and being reassured would be a positive influence.	Admin	27	1.1%	DOCUMENT
Interaction between clinical instructor and student	P11	They explain in details for you.	Admin	6	0.1%	DOCUMENT

Category		Case Text	Coder	Words	%Words	Variable
Interaction between clinical instructor and student	P11	A great clinical instructor is someone who is on hands with you.	Admin	12	0.3%	DOCUMENT
Interaction between clinical instructor and student	P11	they have to be open to it, respectful and, you know, willing to be	Admin	14	0.3%	DOCUMENT
Interaction between clinical instructor and student	P11	I'm more hands on and I know it. It was like the cockiness or I am better than another clinical instructor, which is like, OK, well, whatever.	Admin	28	0.7%	DOCUMENT
Interaction between clinical instructor and student	P11	They are very knowledgeable, respectful. If you need them, they're always there. I've never had to go out and look for my clinical instructor.	Admin	26	0.6%	DOCUMENT
Interaction between clinical instructor and student	P11	They're respectful, have manners.	Admin	5	0.1%	DOCUMENT
Interaction between clinical instructor and student	P11	They're all pretty knowledgeable and nice to have	Admin	9	0.2%	DOCUMENT
Interaction between clinical instructor and student	P11	You know, they'll answer your questions. And, you know, it's always good feedback. Constructive criticism. I like. I like the fact that I get back constructive criticism if I didn't do something right and why I didn't do it right. And that's how I learned.	Admin	50	1.2%	DOCUMENT
Interaction between clinical instructor and student	P11	So I've had those situations as well that the instructor was hands on. And would go with me to do certain things.	Admin	23	0.6%	DOCUMENT
Interaction between clinical instructor and student	P11	They are very knowledgeable.	Admin	4	0.1%	DOCUMENT
Interaction between clinical instructor and student	P8	they support they are teaching us,	Admin	6	0.2%	DOCUMENT

Category		Case Text	Coder	Words	%Words	Variable
Interaction between clinical instructor and student	P5	she's she's brilliant and had a lot to to really teach us that if she would have spoken to us as human beings and as individuals who are learning as opposed to you should already know all of this and, you know, making	Admin	45	1.4%	DOCUMENT
Interaction between clinical instructor and student	P5	So it all depends on who the instructor is	Admin	9	0.3%	DOCUMENT
Interaction between clinical instructor and student	P2	they able to provide any feedback, any clarification, they willing to assist. They're open for us to come and communicate	Admin	21	0.9%	DOCUMENT
Interaction between clinical instructor and student	P8	So if I have a good clinical instructor who is open, who is understanding, who likes to teach, who explains well, who makes me feel calm, then that's obviously a positive influence on me.	Admin	35	1.4%	DOCUMENT
Interaction between clinical instructor and student	P4	But at least I've had sort of been positive. I've never had like felt any negativity or like all dumb or like oh I'm not learning anything from any of the professors.	Admin	35	1.6%	DOCUMENT
Interaction between clinical instructor and student	P2	So I get positive feedback from my instructor	Admin	8	0.3%	DOCUMENT
Interaction between clinical instructor and student	P7	she keeps us you know she keeps us smiling.	Admin	9	0.2%	DOCUMENT
Interaction between clinical instructor and student	P7	if if they're open to help us out and teach.	Admin	11	0.2%	DOCUMENT
Interaction between clinical instructor and student	P3	Just I would just like them to be a little more involved. But overall, I think it's a positive	Admin	20	1.0%	DOCUMENT
Interaction between clinical instructor and student	P5	they were flat out told, you know, you guys are all an embarrassment. I wouldn't ever want to work with any of you.	Admin	24	0.7%	DOCUMENT
Interaction between clinical instructor and student	P3	whenever you have a question, you are able to go up to them and they will explain it to you. The only little side note that I would add is just for them to be more present, more involved, maybe	Admin	40	1.9%	DOCUMENT

Category		Case Text	Coder	Words	%Words	Variable
Interaction between clinical instructor and student	P12	they let us know if we have any weaknesses and they'll tell us they'll guide us to those weaknesses, tell us, you know, what we need to do to better that	Admin	33	1.5%	DOCUMENT
Interaction between clinical instructor and student	P8	Sometimes advice and what's the word like a critique of things that they witness that we did	Admin	18	0.7%	DOCUMENT
Interaction between clinical instructor and student	P5	But I feel like we all could have benefited from this instructor if she took a more professional approach.	Admin	19	0.6%	DOCUMENT
Interaction between clinical instructor and student	P2	Is they're not passionate about, you know, being a clinical instructor.	Admin	12	0.5%	DOCUMENT
Interaction between clinical instructor and student	P6	She wasn't very open with us	Admin	7	0.4%	DOCUMENT
Interaction between clinical instructor and student	P4	And they at least all my experience with them with different instructors have been really good because they they're always helpful. They're they always try to be there	Admin	30	1.4%	DOCUMENT
Perceptions of Relationship with clinical instructor	P6	're you're learning and you have somebody else double checking and seeing that if you're gonna make an error , you're not doing it correctly.	Admin	27	1.4%	DOCUMENT
Perceptions of Relationship with clinical instructor	P11	It's always, you know, even if I may think I'm sorry, this is a dumb question. They are always tell me, no, it's not your learning.	Admin	29	0.7%	DOCUMENT
Perceptions of Relationship with clinical instructor	P11	I look at them and I look up to them and I say, you know what? This is what I want to do. This is where I want to be	Admin	30	0.7%	DOCUMENT
Perceptions of Relationship with clinical instructor	P8	So also getting with the instructor and just kind of verbally going through the steps of	Admin	16	0.6%	DOCUMENT
Perceptions of Relationship with clinical instructor	P3	I think she's there just like a good source of knowledge.	Admin	12	0.6%	DOCUMENT

Category		Case Text	Coder	Words	%Words	Variable
Perceptions of Relationship with clinical instructor	P8	They influence our learning with just their presence being there to. To answer our questions, to guide us, they also may spark interest. They ask us questions to help us think deeper in to certain topics their expectations of us students as to what we should know, where we should be. Our evaluations that we're given midterm and the final. Are helpful feedbacks just to kind of see the specific areas that they observe since they're looking at us all day. The specific areas that they observe that we excel in or that we might also need to work on. And also just their general advice sometimes I guess, you know	Admin	113	4.5%	DOCUMENT
Perceptions of Relationship with clinical instructor	P11	They care about your well-being while you're there. They care about teaching you something while you're there.	Admin	20	0.5%	DOCUMENT
Perceptions of Relationship with clinical instructor	P11	So those professors that some might think are real nit picky or they want things a certain way or, you know, some might say, quote unquote, annoying. Those are the great ones to me because I actually learn. You know, I actually learn from my mistakes.	Admin	46	1.1%	DOCUMENT
Perceptions of Relationship with clinical instructor	P4	They influence it by giving us the opportunity to be able to do these skills in like if they find something like	Admin	22	1.0%	DOCUMENT
Perceptions of Relationship with clinical instructor	P4	If we're not busy, she tells us, look, there's an opportunity for you to do a skill with me if you want to do it. And she helps us get the opportunity sometimes when we're to busy doing something else.	Admin	43	2.0%	DOCUMENT
Perceptions of Relationship with clinical instructor	P8	really dig in to that question as to why is the why is this like this? Why did this patient react that way? Why was that step that I took?	Admin	30	1.2%	DOCUMENT
Perceptions of Relationship with clinical instructor	P9	So I wanted for them to be there to guide me.	Admin	11	0.4%	DOCUMENT
Perceptions of Relationship with clinical instructor	P1	So it's you don't want to ask questions because you're going to feel like you're going to be attacked or	Admin	24	0.8%	DOCUMENT
Perceptions of Relationship with clinical instructor	P9	So it goes both ways. It depends on the instructor, some some are more some feel like better by letting you do things and some want to feel safer. And I know you want to be safe. But you also have to, you know. You know try at least.	Admin	49	1.9%	DOCUMENT

Category		Case Text	Coder	Words	%Words	Variable
Perceptions of Relationship with clinical instructor	P10	So if they know that you want to learn they will call you. Come on and want to do this come with me. So that's another way to learn.	Admin	30	0.7%	DOCUMENT
Perceptions of Relationship with clinical instructor	P11	So they they have influenced me to, you know, keep going, keep going forward. Not stop, further her education.	Admin	19	0.5%	DOCUMENT
Perceptions of Relationship with clinical instructor	P7	She will talk about it and gives feedback and she will correct us. Definitely correct it.	Admin	16	0.3%	DOCUMENT
Perceptions of Relationship with clinical instructor	P5	I love learning from different cultures. I love that. I love growing up in South Florida because you learn from every culture. You know, I read every nationality is different. And we don't really have we don't have that here.	Admin	42	1.3%	DOCUMENT
Perceptions of Relationship with clinical instructor	P11	they'll always tell you, go for your bachelor's, go for your master's, you know, so they keep pushing you. They tell you to keep pushing forward, to keep going.	Admin	32	0.8%	DOCUMENT
Perceptions of Relationship with clinical instructor	P11	So if your clinical instructor is, I would say, a good clinical instructor. It makes you feel better because you have someone there backing you up	Admin	26	0.6%	DOCUMENT
Perceptions of Relationship with clinical instructor	P12	I'm a little more confident than I was when I walked into the hospital that morning through that conversation and then throughout the day them checking on you.	Admin	29	1.4%	DOCUMENT
Perceptions of Relationship with clinical instructor	P12	because if for them coming into that room and guiding me through the whole procedure and me doing it myself, then that makes me more competent.	Admin	26	1.2%	DOCUMENT
Perceptions of Relationship with clinical instructor	P6	You know, under my supervision, basically, and I will guide you.	Admin	11	0.6%	DOCUMENT
Perceptions of Relationship with clinical instructor	P5	To deal with different ways that people learn or different you know, different cultures take things in different ways, like personally or not. There could it could be more diverse. I feel like.	Admin	33	1.0%	DOCUMENT
Perceptions of Relationship with clinical instructor	P5	I know they could be more diverse staff.	Admin	8	0.2%	DOCUMENT
Perceptions of Relationship with clinical instructor	P12	When are you doing it so over and over again, you get so comfortable with it that you can go into a room and talk to a patient.	Admin	28	1.3%	DOCUMENT

Category		Case Text	Coder	Words	%Words	Variable
Perceptions of Relationship with clinical instructor	P5	Don't sit there and say, oh, well, you should know this already. If I'm asking a question, it's because I need to know. So.	Admin	27	0.8%	DOCUMENT
Perceptions of Relationship with clinical instructor	P12	Then they'll explain that more into detail.	Admin	8	0.4%	DOCUMENT
Perceptions of Relationship with clinical instructor	P1	I've been told my first semester, I don't know why you're in nursing school.	Admin	17	0.6%	DOCUMENT
Perceptions of Relationship with clinical instructor	P12	Seeing different things in different units, seeing different guidelines, in different units, I think expands their knowledge and then helping us expand our knowledge.	Admin	24	1.1%	DOCUMENT
Perceptions of Relationship with clinical instructor	P12	the fact that we all spoke in a group, I didn't do something that someone else did. And then talking about that, now I know more or less a bigger picture of what you look forward to or what to expect. If I were to get into that same situation. So I think that was a very good learning experience those pre lunch and post conferences that we had with our clinical instructors.	Admin	74	3.5%	DOCUMENT
Perceptions of Relationship with clinical instructor	P5	I will go find the instructor. I'm not shy. I will find my instructor and ask if there's anything else I can do it anybody else needs, you know, meds, or if I didn't understand like	Admin	39	1.2%	DOCUMENT
Perceptions of Relationship with clinical instructor	P5	I mean, it depends if they're rude and aggressive, sometimes I just tune them out because you can it's there's only so many times you can say the same thing in a negative manner. So if it gets too redundant, I kind of tune it out.	Admin	49	1.5%	DOCUMENT
Perceptions of Relationship with clinical instructor	P1	you tell them something and they'll be like, no, that's not right. Like, you're you're you're about to finish. If you don't know this, then I don't know how you're gonna make it.	Admin	41	1.3%	DOCUMENT
Perceptions of Relationship with clinical instructor	P1	You're a minority and they don't care for you	Admin	11	0.4%	DOCUMENT
Perceptions of Relationship with clinical instructor	P10	Is not the same doing an IV on a mannequin than doing an IV on a patient. So I mean, if we had a good practice, I think a lot of students like the order schools, basically they go there. So I saw the students and they were not doing anything and we were always doing something. We are always doing something. We were always busy.	Admin	66	1.5%	DOCUMENT

Category		Case Text	Coder	Words	%Words	Variable
Perceptions of Relationship with clinical instructor	P1	To me, it's the mannerisms of a lot of these professors who some what I like to see is a power trip. So it's they feel and I don't want to put. I don't like seeing the whole racism card.	Admin	44	1.4%	DOCUMENT
Perceptions of Relationship with clinical instructor	P3	I know we really appreciate an instructor that doesn't that doesn't make you feel like for the lack of a better word, stupid for asking certain question and doesn't get bothered by you asking those questions.	Admin	39	1.9%	DOCUMENT
Perceptions of Relationship with clinical instructor	P10	They were looking for things for students to do so. That will influence the way we learn.	Admin	17	0.4%	DOCUMENT
Perceptions of Relationship with clinical instructor	P9	But even the ones that I didn't like, I don't think that they influence me in a negative way.	Admin	21	0.8%	DOCUMENT
Perceptions of Relationship with clinical instructor	P9	the instructor was like, don't worry, I'll be there. You do it? If I see that your are doing something wrong I'll tell you but just try to do it because you know the concept already.	Admin	39	1.5%	DOCUMENT
Perceptions of Relationship with clinical instructor	P7	are situations and they need to be brought up to the to the charge nurse or the nurse manager. You know, situations like this that they have to be avoid.	Admin	30	0.6%	DOCUMENT
Perceptions of Relationship with clinical instructor	P10	So you that people when they love what they do, they were able to transfer that to the students. So I really enjoy it.	Admin	24	0.5%	DOCUMENT
Perceptions of Relationship with clinical instructor	P11	I think they give up sometimes when they don't get their answer. Even if they don't get the answer, they they give up on trying to get it just because they get frustrated that their question is not being answered.	Admin	42	1.0%	DOCUMENT
Perceptions of Relationship with clinical instructor	P11	And I never think that it works out fine or should get that he or she gets her question answered accurately because of the language barrier.	Admin	26	0.6%	DOCUMENT
Perceptions of Relationship with clinical instructor	P5	Like we know this drug. Stop worrying yourself or second guessing yourself. You know how to. You know the signs and symptoms are adverse reactions. You know what you're doing. Her constantly being there when she was in the room, there was no nervousness. It was actually more of like more of a comfort	Admin	55	1.7%	DOCUMENT
Perceptions of Relationship with clinical instructor	P2	When the nurses allow us to do things on our own.	Admin	11	0.5%	DOCUMENT

Category		Case Text	Coder	Words	%Words	Variable
Perceptions of Relationship with clinical instructor	P2	So is another because practice makes a master. So by practicing what you already know.	Admin	15	0.6%	DOCUMENT
Perceptions of Relationship with clinical instructor	P7	She's very passionate of what she does. So she was very appalled by it.	Admin	15	0.3%	DOCUMENT
Perceptions of Relationship with clinical instructor	P2	Because sometimes we are afraid of throwing things, but they come to us and start picking your brain. They want to make us to like critically think about a procedure or a process or a disease	Admin	36	1.5%	DOCUMENT
Perceptions of Relationship with clinical instructor	P3	I want to see you do an assessment on a patient and then they'll watch you.	Admin	17	0.8%	DOCUMENT
Perceptions of Relationship with clinical instructor	P2	Because when we are with them, we've I think it gives us like more reassurance.	Admin	16	0.7%	DOCUMENT
Perceptions of Relationship with clinical instructor	P2	And so she gave me feedback. She said, you know what, I would've done this differently.	Admin	17	0.7%	DOCUMENT
Perceptions of Relationship with clinical instructor	P5	This is she's just one person, you know, that's just one person who I feel had a chip on their shoulder and didn't didn't know how to be an instructor.	Admin	34	1.0%	DOCUMENT
Perceptions of Relationship with clinical instructor	P11	I I've seen people just take it as a job. I'm just here and I'll just sit back and wait for these hours to finish. But I feel like a clinical instructor that's involved and doesn't only wait for you to come and ask questions, they'll come to you. Is there anything you need to know? You have any questions? You know, and I feel that that makes me comfortable and it makes me feel like, you know, what I could learn here. I	Admin	90	2.2%	DOCUMENT
Perceptions of Relationship with clinical instructor	P7	she really this is what a nurse is all about, you know, caring for others and make sure that they go home and they're well or the family, you know, like I think I think she brings that to the table very clearly and I think is very important	Admin	50	0.9%	DOCUMENT

Category		Case Text	Coder	Words	%Words	Variable
Perceptions of Relationship with clinical instructor	P5	Like I was confident in my skills, that being the aggressive nature of how she was actually very vocal in front of patients to demean and knock you down. It was very unprofessional. It would have me very just uncomfortable to where when I was even trying to head to toe assessment, which we all know how to do, head to toe assessment by now, like I was forgetting how to do steps because of the energy that was in the room.	Admin	82	2.5%	DOCUMENT
Perceptions of Relationship with clinical instructor	P6	Go ahead and practice it because practice makes perfect	Admin	9	0.5%	DOCUMENT
Perceptions of Relationship with clinical instructor	P7	She keeps us moving us forward. She gives us feedback over the things that we should do. She thinks we should not do things to have in consideration.	Admin	28	0.5%	DOCUMENT
Perceptions of Relationship with clinical instructor	P1	Just so that you have like the upper hand, that stuff and that makes a lot of people, Hispanic or not, feel really bad because yeah are we're in school.	Admin	31	1.0%	DOCUMENT
Perceptions of Relationship with clinical instructor	P5	There were many remarks that were just blatantly said to make you feel dumb or to break you down to break your self-esteem. I	Admin	25	0.8%	DOCUMENT
Perceptions of Relationship with clinical instructor	P8	I also like to learn after a situation or a code or whatever happened to sit down with the clinical instructor and just talk about what happened, what you know, what the steps were taken, what interventions were done. And then after that, you just kind of get feedback and a deeper understanding from the clinical instructor as to why she's recording well outside and get all just more information from the mind of the instructor as to you know why this happened, why it was done this way.	Admin	90	3.6%	DOCUMENT
Perceptions of Relationship with clinical instructor	P4	they're just encouraging by making us think critically in other ways to see how we get to the to the solutions	Admin	22	1.0%	DOCUMENT
Perceptions of Relationship with clinical instructor	P1	And we're just just now learning and they want to feel like they're the ones that are in charge	Admin	21	0.7%	DOCUMENT
Perceptions of Relationship with clinical instructor	P3	And most of the time, they're good at answering them like they don't have a problem answering them whenever they're not too, you know, too hectic with the job	Admin	32	1.5%	DOCUMENT

Category		Case Text	Coder	Words	%Words	Variable
Perceptions of Relationship with clinical instructor	P3	So it's kind of like the little or the little push that you sometimes need to do something you might be afraid to do.	Admin	25	1.2%	DOCUMENT
Perceptions of Relationship with clinical instructor	P8	So so, in their questioning, in their expectations of us is how they spark that in us to go and go a step further into things.	Admin	26	1.0%	DOCUMENT
Perceptions of Relationship with clinical instructor	P11	No, I wouldn't mind being a clinical instructor one day to give back, you know, so because I remember being in that position. So they they played a big part in, you know, me wanting to further my education.	Admin	40	1.0%	DOCUMENT
Perceptions of Relationship with clinical instructor	P11	I take different things from each one. No one. Everyone's not the same.	Admin	14	0.3%	DOCUMENT
Perceptions of Relationship with clinical instructor	P5	Her negative energy and her negative comments did not affect me as it broke down everybody else	Admin	17	0.5%	DOCUMENT
Perceptions of Relationship with clinical instructor	P3	gives me no choice, but it pushes me to actually doing that and conquering maybe any fear or any doubt that I might have	Admin	24	1.1%	DOCUMENT
Perceptions of Relationship with clinical instructor	P5	I've very, very thick skin. So I'm OK with taking criticism, even if it's too harsh. It doesn't affect me like it does others.	Admin	28	0.8%	DOCUMENT
Perceptions of Relationship with clinical instructor	P5	So but in the long term, I didn't really let it affect me.	Admin	14	0.4%	DOCUMENT
Perceptions of Relationship with clinical instructor	P2	Challenging us, not just the way that knowledge that we have are also challenging, like making us do things specially.	Admin	20	0.8%	DOCUMENT
Perceptions of Relationship with clinical instructor	P2	By challenging	Admin	2	0.1%	DOCUMENT
Perceptions of Relationship with clinical instructor	P5	I personally grew from both.	Admin	5	0.2%	DOCUMENT
Perceptions of Relationship with clinical instructor	P5	You have to be able to deal with different personalities, which I actually pride myself on.	Admin	16	0.5%	DOCUMENT

Category		Case Text	Coder	Words	%Words	Variable
Perceptions of Relationship with clinical instructor	P7	But I think these are important things that shouldn't be overlooked.	Admin	12	0.2%	DOCUMENT
Perceptions of Relationship with clinical instructor	P10	I am a visual learner.	Admin	5	0.1%	DOCUMENT
Perceptions of Relationship with clinical instructor	P5	Very, very important. So I grew with with everything, with the good and the bad.	Admin	15	0.5%	DOCUMENT
Perceptions of Relationship with clinical instructor	P5	I ask a lot of questions and I observe. It takes me like I just need to see something done once from start to finish.	Admin	25	0.8%	DOCUMENT
Perceptions of Relationship with clinical instructor	P9	I had seen it so many times that I got it like with no problems. I'm like, I am a pro at this.	Admin	24	0.9%	DOCUMENT
Perceptions of Relationship with clinical instructor	P9	You know, as you do it more often and you get your own technique. You make your life easier.	Admin	19	0.7%	DOCUMENT
Perceptions of Relationship with clinical instructor	P4	Like once I see it and I'm able to do, I learn a lot, a lot better that way than just like observing or hearing it.	Admin	27	1.3%	DOCUMENT
Perceptions of Relationship with clinical instructor	P10	I didn't know I was able to do this. At the beginning you are like a little apprehensive because it's nursing is not like you're dealing with people.	Admin	31	0.7%	DOCUMENT
Perceptions of Relationship with clinical instructor	P11	Questions. Hands on. That's how I learned a lot. And I've read a lot of the the files.	Admin	20	0.5%	DOCUMENT
Perceptions of Relationship with clinical instructor	P10	After I started going to clinicals. I said OK this is it and that was it that was the moment that change my life.	Admin	24	0.5%	DOCUMENT
Perceptions of Relationship with clinical instructor	P11	So they say I have a patience. So I should be a nurse because the patience I have and I guess the gift of gab, I like to talk.	Admin	29	0.7%	DOCUMENT
Perceptions of Relationship with clinical instructor	P7	I tell them exactly what my scope is.	Admin	8	0.2%	DOCUMENT
Perceptions of Relationship with clinical instructor	P7	I was the one that went and found the board and the marker and I brought it over and the lady was in tears saying, thank you so much.	Admin	29	0.6%	DOCUMENT
Perceptions of Relationship with clinical instructor	P11	I like to keep asking questions if I have questions.	Admin	10	0.2%	DOCUMENT

Category		Case Text	Coder	Words	%Words	Variable
Perceptions of Relationship with clinical instructor	P8	kind of peak our interest in certain things and and inspire us to kind of go and look further about certain things and learn more or better ourselves in what we're doing.	Admin	33	1.3%	DOCUMENT
Perceptions of Relationship with clinical instructor	P7	I write it down as well and then I review them. I think that's important	Admin	16	0.3%	DOCUMENT
Perceptions of Relationship with clinical instructor	P7	And I learn by asking questions, writing notes, the goods and the bads, like I've seen nurses doing things that I'll be like	Admin	25	0.5%	DOCUMENT
Perceptions of Relationship with clinical instructor	P5	've always enjoyed helping people. I always am very personable	Admin	10	0.3%	DOCUMENT
Perceptions of Relationship with clinical instructor	P7	And I am very forward when I meet my my mentor	Admin	11	0.2%	DOCUMENT
Perceptions of Relationship with clinical instructor	P1	I wasn't a strong person, that would have made me like, just quit right then and there.	Admin	18	0.6%	DOCUMENT
Perceptions of Relationship with clinical instructor	P7	You know, you are the only one that cared. And that meant a lot to me. Then	Admin	17	0.3%	DOCUMENT
Perceptions of Relationship with clinical instructor	P7	but I did not want to make that particular patient feel worse or given her any type of. I mean, she can get an infection,	Admin	25	0.5%	DOCUMENT
Perceptions of Relationship with clinical instructor	P4	So I'm not like scared to ask for anything. So it's it's help.	Admin	16	0.7%	DOCUMENT
Perceptions of Relationship with clinical instructor	P10	they have a great reputation	Admin	5	0.1%	DOCUMENT
Perceptions of Relationship with clinical instructor	P1	So that's how I learned being able to be put into a real life situation where I could put my skill in place.	Admin	24	0.8%	DOCUMENT
Perceptions of Relationship with clinical instructor	P1	So it's like I'm very hands on. And that's how I feel like I learn.	Admin	18	0.6%	DOCUMENT
Perceptions of Relationship with clinical instructor	P3	I'm scared to do things because I don't want to hurt the patient.	Admin	15	0.7%	DOCUMENT

Category		Case Text	Coder	Words	%Words	Variable
Perceptions of Relationship with clinical instructor	P3	But I think answering questions and just observing is a is the way I learn.	Admin	15	0.7%	DOCUMENT
Perceptions of Relationship with clinical instructor	P10	you really know the people you will ask the nurse,	Admin	10	0.2%	DOCUMENT
Perceptions of Relationship with clinical instructor	P12	I feel pretty confident.	Admin	4	0.2%	DOCUMENT
Perceptions of Relationship with clinical instructor	P7	We want to make the world better. You know, we want to teach other generations, too. This is what nurses do, you know, the love of the of the career?	Admin	30	0.6%	DOCUMENT
Perceptions of Relationship with clinical instructor	P12	Pretty much that the fact that when you what you learn in the classroom, you put it and you applied it.	Admin	21	1.0%	DOCUMENT
Perceptions of Relationship with clinical instructor	P12	And then we do this task confidently and teach about it confidently.	Admin	12	0.6%	DOCUMENT
Perceptions of Relationship with clinical instructor	P2	I think I want to do something for humanity	Admin	9	0.4%	DOCUMENT
Perceptions of Relationship with clinical instructor	P9	I actually learned a lot by watching people do things.	Admin	10	0.4%	DOCUMENT
Perceptions of Relationship with clinical instructor	P5	But it helped our self-esteem as well	Admin	8	0.2%	DOCUMENT
Perceptions of Relationship with clinical instructor	P2	I learn by by observing, by listening, when someone coming teach me to do something	Admin	15	0.6%	DOCUMENT
Perceptions of Relationship with clinical instructor	P7	But I take a lot of notes	Admin	7	0.1%	DOCUMENT
Perceptions of Relationship with clinical instructor	P7	I give them their space, you know.	Admin	7	0.1%	DOCUMENT
Perceptions of Relationship with clinical instructor	P11	I'm a nice person and I'm very caring.	Admin	10	0.2%	DOCUMENT

Category		Case Text	Coder	Words	%Words	Variable
Perceptions of Relationship with clinical instructor	P7	So I learn a lot more by being there and listening and watching and doing so.	Admin	16	0.3%	DOCUMENT
Perceptions of Relationship with clinical instructor	P5	I take and I find something to learn, something to learn from everything, from every person, every personality, every everything.	Admin	20	0.6%	DOCUMENT
Perceptions of Relationship with clinical instructor	P11	You know, don't compare yourself to other people. Everyone is different	Admin	12	0.3%	DOCUMENT
Perceptions of Relationship with clinical instructor	P8	But until you get to the clinical site and work with the patients, you're just not going to get procedures until you do them and doing them and doing them again. And repeating and just repetition is key.	Admin	39	1.6%	DOCUMENT
Perceptions of Relationship with clinical instructor	P6	become really confident that just repetition, just constant repetition.	Admin	9	0.5%	DOCUMENT
Perceptions of Relationship with clinical instructor	P6	I guess we all learn from our mistakes, but it's really just just practice	Admin	15	0.8%	DOCUMENT
Perceptions of Relationship with clinical instructor	P6	I learned from actually watching a lot, cause that's how I feel that I am a visual learner.	Admin	19	1.0%	DOCUMENT
Perceptions of Relationship with clinical instructor	P10	they actually would say some other schools, that they don't want to learn.	Admin	14	0.3%	DOCUMENT
Perceptions of Relationship with clinical instructor	P12	Just being around patients all the time, seeing what nurses do for patients is what made me go into nursing.	Admin	20	0.9%	DOCUMENT
Perceptions of Relationship with clinical instructor	P8	But if I'm calm and I'm confident,	Admin	9	0.4%	DOCUMENT
Perceptions of Relationship with clinical instructor	P6	So that builds confidence	Admin	4	0.2%	DOCUMENT
Perceptions of Relationship with clinical instructor	P7	I just try to take a 30 minute lunch real quick so I can go back.	Admin	16	0.3%	DOCUMENT
Interaction between clinical instructor and student	P12	then post conference would be discussing about the day what we did. Oh, if anyone has any interesting stories about what they did, what they saw.	Admin	26	1.2%	DOCUMENT

Category		Case Text	Coder	Words	%Words	Variable
Interaction between clinical instructor and student	P12	But then when I went to the hospital, you know, seeing how it really can affect someone, that's when it when it permanently sticks.	Admin	25	1.2%	DOCUMENT
Interaction between clinical instructor and student	P1	Now I feel like only if you don't feel comfortable just for the patient's safety and yours is when you would call your professor.	Admin	26	0.9%	DOCUMENT
Interaction between clinical instructor and student	P6	So in case we didn't, you ask us, what do you know about the patient? If we missed anything she'll already know and add to that to that. You know, it's adding to our learning.	Admin	38	1.9%	DOCUMENT
Interaction between clinical instructor and student	P10	every day that we there she will have a subject that on the side we have to discuss our patients. But she will have something to teach us. It was like a mini class inside during that meeting	Admin	38	0.8%	DOCUMENT
Interaction between clinical instructor and student	P6	she wants to make sure that we know every single medication	Admin	11	0.6%	DOCUMENT
Interaction between clinical instructor and student	P10	Basically he would go around asking if we need anything. If we need it. We need help with something. We know where to find him. I mean, we're able to go to him without any hesitation and ask him, can you help me do this? Can you teach me how to do this? He was great. I love him. He was great.	Admin	63	1.4%	DOCUMENT
Interaction between clinical instructor and student	P10	If there is something that he and skills, he wants us to learn, he will make sure that he would go all around the floor and find out.	Admin	28	0.6%	DOCUMENT
Interaction between clinical instructor and student	P6	she'll call us and be like, here, I want you to go see this because maybe you haven't seen it.	Admin	22	1.1%	DOCUMENT
Interaction between clinical instructor and student	P10	So what we learn in the school we apply in the clinical. We practice that in clinical. So that was a good experience for me.	Admin	25	0.6%	DOCUMENT
Interaction between clinical instructor and student	P10	And you can see on everybody's faces that everybody was like really interested in what she was talking about because they are very knowledgeable. So they transfer that experience to the students.	Admin	33	0.7%	DOCUMENT

Category		Case Text	Coder	Words	%Words	Variable
Interaction between clinical instructor and student	P5	Being pulled into other patients rooms.	Admin	6	0.2%	DOCUMENT
Interaction between clinical instructor and student	P2	And that's how they gain most of their knowledge through practicing rather than being in a class	Admin	18	0.8%	DOCUMENT
Interaction between clinical instructor and student	P2	If you want to learn how to do something, your clinical instructor might be busy with somebody else you might lose the opportunity to actually asks questions about procedure.	Admin	29	1.2%	DOCUMENT
Interaction between clinical instructor and student	P2	So if we're going to give medication, the professor has to be around. You know, she has to be with us because we're going to do everything under her license.	Admin	32	1.3%	DOCUMENT
Interaction between clinical instructor and student	P3	they find something interesting, they go up to me and they teach me or ask me questions.	Admin	17	0.8%	DOCUMENT
Interaction between clinical instructor and student	P10	you learn more in a places were you when you are busy.	Admin	12	0.3%	DOCUMENT
Interaction between clinical instructor and student	P6	you know, we go to the hospital where there are a total of 24 hours because we go two clinical days, twelve hours and twelve hours, I think. And I think that we should have gotten that amount of hours maybe before.	Admin	42	2.1%	DOCUMENT
Interaction between clinical instructor and student	P10	You need to know about this or you need to do or she wants you to know about this or the medication or about this.	Admin	25	0.6%	DOCUMENT
Interaction between clinical instructor and student	P7	I would like to have more clinical rotations.	Admin	8	0.2%	DOCUMENT
Interaction between clinical instructor and student	P2	we go to post-conference and we share, what we learned that day and we actually say something wrong she will actually tell us, OK. This is the way this is this is the reason why basically will correct you if you are saying something that is not correct.	Admin	49	2.1%	DOCUMENT

Category		Case Text	Coder	Words	%Words	Variable
Interaction between clinical instructor and student	P11	If the day allowed it, because there will be some days that nothing would happen, but if the day allowed it, we would see a lot of procedures. We'll be able to do more.	Admin	35	0.9%	DOCUMENT
Interaction between clinical instructor and student	P2	So my professors the ones I have this semester they are fully engaged with us	Admin	15	0.6%	DOCUMENT
Interaction between clinical instructor and student	P1	if my professors able to give me feedback and answer my question without making me feel like, oh, you don't know that you learned in lecture, I feel like that's how I would evaluate my professors as to if I learn something or not from them.	Admin	48	1.6%	DOCUMENT
Interaction between clinical instructor and student	P12	Because they always come in and they check on you and all that. They go around the unit looking at each student. So I see a lot of times as far as personnel sitting down interaction probably three, four or five times.	Admin	42	2.0%	DOCUMENT
Interaction between clinical instructor and student	P7	We have a conference. We speak about our daily goals. Any expectations from the instructor are delivered to us.	Admin	19	0.4%	DOCUMENT
Interaction between clinical instructor and student	P7	You know, she will just pop up and ask questions or, you know, don't forget, you need this for post-conference.	Admin	22	0.4%	DOCUMENT
Interaction between clinical instructor and student	P7	post-conference. And each of us has to have an SBAR head to toe.	Admin	14	0.3%	DOCUMENT
Interaction between clinical instructor and student	P7	she will go ahead and. Correct. You know, don't forget to do this don't add this and everybody is taking notes. And then after that, we are actually writing journals.	Admin	32	0.6%	DOCUMENT
Interaction between clinical instructor and student	P7	You know, my mentor was this person. My goals for today were these my. I achieved this goals. I couldn't achieve these goals because of ABC, my patient. All the information where the patient from medicines to allergies, to teaching, to let's say cultural.	Admin	46	0.9%	DOCUMENT
Interaction between clinical instructor and student	P7	You know, so you get to see a lot of different cultures. And how do you know how can you implement that on your learning as well?	Admin	27	0.5%	DOCUMENT

Category		Case Text	Coder	Words	%Words	Variable
Interaction between clinical instructor and student	P7	OK. I'm writing this. I have to tell them why I'm putting this on the paper and backup. My reason why, you know, so I think is it works for me.	Admin	33	0.6%	DOCUMENT
Interaction between clinical instructor and student	P6	She lets us know before you give medications and let me know because I want to be there. And before you give any medications, you have to know which medications it is. The side effects. What's it for? Any adverse effects?	Admin	42	2.1%	DOCUMENT
Interaction between clinical instructor and student	P6	she goes around multiple times, come checking on us, asking us questions to enhance our learning.	Admin	16	0.8%	DOCUMENT
Interaction between clinical instructor and student	P7	So kind of give you options, you know, like what what do you think this works and why do you think this won't work? OK, let's try this.	Admin	30	0.6%	DOCUMENT
Interaction between clinical instructor and student	P5	Just hitting you with a bunch of questions all day long.	Admin	11	0.3%	DOCUMENT
Interaction between clinical instructor and student	P5	it would actually stimulate your your brain and make you critically think as opposed to just throwing you to the wolves.	Admin	21	0.6%	DOCUMENT
Interaction between clinical instructor and student	P5	OK, what can you tell me about this disease process or what this condition is? And they would quiz us on it. What does this mean? Like, how would you. What is this medication for?	Admin	35	1.1%	DOCUMENT
Interaction between clinical instructor and student	P5	It's either they're there hundred percent wanting to teach you or they're not.	Admin	16	0.5%	DOCUMENT
Interaction between clinical instructor and student	P5	She would make sure to gather all of us so that we could see a procedure or just like see a new case to see what was going on. It truly does depend on who your instructor is	Admin	38	1.1%	DOCUMENT
Interaction between clinical instructor and student	P5	I mean, at least checking in once an hour or doing or once every two hours checking in, say, hey, you know, what have you learned or what did you struggle with that maybe I can help you with? You know, that would be helpful.	Admin	45	1.4%	DOCUMENT

Category		Case Text	Coder	Words	%Words	Variable
Interaction between clinical instructor and student	P5	Some instructors kind of just, you know, take you out on the floor, give you your assignment, and you literally will not see them. Your whole shift, even if you have questions for them, you can't really find them.	Admin	40	1.2%	DOCUMENT
Interaction between clinical instructor and student	P5	I don't believe that it was enough hours with the instructor one on one. At least I learned more. Being on the floor with the actual nurses and the staff at the hospital.	Admin	34	1.0%	DOCUMENT
Interaction between clinical instructor and student	P4	Cope with the emotions that you have to deal with in that type of setting and how learn not to be judgmental on how like the baby probably got there	Admin	30	1.4%	DOCUMENT
Interaction between clinical instructor and student	P4	It's definitely helped me grow more as a student as each semester passed by,	Admin	15	0.7%	DOCUMENT
Interaction between clinical instructor and student	P4	it pushes you, I guess, to kind of put the pieces together.	Admin	12	0.6%	DOCUMENT
Interaction between clinical instructor and student	P4	She also explains, like any questions we have with it or or like like gives us like scenarios of OK. This turned out like this, but would have this happened. What would you do as a nurse? And	Admin	38	1.8%	DOCUMENT
Interaction between clinical instructor and student	P4	They're always there with us. Like if we need anything, you know answering questions and stuff and helping us solve anything. She's always available. They're always available.	Admin	30	1.4%	DOCUMENT
Interaction between clinical instructor and student	P4	They make sure we're doing like skills correctly. And if and if we're need help, they're there to help us as well.	Admin	25	1.2%	DOCUMENT
Interaction between clinical instructor and student	P3	But sometimes you feel a little lost and you want to have someone explain certain things to you.	Admin	18	0.9%	DOCUMENT
Interaction between clinical instructor and student	P3	the instructor themselves other than if I want to show them or have them watch me do a new skill.	Admin	20	1.0%	DOCUMENT

Category		Case Text	Coder	Words	%Words	Variable
Interaction between clinical instructor and student	P3	But it's mostly just give me like an SBAR report to our professor and asking any questions if we have any.	Admin	22	1.0%	DOCUMENT
Interaction between clinical instructor and student	P3	Sometimes they like to watch us give out medications. But that's like once or twice throughout the entire twelve hour shifts. And then at the end we have our post-conference	Admin	32	1.5%	DOCUMENT
Interaction between clinical instructor and student	P3	I think the instructors should be a little bit more engaged on site because I find myself a lot of time just asking myself questions and not not having.	Admin	29	1.4%	DOCUMENT
Interaction between clinical instructor and student	P8	The clinical instructor is usually there is usually no, is always there to answer our questions are. To guide us through procedures.	Admin	22	0.9%	DOCUMENT
Interaction between clinical instructor and student	P3	But I don't think we spend as much time with the clinical professor.	Admin	14	0.7%	DOCUMENT
Interaction between clinical instructor and student	P2	You feel like you're bothering them. So they're not they're not engaged at all.	Admin	17	0.7%	DOCUMENT
Interaction between clinical instructor and student	P8	Most of us are doing for the first time. So they're doing it there with us, showing us, making sure that we're doing things correctly, that we are following the correct steps, that we are not you know not making errors.	Admin	43	1.7%	DOCUMENT
Interaction between clinical instructor and student	P8	They're also teaching us kind of how to think like a nurse	Admin	13	0.5%	DOCUMENT
Interaction between clinical instructor and student	P2	And and then the professor will come and will ask us to give them our report. Right. So we will give the report. And if we have any questions	Admin	29	1.2%	DOCUMENT
Interaction between clinical instructor and student	P8	hen they go ahead and explain and give us just some more information as to what is happening and why we do the things we do.	Admin	26	1.0%	DOCUMENT

Category		Case Text	Coder	Words	%Words	Variable
Interaction between clinical instructor and student	P8	And afterwards, where we've had some time to look at the chart, then our instructor usually goes around to us individually to ask, you know, who we have, what's going on? And to kind of help us plan our day a little bit.	Admin	45	1.8%	DOCUMENT
Interaction between clinical instructor and student	P8	They go around the clinical instructor, goes around to each student to kind of check in and see what's going on.	Admin	22	0.9%	DOCUMENT
Interaction between clinical instructor and student	P8	But there is a point in the day where we have to turn in our worksheets and our SBARS or whatever paperwork is required and will sit there every day that we're in clinicals with the instructor and go over the paperwork. The patient information, diagnosis, intervention and problems. The clinical instructor might ask us questions. Pertinent to our patients and the why of things to get us into the rhythm of thinking about, you know, our day after lunch, after having turned in the paperwork again, we go back.	Admin	91	3.6%	DOCUMENT
Interaction between clinical instructor and student	P12	And they they the fact that throughout the whole time is contact with them I think helps a lot because, you know, if you feel alone in the unit, you know, you're a student, it's scary enough as it is and you know having that support there. I think hum helps on a lot.	Admin	56	2.6%	DOCUMENT
Interaction between clinical instructor and student	P8	At least six times on average,	Admin	6	0.2%	DOCUMENT
Interaction between clinical instructor and student	P8	So having the support there calms me down so that I know how I feel is what I use kind of my emotions is what I use to evaluate their influence.	Admin	31	1.2%	DOCUMENT
Interaction between clinical instructor and student	P12	Sometimes, though, they'll watch us do certain tasks to make sure we're doing them correctly.	Admin	17	0.8%	DOCUMENT
Interaction between clinical instructor and student	P12	The clinic instructor most of them usually talked about something related to what we're going to see today, what we're going to do today, what's going on in class	Admin	32	1.5%	DOCUMENT
Interaction between clinical instructor and student	P12	And since you guys put us in the in the simulations labs, we learned a lot there when we go into the practice.	Admin	23	1.1%	DOCUMENT

Category		Case Text	Coder	Words	%Words	Variable
Interaction between clinical instructor and student	P11	I ask a lot of questions I ask so many questions at the clinical setting, because there's a lot of things that, you know, you learn in the classroom. But then when you get to clinicals, it's a little different	Admin	42	1.0%	DOCUMENT
Interaction between clinical instructor and student	P11	I've had a couple that have take it upon themselves to go and pull you to the side just to teach you some skill and that that was always nice for me.	Admin	33	0.8%	DOCUMENT
Interaction between clinical instructor and student	P11	So they always let me know. Well, no, you usually do it like this or this is how it's supposed to be done.	Admin	24	0.6%	DOCUMENT
Interaction between clinical instructor and student	P11	So I'll go and call you maybe five or six times a day if I had to	Admin	18	0.4%	DOCUMENT
Interaction between clinical instructor and student	P11	if they're that person just, you know, step up and go forward with it. I've had others that just like to take the back backseat and watch and supervise.	Admin	31	0.8%	DOCUMENT
Interaction between clinical instructor and student	P11	The instructor is there during the day. If you have questions, if you have any needs, if there is anything going wrong, they're always there. But I feel like me, personally, I've learned more from my nurses. I feel like the clinical instructors is more as a supervisor.	Admin	50	1.2%	DOCUMENT
Interaction between clinical instructor and student	P11	Yes, the clinical instructor would be there to answer my question.	Admin	11	0.3%	DOCUMENT
Interaction between clinical instructor and student	P9	I think it's enough cause it's a 12 hour shift so the instructor gets to be with you from the very beginning.	Admin	24	0.9%	DOCUMENT
Interaction between clinical instructor and student	P9	The nurse, like I said, didn't have time to answer all of them but the instructor was doing that.	Admin	20	0.8%	DOCUMENT
Interaction between clinical instructor and student	P10	So depending on the facility to. Is the experience that you get not only an instructor, the facility because they don't have a patient and don't have anybody to put up foleys. So their is nothing that you can do.	Admin	42	0.9%	DOCUMENT

Category		Case Text	Coder	Words	%Words	Variable
Interaction between clinical instructor and student	P9	OK, I heard you say this. Tell me more about it. And then before we went to lunch, we would do like a briefing.	Admin	24	0.9%	DOCUMENT
Interaction between clinical instructor and student	P9	But that was her other instructors they still give you a lot of information, but they may be a little more like waiting to see if we have any questions. They wouldn't be like, offering	Admin	36	1.4%	DOCUMENT
Interaction between clinical instructor and student	P9	she would be like walking when she saw you doing things, she just wanted to hear if you did something good, if you did something that wasn't so good.	Admin	30	1.2%	DOCUMENT
Interaction between clinical instructor and student	P9	Me like personally, at least like five to six times because I asked a lot of questions.	Admin	17	0.7%	DOCUMENT
Interaction between clinical instructor and student	P10	And you can discuss with him what was going wrong. What was the diagnosis? What were they doing? Anything that was pending all of that.	Admin	25	0.6%	DOCUMENT
Interaction between clinical instructor and student	P9	That instructor would go and get us like at least one or two of us and speak to the nurse, of course, can my students see this or show them a little bit so they would for opportunities for you.	Admin	40	1.6%	DOCUMENT
Interaction between clinical instructor and student	P9	So they actually teach you the real way, the real way of doing things to make your life easier and other things. I'm get the job done.	Admin	28	1.1%	DOCUMENT
Interaction between clinical instructor and student	P10	They have to do all of them assessments on the patient and data entry the charting in the computer.	Admin	19	0.4%	DOCUMENT
Interaction between clinical instructor and student	P10	but you have to check what the previous day whatever they're telling you is true.	Admin	16	0.4%	DOCUMENT
Interaction between clinical instructor and student	P10	The first thing we did was assessments on the patient. The assessment went to the computer and see what was the plan of care, what was what was done. If they have any thing any medications?	Admin	36	0.8%	DOCUMENT
Interaction between clinical instructor and student	P10	So we went to the meetings. We had the opportunity to went to the change of meeting rounds.	Admin	18	0.4%	DOCUMENT

Category		Case Text	Coder	Words	%Words	Variable
Interaction between clinical instructor and student	P1	So my clinical days are what I how I learned the mos	Admin	12	0.4%	DOCUMENT
Interaction between clinical instructor and student	P1	not being able to ask a question because I feel like they're just going to like judge me and make me feel like I should know that.	Admin	28	0.9%	DOCUMENT
Interaction between clinical instructor and student	P9	So I like hands on but I took a lot of like the verbal and demonstration that they did. Cause If you pay attention and you remember what you saw. You can replicate it with no problem.	Admin	37	1.5%	DOCUMENT
Interaction between clinical instructor and student	P1	Just so that we're accustomed to getting there and getting report and knowing what we have to do, like the action plan as to what it is for that patient of the day.	Admin	34	1.1%	DOCUMENT
Interaction between clinical instructor and student	P1	The professor will make sure we have all our information. She'll check up on us every now and then because it's not just us on the floor some people also go off to the ICU or the E.R.	Admin	41	1.3%	DOCUMENT
Interaction between clinical instructor and student	P9	the way they put their hands. And then when they do this, something, I need to see it. So that's the way I learn during the rotation.	Admin	28	1.1%	DOCUMENT
Interaction between clinical instructor and student	P1	So it's just their manner of teaching and being there for the student.	Admin	14	0.5%	DOCUMENT
Interaction between clinical instructor and student	P1	And even if you give them the wrong answer, they'll be like, that's the correct answer to something else.	Admin	21	0.7%	DOCUMENT
Interaction between clinical instructor and student	P1	they just want you to tell them an answer and they won't explain to you why that's not the answer. They	Admin	23	0.8%	DOCUMENT