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THE UNIVERSITY OF ALBERTA
EVALUATION OF ALBERTA NURSING INSTRUCTORS

by



LEE ELLEN CADMAN

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH
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FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research, for acceptance, a thesis entitled "Evaluation of Alberta Nursing Instructors" submitted by Lee Ellen Cadman in partial fulfillment of the requirements for the degree of Master of Education.


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ABSTRACT

This study was designed to examine the perceptions of Alberta nursing instructors regarding actual and preferred evaluators, data gathering practices and criteria for assessing their teaching effectiveness.

The Nursing Instructor Evaluation Instrument was distributed to Alberta nursing instructors who were teaching one-half time or more in diploma or basic baccalaureate programs at the time of study. The first section of the questionnaire requested personal and professional information on nine variables. The second section consisted of seven types of evaluators, twelve data gathering practices and thirty evaluation criteria and requested scoring of these items in terms of their actual and preferred importance in evaluating teaching effectiveness. The criteria included had been modified from those utilized in a pilot study. The third section invited instructors to make comments concerning evaluation and/or the study.

The statistical procedures used to analyze the data included correlations to determine the relationships between the nine independent variables; standard deviations and rankings of means to show the extent of common perceptions in the actual and preferred situations; Spearman rho calculations to determine the extent of similarities or differences between the ratings for the actual and preferred situations; T tests to determine whether actual and preferred differences were of statistical significance; T and F tests to determine the effect which the independent variables had

upon perceptions concerning actual and preferred evaluators and data gathering practices; a factor analysis to determine if criteria could be classified according to product, process and presage categorizations and T and F tests to determine the effect of the independent variables upon preferences for product, process or presage criteria.

Analysis of the data revealed that senior administrators and immediate supervisors were seen as the most important evaluators while the teachers preferred that instructors themselves and immediate supervisors be most important. Nursing instructors prepared at the master's level and those teaching in baccalaureate programs had the strongest preference for the use of peer evaluation. The instructors did not see or prefer students to be a major source of evaluative input, however, those instructors working in baccalaureate programs and those prepared at the master's level saw and preferred more student involvement than did other Alberta nursing instructors. The instructors preferred that a broader range of data gathering practices and criteria be utilized in evaluating their teaching effectiveness. The preference was for data gathering practices which involved the direct observation of the teacher. Criteria involving evaluative and communicative skills were considered important. The use of product criteria received minimal emphasis in the actual and preferred situations although the preference for the use of product criteria increased directly with the amount of teaching experience.

The study seemed to show a need for further assessment of the roles which various personnel might play in Alberta nursing instructor evaluation, development and use of practices to directly

observe the nursing instructor and the possibility of constructing evaluation instruments based upon criteria which were identified as important.

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CHAPTER I

STATEMENT OF THE PROBLEM AND ITS SIGNIFICANCE

INTRODUCTION

The concept of accountability is being emphasized increasingly within the nursing profession today. Part of that emphasis is reflected by a growing concern for the evaluation of those who practice nursing (Hauser, 1975). In addition, attention is being devoted to improving the procedures for evaluating nursing students. It would seem, however, that relatively little attention has been given to the topic of nursing instructor evaluation to date.

Evaluation of teaching effectiveness can be viewed as a complex, continuously occurring process. The assessment of nursing instructors may be especially complex since many nursing teachers function in both classroom and nursing practice settings. Selection of appropriate evaluative criteria and practices becomes a challenging task. Bolton (1973:22-23) commented on the continuous manner in which teachers are evaluated, indicating:

All teachers are evaluated. Regardless of how formal the evaluation system is, what evidence is collected and analyzed, or how often formal reports are written, teachers are evaluated often. They are evaluated by students, parents, other teachers, administrators, supervisors, and the public. The question is not whether teachers should be evaluated, since this cannot be avoided, but rather how systematic the evaluation should be in order to be most effective.

Much of the research conducted on nursing instructor evaluation seems to focus on establishing criteria which distinguish

effective from ineffective teaching behaviors. Nursing students seem to be the most frequent source of input in this research. It seems appropriate to ascertain in more detail what nursing instructors themselves perceive concerning various aspects of the process involved in evaluating their teaching effectiveness.

The present situation in Alberta is that nursing educators function in a variety of college, hospital and university settings. Although no move has been made to date, the Department of Advanced Education announced its intention in 1973 to have all schools of nursing come under its jurisdiction. In addition, the Department of Advanced Education is studying a recommendation for the phasing in of a plan which would mean that all nurses prepared in the Province of Alberta after 1990 would require a Baccalaureate degree in nursing. Implementation of this latter measure could have implications for nurse educators in terms of cooperation in program development and a variety of other issues. Involving Alberta nursing educators in a study concerning evaluation of their teaching effectiveness would seem to be a timely endeavor.

THE PROBLEM

The purpose of the study was to examine the perceptions of selected Alberta nursing educators concerning actual and preferred practices and criteria for evaluating their teaching effectiveness.

Emerging from the basic problem of the study were several subproblems:

1. To what degree do nursing instructors have common perceptions concerning who evaluates and who should evaluate their

teaching effectiveness?

2. To what degree do statistically significant differences exist between the perceptions concerning actual and preferred evaluators?

3. How do the personal and professional variables of age, educational preparation, teaching experience, length of present employment, type of present employment, hours of present employment, area(s) of major teaching responsibility, type of program, and number of full-time faculty affect nursing instructor perceptions concerning actual and preferred evaluators?

4. To what degree do nursing instructors have common perceptions concerning the data gathering practices utilized and preferred for the evaluation of their teaching effectiveness?

5. To what degree do statistically significant differences exist between the perceptions concerning actual and preferred data gathering practices?

6. How do the selected personal and professional variables affect nursing instructor perceptions concerning actual and preferred data gathering practices?

7. To what degree do nursing instructors have common perceptions concerning the criteria utilized and preferred for the evaluation of their teaching effectiveness?

8. To what degree do statistically significant differences exist between the perceptions concerning actual and preferred evaluation criteria?

9. To what degree do nursing instructors have common perceptions concerning the present and preferred emphasis on product, process or process criteria for evaluating their teaching effectiveness?

10. How do the selected personal and professional variables affect nursing instructor perceptions concerning their preferences for the use of product, process and presage criteria?

IMPORTANCE OF THE STUDY

The study should have value in that it will update and add to the rather limited amount of research which has been done on nursing instructor evaluation in Canada. The information should be of interest to those concerned with evaluation of nursing teachers as an educational issue. In addition, the study is believed to be the first of its kind to be conducted with Alberta nursing educators; it should have merit in that it will provide some baseline data concerning nursing instructor evaluation in this province. In particular, the study will provide an indication of the degree to which Alberta nursing educators see evaluation of their teaching effectiveness as a major concern. In addition, it will provide information about the extent to which common practices and criteria exist and are preferred by the nursing instructors participating in the research.

The study should stimulate interest in the topic of nursing instructor evaluation. The study will identify and examine the perceptions of participants concerning particular aspects of nursing instructor evaluation. In addition, the study will develop comparisons of the perceptions of nurse educators who were involved in the research. The analysis of the relationship between instructors' perceptions regarding evaluation and the personal and professional variables included in the study may be of interest to those administrators and instructors who are involved in the development or modification of an

evaluation program.

The study should be of value in that it will allow certain comparisons to be made between practices and criteria utilized for evaluation in general education and those utilized, and preferred in the evaluation of Alberta nursing instructors. Finally, since the study is intended to be general in nature and cover a range of practices and criteria, the findings may stimulate research of a more specific nature.

DEFINITION OF TERMS

Teacher evaluation is an assessment of teacher effectiveness by measurement, rating, or ranking. It involves value judgments based on observations.

Perception is "awareness of whatever sort, however brought about" (Good, 1973:413).

Product criteria are sets of observations which measure student gain as a method of assessing teacher effectiveness.

Process criteria are sets of observations which measure teacher behaviors in order to assess teaching effectiveness.

Presage criteria are sets of observations which measure teacher characteristics in order to assess teaching effectiveness.

ASSUMPTION, DELIMITATIONS, AND LIMITATIONS

Assumption

The basic theoretical assumption is that perceptions of nursing instructors concerning evaluation of their teaching effectiveness are significant in that they will influence their behavior as

teachers.

Delimitations of the Study

The study was delimited to the perceptions held by Alberta nursing educators at one particular point in time. The study did not allow for the perceptions which these nursing instructors held regarding evaluation to be compared with those of administrators, students, or others who may be involved with the evaluation of teaching effectiveness. In addition, the study was delimited to those nursing instructors considered to be employed at least one half of a full-time position in Alberta nursing schools which prepare diploma or baccalaureate nurses; it did not include those instructors who teach in the post basic baccalaureate or master's degree programs.

Limitations of the Study

The study was limited by the amount of theory and research available on nursing instructor evaluation particularly concerning the aspect of product evaluation. In addition, the study instrument did not specify the purpose or purposes for which evaluation was being considered. A third limitation was that the survey instrument did not allow participants to make a "don't know" response to any section of the instrument. The instrument was constructed so that respondents indicated a degree of importance for each item.

The study was limited to the thirty criteria and the twelve data-gathering practices outlined therein. In addition, the selection of criteria was not preceded by an explicit theory of instruction. One final limitation was that generalizations drawn from this study were limited to selected Alberta nursing educators. The presence of other variables in other populations might result in

significantly different findings and conclusions if further empirical research were conducted.

ORGANIZATION OF THE REMAINDER OF THE THESIS

The following chapter deals with theory and practice related to the problem which has been described and delineated. Chapter III describes the instrument utilized in the study. It includes a discussion of instrument development. It also describes the sample of nursing instructors chosen to participate in the research, as well as the procedures used for collecting data.

Chapter IV contains a description of the analysis of the data as well as a discussion of the findings of the data analysis. The final chapter of the study includes a summary, conclusions and implications.

CHAPTER II

REVIEW OF THE RELATED LITERATURE AND RESEARCH

Miller (1974) discussed the growing interest in the evaluation of teachers of higher education which is apparent in the United States.

He indicated:

The current interest in faculty evaluation is unprecedented although by no means new. Interest existed in the twenties and thirties, and a noticeable spurt occurred in the late forties and early fifties, due largely to concern about the effects of increased enrollment and rapid expansion of faculty on the quality of classroom teaching. Some falling off took place in the sixties, probably due to the wealth of higher education while expansions in program and personnel sought to keep pace with growth in enrollment, and due to the large infusion of federal and state money. Student unrest in the mid sixties and increasing fiscal constraints have further encouraged interest. The area continues to display the same vigor since about 1970, and continued growth in interest and programs of faculty evaluation can be expected (p. 1).

In Miller's opinion, faculty evaluation in the 1970's was and would continue to be closely linked to issues of finance, governance and accountability. The issues cited by Miller seem to have relevance for the Canadian nursing education scene. Certainly funding for health and education seem to be only two of the current governmental priorities. In addition, the publication of such federal documents as A New Perspective on the Health of Canadians (LaLonde, 1974) may well affect the funding which hospitals receive. In the area of governance, Alberta nurse educators function under collective agreements of one sort or another. These agreements may place increasing emphasis on teacher evaluation in the future. Finally, evidence of increasing concern for accountability within nursing is apparent in both American and Canadian

literature (Poulin, 1977).

According to Pedersen (1975) a good deal of effort has gone into attempting to define teaching effectiveness. He stated that the question:

has enticed more researchers than any other single issue in education. Literally thousands of studies have been done that deal with such matters as characteristics of teachers, the effects of "good" teaching, and the goals and purposes of education. Yet, despite nearly half a century of rigorous scholarly investigation, few, if any, facts are now deemed established about what constitutes teacher effectiveness. In fact, today's researchers and educators often disagree on the very basis of assessment (p. 12).

Volk (1972:13) commented that "definitions of good teaching, teacher effectiveness, and teacher competence are often unsupported by research and are as numerous as the number of evaluators." Without adequate definitions, it becomes difficult to carry out the process of evaluating teaching. Issues arise related to the specifics of the evaluation process. They include concerns related to the purposes of evaluation, who should provide evaluative input, how evaluation data should be gathered, and what criteria should be utilized in evaluating teaching effectiveness.

PURPOSES OF TEACHER EVALUATION

Herman (1976) indicated that evaluation programs may serve a single purpose or be carried out for multiple purposes. He described twelve of the more evident reasons for developing a teacher evaluation program. The reasons ranged from improving student instruction to providing an opportunity to congratulate an employee on a job well done. Wotruba and Wright (1975) discussed the purposes of teacher evaluation from a decision-making perspective. According to them:

The evaluation of teaching effectiveness is of great interest to three groups of decision-makers. First are administrators who are responsible for counselling faculty members and for evaluating them with respect to retention, tenure, and promotion. Second are the teaching faculty themselves whose purposes are to gain feedback on their teaching ability so that self improvement can be facilitated. Third are the students who, for whatever reasons, seek information which will help them select instructors and courses (p. 653).

Glasman (1976) seemed in agreement with the purposes outlined by Wotruba and Wright. He added that teacher evaluation could also be utilized for research purposes.

There seems agreement that the most important purpose for teacher evaluation should be to improve teaching. Schweer and Gebbie (1976:184), two nurse-educators, contended that "the primary purpose of appraising is that of improving teaching in terms of the total profession." Miller (1974:8) commented that "the overriding purpose of faculty, administration, and institutional evaluation *must be to improve the instructional program.*"

Proponents of teacher evaluation see that the process can accomplish many goals. For example, Carlson and Mable (1976:33) indicated that "the evaluation process has good potential for opening communication and providing proper feedback." Others see that such positive effects are not always obtained. Pine and Boy (1975) recognized that negative attitudes toward evaluation exist and suggested that such attitudes are often related to situations where evaluation criteria are imposed upon teachers, or where the criteria are utilized without being adapted to the particular situation. Authors such as Carlson and Mable (1976) presented suggestions as to how evaluation practices might be improved. One recommendation was that the purpose of the evaluation be stated and communicated as clearly as possible.

MacKay (1974) made similar suggestions for nursing instructor evaluation practices.

There seems agreement that properly conducted teacher evaluations can lead to improved teaching. There seems to be much less certainty, however, as to whether or not evaluative practices carried out to improve teaching should also be utilized for administrative decisions related to retention, promotion and tenure of faculty members. Salek (1975) advocated a separation of the two procedures while Eble (1970:16) suggested that it is probably "difficult and inadvisable to separate the two." Miller (1974:8) recommended that "the results of faculty evaluation should be used to assist in decisions about promotion and tenure Current economic realities make these decisions even more important." The issue facing the administrator would seem to be one of obtaining the most valid data for decision making from the most suitable source or sources.

WHO SHOULD PROVIDE EVALUATIVE INPUT?

According to Parker (1975), supervisor, self, student, and peer appraisal were commonly utilized practices for evaluating teaching effectiveness in the general education setting. Conley (1973:367), a nurse educator, advocated the same practices for the assessment of nursing instructors stating:

Many people are in a position to evaluate the teachers formally or informally and should be involved in the evaluation process. Several types of ratings are practiced, such as 1) self ratings 2) peer ratings 3) student ratings 4) supervisor ratings and 5) expert ratings.

Conley did not expand upon the type of individual that she saw as appropriate to provide expert ratings. The American Nurses' Association

(1975:19, 25) published the following standard for the faculty of both diploma and baccalaureate nursing programs: "Faculty utilize multiple means for the evaluation of their continual growth as faculty members, i.e. self evaluation, peer evaluation, student evaluation." Recently the National League for Nursing Department of Diploma Programs (1977:41) suggested the following:

Since the teacher is directly associated with the effectiveness of teaching, a self-assessment of attitudes, abilities and knowledge can provide the individual instructors with an identification of their strengths and weaknesses. Formal and informal evaluation by administration, peers, and students in both the classroom and clinical laboratory can provide clues to the performance of the teacher.

As did Conley, the League recognized both formal and informal processes as being important for the process of nursing instructor evaluation. Schweer and Gebbie (1976) discussed evaluation of the nursing instructor in the clinical setting. They suggested that self, peer, and student evaluation techniques were useful. They apparently did not see supervisors or administrators as being appropriate to evaluate the clinical instructor.

Self, peer and student evaluation techniques appeared to be the most popular ones among nurse educators. They seemed to see evaluation as a complex process and, like many general educators (Marks, 1976; Wolansky, 1976), saw more than one type of individual as being appropriate to provide evaluative input.

Evaluation by Administrators and Supervisors

Support for evaluation by administrators and supervisors.

Wolansky (1976) argued that the administrator had an important role in teacher evaluation. He stated:

The administrator should be concerned and involved in the evaluation process of faculty. If individual faculty member deficiencies are uncovered, frequently the administrator is in a position to provide avenues for inservice, recommend a shift in responsibilities to areas of strengths, or other appropriate decisions. Procedures to help faculty grow and develop, and means to carry out recommendations can be facilitated by administrators most effectively (p. 83).

The National League for Nursing Department of Baccalaureate and Higher Degree Programs (1977:9) has set as one of its appraisal criteria that "the administrator of the school of nursing, with the participation of the faculty, is responsible for faculty appointment and review."

Concerns about evaluation by administrators and supervisors.

Metzer (1970) cited research which indicated that the principal's rating of a teacher may induce teacher conformity and create a tendency to rate teachers without reference to student change.

Manatt, Palmer, and Hidlebaugh (1976:21) described the position of the principal in relation to teacher evaluation as follows:

Evaluation of teacher performance is not an easy task. However, regulations, administrative directives and--in several states--statutes require that teachers be evaluated The principal finds himself in a difficult position. He is required to perform the conflicting functions of helping his teachers teach and of evaluating that performance.

McAfee (1975) discussed a study in which teachers and their immediate supervisors evaluated various aspects of the teacher's performance. He found a wide variation between the responses of teachers and supervisory responses and stated, "It seems possible that either the teachers or the supervisors or both are incapable of correctly evaluating the teacher's performance, background or abilities" (p. 339). He suggested training in evaluation for teachers and supervisors was needed.

Hayes (1976) expressed concern for the present nursing instructor evaluation procedures. She questioned the inclusiveness of

the annual employee evaluation by asking:

Is it limited to the administrator's impression? Is the evaluation tool meaningful? Is there some means of peer review? Is there input from the peer population within nursing service who must work with the faculty members in the clinical setting? Is there on-site supervision of the faculty member's performance in the process of educating the student? (p. 46).

Hayes apparently saw direct observation of performance and a variety of sources of peer input as being essential for effective evaluation. Schweer and Gebbie (1976) questioned the administrator's ability to be concerned with improvement of teaching. They proposed that for clinical instructors:

A more equitable evaluation can be made by a colleague who is studying similar teaching techniques and patterns and is interested in teaching improvement as opposed to evaluation by administrative personnel, who can evaluate faculty members for the purposes of promotion without real regard for the improvement of instructional programs (p. 184).

The administrator seems to be in an interesting position in terms of teacher evaluation. Since he is responsible for the operation of a school and the necessary administrative decision-making involved, he must ensure that the process of evaluation occurs. Determining how and at what point in the evaluation process to become involved would seem to be the challenge.

Peer Evaluation

Support for peer evaluation. General educators such as McCarter (1974) and Wolansky (1976) supported peer evaluation. Peer review also has been advocated for some time in the United States as a method of evaluating the practice of nursing (Maas, Specht, and Jacox, 1976). Hauser (1975:2204) indicated:

At the 1972 convention, the American Nurse's Association set, as one of its priorities, the promotion of peer review as a method of maintaining standards of care. Two years later the ANA Congress for Nursing Practice issued "Guidelines for Peer Review". At the

1974 convention, ANA resolutions again emphasized standards of care.

Peer review is seen as having potential for encouraging professionalism through the promotion of autonomy and accountability.

It can be anticipated that educators in United States baccalaureate nursing programs will make increasing use of peer review in the future since the National League for Nursing (N.L.N.) Department of Baccalaureate and Higher Degree Programs (1977:11) recently published criteria for accreditation which included the "participation in peer evaluation of teaching effectiveness" as one faculty responsibility. The criteria will come into effect in the fall of 1978 and will most likely have an influence upon the emphasis given to peer review by teachers in Canadian baccalaureate and higher degree nursing programs.

Although peer evaluation is one method of teacher evaluation which receives support in the nursing education literature, little information seems to be available on how the reviews should be conducted. The publication in the fall of 1977 of the papers from the recent National League for Nursing Workshop on Evaluation of Teaching Effectiveness (Raff, 1977; Boyle, 1977; Stone, 1977) will add to the information available on the subject.

Concerns related to peer evaluation. Several years ago Brighton (1965:22) indicated the following disadvantages to the use of peer review:

First, even when sufficient time was allowed in teachers' schedules to free them to visit classrooms and make firsthand observations, teacher-evaluators were often reluctant to evaluate their colleagues' performance formally. Second, teachers varied in their ability to judge personality and performance formally. Third a protective you-rate-me-high-and-I-will-do-the-same-for-you attitude may develop among the corps.

In a recent article, Centra (1975:328) indicated that little "is actually known about the basis of colleague evaluations of instruction." Centra conducted a study in which peers evaluated college teachers by observing their instruction in the classroom. He found in his study that the teacher effectiveness ratings made by colleagues were generally less reliable than the student ratings of the same faculty members. He cautioned that consideration be given to what colleagues "might best judge and for what purposes" (p. 336). He stated that:

Colleague ratings of teacher effectiveness based *primarily* on classroom decisions would in most instances not be reliable enough to use in making decisions on tenure and promotion--at least not without faculty members investing much more time in visitation or in teaching sessions (p. 335).

It would appear that the issues related to peer evaluation are concerned with the facilitation of the necessary time, skills and attitudes to ensure that effective evaluation can occur.

Self Evaluation

Support for self evaluation. Wolansky (1976) advocated teacher self evaluation. He stated, "Self evaluation ensures the process of sustained motivation for self improvement" (p. 83). Heidgerken (1965:669) encouraged use of self evaluation by teachers of nursing, indicating, "Introspective analyses of one's teaching practices are useful whether or not other evaluative activities are undertaken." She provided an extensive tool for self evaluation which referred specifically to the selection of learning experiences. Schweer and Gebbie (1976) believed that the tool developed by Heidgerken could be adapted for use in the evaluation of clinical instruction. They also supported the use of "televised recordings, videotapes, audiotapes and other devices" (p. 184) in having clinical instructors assess their

own performance.

Concerns related to self evaluation. Solton (1973:117)

expressed two concerns related to teacher self evaluation. He indicated teachers may have difficulty analyzing specific aspects of their teaching if they lacked a conceptual framework or systematic observation system; secondly they may not have the skill necessary to operate audio or video equipment to record their behavior.

Howsam, cited by Parker (1976:38), expressed the following concern:

If self-improvement were the goal, then self-evaluation might have considerable merit. If administrative action were to be based on the rating, it was doubtful whether self ratings could be accepted; the ratee became both judge and jury, plaintiff, and defendant of his own trial.

Several authors advocated that self evaluation be combined with other teacher evaluation methods. For example, Pine and Boy (1975) saw that such an approach utilized the teacher's internal frame of reference as well as capitalizing upon the external frame of reference which others provided. Glasman (1976) recognized that an instructor's need to change could be based upon a discrepancy which he recognized himself, or which was due to input from others who influenced him within the institution.

It would seem that those who support self evaluation combined with other methods do so on the basis of encouraging both feedback and accountability.

Evaluation by Students

Support for student evaluation. The general education literature contains a good deal of information concerning the issue of student involvement in evaluating teaching effectiveness. Miller

(1974:2) stated that "those who oppose use of students' appraisals deny the single most important data base for judging teaching effectiveness." Authors such as Eble (1970), Hildebrand (1972) and Frey (1976) seemed in agreement that students do have a valuable contribution to make in this area.

Jacobson (1966) advocated student involvement in the evaluation of nursing instructors. She saw nursing students as being particularly suited for this process.

From the time they enter the nursing program they are taught to observe and record human behavior in precise terms, although their proficiency in this type of observation may vary with their level in the program (p. 219).

Nursing students are taught assessment as a vital part of the nursing process. In addition, the theoretical and practical aspects of their performance as students are assessed on a consistent basis. Butler and Geitgey (1970:56) commented that nurse educators spend "much time and effort constructing and perfecting tools which enable us to judge behaviors of a student at specific levels of her education."

Lowery, Keanne, and Hyman (1971:438) found that the undergraduate and graduate nursing students and faculty in their study agreed that students should evaluate teachers and that "length of time as a student or teacher seemed to have little effect on this opinion."

Schweer and Gebbie (1976) advocated student evaluation of the clinical instructor. They indicated:

Properly obtained evaluations of teaching effectiveness result in: 1) a means of teacher self-improvement leading to changes in teaching approaches and course objectives; 2) strengthening student-teacher relationships; 3) renewed recognition of the student as an individual and as the basic reason for the existence of the educational institution, and 4) greater commitment in teaching (p. 183).

Jackson (1977) found that the diploma nursing students in her study were

strongly in favor of evaluating their nursing instructors in both the clinical and classroom settings.

The National League of Nursing Department of Baccalaureate and Higher Degree Programs (1977:10) included the following in their accreditation criteria:

Although ultimate responsibility for and decisions about the development and conduct of the education program(s) in nursing rest with the faculty and nurse administrator, channels are provided for student involvement in evaluation of teaching effectiveness.

Student evaluation of teaching effectiveness was one method discussed at length at the recent N.L.N. Workshop on Evaluation of Teaching Effectiveness conducted for teachers in baccalaureate and higher level nursing programs (Raff, 1977; Stone, 1977).

Dixon and Koerner (1976:300) made the following comment concerning research into student evaluation of teaching effectiveness: "The central research issue has become the development of tools and constructs to maximize the reliability and validity of this evaluation methodology, rather than the continued questioning of the use of such a methodology."

Concerns related to student evaluation. Mims (1970:53) described a concern related to student evaluation:

Many faculty members are convinced that students can make sound judgments and offer many useful suggestions for improving instruction. The issue of whether student ratings should be used as a basis for decision on course offerings and faculty promotion or tenure has not been settled.

Concerns about the validity and reliability of student ratings inevitably arise when such uses of student evaluation are being considered. Centra (1976:335) described the situation in this way:

Numerous studies of student ratings over the years have affirmed their reliability, but their validity has been disputed. In particular, their relationship with how much students have learned in a course has been a critical question.

Sheehan (1975) saw the issue of validity as being particularly important when student input was being used for administrative decision-making. He cautioned:

Administrative evaluation judgments are usually irreversible and positions and even careers are at stake as they are made. Thus the information on which such decisions are made must be of proven validity; and if student ratings are to be a source of this information they must be able to reflect effective instruction (p. 688).

He explored four factors which could cause student ratings to be invalid. Briefly, these factors were that student ratings of instructors did not always distinguish between teachers who facilitate high and low levels of student achievement; that rating scales were generally composed of evaluation items that did not tap all dimensions of teaching uniformly; that rating scales did not take advantage of differences in student learning styles; and finally, that evidence existed to show that student responses on rating scales could be affected by such factors as instructor influence tactics. Sheehan also listed factors which have been shown to cause variations in student ratings. He included student sex, student class, student age, student grade point average, subject matter area, class size, elected or required course, sex of instructor and academic rank of instructor.

It would seem that there is considerable consensus in the general and nursing education literature that student input can be a valuable means for aiding the teacher to improve his or her teaching effectiveness. The agreement appears to be less when student input is being considered for use in administrative decision-making. Questions

such as the weighting which student input should be given in the assessment process seem relatively unexplored.

Each source of evaluative input seems to have particular advantages and disadvantages associated with it, making the use of multiple sources of input a possible way to deal with the complex process of evaluation.

DATA COLLECTION PRACTICES

Parker (1975:109-110) indicated that the following data collection practices were commonly used in teacher evaluation within the general education setting: classroom observations, tests, interaction analysis, microteaching, pupil gain, questionnaires, inventories, anecdotal records, checklists, rating scales, open end statements and projective techniques. He found that the teachers in his study were of the opinion that classroom observation was the most effective data collection technique. The teachers also gave some support to the use of interaction analysis, pupil gain, questionnaires, anecdotal records and checklists. He found "slightly more disagreement than agreement by classroom teachers regarding practices of collecting data to appraise teacher performance by tests, microteaching, inventories, rating scales, open end statements and projective techniques" (p. 87-88).

Bolton (1972) distinguished between direct and indirect measures of teaching behavior. He described direct measurement as:

The assessment of teacher performance as he attempts to influence learner development within the instructional setting. This form of assessment employs measures ranging from highly systematic techniques (e.g., regulated observations by trained observers) to less systematic techniques (e.g., casual observations by untrained observers) and self evaluation techniques (pp. 112-113).

He described indirect measurement of teacher behavior as the assessment of out-of-classroom behavior such as activities in organizations, extra-class activities, and contributions to curriculum development.

Performance Observation and Recording

It would seem that performance observation could be classified as a direct measure of teaching which could range from being highly systematic to being less systematic in nature. Observation of the nursing instructor could take place in the classroom, laboratory and patient care settings, since the nursing instructor often has responsibilities for teaching in more than one of these areas. Although performance observation is advocated in the nursing education literature, little seems to be written concerning how or by whom the process should be carried out. Some information on observation of teaching performance in the classroom is available from the general education literature. Concerns are raised about present classroom observation practices. For example, Diamond (1975:29) discussed observation by administrators:

Although classroom teachers receive visits from some administrators during the academic year, most of the observations merely determine the status of the teacher--should he remain on the job in the coming year, how should he be rated for administrative purposes, should he be awarded tenure?

Such visits are all too often brief and infrequent and what is generally observed by the principal or some surrogate are class management as well as order and responsibility for teaching what has been mandated by the school district or curriculum department.

Miller (1974) saw classroom visitation as being a colleague responsibility. Eble (1970) indicated some dissatisfaction with the present way in which observations by colleagues were conducted. He stated, "Though individual faculty members in many colleges may visit another professor's classes, few colleges have formal boards of visitors

or a tradition which makes visiting classes a natural, casual and revealing activity" (p. 11). Centra (1975) suggested that the reliability of colleague assessment of teaching effectiveness based on classroom observation could be improved by training colleagues in evaluative techniques and by increasing the number of peers who evaluate a particular teacher's performance.

Authors such as Frey (1976) saw the student as having an important role in observing teaching performance. He indicated, "Because students are the only regular observers in the college classrooms, reports of their classroom experiences provide unique information about the teacher and the learning environment" (p. 327). Other authors such as Sheehan (1975), saw concerns related to student evaluative input. It would seem that whether classroom observation is carried out by students, peers or administrators, questions arise concerning evaluative skills and the appropriateness of specific evaluative tools.

Flander's Interaction Analysis is an example of a systematic, direct measure of teaching effectiveness. The Flander's system of interaction analysis is a technique used to analyze the verbal interactions between teachers and students in classrooms. Bolton (1973) considered the Flander's Interaction Analysis system to be a single-factor observational system in that it is intended to focus upon one aspect of a teacher's behavior at a time. Anderson, Ball, and Murphy (1975) expressed some optimism concerning the use of tools such as Flander's Interaction Analysis. They indicated:

Traditionally the effects of a teaching situation or a training program have been measured without observing the teaching process or, at best, with only enough observation to make a rating of the teacher's ability. With the advent

of new observation instruments based on systematic recording of observable behaviors, a more precise data-based orientation toward the teaching-learning process is possible (p. 266).

On the other hand, McNeil and Popham (1973) contended that such instruments were not intended for teacher evaluation. They stated, "Examination of these instruments leads us to conclude that the tools are most useful for describing the teaching act rather than identifying instructional variables of great power or for judging effective teachers" (p. 220).

Parker (1975) considered that the use of anecdotal recording was a powerful adjunct to observation. He described anecdotal records as "a recording of progress, changes and improvements made as the teacher gains experience" (p. 111). There is a likelihood that teachers of nursing would be familiar with the process of anecdotal recording since the approach has been advocated for some time as a method of evaluating nursing students (Rines, 1963).

Microteaching

DeTornyay (1971:5), a nurse educator, described microteaching as follows:

The term microteaching as a training technique is derived from its characteristics--small segments taught to a few students for a short period of time, in order for the teacher to practice a single component of teaching. Microteaching provides the teacher with a setting in which to practice without the complexities and responsibilities of the classroom or clinical setting.

Good (1973) indicated that microteaching has been utilized in the preparation of teachers as well as for the inservice training of experienced teachers. It would seem that microteaching would have a definite use when the purpose for teacher evaluation was instructional improvement.

Inventories, Checklists and Rating Scales

Parker (1975:27) described an inventory as follows:

An inventory attempts to list as many related statements as possible about some teaching area. The evaluator then judges the extent and frequency these statements apply to the teaching process under observation. Inventories have value in directing attention to problem areas.

A checklist can be considered an adaptation of the inventory. Good (1973) indicated that a checklist is a prepared list of items which deals with the teacher qualities, techniques, or conditions to be observed in a teaching situation. The checklist can be used by an observer for recording or appraisal, or by the teacher as a tool for self improvement. Schweer and Gebbie (1976) recommended the use of the checklist as a self improvement guide for nursing instructors.

Anderson, Ball, and Murphy (1975:315) described ratings as "subjective assessments made on an established scale." They indicated that rating scales were in very common use for evaluating job behavior. These scales also seemed to be a popular method of obtaining input for research on nursing instructor evaluation (Alexander, 1968; Mims, 1970; Butler and Geitgey, 1970).

Bolton (1973:115) expressed the concern that rating scales may be prone to error since, like other non-systematic techniques, "the observer, trained or otherwise, withholds his judgement until the end of the behavior sequence." Anderson et. al. (1975) indicated that the setting in which the rating took place was an important consideration. They saw it as necessary that the person being rated have an opportunity to perform the activities on which he was being assessed. By the same token, the rater must have an opportunity to observe these

behaviors. They indicated that many of the sources of error associated with rating scales could be avoided by the appropriate selection and training of the raters.

Bolton (1973) indicated three measures in addition to training raters which could be utilized to make rating scales and other non-systematic techniques more effective. These included clearly defining the focus of the evaluation, developing specific, low inference items and using a common record form. McNeil and Popham (1973:232) seriously questioned the use of rating scales, indicating that some of the limitations associated with rating scales "make them of doubtful worth in the hands of administrators, supervisors and peers." Anderson et. al. (1975:316-317) seemed to take a more lenient view by suggesting that "although there are problems involved in using such rating forms, they should be used by trained observers when more objective methods of measuring performance are not available."

Questionnaires

Anderson et. al. (1975:311) described a questionnaire as:

A group of printed questions used to elicit information from respondents by means of self-report. The question may be open-ended, requiring respondents to answer in their own words, or fixed choice, requiring respondents to select one or more answers from among those provided. The respondents may also be provided with checklists or rating scales. Questions may be concerned with the respondent's personal background, factual knowledge, or attitudes and opinions.

Questionnaires have been utilized in general education research to obtain input regarding various aspects of teaching effectiveness (Rogers, 1970; Cooper, 1972; Volk, 1972). The technique has also been popular for research to identify effective nursing instructor behaviors as well as in the evaluation of nursing instructor performance (Layton, 1976; Armington, Reinikka and Creighton, 1972; Jackson, 1977).

For example, Layton (1969) used a simple questionnaire to ascertain which nursing instructor attitudes and actions were seen as helpful or harmful by two year nursing program students.

Anderson et. al. (1975) described several weaknesses which may be associated with use of the questionnaire. These weaknesses included a low response rate, the fact that responses may be influenced by situationally induced differences and a concern for the self-report nature of the questionnaire.

Measuring Student Gain

Parker (1975) indicated that standardized tests were often utilized in research which measured student gain as a method of assessing teacher effectiveness. He stated:

With this method, certain areas to be tested were selected (usually in skills or subject matter knowledge). Tests then were given and the results treated in one of the following ways: class standing, raw gain, achievement quotients, or residual gain (p. 44).

Parker listed several limitations to use the pupil gain method. One such limitation was the problem of ascertaining the contribution made by the individual teacher. This may be a well justified concern when considering nursing instructor evaluation since some schools utilize team teaching and integrated curricular approaches. In addition, teachers may instruct more than one level of student so that the effect of the individual teacher may indeed be difficult to determine. For example, several instructors may have contributed to the student's understanding of medical nursing, which is one of the subject areas tested on Canadian registration examinations.

Parker also noted imperfections in testing as a limitation to the use of pupil gain criteria. It may be especially difficult to

develop standardized tests to measure knowledge, skills and attitudes for a subject as complex as nursing. Further concerns related to measurement of student gains as a teacher assessment technique will be considered in the discussion concerning product criteria.

Teacher Tests and Projective Tests

Parker (1975) indicated that standardized tests could be utilized in teacher evaluation. He indicated that such tests have been employed primarily for research purposes. He cited the National Teacher Examination as an example of a test which has been used in the United States to predict teaching effectiveness. Little evidence existed for the use of standardized teacher tests for instructors of nursing.

McNeil and Popham (1973) believed that teacher tests could be utilized to distinguish among teachers. They referred to "performance tests" or "teaching power tests." The method utilized was that teachers were given one or more identical objectives and a sample of how student gain would be measured. The objectives could be cognitive, affective and psychomotor in nature. The methods of instruction were left entirely up to the teacher; tests were administered following instruction to determine pupil attainment of the objectives. They cited several studies and stated:

These studies suggest the conclusion that when there is reasonable control for extraneous factors (teacher familiarity with content and pupil populations) some teachers are consistently more successful than others in getting desired results. There is, however, need for verifying that teachers who can produce desired effects under conditions of teaching performance tests maintain their effect over time and in the presence of a greater range of conditions such as exist in conventional classrooms (p. 236).

Projective tests represent a different testing approach for assessing teaching effectiveness. Anderson et. al. (1975) indicated that projective tests provided an individual with an ambiguous or unstructured stimulus. The individual created his own responses which were "then interpreted as projections of the person's thoughts or feelings" (p. 294). They indicated that projective tests generally assess personality variables and noted that two of the most commonly utilized tests as being the Rorschach and the Thematic Apperception Test.

Anderson et. al. (1975:295) cautioned against the utilization of these tests in any evaluative context, indicating:

The administration and scoring of projective tests usually require a considerable amount of training and a great deal of time. Since these tests usually have to be individually administered and scored by a highly skilled person, the cost is high. If a projective test is used in evaluation, it is advisable to use other personality measures (e.g., inventories, questionnaires) as additional means of assessing the variable of interest.

Schweer and Gebbie (1976) suggested utilization of one projective technique for obtaining student input concerning nursing instructor effectiveness. They suggested the use of "forms asking students to complete sentences best describing their feelings or complete drawings to illustrate their thoughts regarding a particular incident" (p. 183). Otherwise, there is little evidence for the use of projective tests in the evaluation of nursing instructors. It is likely however, that nursing instructors would be familiar with the technique of projective testing as it is utilized in patient assessment.

CRITERIA FOR EVALUATING TEACHING EFFECTIVENESS

The major focus in research on nursing instructor effectiveness has been on criteria identification. A variety of criteria have been identified.

Barnham (1965) utilized a critical incident technique to determine instructor behaviors which two-year college nurses thought to be essential. The teacher behaviors of showing restraint so that one's own anxiety does not influence the situation and explaining for student comprehension were identified most frequently by the respondents.

Jacobson (1966) utilized a modified critical incident technique to evolve fifty-eight critical requirements for effective nursing instruction. The major categories included availability to students, ability as nurse and teacher, skill in interpersonal relationships, teaching practices, and evaluation practices. She indicated that, except for the items which dealt directly with patient care, the criteria could be utilized in any teaching setting.

Alexander (1968), a Canadian nurse educator, focused on teaching behaviors of the instructor in the clinical setting. She developed a tool to assess the instructor teaching in this area and stated, "Separate tools are necessary for the assessment of teaching effectiveness in classroom instruction and clinical instruction" (p. 5). In making her point, she noted that almost two-thirds of the critical incidents identified in the Barnham (1965) study occurred while students were in the clinical setting. Alexander developed a 30 item Rating Scale for Clinical Instruction. She noted that baccalaureate program

instructors in her study were rated highest on the following items-- concern for patient welfare, interest in subject and personal appearance. She expressed concern for the low ratings which the instructors received on the items which dealt with presentation of subject matter and stimulation of intellectual curiosity.

Layton (1969:27) found that in her study conducted with two year nursing students, "by far the most frequently mentioned behaviors were those that demonstrate interest in and acceptance of the student as a person."

Butler and Geitgey (1970) described a tool developed by Butler for rating teaching effectiveness. Unlike Alexander (1968), they advocated that, with slight modification, the tool could be utilized in both the classroom and clinical settings.

Mims (1970) constructed a trial instrument for obtaining student and faculty input concerning evaluation of nursing instructors. The items considered most important by the student respondents included fairness in making and grading tests, ability to interest students in the subject, and the systematic organization of subject matter.

Lowery et. al. (1971) utilized a factor analysis approach to determine aspects of teaching effectiveness considered important by the undergraduate and graduate nursing students and faculty in their study. The four factors identified included concern for the interpersonal element in teaching practices--in particular, teacher-student communication; the teacher's personal warmth; ability to inspire the student; and, finally, the teacher's thorough knowledge of the subject

matter.

Wood (1971) utilized a portion of the rating scale developed by Alexander (1968) to determine the teaching effectiveness of several English tutors² (classroom instructors) as perceived by their students. Characteristics which were rated highest included the teacher's personal appearance, concern for patient's welfare, interest in subject, and knowledge of nursing practice. Wood considered the criteria to be in three categories--knowledge and skill, personal behavior, and relationships. She concluded that the English tutors rated high on knowledge and skill but low on personality. As in Alexander's study, Wood also found that tutors ranked low on presentation of subject matter and stimulation of intellectual curiosity. The high ranking of concern for patient welfare among classroom instructors was a particularly interesting finding.

Armington et. al. (1972) utilized a questionnaire to have students rate instructors who had theory or theory and clinical instruction responsibilities. Instructors who were ranked above average were those who "were enthusiastic about their work, impressed students as being experts in their field, encouraged students to think and were easily accessible to them" (p. 791). They reported that the characteristics of teacher effectiveness identified in their study tended to be similar to those of several other studies which had been conducted in general education.

Kiker (1973) focused on criteria perceived as effective by different types of students. Kiker grouped the twelve characteristics into three categories--professional competence, relationships with students, and individual personal attributes. She found

significant differences between undergraduate students in nursing and education and graduate nursing students. The undergraduates rated professional competence highest while the graduate students rated creativity first. The study may have implications for nursing instructors who teach at both the graduate and undergraduate levels.

Dixon and Koerner (1976) utilized a three stage study to identify effective nurse-educator classroom teaching behaviors. Two constructs were identified. Factor I was labelled individualized prescriptive approach. Dixon and Koerner reported that items that scored highest on this factor were--evaluates the students in a variety of ways based on objectives of course; keeps student apprised of his progress; and, identifies student's strengths and guides the student toward further development. Factor II was labelled systematic theoretical orientation. Items which scored highest were--demonstrates logical thinking process to work through complicated problems, highlights significant concepts and principles, and presents content systematically and clearly. From their study Dixon and Koerner advised that "investigators who tackle these issues in the future would do well to focus on differences between classroom and clinical teaching in nursing. Previous studies in the nursing literature have not tended to differentiate between these aspects" (p. 305).

Jackson (1977) conducted a study with diploma nursing students to ascertain their opinions concerning items which could be utilized for course and instructor evaluation in both the clinical and classroom settings. Unlike Dixon and Koerner, Jackson (1977:12) concluded:

An instrument composed of mutually agreed upon statements should encourage the greatest possible degree of objectivity. Using one accepted form throughout the school, all students would be considering the same characteristics and traits for every instructor and course evaluated.

A variety of criteria were identified in nursing research as being indicative of nursing instructor effectiveness. Most frequently mentioned were those which dealt with the instructor's evaluative, teaching and interpersonal relationship skills as well as with her availability to the student.

The Mitzel Categorization of Criteria

Mitzel (1960) proposed that criteria utilized for evaluating teaching effectiveness could be placed into three categories--those of product, process and presage criteria. According to Mitzel, product criteria involved a measurement of change in student behavior. He stated that process criteria "are most often described and measured in the classroom in terms of conditions, climates, or typical situations involving the social interactions of students and teacher" (p. 1483). The final category, the presage criteria, were described by Mitzel as "pseudo-criteria, for their relevance depends upon an *assumed* or conjectured relationship to other criteria, either process or product" (p. 1484). In discussing presage criteria, Mitzel further indicated:

There are at least four types of presage variables in common use as criteria in teacher effectiveness research:
 a) teacher personality attributes, b) characteristics of teachers in training, c) teacher knowledge and achievement and d) inservice teacher status characteristics (p. 1484).

Mitzel indicated that the relationship between process and product criteria must be emphasized. He stated, "If certain definable and observable educational *means* are clearly better than others, then their effects should be discoverable in measured educational *ends*"

(p. 1484).

Recent research utilizing Mitzel's categorization of criteria has occurred in general education. Moore (1966), Thomas (1969), and Rogers (1970) used Mitzel's categorization of criteria in examining how principals and inspectors evaluate teachers. Moore identified thirty criteria for his study instrument--ten each of the product, process, and presage categories. Cooper (1972) modified the criteria developed by Moore and utilized the resultant tool to ascertain practices for evaluating community college personnel in Western Canada. Volk (1972) utilized the criteria developed by Moore to study the perceptions of urban Saskatchewan school teachers concerning actual and preferred criteria for the evaluation of their teaching effectiveness. No evidence was found to indicate that the Mitzel categorization has been employed in nursing instructor evaluation research.

Product Criteria

Support for the utilization of product criteria. The concept of evaluating teachers in terms of gains made by their students is not a new one. Parker (1975) indicated that the idea of appraising teachers by the achievements made by their students was advanced in the United States as early as 1913. Johnson et. al. (1975:178) explained the interest in product evaluation as follows:

Perhaps the most obvious approach to the evaluation of teaching is by looking at student learning outcomes as direct results. The ease with which this approach can be stated, and its apparent common sense, no doubt largely account for its perennial attractiveness.

McNeil and Popham (1973) seemed among the strongest present day proponents for the utilization of product criteria. They

stated that "a focus on pupils reveals far more about the effectiveness of teachers than does the direct study of teachers themselves" (p. 218) and advocated the pupil gain approach for research on teaching effectiveness. They indicated that many researchers have "succumbed" to the difficulties associated with this approach,

and have opted to use more readily available criteria. By studying certain procedures employed by teachers and assuming that these procedures are related to pupil growth, the investigator gets at a readily accessible process criterion and hopes it reflects an outcome criterion (p. 220).

Volk (1972) found that while current Saskatchewan teacher evaluation practices indicated that most emphasis was given to process criteria and the least to product criteria, teachers preferred that process criteria remain of greatest importance but that increasing emphasis be given to product criteria.

McNeil and Popham (1973) advocated two new approaches to teacher evaluation based on student gain. The concept of teacher power tests was discussed earlier. In addition, they suggested the use of contract plans which are based on student gain. They indicated that:

the essence of this technique involves the development of a carefully selected set of objectives for the pupil. Supervisors and teachers agree in advance what they will accept as evidence that the teacher has been successful in changing the skills, competencies or attitudes of his students (p. 234).

Concerns related to the utilization of product criteria. Costin et. al. (1971:520) described the utilization of student gain criteria as being "fraught with practical and technical difficulties." McNeil and Popham (1973), although advocates of the approach, identified certain philosophical and technical difficulties associated with it. They discussed the technical difficulties as including:

concerns about the adequacy of measures for assessing a wide range of pupil attitudes and achievement at different educational levels and in diverse subject-matter areas, failure to account for instructional variables that the teacher does not control and unreliability in the results of teacher behavior, that is, inconsistent progress of pupils under the same teacher (p. 218).

The development of adequate measures to assess teaching effectiveness in terms of pupil gain may be difficult in a subject such as nursing which has a heavy focus upon the knowledge, skill and attitude domains. Perhaps this is the reason that although product criteria sometimes receive support in discussions, they do not seem to have been incorporated into nursing instructor evaluation research or practices. For example, Conley (1973:367) stated that "ideally teaching success should be judged primarily in terms of changed behavior in students." She then proceeded to discuss a teacher evaluation approach which appeared to use process and presage criteria exclusively.

Johnson et. al. (1975a) expressed a concern in addition to that of the technical difficulties associated with evaluation by student gain. They emphasized that teaching and learning were two separate processes and that whether or not learning occurs is often a matter of choice and/or ability on the part of the student.

Johnson (1975) added a third concern related to the utilization of product criteria. He noted that United States legislation on teacher evaluation has been utilizing student gain as its focus. He also seemed concerned with the extent to which evaluation procedures are prescribed. As an example, Johnson (1975:607-608) cited the California Stull Act of some years ago which mandated a:

"uniform system of evaluation and assessment of performance of certified personnel within each school district of the state." Each district was ordered to develop "objective evaluation and

assessment guidelines" based on "standards of *expected student progress* in each area of study and techniques for the process." It was required to review "competence" as it "relates to established standards of *student progress*."

Pedersen (1975) noted that with the Canadian public's increasing demand for accountability, product oriented teacher evaluation legislation may become a reality for Canadian education in the future.

Process Criteria

Support for the utilization of process criteria. Glasman (1976) saw the approach of utilizing process criteria as a valuable one for present day educational administrators. He stated:

Because there are no comprehensive theories of teaching, one cannot be sufficiently certain about what good and bad teaching means and, therefore, cannot specify with certainty criteria for its evaluation. In the absence of such theories to guide the construction of appropriate evaluation instruments, the administrator is faced with two "strongly advocated" positions on the matter of instruments. A state legislator or a taxpayer wants instructors to be evaluated in terms of the extent to which students learn. They are essentially demanding "product" evaluation. Instructors who reluctantly agree to be evaluated want "input" variables to be taken into account. They argue that students' level of intelligence or administrative support of instructors do effect teaching success. As researchers develop their theories of teaching and its subsequent evaluation, the administrator's most viable option at this point is to adopt a compromise between the two positions (pp. 314-315).

The use of process criteria seemed to be a popular one in general education. Volk (1972) found that the Urban Saskatchewan school teachers in his study perceived that the greatest emphasis in evaluating their teaching effectiveness was on process criteria. He stated that his findings coincided with those of Moore (1966), Thomas (1969) and Rogers (1970) who found that "both inspectors and principals emphasized process criteria and de-emphasized product criteria in evaluating teachers" (p. 95). Volk also found that the instructor preferences were for process-oriented evaluation criteria.

The nursing studies cited earlier seemed to emphasize process

criteria. Interpersonal relationship skills and specific teaching skills seemed to be mentioned frequently.

Concerns related to the use of process criteria. Although the use of process criteria for teacher evaluation has been popular, a major concern has been expressed regarding the fact that teaching behaviors may be evaluated without adequate consideration of the relationship of those teaching behaviors to student learning (McNeil and Popham, 1972). The lack of focus on this relationship in the past may be related to the present day emphasis on student gain criteria in United States educational legislation (Glasman, 1976; Pedersen, 1975; Johnson, 1975).

Another concern related to the use of process criteria indicated that it may be difficult to distinguish between process and presage criteria. According to Johnson et. al. (1975a:173):

Analysis of pedagogical behaviors fails to distinguish critical teaching acts from more general teacher characteristics interpretable in terms of teacher personality.

Johnson et. al. (1975a) also expressed a concern related to the method of selecting process criteria for use in teacher evaluation. They stated that the problem is with "the logical, empirical and theoretical grounds for the choice of any particular set of pedagogical behaviors as the basis for evaluation of teaching" (p. 189). They indicated that educational researchers in the past have very seldom presented the logic behind their selection of particular sets of teaching behaviors.

Presage Criteria

Support for the utilization of presage criteria. Johnson et. al. (1975a) recognized measurement of teacher characteristics as one of the three basic approaches to teacher evaluation. They indicated:

This approach to evaluation of teaching attempts to show that teachers with certain characteristics (such as friendliness, fairness, humor, sensitivity, enthusiasm, or the appearance of competence, for example) are approved, valued, or accepted by individual students or groups of students. The efficacy of the approach appears to rest upon the notion that learning will be increased if students come to perceive their teachers as attractive human beings. Thus, teachers who possess the supposedly desirable characteristics will presumably be good teachers. Furthermore, teachers who possess more of them, or possess them to a greater degree, or appear to possess them in the eyes of a greater number of observers, will be better teachers than those who have them only to a lesser degree (p. 184).

Cooper (1972) found that when college teachers were being assessed for administrative promotion, presage criteria were considered as most important, while process criteria were stressed in the evaluation of instructor competence. The three presage criteria considered most important for administrative promotion were the degree of cooperation by the instructor with other staff members, the dependability of the instructor, and the qualities of leadership displayed by the instructor. Although in Cooper's research no overall difference existed between criteria used in the two evaluative situations, evidence that the importance given to specific criteria varied with the evaluative purpose was apparent in her study.

Some presage criteria were identified in nursing research on teaching effectiveness. The teacher's personal warmth (Lowery et. al., 1971), her personal appearance (Woods, 1971), and expertise (Armington et. al., 1972) were examples of the criteria identified in the nursing studies.

Concerns related to the use of presage criteria. Costin et. al. (1971) expressed concern over the use of presage criteria for evaluating teaching effectiveness. They stated that:

although one is apt to assume intuitively that students' ratings of college teachers' performance should be influenced

by or correlated with personality traits very little evidence exists to demonstrate whether or not this is so (p.184).

Johnson et. al. (1975a) indicated that in using teacher characteristics to determine effectiveness it was difficult to develop criteria specific to teachers.

It seemed that the use of each of Mitzel's categories of criteria received support in the literature. Each approach had limitations associated with it. The approach or approaches selected for instructor evaluation may well vary with such factors as purpose, ease of assessment and system prescriptions which may limit the choice process.

SUMMARY

In this chapter theoretical and research literature were reviewed in an attempt to provide and develop the background for the study. The literature suggested that peer, student and self evaluative input were most popular for nursing instructor evaluation, while administrative and supervisory input was accepted for use with instructors not teaching in the clinical practice area. One study indicated that length of time as teachers did not affect the preference of various nursing faculty members for utilizing student evaluative input.

The literature also suggested that a range of data gathering practices were utilized for teacher evaluation in general education, while the evaluation of nursing instructors seemed more limited to the use of rating scales, checklists and questionnaires. There was no indication as to whether or not nursing instructors would prefer a broader range of data gathering practices to be used.

The literature seemed to indicate that most research in nursing education had been related to teaching effectiveness criteria. One study indicated that the teacher characteristics identified as effective in that study were similar to those identified in general education studies. The literature also suggested that nurse educators differed in opinion as to whether criteria utilized for instructor evaluation in a setting such as the classroom could also be utilized or adapted for use in evaluating the nursing instructor in other settings.

No evidence was found in the literature to indicate that Mitzel's categorization of criteria had been utilized in nursing education research on teacher effectiveness. General education studies which used the categorization described by Mitzel determined that teacher evaluation practices presently emphasized process criteria. One study which asked teachers to indicate both existing and preferred criteria found that the teachers' selection of criteria varied in those two situations. No similar study seemed to have been conducted within nursing education. Therefore, little seemed to be known about variables which might have an effect upon nursing instructor perceptions concerning the actual and preferred situations for evaluating their teaching effectiveness. For example, whether an instructor teaches in a baccalaureate or diploma nursing program may affect her perceptions concerning teacher evaluation. Similarly, with increasing educational preparation, a nursing instructor may be exposed to more information on teacher evaluation.

CHAPTER III

INSTRUMENTATION AND METHODOLOGY

This chapter provides a description of the instrument used in the study and of the methods used to collect and analyze data. The initial section deals with the procedures utilized to develop the personal and professional data, the criteria, and the content aspects of the instrument. The final section provides a description of the methods employed to collect and analyze the data of this study.

INSTRUMENTATION

The Pilot Study

For the purposes of this study, it was necessary to collect data regarding the perceptions of nursing instructors concerning evaluation of their teaching effectiveness. Mitzel's categorization of criteria was adopted as the basis for developing an instrument for data collection.

Forty-two pilot study questionnaire items, related to the general and nursing education literature and based upon Mitzel's criteria as well as studies conducted by Cooper (1972) and Volk (1972), were constructed. The items developed were intended to represent the product, process and presage categories equally and were placed in random order in the pilot study questionnaire. Since the nursing education literature reviewed made little reference to product oriented criteria, the explanatory letter accompanying the pilot study questionnaire

indicated that criteria which measured nursing instructor effectiveness in terms of student performance had been included in the questionnaire.

The pilot study questionnaire was circulated to thirty nursing instructors in Alberta and British Columbia known to be teaching in diploma or basic baccalaureate nursing programs, or to have done so within the last three years. In Section I of the instrument, pilot study subjects were asked to provide specific personal and professional data.

Section II of the questionnaire requested pilot study subjects to rate criteria in terms of their perception of the importance which each criterion was given (actual) and should be given (preferred) in the evaluation of their teaching effectiveness. The following rating scale was utilized:

- 0 Don't know
- 1 None or very limited importance
- 2 Some importance
- 3 Moderate importance
- 4 Great importance
- 5 Very great importance

In Section III of the questionnaire, respondents were asked to work through the 42 items a second time and to rate each item on an eight-point scale in terms of its clarity. A rating of one meant that the item was unclear, while eight indicated that the meaning of the item was clear. In addition, respondents were requested to make suggestions in the space provided below each item as to how the clarity of the item might be improved.

In Section IV, subjects were requested to comment on the questionnaire or on the topic of nursing instructor evaluation in general.

Responses were received from 27 (90 percent) of the pilot study subjects. Difficulties which the pilot study subjects had in completing Section I of the instrument were noted so that these problems could be avoided in the construction of the Nursing Instructor Evaluation Instrument.

The responses to Sections II and III made by 25 pilot study participants (83 percent) were analyzed by computer. Two additional questionnaires were received following analysis. Comments made on the various sections of these instruments were noted.

Frequencies and means were calculated for the actual and preferred responses to each item in Section II in order to determine the importance given to each item by the pilot study participants. These results aided in the selection of criteria for inclusion in the Nursing Instructor Evaluation Instrument.

The results of Section II of the pilot study were factor analyzed by use of a varimax rotation procedure in order to determine if the criteria represented product, process and presage categorizations as proposed by Mitzel. Five, four, three and two factor solutions were attempted for both the actual and preferred series of responses. Each of the factor analyses on the preferred responses accounted for more of the total variance than each of the comparable analyses on the actual responses. For that reason, the results of the preferred analysis were utilized. The three factor solution seemed to represent the best distribution of significant loadings. Table 1 shows the three factor solution for the preferred criteria. Factor I seemed to deal with product

Table 1

Pilot Study Factor Solution for Preferred
Criteria Emerging From Varimax
Rotation and a Three Factor Solution

Items	Communalities	Factor I	Factor II	Factor III
1	0.278	<u>-0.481</u>	-0.042	0.213
2.	0.596	<u>0.719</u>	0.091	-0.264
3.	0.383	-0.181	-0.159	<u>0.596</u>
4.	-0.618	-0.181	0.117	<u>0.756</u>
5.	0.159	0.045	0.379	0.116
6.	0.456	0.295	<u>0.605</u>	-0.053
7.	0.313	-0.052	<u>0.535</u>	0.155
8.	0.435	0.180	<u>0.605</u>	0.189
9.	0.624	<u>0.716</u>	0.057	0.329
10.	0.392	-0.016	<u>0.624</u>	-0.040
11.	0.551	-0.197	<u>0.716</u>	-0.021
12.	0.294	-0.343	<u>0.419</u>	0.040
13.	0.441	0.103	<u>0.583</u>	0.301
14.	0.683	0.208	<u>0.789</u>	-0.127
15.	0.719	<u>0.806</u>	0.117	0.237
16.	0.504	0.396	-0.011	<u>0.589</u>
17.	0.346	0.088	0.321	<u>0.485</u>
18.	0.496	0.049	0.082	<u>0.698</u>
19.	0.691	0.008	<u>0.800</u>	0.225
20.	0.225	-0.162	<u>0.404</u>	0.191

Table 1 (continued)

Items	Communalities	Factor I	Factor II	Factor III
21.	0.584	0.176	<u>0.727</u>	0.156
22.	0.735	<u>0.852</u>	-0.095	-0.024
23.	0.455	<u>0.671</u>	0.067	0.019
24.	0.256	0.299	0.162	0.375
25.	0.396	<u>0.593</u>	0.175	-0.118
26.	0.579	0.014	0.183	<u>0.739</u>
27.	0.120	0.028	0.345	0.002
28.	0.637	<u>0.797</u>	0.032	0.019
29.	0.799	<u>0.865</u>	-0.151	0.166
30.	0.305	0.284	-0.012	<u>0.474</u>
31.	0.528	0.007	<u>0.701</u>	0.190
32.	0.758	<u>0.708</u>	-0.174	0.476
33.	0.497	0.283	0.354	<u>0.539</u>
34.	0.797	0.191	0.355	<u>0.797</u>
35.	0.700	0.096	0.606	0.570
36.	0.736	<u>0.820</u>	0.128	0.219
37.	0.821	<u>0.845</u>	-0.119	0.304
38.	0.397	0.141	0.123	<u>0.602</u>
39.	0.173	0.096	0.350	0.202
40.	0.601	<u>0.675</u>	0.148	0.352
41.	0.527	-0.104	0.390	<u>0.604</u>
42.	0.355	-0.094	<u>0.588</u>	-0.002
Percentage of Common Variance 100.000		30.798	32.381	28.821

criteria, Factor II with items of a process nature and Factor III with the presage criteria. The results of the three factor solution were utilized to identify items which could be included in the Nursing Instructor Evaluation Instrument to represent product, process and presage criteria.

Frequencies and means were calculated to determine the perceived clarity of each of the 42 criteria included in Section III of the instrument. The clarity ratings and the extensive suggestions for item improvement that were made by pilot study participants aided in the selection and modification of items for inclusion in the Nursing Instructor Evaluation Instrument.

Comments made on Section IV of the pilot study instrument were categorized according to: general comments concerning evaluation of nursing instructors, comments concerning instrument construction and comments concerning criteria for evaluating teaching effectiveness. Out of the 27 questionnaires returned, 19 (70 percent) contained comments in Section IV. Seventy-four percent of those who completed Section IV made at least one comment in their responses concerning the criteria which dealt with student gain. The high response rate and the nature of the responses to this section indicated that subjects completing the Nursing Instructor Evaluation Instrument might make use of a similar section if it were included in that instrument.

The Nursing Instructor Evaluation Instrument

The Nursing Instructor Evaluation Instrument is included in Appendix A, page 148. It contains three sections. Section I, Personal and Professional Data, includes the following nine variables: age, highest level of education, amount of teaching experience, length of

employment, type of present employment, hours employed at present, area of major teaching responsibility, type of program and approximate number of full-time faculty. It was thought that these variables might have considerable relevance to the perceptions being studied.

Section II of the Nursing Instructor Evaluation Instrument deals with evaluators, data gathering practices and criteria for evaluating nursing instructors. The same rating scale was utilized throughout Section II. The response key was as follows:

- 1 Very limited importance
- 2 Limited importance
- 3 Moderate importance
- 4 Great importance
- 5 Very great importance

Section II(a) of the Nursing Instructor Evaluation Instrument asks respondents for their perceptions concerning the importance which specific types of individuals had (actual) and should have (preferred) in the evaluation of nursing instructors. Types of individuals were utilized rather than specific titles since nursing education programs were known to have a variety of administrative structures. Space was provided for respondents to specify other personnel who might be involved in evaluating their teaching effectiveness and to rate their perceived importance.

Section II(b) deals with practices which might be undertaken to gather information for evaluating nursing instructors. A brief description of each practice was included since the pilot study suggested that extensive systems of nursing instructor evaluation might not be common. The descriptions included were a modified version of those

utilized by Parker (1976).

Section II(c) deals with criteria for evaluating teaching effectiveness. Ten criteria from each of the process, presage and product categories as identified by the pilot study factor analysis were retained for the questionnaire. The criteria selected were modified considerably from the pilot study based upon input from the pilot study subjects. Modifications generally took the form of making an item more specific or rewriting a criterion in behavioral terms.

A table of random numbers was utilized to determine the order which the categories would take throughout Section II(c). Within the categories, items were arranged in what was perceived to be an easy to difficulty ordering according to the results of the factor analysis, the assessment of the clarity of each item by the pilot study respondents, and efforts to ensure that product items were preceded and followed by criteria which clearly referred to the instructor.

Section III encouraged respondents to comment on nursing instructor evaluation in general and/or the questionnaire itself.

METHODOLOGY

Collection of Data

The Nursing Instructor Evaluation Instrument was distributed to nurse educators who were teaching in Alberta diploma or basic baccalaureate nursing programs at the time of the study. In order to obtain participants for the study, a request was made to meet with the administrators who formed the Consortium of Senior Nurse Educators.

The administrators were informed of the nature of the proposed research on nursing instructor evaluation at their January 1977 meeting. A follow-up letter was then sent to each Consortium member, asking that person to provide a list of faculty members whom they considered to be teaching nursing one-half time or more in their program. They were requested to include both those employed sessionally and on a permanent basis. In addition, the letter requested permission to send the questionnaire and a follow-up letter to the work address of each faculty member provided. Faculty lists were subsequently received for all diploma and basic baccalaureate programs in Alberta.

Two hundred and thirty one questionnaires were mailed to the nursing instructors identified for the study. The questionnaire included a covering letter which indicated that the anonymity of individual responses would be ensured. A self-addressed, stamped envelope was enclosed for returning the questionnaire. In addition, a self-addressed, stamped post card was included for those who wished to receive a summary of the study results. A reminder post card was sent to all participants ten days after the original questionnaires had been distributed. A follow-up letter was distributed approximately one month following the reminder post card in order to encourage any remaining study participants who wished to complete the questionnaire to do so as soon as possible. All correspondence is included in Appendix B, page 158.

One hundred and eighty nine questionnaires were returned. Of these, five were not usable, leaving one hundred and eighty four returns to be analyzed. The usable returns represented eighty percent of the study participants.

Statistical Analyses

Pearson and Phi correlational procedures were utilized to determine the relationships between the nine personal and professional variables included in the study.

In analyzing the data from Section II of the questionnaire, standard deviations and rankings of means were utilized to show the extent of common perceptions concerning the importance of actual and preferred evaluators, data gathering practices and criteria.

The Spearman rho correlation from ranks was used to determine the degree of relationship between the importance given to the various evaluators, data gathering practices and criteria in the actual and preferred situations.

T tests were utilized to determine whether differences which existed in perceptions concerning actual and preferred evaluators, data gathering practices and criteria were of statistical significance.

T and F tests were used to determine the effect which the nine personal and professional variables had upon perceptions concerning actual and preferred evaluators and data gathering practices.

A factor analysis was done to determine if criteria tended to cluster in Mitzel's categories of process, product and presage criteria.

T and F tests were utilized to determine the effects which the nine personal and professional variables had upon preferences for product, process and presage criteria.

SUMMARY

The data for this study were collected by the use of a questionnaire. In addition to questions dealing with personal and

professional information, and questionnaire included measures for types of evaluators, data gathering practices and criteria for assessing nursing instructor effectiveness. All Alberta nursing instructors teaching one half time or more in basic baccalaureate or diploma nursing schools were included in this study.

CHAPTER IV
ANALYSIS OF THE DATA AND DISCUSSION OF
THE FINDINGS

This chapter provides a description of the findings which emerged when different types of analyses were applied to the data, as well as a discussion of those findings. The initial section deals with preliminary findings regarding personal and professional variables as well as relationships between the independent variables. Findings related to types of evaluators, data gathering practices and criteria are discussed in subsequent sections. The final section presents a summary of the chapter.

PRELIMINARY FINDINGS

Personal and Professional Information

The nursing instructors were asked to answer nine questions presented under the heading, Personal and Professional Data. Information was obtained concerning the instructor's age, level of education, amount of teaching experience, length of present employment, type of present employment, hours of present employment, area of major teaching responsibility, type of program and number of full-time faculty.

Frequency and percentage distributions were used to summarize the responses to the nine questions. Table 2 presents information concerning the respondents. Since there were infrequent responses to some of the items, the data collected from this section of the

Table 2

Frequency and Percentage Distributions for Personal and Professional Variables

Variable	Categories				
	30 & under	31-35	36-40	over 40	
Age	f	77	50	21	39
	%	42.4	27.2	11.4	19
Level of Education	R.N.		Baccalaureate	Master's	
	f	18	149	17	
	%	9.8	80.9	9.2	
Amount of Teaching Experience		less than 3 yrs.	3-4 yrs.	5-8 yrs.	over 8 yrs.
	f	52	49	46	36
	%	28.4	26.8	25.2	19.7
Length of Present Employment		less than 1 yr.	1-2 yrs.	3-4 yrs.	5 yrs. & over
	f	51	47	51	35
	%	27.7	25.5	27.7	19.1

Table 2 (continued)

Variable	Categories	
Type of Present Employment	<u>Sessional</u>	<u>Permanent</u>
	f 30 16.3	f 154 83.7
Hours employed at Present	<u>50-74% of full time</u>	<u>75-100% of full time</u>
	f 22 12.2	f 158 87.8
Major Teaching-Responsibility	<u>Classroom</u>	<u>Clinical</u>
	f 10 5.4	f 120 65.2
Present Program	<u>Diploma</u>	<u>Baccalaureate</u>
	f 160 87	f 24 13
Number of full-time Faculty	<u>less than 10</u>	<u>10-19</u>
	f 30 16	f 62 33.9
	<u>20-29</u>	<u>30-39</u>
	f 49 26.8	f 42 23.0

questionnaire were collapsed into the categories indicated on the table.

Table 2 indicates that 60.4 percent of the instructors were between the ages of 26 and 35. Table 2 also indicates that 4 out of 5 of the instructors had a baccalaureate degree or a baccalaureate plus some additional preparation while only 9.2 percent of the instructors were prepared at the master's level. The relatively small number of nurses prepared at the master's level indicates that this study was concerned primarily with perceptions concerning nursing instructor evaluation as held by instructors with baccalaureate preparation. Studies involving more master's level prepared nurses might produce findings significantly different from the ones emerging in this study.

Table 2 shows that approximately one half of the nursing instructors had less than 5 years of teaching experience; however, a full 81 percent of the instructors had been employed in their present teaching positions for less than 3 years. The employment mobility which characterized the study participants might have provided them with an understanding of a variety of institutional practices which existed for nursing instructor evaluation; on the other hand, teachers who were new to an institution might be uncertain as to what evaluation practices did exist. Table 2 indicates that most of the nursing instructors were employed on a permanent basis and were working in a full-time capacity. Table 2 also indicates that about two-thirds of nursing instructors had approximately equal clinical and classroom teaching responsibilities. The fact that the majority of respondents had teaching responsibilities in both areas is likely to have had an effect upon their responses in terms of selection of evaluators, data gathering

practices and criteria considered appropriate for both settings. Table 2 reveals that 87 percent of the instructors taught in programs which prepared diploma nurses. The study primarily involved instructors teaching in hospital and college based programs since the preparation of diploma nurses occurs in those settings. Studies involving more instructors teaching in baccalaureate programs might produce significantly different findings from the ones emerging in this study. Finally, Table 2 shows that schools with 10-19 faculty members were most common; however, a variety of school sizes is apparent.

Relationships Between the Independent Variables

Correlational procedures were utilized to explore relationships between the independent variables. All possible relationships between the 9 variables are reported in Table 3. The table shows that 32 out of a possible 36 relationships were found to be statistically significant.

Table 3 shows that approximately two-thirds of the significant relationships were positive. Many of the positive relationships such as the correlation between age and amount of teaching experience were expected; however, one relationship of note is that which occurred between age and number of faculty. The finding indicates that older instructors tended to be employed at the larger schools. Table 3 also shows that older teachers and those with more education tended to stay in a place of employment longer. In addition, Table 3 shows significant relationships between length of present employment and school size. The finding indicates that instructors working in larger schools tended to have been employed longer than those teaching in the smaller schools.

Table 3
Relationships Between Nursing Instructor's Personal and Professional Characteristics

	2	3	4	5	6	7	8	9
1 Age	-0.16r**	0.55r***	0.37r***	0.51pb***	0.34pb***	0.49r***	0.46pb***	0.19r***
2 Level of Education		0.16r**	0.15r**	-0.39pb***	-0.08pb	-0.26r***	-0.26pb***	-0.13r*
3 Amount of Teaching Experience			0.46r***	0.16pb**	0.13pb*	0.16r**	0.9pb***	-0.02r
4 Length of Present Employment				0.36pb***	0.53pb***	0.33r***	0.28pb***	0.21r***
5 Type of Present Employment					0.66pb**	0.86pb***	0.18p	0.55pb***
6 Hours of Present Employment						0.66pb***	0.09p	0.43pb***
7 Major Teaching Responsibility							0.62pb***	0.46r***
8 Type of Program								0.52pb***
9 Number of Faculty								

r = Pearsons r
 ϕ = Phi Coefficient
 pb = Point Biserial

***Significant at .001 level
 **Significant at .01 level
 *Significant at .05 level

Table 3 indicates that 8 (out of a possible 36) relationships had significant negative correlations. One relationship of note is that which occurred between age and level of education. The finding indicated a tendency for younger instructors to be more highly educated. The table also shows a correlation indicating that there was a slight tendency for those with more education to be employed in the smaller schools.

TYPES OF EVALUATORS

Importance and Consensus of Perceptions

One of the purposes of the study was to determine the extent to which Alberta nurse educators shared common perceptions as to who was and should be involved in providing input for evaluating their teaching effectiveness.

Table 4 presents the importance which the various evaluators were given in the actual and preferred situations by ranking the means for each situation and indicating the difference in rank between the two situations. Table 4 reveals that senior administrators were ranked as being the most important source of evaluative input, while the study respondents preferred that input from the instructors themselves, immediate supervisors and peers be of more importance than that provided by the senior administrator. Input from immediate supervisors received the same ranking in both situations (2) as did input from students (4). Table 4 shows that the instructor herself was perceived by the study participants as their most preferred source for evaluative input. The table shows that the Spearman rho was .49. This value indicates that the overall similarity in perceptions concerning actual and preferred

Table 4
 A Comparison of Perceived Importance of Actual
 and Preferred Involvement of Evaluators

Type of Evaluator	Mean Score		Mean Rank		Difference in Rank
	Actual	Preferred	Actual	Preferred	
Senior administrator(s)	3.36	3.36	1	4	-3
Immediate supervisors	3.28	3.94	2	2	0
Peer instructors	2.24	3.42	5	3	2
Instructors themselves	2.99	4.12	3	1	2
Students	2.66	3.36	4	4	0
Others	2.00	2.91	6	5	1

Rho = .49; Not significant

evaluators was not great enough to be of statistical significance.

Table 5 presents the extent of consensus in perceptions concerning the importance which various evaluators were given in the actual and preferred situations by presenting the standard deviations for each type of evaluator. The standard deviation was used as a measure of consensus since it was recognized that a large standard deviation would reflect a considerable dispersion or spread in a set of scores while a small standard deviation would reflect a set of scores which were less variable (Popham and Sirotnik, 1973).

Table 5 shows that the most consensus existed concerning the actual use of others to provide evaluative input. In responding to the section of the instrument which dealt with evaluators, study subjects were asked to name personnel other than administrators, supervisors, peers, instructors themselves and students who were or should be involved in providing evaluative input. The respondents were then requested to rate the type of individual named in terms of their perceptions of the actual and preferred importance of that individual in evaluating teaching effectiveness. Sixty-two respondents (29.7 percent) completed the other category. Their responses were categorized and indicated that 62.9 percent of the subjects saw the head nurse, or head nurse in conjunction with the ward staff or nursing supervisor as being most suitable as other sources of evaluative input. Others in the clinical area such as the clinical nurse specialist and the physician were named by 14.5 percent of the respondents. The remainder of the subjects who completed the other category (22.6 percent) indicated that personnel outside of the nursing practice setting should

Table 5
Extent of Common Perceptions Concerning
Actual and Preferred Evaluators

Type of Evaluator	Standard Deviation	
	Actual	Preferred
Senior administrator(s)	1.38	0.95
Immediate supervisors	1.40	0.83
Peer instructors	1.21	1.04
Instructors themselves	1.37	0.88
Students	1.32	1.03
Others	1.20	0.99

provide evaluative input. Individuals such as curriculum coordinators, secretarial staff, registrars and campus directors were suggested.

Table 5 indicates that perceptions concerning the actual use of peers, and then students, had the next most common agreement. Table 5 also shows that the least most common perceptions existed concerning the role which immediate supervisors played in evaluating teaching effectiveness.

Table 5 shows that, within the preferred situation, the most common agreement existed for the role which immediate supervisors should play in providing evaluative input. The next most common perceptions were for the use of instructors themselves and senior administrators, in that order. Table 5 also shows that the least most common perceptions existed concerning the role which peer instructors should play.

Table 5 shows that standard deviations for each of the preferred evaluators were smaller than those of the actual evaluators, indicating that nursing instructors were more similar in their perceptions of who should evaluate than in their understanding of the existing use of evaluators.

Differences Between Actual and Preferred Evaluators

The study also addressed itself to the question of whether or not any differences found between the perceptions concerning actual and preferred evaluators were of statistical significance. Table 6 compares the actual and preferred evaluators by utilizing the T test. Table 6 reveals that statistically significant differences existed for five out of six evaluators, with the greatest difference occurring

Table 6

A Comparison of Perceived Importance of Actual and Preferred Involvement of Evaluators by Means

Type of Evaluator	Mean Actual	Mean Preferred	T Value
Senior administrator(s)	3.36	3.36	.05
Immediate supervisors	3.28	3.94	-6.01***
Peer instructors	2.24	3.42	-11.59***
Instructors themselves	2.99	4.12	-12.04***
Students	2.66	3.36	-6.81***
Others	2.00	2.91	-5.05***

***Significant at .001 level

between the actual and preferred use of instructors themselves as a source of input (T value, -12.04). Table 6 indicates that the difference between the actual and preferred use of peer instructors was almost as great (T value, -11.59). No statistically significant difference occurred in the actual and preferred use of senior administrators, but all other evaluators took on increasing importance in the preferred situation, as indicated by the increase in means from actual to preferred.

Effect of Independent Variables on Perceptions Concerning Evaluators

The study was concerned with the effect which the selected personal and professional variables had upon the perceptions of the study participants concerning actual and preferred evaluators. T and F tests were utilized.

Table 7 shows the effect which type of employment had. The table shows that 1 out of 12 comparisons reached statistical significance. The large number of non-significant findings indicates that instructors employed sessionally and on a permanent basis were largely in agreement concerning actual and preferred evaluators. The significant difference which did occur was that those employed on a sessional basis had a stronger preference for student evaluative input than did those employed on a permanent basis.

Table 8 indicates that no statistically significant differences (out of a possible 12) occurred between those employed 50 to 74 percent of full-time and those employed 75 percent of full time to full-time. This finding suggests that the groups were homogeneous in their perceptions concerning actual and preferred evaluators.

Table
 Effect of Type of Employment on Perceptions of
 Actual and Preferred Evaluators by Means

Type of Evaluator	Type of Employment		T Value
	Sessional	Permanent	
Senior administrator(s)			
ACTUAL	3.03	3.43	-1.42
PREFERRED	3.31	3.36	-0.28
Immediate Supervisors			
ACTUAL	3.69	3.19	1.77
PREFERRED	4.07	3.91	0.93
Peer instructors			
ACTUAL	2.38	2.22	0.64
PREFERRED	3.59	3.39	0.92
Instructors themselves			
ACTUAL	2.66	3.06	-1.46
PREFERRED	3.93	4.16	-1.27
Students			
ACTUAL	2.93	2.61	1.25
PREFERRED	3.70	3.30	1.96*
Others			
ACTUAL	2.08	2.00	0.21
PREFERRED	2.71	3.02	-1.02

*Significant at .05 level

Table 8
 Effect of Hours of Employment on Perceptions
 of Actual and Preferred Evaluators by Means

Type of Evaluator	Percentage of Full Time		T Value
	50%-74%	75%-100%	
Senior administrator(s)			
ACTUAL	2.91	3.42	-1.64
PREFERRED	3.09	3.38	-1.34
Immediate supervisors			
ACTUAL	3.33	3.25	0.25
PREFERRED	4.09	3.92	0.92
Peer instructors			
ACTUAL	2.18	2.26	-0.29
PREFERRED	3.27	3.43	-0.67
Instructors themselves			
ACTUAL	2.76	3.06	-0.95
PREFERRED	3.90	4.17	-1.28
Students			
ACTUAL	2.91	2.61	1.00
PREFERRED	3.55	3.34	0.86
Others			
ACTUAL	1.75	2.05	-0.79
PREFERRED	2.69	3.04	-1.12

Table 9 indicates that 3 statistically significant differences (out of a possible 12) occurred between instructors teaching in diploma and baccalaureate nursing programs. It reveals that baccalaureate program instructors saw more use being made of student evaluative input at present than did diploma instructors. It also indicates that instructors in the baccalaureate programs had a stronger preference for both peer and student input than did instructors teaching in diploma nursing programs.

Table 10 presents the effect of age on instructor perceptions concerning who does and should evaluate. One finding out of 12 was statistically significant, indicating that respondents of various ages were largely in agreement concerning actual and preferred evaluators. The significant finding was concerning the effect of age on perceptions of the extent to which immediate supervisors were presently utilized. Differences were found between the 30 and under and over 40 age groups; between the 36-40 and the over 40 age groups; and between the 31-35 and the 36-40 age group. Those instructors over 40 perceived immediate supervisors to be utilized to the greatest extent. They were followed by those 31-35, the instructor group under 30 and, finally, the 36-40 age group.

Table 11 indicates that ~~no~~ statistically significant differences existed between instructors with various levels of education concerning actual evaluators.

Table 11 indicates that two statistically significant findings were related to the effect of level of education on preferences for student and peer evaluative input. The difference in preference for peer evaluation occurred between the group of instructors prepared at the

Table 9

Effect of Type of Program on Perceptions of Actual and Preferred Evaluators by Means

Type of Evaluator	Type of Program		T Value
	R.N.	B.Sc.	
Senior administrator(s)			
ACTUAL	3.35	3.46	-0.35
PREFERRED	3.38	3.17	1.04
Immediate supervisors			
ACTUAL	3.24	3.48	-0.75
PREFERRED	3.94	3.87	0.42
Peer instructors			
ACTUAL	2.23	2.38	-0.55
PREFERRED	3.32	4.08	-4.51***
Instructors themselves			
ACTUAL	2.98	3.08	-0.41
PREFERRED	4.11	4.17	-0.27
Students			
ACTUAL	2.58	3.17	-2.05*
PREFERRED	3.25	4.17	-4.28***
Others			
ACTUAL	2.03	1.80	0.41
PREFERRED	2.92	3.33	-0.96

***Significant at .001 level
 *Significant at .05 level

Table 10
Effect of Age on Perceptions of Actual
and Preferred Evaluators by Means

Type of Evaluator	Age in Years				F Ratio
	<30	31-35	36-40	>40	
Senior administrator(s)					
ACTUAL	3.15	3.27	3.70	3.81	2.16
PREFERRED	3.39	3.31	3.15	3.47	0.53
Immediate supervisors					
ACTUAL	3.00	3.50	2.50	3.97	6.63***
PREFERRED	3.83	4.00	3.95	4.06	0.69
Peer instructors					
ACTUAL	2.37	2.20	1.90	2.16	0.92
PREFERRED	3.40	3.32	3.55	3.53	0.39
Instructors themselves					
ACTUAL	3.00	2.92		3.25	0.71
PREFERRED	4.19	4.08		4.12	0.46
Students					
ACTUAL	2.45	2.69	2.76	3.03	1.58
PREFERRED	3.26	3.38	3.62	3.50	.90
Others					
ACTUAL	1.75	2.00	2.33	2.50	1.18
PREFERRED	2.92	3.08	3.16	2.77	0.36

***Significant at .001 level

Table 11
 Effect of Level of Education on Perceptions of
 Actual and Preferred Evaluators by Means

Type of Evaluator	Level of Education			F Ratio
	R.N.	B.Sc.	Masters	
Senior Administrator(s)				
ACTUAL	3.28	3.32	3.88	1.31
PREFERRED	3.17	3.37	3.41	0.40
Immediate supervisors				
ACTUAL	2.78	3.36	3.12	1.50
PREFERRED	3.94	3.94	3.94	0.00
Peer instructors				
ACTUAL	1.94	2.25	2.53	1.04
PREFERRED	3.44	3.33	4.18	5.23**
Instructors themselves				
ACTUAL	2.67	2.99	3.35	1.09
PREFERRED	4.39	4.07	4.29	1.45
Students				
ACTUAL	2.89	2.57	3.18	1.94
PREFERRED	2.94	3.32	4.24	8.38***
Others				
ACTUAL	1.66	2.05	2.00	0.27
PREFERRED	3.50	2.90	3.00	0.99

***Significant at .001 level

**Significant at .01 level

master's level and the instructors prepared at the baccalaureate level. The group prepared at the master's level had the strongest preference for peer evaluation, followed by those at the R.N. level, and, finally, by the baccalaureate prepared group of nursing instructors. Table 11 shows the second statistically significant finding to be the effect of level of education on preference for student evaluative input. The difference occurred between the master's and diploma prepared nurses and the master's and baccalaureate prepared nurses. The master's level instructors had the greatest preference for student input, followed by the baccalaureate prepared instructors and, finally, the diploma prepared teachers.

Table 12 presents the effect of amount of teaching experience on actual and preferred evaluators. Table 12 indicates that only 1 out of a possible 12 differences was found to be of statistical significance, indicating that respondents who had been teaching for various lengths of time held similar perceptions concerning evaluators. The significant difference which did occur was between those with 3-4 years and those with 5-8 years of teaching experience. The group with 5-8 years of teaching experience saw the most use being made of the immediate supervisor in present evaluation practices. They were followed by those with over 8 years experience, instructors with less than 3 years and, finally, by the group with 3-4 years of experience.

Table 13 indicates that no statistically significant differences occurred in the perceptions of groups employed for varying lengths of time concerning the actual and preferred importance of input from individuals other than the instructors themselves.

Table 12
 Effect of Amount of Teaching Experience on Perceptions
 of Actual and Preferred Evaluators by
 Means

Type of Evaluator	Years of Teaching Experience				F Ratio
	<3	3-4	5-8	>8	
Senior administrator(s)					
ACTUAL	3.20	3.20	3.54	3.67	1.26
PREFERRED	3.33	3.46	3.24	3.38	0.43
Immediate supervisors					
ACTUAL	3.18	2.87	3.64	3.49	2.70*
PREFERRED	3.76	3.98	4.00	4.06	1.10
Peer instructors					
ACTUAL	2.40	2.12	2.13	2.35	0.68
PREFERRED	3.42	3.20	3.40	3.77	2.06
Instructors themselves					
ACTUAL	2.85	3.13	2.87	3.20	0.73
PREFERRED	4.00	4.23	4.09	4.20	0.68
Students					
ACTUAL	2.42	2.53	2.84	2.97	1.68
PREFERRED	3.19	3.18	3.59	3.60	2.36
Others					
ACTUAL	2.00	1.82	1.85	2.67	1.51
PREFERRED	2.69	3.13	2.90	2.92	0.55

*Significant at .05 level

Table 13

Effect of Length of Present Employment on Perceptions of
Actual and Preferred Evaluators by Means

Type of Evaluator	Years of Present Employment				F Ratio
	<1	1-2	3-4	5+	
Senior administrator(s)					
ACTUAL	3.29	3.36	3.10	3.91	2.45
PREFERRED	3.37	3.30	3.31	3.47	0.24
Immediate supervisors					
ACTUAL	3.10	3.58	3.02	3.50	1.80
PREFERRED	3.90	3.98	3.94	3.94	0.07
Peer instructors					
ACTUAL	2.22	2.43	2.10	2.27	0.60
PREFERRED	3.36	3.45	3.72	3.56	0.30
Instructors themselves					
ACTUAL	2.68	2.89	3.41	2.97	2.60*
PREFERRED	3.92	3.96	4.37	4.26	3.24*
Students					
ACTUAL	2.53	2.60	2.76	2.79	0.42
PREFERRED	3.20	3.30	3.41	3.65	1.42
Others					
ACTUAL	2.13	1.58	2.00	2.18	0.68
PREFERRED	2.72	2.75	3.27	3.17	1.41

*Significant at .05 level

Table 13 shows that groups employed for varying lengths of time differed significantly in their perceptions of the importance which input from instructors themselves had and should have. The significant difference in perceptions occurred between those employed for less than one year and those employed between 3 and 4 years. Those instructors employed between 3 and 4 years gave the most importance of any group to the use of instructors themselves as actual and preferred evaluators. They were followed by those who had been employed 5 or more years, those employed 1-2 years and, finally, by those who had worked in their present employment for less than one year.

Table 14 presents the analysis of the effect of major teaching responsibility on actual and preferred evaluators. The absence of statistically significant differences among those whose major teaching responsibility was clinical, classroom, or both, indicated homogeneity in terms of their perceptions of who did and who should evaluate.

Table 15 indicates the effect of the number of faculty (school size) on perceptions. By far the greatest number of statistically significant differences between groups were apparent with this independent variable. (Seven out of a possible 12 were significant). Table 15 reveals a difference due to school size for every type of actual evaluator except the other category.

The difference in perception of the importance which senior administrators had in providing evaluative input shown in Table 15 occurred between the largest schools (30-39 faculty) and the next two smaller schools (20-29 and 10-19 faculty members respectively).

Table 14

Effect of Major Teaching Responsibility on Perceptions
of Actual and Preferred Evaluators by Means

Type of Evaluator	Responsibility			F Ratio
	Classroom	Clinical	Classroom/ Clinical	
Senior administrator(s)				
ACTUAL	3.30	3.20	3.45	0.60
PREFERRED	3.30	3.45	3.32	0.37
Immediate supervisors				
ACTUAL	2.70	3.00	3.42	2.50
PREFERRED	4.40	3.80	3.94	2.26
Peer instructors				
ACTUAL	2.20	2.14	2.30	0.32
PREFERRED	3.30	3.14	3.55	2.80
Instructors themselves				
ACTUAL	3.50	2.96	2.96	0.72
PREFERRED	4.50	4.06	4.10	1.07
Students				
ACTUAL	2.90	2.69	2.63	0.21
PREFERRED	3.40	3.29	3.39	0.15
Others				
ACTUAL	1.00	2.27	1.90	1.10
PREFERRED	4.00	2.63	3.10	2.49

Table 15

Effect of Number of Faculty on Perceptions
of Actual and Preferred Evaluators by Means

Type of Evaluator	Number of Full-Time Faculty				F Ratio
	<10	10-19	20-29	30-39	
Senior administrator(s)					
ACTUAL	3.10	3.69	3.83	2.57	8.84***
PREFERRED	3.32	3.25	3.40	3.50	0.62
Immediate supervisors					
ACTUAL	3.83	3.37	3.71	2.15	14.22***
PREFERRED	4.23	3.91	3.94	3.74	2.03
Peer instructors					
ACTUAL	2.97	2.18	1.86	2.33	5.68***
PREFERRED	3.70	3.77	3.19	3.02	6.40***
Instructors themselves					
ACTUAL	3.07	3.13	2.47	3.38	3.90**
PREFERRED	4.10	4.10	4.04	4.29	0.64
Students					
ACTUAL	3.10	2.95	1.90	2.79	8.70***
PREFERRED	3.40	3.73	3.06	3.14	5.06**
Others					
ACTUAL	2.63	1.85	2.07	1.50	2.43
PREFERRED	2.88	3.27	2.81	2.58	1.59

***Significant at .001 level

**Significant at .01 level

Participants in school sizes of 20-29 saw senior administrators as having the greatest importance in evaluating instructors. They were followed by the schools of 10-19 in size, the schools of under 10 faculty and, finally, the largest schools (30-39 faculty).

Table 15 shows a difference in perception among groups concerning the importance which immediate supervisors had in evaluating teaching effectiveness. The difference in perception concerning this importance occurred between those from the largest schools and those from every other school size. The smallest schools saw the most use being made of the immediate supervisor. They were followed by schools of 20-29 faculty size, 10-19 size and, finally, by the largest schools (30-39 faculty).

Table 15 indicates that a difference in perception among groups occurred concerning the actual use of peer instructors. The difference occurred between instructors from the smallest schools (under 10) and the next two larger schools (10-19 and 20-29 respectively). The smallest schools saw the most use being made of peer evaluation. They were followed by the largest schools, the schools with 10-19 faculty and, finally by schools with 20-29 faculty members.

Table 15 shows that the statistically significant difference among group perceptions concerning the importance which instructors as evaluators were given occurred between the largest faculties (30-39) and the next two smaller faculty groups. The largest schools saw this source of input as being most important. They were followed by the schools of 10-19 faculty members, the smallest schools and, finally, the schools with 20-29 instructors.

Table 15 reveals that faculty members from schools of different sizes saw student input as being of varying importance in present practices. The difference occurred between faculties of 20-29 in size and every other group. Instructors in the smallest schools saw themselves as utilizing student input to the greatest extent. They were followed by faculties of 10-19 in size, 30-39 in size, and, finally, 20-29 in size. Instructors from the smaller schools perceived that student input was utilized more than did instructors from the larger schools.

The significant difference in preferences for peer input shown in Table 15 occurred between the faculty groups of largest and smallest size, between the largest and next to smallest group and between the groups of intermediate size. The faculty group of 10-19 had the greatest preference for peer evaluation. They were followed by the faculties under 10, the faculties from 20-29 in size, and finally, the largest faculty groups. It would appear that faculty who teach in the smallest schools preferred peer evaluation to the greatest extent.

Table 15 indicates that a significant difference existed in terms of what faculty from various sized schools preferred in terms of student input. The difference occurred between the second smallest schools (10-19) and the two larger groups (20-29, and 30-39 respectively). The second smallest schools expressed the greatest preference for student input. They were followed by the smallest schools, the largest schools and the schools of size 20-29, in that order. A comparison of the actual and preferred situations in terms of student evaluative input indicated that the smallest schools preferred less emphasis upon student

input, while the second smallest schools (10-19) preferred that considerably more emphasis be placed on students as a source of input.

The non-significant findings concerning preferred evaluators as outlined in Table 15 indicate that faculties of varying sizes seemed to have similar preferences for the importance which senior administrators, supervisors, instructors themselves and others should have in evaluating their teaching effectiveness. The perceptions seemed to vary most concerning the importance which peer and student evaluation should be given.

DATA GATHERING PRACTICES

Importance and Consensus of Perceptions

One of the purposes of the study was to determine the extent to which Alberta nurse educators shared common perceptions concerning the importance of data gathering practices which were being or should be used in evaluating their instructional effectiveness.

Table 16 indicates that importance which various data gathering practices were given in the actual and preferred situations by a ranking of means and a comparison of the difference in rank between the two situations. Table 16 shows that teacher self appraisal was seen as the most common method of obtaining evaluation input. The table also reveals that self appraisal was the preferred method of choice. Student gain was the second most common method by which teacher assessment information was gathered; however, the study participants preferred that it be given much less importance. Checklists and rating scales rated third and fourth, respectively.

Table 16

A Comparison of Perceived Importance of Actual and Preferred Data Gathering Practices

Practice	Mean Score		Mean Score		Difference in Rank
	Actual	Preferred	Actual	Preferred	
Performance observation	1.68	3.42	5	2	-3
Interaction analysis	1.61	3.29	6	4	2
Anecdotal records	1.68	3.16	5	5	0
Microteaching	1.36	3.30	7	3	4
Checklists	1.75	2.79	3	6	-3
Rating scales	1.71	2.44	4	8	-4
Inventories	1.30	2.21	8	9	-1
Questionnaires	1.20	1.95	9	11	-2
Student gain	2.03	2.75	2	7	-5
Projective tests	1.03	1.35	11	12	-1
Teacher tests	1.14	2.11	10	10	0
Self appraisal	2.39	4.07	1	1	0

Rho = .70; Significant at .05 level

Table 16 indicates that the preference was for the use of performance observation, microteaching and interaction analysis in addition to self appraisal. These findings suggest that the nursing instructors preferred direct observation of their teaching behavior to be utilized in addition to self appraisal.

Table 16 shows that the Spearman rho was .70. This value suggests that there was a positive correlation between the actual and preferred use of the data gathering practices; that is the data gathering practices perceived to play a major role in the existing situation tended to be seen as playing a major role in the preferred situation and, conversely, data gathering practices perceived to play a minor role in the existing situation tended to be seen as playing a minor role in the preferred situation.

Table 17 shows the extent of consensus in perceptions concerning the importance which various data gathering practices were given in the actual and preferred situations by presenting the standard deviation for each data gathering practice.

Table 17 indicates that the most agreement about existing practices occurred concerning the use of projective tests, teacher tests, questionnaires and inventories. Table 17 also shows that the participants shared the most differing perceptions concerning the use of self appraisal, performance observation and student gain. Table 17 reveals that self appraisal had the greatest degree of variance as indicated by the standard deviation obtained.

Table 17 shows that the most commonly shared perceptions were concerning the preferred use of projective tests, self appraisal, questionnaires and teacher tests, in that order. Table 17 also indicates

Table 17
 Extent of Common Perceptions Concerning
 Actual and Preferred Data Gathering Practices

Data Gathering Practice	Standard Deviation	
	Actual	Preferred
Performance observation	1.19	1.10
Interaction analysis	1.01	1.04
Anecdotal records	1.08	1.08
Microteaching	0.86	1.02
Checklists	1.06	1.07
Rating scales	1.08	1.08
Inventories	0.76	1.01
Questionnaires	0.56	0.91
Student gain	1.16	1.15
Projective tests	0.23	0.69
Teacher tests	0.51	0.92
Self appraisal	1.29	0.89

that the most variance in the respondents' perceptions occurred concerning the importance which student gain, performance observation, anecdotal records and rating scales should have. Measuring student gain was the preferred data gathering practice about which educators expressed the greatest difference in perception.

Differences Between Actual and Preferred Practices

The study was also concerned with the question of whether or not any differences which occurred between the actual and preferred data gathering practices were of statistical significance. Table 18 indicates that a significant difference was found between the actual and preferred situation for each of the 12 data collection practices. Table 18 also shows that the means for each of the practices increased from the actual to the preferred situation, indicating that the study participants were in favor of more emphasis being placed on each practice. The table also shows that perceptions about microteaching, interaction analysis and self appraisal demonstrated the greatest differences between the actual and preferred situations.

Effect of Independent Variables on Perceptions Concerning Practices

The study also considered the effect which the selected independent variables might have had upon the perceptions of study participants concerning actual and preferred data gathering practices. T and F tests were utilized.

Table 19 shows the effect of type of employment on data collection practices. The table indicates that 4 out of 24 comparisons reached statistical significance. This finding suggests that sessional and permanent employees were generally in agreement concerning actual and preferred data gathering practices.

Table 18
 A Comparison of Perceived Importance of Actual and Preferred Data Gathering Practices by Means

Practice	Mean ACTUAL	Mean PREFERRED	T Value
Performance observation	1.68	3.42	-16.28***
Interaction analysis	1.61	3.29	-18.37***
Anecdotal records	1.68	3.16	-17.12***
Microteaching	1.36	3.30	-20.00***
checklists	1.75	2.79	-10.17***
Rating scales	1.71	2.44	- 8.16***
Inventories	1.30	2.21	-11.46***
Questionnaires	1.20	1.95	-10.76***
Student gain	2.03	2.75	- 6.69***
Projective tests	1.03	1.35	- 6.34***
Teacher tests	1.14	2.11	-13.42***
Self appraisal	2.39	4.07	-16.90***

***Significant at .001 level

Table 19
 Effect of Type of Employment on Perceptions of Actual
 and Preferred Data Gathering Practices by Means

Data Gathering Practice	Type of Employment		T Value
	Sessional	Permanent	
Performance observation			
ACTUAL	2.21	1.58	2.09*
PREFERRED	3.40	3.42	-0.11
Interaction analysis			
ACTUAL	1.79	1.58	1.07
PREFERRED	3.10	3.32	-1.08
Anecdotal records			
ACTUAL	1.72	1.67	0.24
PREFERRED	3.10	3.18	-0.35
Microteaching			
ACTUAL	1.33	1.36	-0.15
PREFERRED	2.80	3.40	-2.97**
Checklists			
ACTUAL	1.79	1.74	0.26
PREFERRED	2.63	2.82	-0.85
Rating scales			
ACTUAL	1.46	1.76	-1.67
PREFERRED	2.27	2.47	-0.96
Inventories			
ACTUAL	1.23	1.31	-0.67
PREFERRED	2.03	2.25	-1.07
Questionnaires			
ACTUAL	1.25	1.19	0.49
PREFERRED	1.97	1.95	0.11
Student gain			
ACTUAL	1.90	2.05	-0.66
PREFERRED	2.80	2.74	0.27
Projective tests			
ACTUAL	1.00	1.04	-0.84
PREFERRED	1.10	1.39	-3.49***
Teacher tests			
ACTUAL	1.17	1.14	0.31
PREFERRED	2.03	2.13	-0.52
Self appraisal			
ACTUAL	2.14	2.44	-1.16
PREFERRED	3.60	4.17	-2.76**

***Significant at .001 level

**Significant at .01 level

*Significant at .05 level

Table 19 indicates those who were employed sessionally perceived that performance observation was utilized significantly more than did those who were employed on a permanent basis. Table 19 also reveals that those employed on a permanent basis had a significantly stronger preference for the use of microteaching than did those employed sessionally. In addition, the table shows that permanent employees had a stronger preference for use of projective tests and self-appraisal.

Table 20 indicates the effect which hours of employment had upon perceptions concerning data gathering practices. The table shows that 2 out of 24 comparisons reached statistical significance. The great number of non-significant results indicates that those employed from 75 percent of full-time to full-time generally shared the same perceptions concerning data collection practices for teacher evaluation as did those employed from 50 to 74 percent of full-time.

Table 20 shows that those employed in a full time or near to full-time capacity saw ratings scales as utilized more than did those employed less than 75 percent of a full-time capacity. In addition, those employed on a 75 percent of full-time to full-time basis had a stronger preference for the use of projective tests and self appraisal than did those employed on more of a part-time basis.

Table 21 reveals that out of 24 comparisons between the perceptions of instructors teaching in diploma and baccalaureate programs concerning data collection practices, none were statistically significant. These findings indicate a high degree of agreement between the groups as to actual and preferred data gathering practices.

Table 22 reports the effect which the variable of age had

Table 20

Effect of Hours of Employment on Perceptions of Actual
and Preferred Data Gathering Practices by Means

Data Gathering Practice	Percentage of Full-Time		T Value
	50%-74%	75%-100%	
Performance observation			
ACTUAL	2.15	1.66	1.44
PREFERRED	3.62	3.37	1.00
Interaction analysis			
ACTUAL	1.48	1.62	-0.61
PREFERRED	3.14	3.31	-0.73
Anecdotal records			
ACTUAL	1.70	1.66	0.15
PREFERRED	3.27	3.15	0.49
Microteaching			
ACTUAL	1.33	1.35	-0.11
PREFERRED	2.90	3.35	-1.90
Checklists			
ACTUAL	1.65	1.71	-0.26
PREFERRED	2.64	2.80	-0.67
Rating scales			
ACTUAL	1.35	1.73	-2.40*
PREFERRED	2.36	2.46	-0.37
Inventories			
ACTUAL	1.20	1.28	-0.53
PREFERRED	2.41	2.19	0.94
Questionnaires			
ACTUAL	1.40	1.17	1.72
PREFERRED	2.18	1.89	1.44
Student gain			
ACTUAL	2.25	2.01	0.88
PREFERRED	2.86	2.73	0.48
Projective tests			
ACTUAL	1.00	1.04	-0.69
PREFERRED	1.09	1.38	-3.40***
Teacher tests			
ACTUAL	1.10	1.15	-0.40
PREFERRED	2.19	2.11	0.38
Self appraisal			
ACTUAL	2.05	2.44	-1.26
PREFERRED	3.68	4.14	-1.72**

***Significant at .001 level

**Significant at .01 level

*Significant at .05 level

Table 21

Effect of Type of Program on Perceptions of Actual
and Preferred Data Gathering Practices by Means

Data Gathering Practice	Type of Program		T Value
	R.N.	B.Sc.	
Performance observation			
ACTUAL	1.73	1.35	1.44
PREFERRED	3.46	3.17	1.22
Interaction analysis			
ACTUAL	1.58	1.82	-1.03
PREFERRED	3.32	3.08	1.03
Anecdotal records			
ACTUAL	1.70	1.54	0.67
PREFERRED	3.23	2.71	2.24
Microteaching			
ACTUAL	1.37	1.26	0.56
PREFERRED	3.35	2.96	1.75
Checklists			
ACTUAL	1.74	1.79	-0.23
PREFERRED	2.84	2.46	1.61
Rating scales			
ACTUAL	1.70	1.78	-0.34
PREFERRED	2.46	2.33	0.52
Inventories			
ACTUAL	1.28	1.42	-0.91
PREFERRED	2.28	1.79	2.22
Questionnaires			
ACTUAL	1.21	1.12	0.96
PREFERRED	2.02	1.50	2.66
Student gain			
ACTUAL	2.09	1.63	1.84
PREFERRED	2.75	2.75	-0.01
Projective tests			
ACTUAL	1.04	1.00	0.73
PREFERRED	1.37	1.21	1.04
Teacher tests			
ACTUAL	1.15	1.13	0.15
PREFERRED	2.13	2.00	0.66
Self appraisal			
ACTUAL	2.34	2.75	-1.46
PREFERRED	4.09	3.96	0.70

Table 22
Effect of Age on Perceptions of Actual and Preferred Data Gathering Practices by Means

Data Gathering Practice	Age in Years				F Ratio
	<30	31-35	36-40	>40	
Performance observation					
ACTUAL	1.73	1.90	1.81	1.33	2.83*
PREFERRED	3.59	3.30	3.80	3.03	3.03
Interaction analysis					
ACTUAL	1.63	1.61	1.33	1.68	0.61
PREFERRED	3.41	3.16	3.62	2.97	2.40
Anecdotal records					
ACTUAL	1.81	1.61	1.57	1.48	0.82
PREFERRED	3.23	3.18	3.52	2.69	3.03*
Microteaching					
ACTUAL	1.43	1.37	1.38	1.17	0.66
PREFERRED	3.36	3.22	3.52	3.19	0.65
Checklists					
ACTUAL	1.67	1.92	1.76	1.68	0.62
PREFERRED	2.92	2.58	2.90	2.66	1.27
Rating scales					
ACTUAL	1.76	1.65	1.55	1.80	0.30
PREFERRED	2.53	2.26	2.48	2.47	0.64
Inventories					
ACTUAL	1.32	1.20	1.21	1.42	0.73
PREFERRED	2.22	2.04	2.45	2.31	0.97
Questionnaires					
ACTUAL	1.17	1.18	1.16	1.27	0.28
PREFERRED	1.87	1.96	1.90	2.09	0.49
Student gain					
ACTUAL	1.83	2.12	2.10	2.26	1.30
PREFERRED	2.58	2.51	2.10	3.28	4.50**
Projective tests					
ACTUAL	1.04	1.04	1.05	1.00	0.26
PREFERRED	1.32	1.32	1.35	1.44	0.24
Teacher tests					
ACTUAL	1.19	1.06	1.05	1.23	1.19
PREFERRED	2.08	2.10	2.55	1.97	1.83
Self appraisal					
ACTUAL	2.40	2.20	2.43	2.58	0.44
PREFERRED	4.17	3.96	4.14	4.00	0.68

**Significant at .01 level

*Significant at .05 level

upon perceptions concerning data gathering practices. The table indicates that age had an effect upon perceptions concerning 3 out of 24 data collection practices. The large number of non-significant findings in Table 22 indicates that nursing instructors of various ages were largely in agreement concerning actual and preferred data collection practices.

Table 22 indicates that a significant difference in perceptions occurred concerning the actual importance of performance observation. The difference in perceptions was between the 31-35 and the over 40 age group. The 31-35 age group saw performance observation as being of most importance. They were followed by the 36-40 age group, then the under 30 and, finally, the over 40 age group.

Table 22 reveals that age also had a significant effect upon preferences for the use of anecdotal records. The difference occurred between the group aged 36 to 40 and those over 40. The 36-40 age group had the strongest preference for the use of anecdotal records, followed by the under 30 group, those 31-35 and, finally, the over 40 age group.

Table 22 shows that age also had an effect upon preferences for measuring student gain as a method of gathering data concerning instructional effectiveness. The significant difference occurred between the over 40 age group and the under 30 and 31-35 age groups. The over 40 age group preferred the use of student gain as a data collection method. They were followed by the 36-40 age group, the under 30 and the 31-35 group respectively. The findings indicate that the two oldest groups of instructors were the most favorable toward utilization of student gain.

Table 23 shows that no statistically significant differences were found among mean perceptions of instructors with various levels of education concerning data collection practices. These findings indicate that the groups were highly in agreement concerning the actual and preferred use of the data collection techniques included in the study.

Table 24 indicates the effect of the variable, amount of teaching experience, on perceptions concerning actual and preferred data collection practices. Table 24 reveals that only 3 out of a possible 24 statistically significant differences occurred. These findings indicate that except for the practices of performance observation and measuring student gain, instructors with varying amounts of experience seemed in agreement concerning how information concerning their teaching effectiveness should be collected.

Table 24 shows that amount of teaching experience affected the perceptions held concerning the extent to which performance observation was being utilized as a data collection practice. The significant difference occurred between the group with 5 to 8 years of teaching experience and the group with over 8 years. Those with 5-8 years of teaching experience saw performance observation as being of most importance. They were followed by those with 3-4 years of teaching experience, those with less than 3 years and, finally, those with over 8 years of teaching experience.

Table 24 shows that amount of teaching experience had a significant effect upon perceptions concerning both the actual and preferred use of student gain. The differences in perceptions concerning present utilization of student gain practices occurred between the group

Table 23

Effect of Level of Education on Perceptions of Actual
and Preferred Data Gathering Practices by Means

Data Gathering Practice	Level of Education			F Ratio
	R.N.	B.Sc.	Masters	
Performance observation				
ACTUAL	1.78	1.72	1.29	1.02
PREFERRED	3.29	3.43	3.47	0.13
Interaction analysis				
ACTUAL	1.67	1.64	1.29	0.94
PREFERRED	3.50	3.23	3.53	1.03
Anecdotal records				
ACTUAL	1.44	1.71	1.71	0.47
PREFERRED	3.33	3.14	3.18	0.26
Microteaching				
ACTUAL	1.50	1.33	1.44	0.39
PREFERRED	3.11	3.32	3.35	0.34
Checklists				
ACTUAL	1.50	1.77	1.82	0.56
PREFERRED	2.67	2.79	2.88	0.18
Rating scales				
ACTUAL	1.72	1.70	1.82	0.11
PREFERRED	2.56	2.41	2.59	0.32
Inventories				
ACTUAL	1.22	1.27	1.59	1.69
PREFERRED	2.39	2.20	2.18	0.30
Questionnaires				
ACTUAL	1.22	1.20	1.18	0.03
PREFERRED	2.06	1.97	1.65	1.12
Student gain				
ACTUAL	2.50	2.01	1.65	2.45
PREFERRED	2.78	2.74	2.82	0.05
Projective tests				
ACTUAL	1.06	1.03	1.00	0.25
PREFERRED	1.22	1.38	1.18	0.98
Teacher tests				
ACTUAL	1.22	1.13	1.24	0.58
PREFERRED	2.28	2.11	2.00	0.41
Self appraisal				
ACTUAL	2.50	2.33	2.82	1.19
PREFERRED	4.22	4.05	4.18	0.43

Table 24
Effect of Amount of Teaching Experience on Perceptions
of Actual and Preferred Data Gathering Practices by Means

Data Gathering Practice	Years of Teaching Experience				F Ratio
	<3	3-4	5-8	>8	
Performance observation					
ACTUAL	1.56	1.81	2.00	1.26	2.93*
PREFERRED	3.39	3.49	3.53	3.20	0.70
Interaction analysis					
ACTUAL	1.75	1.59	1.64	1.40	0.84
PREFERRED	3.40	3.39	3.20	3.08	0.95
Anecdotal records					
ACTUAL	1.73	1.75	1.60	1.61	0.23
PREFERRED	3.19	3.08	3.20	3.17	0.12
Microteaching					
ACTUAL	1.31	1.35	1.42	1.35	0.14
PREFERRED	3.21	3.27	3.39	3.33	0.28
Checklists					
ACTUAL	1.75	1.67	1.83	1.74	0.18
PREFERRED	2.69	2.88	2.67	2.91	0.59
Rating scales					
ACTUAL	1.71	1.67	1.82	1.63	0.25
PREFERRED	2.25	2.63	2.43	2.44	1.05
Inventories					
ACTUAL	1.31	1.30	1.27	1.31	0.04
PREFERRED	2.13	2.33	2.17	2.20	0.35
Questionnaires					
ACTUAL	1.12	1.15	1.27	1.31	1.22
PREFERRED	1.87	1.90	2.00	2.06	0.41
Student gain					
ACTUAL	1.75	1.85	2.09	2.58	4.38**
PREFERRED	2.58	2.69	2.74	3.25	3.01*
Projective tests					
ACTUAL	1.04	1.02	1.07	1.00	0.56
PREFERRED	1.31	1.24	1.33	1.52	1.35
Teacher tests					
ACTUAL	1.10	1.15	1.11	1.26	0.85
PREFERRED	2.00	2.14	2.08	2.29	0.70
Self appraisal					
ACTUAL	2.21	2.25	2.70	2.46	1.42
PREFERRED	4.08	4.00	4.13	4.11	0.20

**Significant at .01 level

*Significant at .05 level

with over 8 years of teaching experience and those groups with under 3 years experience and between 3 and 4 years. Those with the greatest amount of teaching experience (over 8 years) gave the most importance to student gain; each less experienced group perceived that increasingly less emphasis was being given to student gain as a data collection practice. Table 24 indicates that the significant difference in amount of emphasis preferred for student gain practices occurred between those with over 8 years of instructional experience and the groups who had been teaching for less than 3 and between 5 and 8 years. Those with over 8 years of experience had the greatest preference for the utilization of this method, followed by the groups with 5-8 years, 3-4 years and under 3 years, respectively.

Table 25 presents data showing the effect which being employed in the same institution for varying lengths of time had upon perceptions of study participants concerning data collection practices. The table indicates that a high number of non-significant relationships existed. It seems that nursing instructors who had been employed for various lengths of time expressed a high degree of agreement concerning actual and preferred data collection practices. The one statistically significant difference which occurred was between those employed the least length of time (less than 1 year) and those who had worked the longest (over 5 years) concerning their preference for the use of microteaching. Of the 4 groups, those employed over 5 years had the greatest preference for the use of microteaching. They were followed by those employed 1-2 years, those employed 3 to 4 years and, finally, by those with less than 1 year of experience, in that order.

Table 25

Effect of Length of Present Employment on Perceptions of Actual and Preferred Data Gathering Practices by Means

Data Gathering Practice	Years of Present Employment				F Ratio
	<1	1-2	3-4	5+	
Performance observation					
ACTUAL	1.86	1.87	1.64	1.21	2.55
PREFERRED	3.22	3.41	3.64	3.41	1.27
Interaction analysis					
ACTUAL	1.71	1.62	1.52	1.59	0.29
PREFERRED	3.25	3.23	3.33	3.34	0.12
Anecdotal records					
ACTUAL	1.84	1.83	1.51	1.50	1.40
PREFERRED	3.04	3.21	3.08	3.40	0.92
Microteaching					
ACTUAL	1.43	1.41	1.30	1.24	0.45
PREFERRED	2.98	3.36	3.33	3.63	3.02*
Checklists					
ACTUAL	1.86	1.70	1.78	1.58	0.53
PREFERRED	2.80	2.72	2.84	2.76	0.12
Rating scales					
ACTUAL	1.55	1.77	1.78	1.76	0.50
PREFERRED	2.33	2.30	2.61	2.54	0.95
Inventories					
ACTUAL	1.16	1.39	1.22	1.48	1.92
PREFERRED	2.02	2.22	2.29	2.38	1.05
Questionnaires					
ACTUAL	1.15	1.20	1.18	1.32	0.73
PREFERRED	1.86	2.07	2.08	1.74	1.37
Student gain					
ACTUAL	1.80	1.85	2.25	2.26	2.18
PREFERRED	2.63	2.53	2.92	2.97	1.56
Projective tests					
ACTUAL	1.04	1.00	1.08	1.00	1.22
PREFERRED	1.32	1.30	1.47	1.26	0.80
Teacher tests					
ACTUAL	1.16	1.13	1.10	1.21	0.36
PREFERRED	2.06	1.96	2.25	2.21	1.03
Self appraisal					
ACTUAL	2.10	2.36	2.57	2.61	1.49
PREFERRED	3.94	3.94	4.18	4.32	1.92

*Significant at .05 level

Table 26 indicates the effect of major teaching responsibility upon perceptions concerning the various data collection practices. The table shows that only 3 out of a possible 24 differences were statistically significant. These findings indicate a high degree of agreement among these groups concerning actual and preferred data collection practices. When significant differences did occur, they were related to the preferred situation.

Table 26 presents a difference which occurred between those who taught only in the classroom and those who had equal classroom and clinical responsibilities; the highest preference for the use of questionnaires occurred with those who taught primarily in the classroom, followed by those whose major responsibility was in the clinical area, and finally, with those whose responsibilities included both classroom and clinical instruction.

Table 26 indicates that a significant difference occurred concerning the preference of the groups for the use of projective tests. The classroom instructors were found to be different from both other groups in this preference. Classroom teachers most strongly favored the use of projective tests, followed by those who had equal classroom and clinical responsibilities and, finally, by those who instructed in the clinical areas. Table 26 indicates that a third difference in perceptions occurred between the classroom instructors and each other group concerning preferences for the use of teacher tests. Classroom teachers had the greatest preference for the use of teacher tests, followed by those with equal clinical and classroom responsibilities and, finally, by those who instructed primarily in the clinical area.

Table 27 presents the effect of number of full-time faculty

Table 26

Effect of Major Teaching Responsibility on Perceptions
of Actual and Preferred Data Gathering Practices by Means

Data Gathering Practice	Classroom	Responsibility Clinical	Classroom/ Clinical	F Ratio
Performance observation				
ACTUAL	1.40	1.88	1.63	1.06
PREFERRED	3.30	3.35	3.45	0.20
Interaction analysis				
ACTUAL	1.40	1.62	1.63	0.25
PREFERRED	3.40	3.24	3.30	0.13
Anecdotal records				
ACTUAL	1.30	1.62	1.74	0.87
PREFERRED	3.50	3.06	3.16	0.71
Microteaching				
ACTUAL	1.30	1.33	1.38	0.07
PREFERRED	3.30	3.04	3.39	2.12
Checklists				
ACTUAL	1.30	1.82	1.74	1.03
PREFERRED	3.20	2.59	2.82	1.68
Rating scales				
ACTUAL	1.30	1.57	1.81	1.61
PREFERRED	2.80	2.41	2.42	0.59
Inventories				
ACTUAL	1.00	1.16	1.38	2.68
PREFERRED	2.80	2.14	2.19	1.87
Questionnaires				
ACTUAL	1.20	1.20	1.21	0.00
PREFERRED	2.60	2.06	1.85	3.80*
Student gain				
ACTUAL	2.30	2.02	2.03	0.27
PREFERRED	3.50	2.69	2.73	2.25
Projective tests				
ACTUAL	1.10	1.04	1.03	0.48
PREFERRED	1.90	1.18	1.36	4.81**
Teacher tests				
ACTUAL	1.00	1.12	1.17	0.61
PREFERRED	2.90	2.02	2.07	4.39**
Self appraisal				
ACTUAL	2.30	2.38	2.40	0.03
PREFERRED	4.60	3.96	4.08	2.18

**Significant at .01 level

*Significant at .05 level

Table 27

Effect of Number of Faculty on Perceptions of Actual
and Preferred Data Gathering Practices by Means

Data Gathering Practice	Number of Full-Time Faculty				F Ratio
	<10	10-19	20-29	30-39	
Performance observation					
ACTUAL	2.07	1.35	2.27	1.12	11.63***
PREFERRED	3.38	3.28	3.69	3.37	1.42
Interaction analysis					
ACTUAL	1.83	1.54	1.77	1.38	1.74
PREFERRED	3.17	3.34	3.12	3.52	1.33
Anecdotal records					
ACTUAL	1.79	1.54	2.12	1.29	5.29**
PREFERRED	3.30	3.24	3.14	2.98	0.69
Microteaching					
ACTUAL	1.50	1.27	1.65	1.05	4.23**
PREFERRED	3.30	3.47	3.20	3.17	0.93
Checklists					
ACTUAL	1.79	1.77	1.96	1.39	2.30
PREFERRED	2.80	2.69	2.79	2.93	0.41
Rating scales					
ACTUAL	1.52	1.77	2.02	1.41	2.80*
PREFERRED	2.27	2.45	2.55	2.43	0.43
Inventories					
ACTUAL	1.28	1.37	1.37	1.12	1.26
PREFERRED	2.13	2.32	2.11	2.26	0.51
Questionnaires					
ACTUAL	1.39	1.21	1.13	1.15	1.50
PREFERRED	2.29	1.98	1.63	2.07	3.73**
Student gain					
ACTUAL	2.17	2.23	2.00	1.68	1.99
PREFERRED	2.90	2.68	2.76	2.76	0.25
Projective tests					
ACTUAL	1.00	1.05	1.00	1.07	0.99
PREFERRED	1.50	1.41	1.23	1.29	1.22
Teacher tests					
ACTUAL	1.31	1.13	1.13	1.07	1.32
PREFERRED	2.17	2.25	1.88	2.20	1.65
Self appraisal					
ACTUAL	2.28	2.61	2.33	2.24	0.85
PREFERRED	3.93	4.07	4.04	4.26	0.90

***Significant at .001 level

**Significant at .01 level

*Significant at .05 level

on perceptions concerning data collection practices. The number of full-time faculty had the most effect upon perceptions of any of the independent variables. Table 27 indicates that 5 out of a possible 24 comparisons were statistically significant. The table shows that the majority (4 out of 5) of the significant differences were related to actual data collection practices.

Table 27 presents a finding which indicates a significant difference in perceptions concerning the actual use of performance observation. The smallest schools (those with a faculty of under 10) were different from the largest schools (those with faculties of 30-39). Each faculty was also different from the one of the next largest size. Schools with 10-19 faculty saw the greatest use being made of performance observation. They were followed by schools with under 10 teachers, those with 10-19 and, finally, by the largest schools (30-39 faculty).

Table 27 indicates that a significant difference occurred among the groups concerning the actual importance which was given to anecdotal records. The difference occurred between schools with 20-29 faculty members and the next smallest (10-19) as well as with the largest schools (30-39 faculty members). Schools with 20-29 faculty members saw the most use being made of anecdotal records. They were followed by the smallest schools (under 10), the next largest schools (10-19) and finally, the largest schools (30-39).

Table 27 reveals a difference in perceptions concerning the importance which microteaching had as a data collection practice. The difference occurred between the largest and second largest schools. In terms of the extent to which the practice was utilized, schools

with 20-29 faculty saw the most emphasis being given it in present data collection practices. They were followed by the smallest schools, the next largest and, finally, the largest schools.

Table 27 presents a difference concerning the perceptions of the importance given to rating scales in actual instructor evaluation. The difference occurred between the largest and the second largest schools. Those in schools of sizes 10-29 saw rating scales being used most extensively. They were followed by the 10-19 group, the under 10 group and finally, the largest school group (30-39 faculty members).

Table 27 indicates only one significant difference concerning preferred practices. The difference occurred between the group representing the smallest faculties (under 10) and the third largest schools (those with 20-29 faculty members). In order of importance, the smallest, the largest, then the intermediate sized schools preferred questionnaire useage.

CRITERIA FOR EVALUATING TEACHING EFFECTIVENESS

Importance and Consensus of Perceptions

One of the problems which the study dealt with was to determine the extent to which nursing instructors shared common perceptions concerning the importance which various criteria did and should have in the evaluation of teaching effectiveness. In addition, the study sought to determine the degree to which instructors held common perceptions concerning actual and preferred emphasis on product, process and presage categories of criteria. In order to determine the emphasis which the study subjects perceived, it was necessary to ascertain whether or not

the criteria utilized in the instrument could be placed in the three categories as described by Mitzel. A four, three and two factor solution was attempted utilizing preferred criteria for the purpose of determining how these items could be categorized.

The factor analysis was done using the preferred criteria since there was less variance in responses for this situation. When the four factor solution was attempted, one of the factors had an eigen value of less than 1. With the three factor solution, study criteria which had been predicted as process and presage tended to merge into one factor loading. The second factor contained some of the items predicted to be product, while the third factor consisted of a variety of items.

The two factor solution seemed most suitable. Table 28 identifies the 29 out of the 30 criteria which loaded significantly on one of the two factors. Factor I contained 19 items which appeared to reflect a process-presage dimension; Factor II contained 10 items which seemed to represent the product categorization. Table 28 shows that item 2 (asks thought-provoking questions) did not load significantly on either item.

The 30 criteria selected from the pilot study for inclusion in the Nursing Instructor Evaluation Instrument had represented equal numbers of process, presage and product criteria as identified by the pilot study factor analysis. The merging of the process and presage items which is apparent in the factor analysis of preferred criteria from the Nursing Instructor Evaluation Instrument may have been due to the modification of pilot study items which was done in an attempt to make criteria for the Nursing Instructor Evaluation Instrument more

Table 28

Factor Loadings for Preferred Evaluation
Criteria Emerging from Varimax Rotation
and a Two-Factor Solution
(N=184)

Items	Communalities	Factor I	Factor II
1	0.357	0.504	0.321
2	0.177	0.315	0.280
3	0.256	-0.002	0.506
4	0.290	0.526	0.116
5	0.279	0.502	0.164
6	0.232	0.429	0.218
7	0.307	0.524	0.181
8	0.211	0.029	0.458
9	0.431	0.142	0.641
10	0.587	0.764	0.055
11	0.608	0.775	0.086
12	0.499	0.639	0.203
13	0.617	0.786	-0.013
14	0.553	0.712	0.214
15	0.485	0.659	0.225
16	0.464	0.668	0.131
17	0.268	0.427	0.291
18	0.517	0.301	0.653
19	0.580	0.310	0.696
20	0.347	0.566	0.164
21	0.411	0.558	0.317
22	0.574	0.193	0.733
23	0.623	0.264	0.744
24	0.491	0.583	0.389
25	0.237	0.453	0.179
26	0.348	0.490	0.329
27	0.462	0.638	0.234
28	0.578	0.311	0.694
29	0.604	0.293	0.720
30	0.511	0.231	0.677
Percentage of common variance	100.00	79.6	20.4

specific and behaviourally-oriented.

Table 29 presents the importance which various criteria were given in the actual and preferred situations by presenting a ranking of means for both situations. Table 29 shows that items 25 (follows institutional policies), 27 (follows through on commitments), 11 (keeps students informed of their progress) and 24 (sets an example for his/her students) were ranked as the four most important criteria in the actual situation. Only item number 11 remained in the top four ranking for the preferred situation. The top ranking item in the actual situation (item 25) received a rank of 21 in the preferred situation, indicating that respondents preferred that much less emphasis be given to adherence to institutional policies as criterion for assessing teaching effectiveness. Item 25 showed the most difference in rank (21) between actual and preferred means. Item 27 which ranked second in the actual situation received a rank of sixth in the preferred situation, while items 11 and 24 were rated first and seventh respectively in the preferred situation.

Table 29 shows that item 11 moved from an actual rank of 3 to a preferred rank of 1. Table 29 indicates that item 13 (gives his/her students constructive criticism in an appropriate manner) was considered the second most important criterion in the preferred situation. Both item 13 and item 11 seemed to deal with the teachers' evaluative skills. The table shows that the third most important criterion in the preferred situation was item 16 (establishes an environment which is conducive to student discussion and expression of feeling). The fourth ranked criterion was that of making the students aware of the teacher's expectations (item 10).

Table 29

A Comparison of Perceived Importance of
Actual and Preferred Criteria

Criterion Number	Category	Mean Score		Mean Rank		Difference in Rank
		Actual	Preferred	Actual	Preferred	
1	P/P	3.33	4.20	13	9	4
2	-	2.94	4.12	22	12	10
3	P	2.90	3.22	23	25	2
4	P/P	3.61	4.40	6	7	- 1
5	P/P	3.17	4.16	16	10	6
6	P/P	3.04	4.01	19	15	4
7	P/P	2.97	3.93	21	17	4
8	P	3.14	2.84	17	26	- 9
9	P	2.70	3.67	26	23	3
10	P/P	3.48	4.52	9	4	5
11	P/P	3.73	4.62	3	1	2
12	P/P	3.31	4.33	14	8	6
13	P/P	3.51	4.55	8	2	6
14	P/P	3.47	4.49	10	5	5
15	P/P	3.62	4.39	5	7	- 2
16	P/P	3.36	4.54	11	3	8
17	P/P	2.83	3.82	25	20	5
18	P	3.10	4.07	18	13	5
19	P	3.33	4.20	13	9	4
20	P/P	3.34	3.65	12	24	-12
21	P/P	3.53	4.14	7	11	- 4
22	P	3.22	3.96	15	16	- 1
23	P	3.01	4.03	20	15	5
24	P/P	3.65	4.40	4	7	- 3
25	P/P	3.86	3.75	1	22	-21
26	P/P	2.89	3.92	24	18	6
27	P/P	3.81	4.44	2	6	- 4
28	P	3.04	4.02	19	14	5
29	P	3.14	3.81	17	21	- 4
30	P	2.90	3.84	23	19	4

Rho = .72; significant at .01 level

P = Product

P/P = Process-presage

Table 29 shows that the Spearman rho was .72. This value suggests that there was a positive correlation between the existing and preferred use of the criteria; that is, the criteria perceived to play a major role in the existing situation tended to play a major role in the preferred situation and, conversely, criteria perceived to play a minor role in the existing situation tended to be seen as playing a minor role in the preferred situation.

Table 29 indicates the categorization of the 30 criteria according to the results of the factor analysis. It allows comparisons to be made to the importance which the various categories of criteria were given by study subjects by presenting a ranking of means for the actual and preferred responses.

Table 29 shows that the product criterion which ranked highest in the actual situation (item number 19) received a rank of 12 out of 30. Item 19 also was ranked as the highest preferred product criterion. It received a rank of 10 in this situation. Table 29 indicates that 7 of the 10 product criteria rank between 10 and 20 in both the actual and preferred situations. The remaining 3 criteria ranked between 21 and 30, again for both situations. The high rankings which the process-presage criteria received in the actual and preferred situations and the low rankings obtained by the product criteria indicate that nursing instructors perceived actual and preferred criteria which focused on teacher characteristics and teaching behaviors to be of prime importance in evaluating their teaching effectiveness.

Table 30 indicates the extent of consensus in perceptions concerning the importance which various criteria were given in the actual and preferred situations by presenting the standard deviations for

Table 30
 Extent of Common Perceptions Concerning
 Actual and Preferred Criteria

Criterion Number	Standard Deviation	
	ACTUAL	PREFERRED
1	1.14	0.79
2	1.16	0.88
3	1.07	1.05
4	1.13	0.64
5	1.05	0.73
6	1.13	0.89
7	1.20	0.87
8	1.25	0.97
9	1.00	0.91
10	1.06	0.60
11	1.04	0.58
12	1.12	0.69
13	1.14	0.57
14	1.25	0.64
15	1.14	0.69
16	1.19	0.63
17	1.12	0.87
18	1.11	0.84
19	1.11	0.82
20	1.13	0.90
21	1.04	0.80
22	1.03	0.89
23	1.10	0.93
24	1.06	0.67
25	1.09	0.98
26	1.11	0.88
27	1.06	0.71
28	1.14	0.88
29	1.05	0.91
30	1.09	1.00

each criterion. Table 30 shows that the most agreement concerning importance occurred for the use of items 9, 11, 21 and 22, in that order. The table also indicates that participants shared the most differing perceptions concerning the importance which items 7, 8, 14 and 16 were given in evaluating teaching effectiveness.

Table 30 shows that, within the preferred situation, items 10, 11, 13 and 16 received the most agreement. The table also shows that the study respondents shared the least common perceptions concerning the importance which items 3, 30, 25 and 8 should receive. Items 3, 30 and 8 were product criteria while item 25 was concerned with the instructor following institutional policies.

Table 30 shows that the standard deviations for each of the preferred criteria were smaller than those for the actual criteria, indicating that instructors were more similar in their perceptions of criteria which should be utilized than in their understanding of criteria which were being used in existing evaluative practices.

Differences Between Actual and Preferred Criteria

The study was also concerned with whether or not any differences which occurred between the actual and preferred evaluation criteria were of statistical significance. Table 31 shows that a significant difference was found between the actual and preferred perceptions of evaluation criteria for 29 out of 30 criteria. Table 31 also indicates an increase in means between the actual and preferred situations for 28 out of 29 significant criteria, indicating that in the majority of cases study participants preferred that greater emphasis be given to the individual criteria than was presently being done.

Table 31 shows that the one significant criterion which had a lower mean

Table 31

A Comparison of Perceived Importance of
Actual and Preferred Criteria by Means

Criterion Number	Mean ACTUAL	Mean PREFERRED	T Value
1	3.33	4.20	-10.43***
2	2.94	4.12	-13.19***
3	2.90	3.22	- 3.59***
4	3.61	4.40	- 9.02***
5	3.17	4.16	-13.16***
6	3.04	4.01	-12.34***
7	2.97	3.93	-11.07***
8	3.14	2.84	3.29***
9	2.70	3.67	-12.44***
10	3.48	4.52	-13.03***
11	3.73	4.62	-11.20***
12	3.31	4.33	-12.19***
13	3.51	4.55	-12.50***
14	3.47	4.49	-10.46***
15	3.62	4.39	- 9.11***
16	3.36	4.54	-12.86***
17	2.83	3.82	-12.06***
18	3.10	4.07	-12.15***
19	3.33	4.20	-10.56***
20	3.34	3.65	- 3.71***
21	3.53	4.14	- 7.55***
22	3.22	3.96	- 9.47***
23	3.01	4.03	-12.26***
24	3.65	4.40	- 9.36***
25	3.86	3.75	1.20
26	2.89	3.92	-11.48***
27	3.81	4.44	- 8.95***
28	3.04	4.02	-12.44***
29	3.14	3.81	- 9.04***
30	2.90	3.84	-11.12***

***Significant at .001 level

in the preferred situation was item 8 (success of his/her students on Canadian nurse registration examinations). The criterion which did not show a significant difference between the actual and preferred situations was item 25 (follows institutional policies).

Effect of Independent Variables on Preferences for the Criteria Categories

The study also considered the effect which the selected personal and professional variables had upon the instructors' preferences for the use of process, presage or product categories of criteria. In order to compare the process-presage category of criteria with the independent variables, an average mean for each of the sub-groups within the independent variable was calculated. This was done by summing the responses of the sub-group items identified as process-presage and then dividing by the number of responses. The T test was then utilized to determine the effect which the variable had upon preferences for process-presage criteria. The same procedure was carried out to determine the effect which each independent variable had upon preferences for the utilization of product criteria.

Table 32 presents the effect of the dichotomous variables, type of present employment, hours of employment and type of program on the preferences for the various categories. Table 32 shows that no statistically significant differences occurred between the sub-groups for each of these variables. The table indicates that whether instructors were employed on a sessional or permanent basis; full or less than full-time; or in a baccalaureate or diploma nursing program, they possessed similar preferences concerning the use of product and process-

Table 32

Effect of Independent Variables on
Preferences for Product and
Process-presage Criteria by Means
(Using the T Test)

Variable	Process- presage	T Value	Product	T Value
Type of Employment	Sessional	4.21	3.88	
				-0.05
	Permanent	4.21	3.73	1.12
Hours of Employment	50-74% of full time	4.24	3.94	
				0.26
	75-100% of full time	4.21	3.73	1.37
Type of Program	R.N.	4.20	3.74	
				-1.30
	B.Sc.	4.33	3.85	-0.80

presage criteria.

Table 33 shows the effect which the 6 continuous variables had on instructor preferences for specific types of criteria. Table 33 indicates that 3 out of a possible 12 differences were statistically significant. It shows that level of education, type of program and school size had no significant effect upon preferences for the use of process, presage and product criteria.

Table 33 shows that instructors of varying ages differed significantly in their preference for the use of product-type criteria. The difference occurred between the over 40 age group and the under 30 and 31-35 age groups. Those over 40 had the strongest preference for product criteria. With each successively younger group, the preference for the product criteria decreased.

Table 33 also indicates that amount of teaching experience affected the study participants' preferences for product criteria. The significant difference occurred between those with the least amount of teaching experience (less than 3 years) and those with most experience (over 8 years). Those instructors with more than 8 years had the greatest preference for product criteria. They were followed by those with 3 to 4 years experience, those with 5 to 8 years and, finally, those with less than 3 years.

Table 33 shows that those employed for varying lengths of time differed significantly in their perceptions of the importance which both process-presage and product criteria should have. In each case, the difference occurred between those employed the least length of time (less than 1 year) and those employed for the longest (5 years and over). Those employed for the longest time had the greatest

Table 33
 Effect of Independent Variables on
 Preferences for Product and
 Process-presage Criteria by Means
 (Using the F Test)

Variable		Process- presage	F Ratio	Product	F Ratio
Age	< 30	4.20	0.99	3.63	4.44**
	31-35	4.16		3.68	
	36-40	4.17		3.81	
	40	4.34		4.11	
Level of Education	R.N.	4.15	2.70	3.04	1.74
	B.Sc.	4.19		3.71	
	Masters	4.46		3.94	
Years of Teaching Experience	< 3	4.07	2.26	3.56	3.11*
	3-4	4.24		3.78	
	5-8	4.27		3.76	
	> 8	4.31		3.99	
Years of Present Employment	< 1	4.09	2.68*	3.60	2.86*
	1-2	4.16		3.68	
	3-4	4.31		3.81	
	5+	4.33		3.99	
Major Teaching Responsibility	Classroom	4.24	0.35	3.97	0.68
	Clinical	4.17		3.70	
	Classroom/ Clinical	4.23		3.75	
Number of Full-time Faculty	< 10	4.23	1.33	3.95	2.24
	10-19	4.26		3.82	
	20-29	4.10		3.58	
	30-39	4.27		3.73	

**Significant at .01 level

*Significant at .05 level

preference for the use of both process-presage and product criteria. As the groups decreased in their length of present employment, their preference for the use of process-presage and product criteria also decreased.

COMMENTS ON THE STUDY

Respondents were invited to make comments concerning the evaluation of nursing instructors or about the study itself. Thirty five percent of the study participants made such comments. The large number of comments (107) was taken to be an indication of the nursing instructors' concerns about teacher evaluation.

The comments were classified under the following headings:

1. General reaction to the instrument
2. Types of evaluators
3. Evaluation criteria
4. Importance of nursing instructor evaluation
5. Current nursing instructor evaluation practices
6. Issues related to nursing instructor evaluation

Table 34 presents the frequency and percentage of responses in each category. The table shows that each category (with the exception of number 4) contained an approximately equal number of comments, indicating that study participants had chosen to express a variety of ideas and concerns.

A sample of comments from each category is included in the discussion following. Comments chosen for inclusion were those which represented the major concerns within a category and those which presented contrasting points of view. The comments included have been reproduced

Table 34
Comments by Category and Frequency

Category	Frequency of Responses	Percentage of Responses
1. General reaction to instrument	22	20.6
2. Types of evaluators	20	18.7
3. Evaluation of criteria	21	19.6
4. Importance of nursing instructor evaluation	7	6.5
5. Current nursing instructor evaluation practices	17	15.9
6. Issues related to nursing instructor evaluation	20	18.7
	107	100%

as originally written; although in some cases only excerpts have been taken from lengthy comments.

General Reaction to the Instrument

Most of the comments in this category dealt with difficulties in responding to the sections of the instrument which dealt with actual perceptions, concerns related to the rating scale used in the instrument and the length of the instrument and comments on the clarity, specificity or relevance of specific items.

Difficult to respond to as there is little input given to instructors at our school as to their performance.

Found actual hard to appraise when not actually being done. Would almost have preferred to rate criteria from most important to least important.

I've noted areas where "0" would have best indicated the importance of an item.

Well designed because required thought to answer. Rather complex format is explicit in directions. I took 45 minutes to do this--too long for teachers not well motivated to answer it.

II C (1) How do you define or describe "enthusiasm"? Could be more specific. Perhaps some of your other points would lead to or show "enthusiasm"--I think that in itself is a value word.

17 - "shows interest"--to me that is vague. A more definite statement, as the others, could be--makes a contribution to the nursing profession.

24 - example for what? If for professional attitudes and actions, yes. If for personal lifestyle and values, no.

25 - Utilize policies--important up to the point where the patient's best interests are not being served, then should utilize professional discretion and appropriate lines of authority (legality) to attempt to modify the situation.

Types of Evaluators

Comments were made concerning each type of evaluator included in the instrument. Peer and self evaluation were most frequently

mentioned. Comments often related to how a particular type of evaluator could be utilized most effectively.

School director evaluation--valuable if director skilled, if available and if done regularly.

All evaluation from superiors is done on a subjective basis rather than using specific assessment tools. Due to the subjectivity involved--the real criteria for evaluation are support of administration, maintenance of the status quo, and teaching methods which are not too far removed from the traditional lecture.

Most instructor evaluations are inaccurate because information is all second hand or "hear-say". The most effective ones I've had given me were from my "immediate" superior who came to observe my work for the purpose of evaluating it and helping me improve in any way she could. These evaluations were geared to my work and the improvement of the nursing program and were not personality analyses.

The most obvious reason they were helpful is that the person doing it was secure in her position and knew what she wanted from the instructor and could demonstrate to you areas she felt you could improve.

Peer evaluation--should be the best since other instructors of same level of students know how we should be functioning. Excellent opportunity for sharing--could be done in group sessions.

Other professional peers should have input to evaluate such as head nurse or coordinator of your clinical area.

I feel that instructor self evaluation is of extreme importance and if used consistently with guidance can be the basis for change and improvement. One method of achieving satisfactory self evaluating is to set specific objectives and goals for yourself and, over the specific time period, take a look at these and constantly check to see if you are progressing or changing as needed.

Re student evaluations--due to wide and wonderful variety of students evaluations, I have some doubts about the validity of some. My comments are:

1. Should be signed by student and open to query as we do for student evaluation.
2. Students should receive some groundwork in evaluation technique.

I feel that students are an important source of evaluation for the instructor. But--the areas students are evaluating should be appropriate to their level of competence and insight. (e.g. hard to evaluate certain aspects of a course such as content

when new to the material. Good to evaluate the rate of material covered.

Is need to look at total picture, for this need input from students as well as peers, and nursing service staff working with instructors.

Who evaluates is important--does the person know about teaching; is she a respected and good teacher herself? What of personal bias? Possibly evaluation by more than one person would be best and help achieve more objectivity.

Evaluation Criteria

The majority of comments in this category were made concerning the use of student gain (product) criteria in measuring teaching effectiveness. A variety of concerns were presented. Other comments suggested additional criteria which might be used to evaluate teaching and how specific criteria might best be utilized.

Evaluation is, of course, presently confronting many professional groups: teachers in particular. The public cries for "accountability"--yet has limited understanding of the task of teaching. Your objective about measuring the teacher's effectiveness by the marks his/her students achieve is frightening and does not recognize the individual student's responsibility and individual differences.

Teaching and learning are not synonymous. They are both merely parts of a much larger picture.

Although student performance seems to be one way to evaluate instructors, the success or failure of the student may be due to course structure rather than teaching ability, or to individual student differences.

Great emphasis is placed on the progress of students--is this realistic, if nursing instructors have no input into student selection, and therefore perhaps may have several marginal students in a class who either fail out of the program or fail their R.N.'s.

I think instructors should also be evaluated re their use of time. I feel that many hours of time are "wasted" even though instructors are always "busy".

I found Part C on page 5 difficult to answer since I feel that the importance that each criterion is given depends on whom is doing the evaluation e.g. student or administrator.

I felt that some of the criteria and their level of importance

would depend on:

1. the ratio of students/instructor
2. the level of students

I feel there is a real need to develop criteria for evaluating instructors. We spend a lot of time improving our evaluative techniques with students, but much less effort goes into evaluating an instructor.

Importance of Nursing Instructor Evaluation

Comments in this category indicated that nursing instructor evaluation was seen as a pertinent and relevant topic for investigation.

Nursing instructor evaluation is very important aspect especially as so many programs are now using sessionals who have very little contact with full time faculty. Instructors need assessment and assistance in developing their skills--I hope this study will be distributed to all Schools of Nursing and that the results will provide useful recommendations.

I'm glad to see you researching this very pertinent issue in Nursing Education and hope that your data will shed some light on meaningful criteria etc. for nurse educator evaluations.

Current Nursing Instructor Evaluation Practices

The majority of comments in this category were made concerning the adequacy of present evaluation practices. In some cases uncertainty was expressed concerning what procedures were utilized.

The institution wherein I am currently employed places the greatest emphasis on instructor evaluation which I have been exposed to in 9 years of teaching. Because of my experience with limited evaluations of my performance prior to 1975, I am very pleased to see work being done on this topic as there would seem to be a need for it.

I have been evaluated once in 4 years, by the Director of Nursing Education, using a rating scale designed by Personnel to evaluate any employee. I found this an exercise in futility: the rating scale was not specific for my job description, the evaluator based her comments from my written evaluation of my students and their comments about me, and from minimal verbal feedback from one of my peers. At best, this evaluation reflected the Director's perception of me from second-hand sources.

My experience concerning nursing instructor evaluation has been rather limited in that formal evaluations were seldom given, only on termination, and I felt these were very subjective at best.

I have not been evaluated in this school of nursing for the last three years therefore, I do not know the criteria which are used.

Instructor evaluation (in my experience) is usually carried out on the basis of very little contact in the work area between the instructor and evaluator. Evaluations then tend to be entirely positive and complimentary; the instructor must then recognize her need to continue self-evaluation on an on-going basis in order to assess effectiveness.

I would value more feedback on my performance from a trained evaluator who has no vested interest in my career or control over my position. (I appreciate that my students are in just the particular bind I wish to avoid . . . their promotion depends greatly on my evaluation.)

The A.A.R.N. collects a substantial fee . . . could they use some of the funds to provide such a service . . . an on-call observer . . . how's that for a dream!

Issues Related to Nursing Instructor Evaluation

A wide variety of comments were made in this category.

They dealt with such concerns as the purposes of evaluation, objectivity, the time required to evaluate effectively and weighting of evaluative input.

The college where I work is heavily into evaluation, not only of nursing instructors but all staff. The difficulty we are encountering relates to the utilization of evaluation procedures for assessment as well as development of staff. As evaluation procedures are used for assessment primarily, the value of evaluation for development purposes has been neglected.

How should evaluations be used--for promotion, merit increment, dismissal], for progress identification?

We need objective evaluation which prevents rewarding for criteria such as social popularity and extraversion.

How do you provide time for precise evaluation?

Nursing instructor evaluation should be done on a regular basis in some form other than just a self evaluation. I believe it is important for the nursing instructor to have constructive feedback in order to grow in his/her job.

A thorough knowledge of teaching-learning theory is of value when one embarks on evaluations. As evaluation means to e-value-ate, one must be cognizant of his/her own values before assessing the attributes of a teacher.

Will the method of evaluation be constructive rather than destructive being that the evaluation could be very threatening especially to a beginning instructor who is still trying to adjust to a situation.

I think the weighting of data on instructors' performance should be proportional to the length of time the supplier has interaction with the instructor, i.e. someone who sees her for two hours a week at a meeting should have less impact than another person who interacts with her for twelve hours a week, in relation to the same criteria of performance.

Often feel that senior instructors are not evaluated realistically--it is accepted that they are performing adequately and they are given little input for personal growth.

Areas in which one is being evaluated should be clearly outlined to nursing instructors at the start of their employment.

The overall picture should be evaluated--by a variety of tools and from a variety of sources.

SUMMARY

In this chapter the data gathered from study respondents were analyzed and discussed. Frequency and percentage distributions were presented and discussed in order to describe the personal and professional characteristics of the study respondents. Correlations between the nine independent variables were shown and discussed.

A presentation of means, mean ranks and standard deviations was used for each of the sections which dealt with evaluators, data gathering practices and criteria in order to discuss the extent to which respondents shared common perceptions concerning these aspects of nursing instructor evaluation. Spearman rho calculations from ranks were used to indicate whether any overall differences existed between the actual

and preferred situations for evaluators, data gathering practices and criteria.

The results of T tests were used to discuss whether differences between actual and preferred evaluators, data gathering practices and criteria were of statistical significance.

The results of a factor analysis were used to present the most suitable categorization of the study criteria according to the classification system proposed by Mitzel.

The results of T tests and F tests were presented and discussed in order to show the effect which the nine independent variables had upon perceptions concerning actual and preferred evaluators, data gathering practices and concerning preferences for the use of product, presage or process criteria.

CHAPTER V

SUMMARY, CONCLUSIONS AND IMPLICATIONS

In this chapter the problem, procedure and results of the study will be summarized. Conclusions will be stated and some implications for practice and for further research will be discussed.

SUMMARY

The nursing profession seems to be increasingly concerned with evaluation as part of the accountability issue; however, the literature examined by the researcher indicated that relatively little attention has been paid to the topic of nursing instructor evaluation in Canada. Student evaluative input has been discussed to the greatest extent in the existing literature. The use of other types of evaluative personnel, purposes of evaluation and methods of data collection seemed relatively unexplored. Criteria for evaluating nursing instructor effectiveness have received considerable attention although no evidence existed concerning the use of the categorization of criteria as proposed by Mitzel (1960).

This study has sought to provide practicing administrators and teachers in nursing education with up-to-date information concerning the perceptions of Alberta nursing instructors in terms of actual and preferred evaluators, data gathering practices and criteria for evaluating their teaching effectiveness.

A pilot study was conducted with British Columbia and Alberta nurses who were teaching or had taught in diploma and baccalaureate

nursing programs within the last three years.

A Nursing Instructor Evaluation Instrument was used to measure nursing instructor perceptions. The instrument consisted of three sections. Section I requested personal and professional information on nine variables. Section II consisted of seven types of evaluation personnel, twelve data gathering practices and thirty evaluation criteria. The criteria included had been modified from pilot study criteria which had been identified as product, process or presage by a factor analysis. Instructors were asked to indicate the importance of the evaluators, data gathering practices and criteria in actual and preferred evaluation practices. In Section III nursing instructors were invited to comment on evaluation and/or the study.

Alberta nursing instructors who were teaching at least half time in diploma or basic baccalaureate nursing programs comprised the sample for the study. The Nursing Instructor Evaluation Instrument was used to collect all data and, in order to guarantee anonymity, no identifying marks appeared on any of the questionnaires or on any of the envelopes in which the questionnaires were returned. Each study participant was offered a summary of the findings of the study.

Frequency and percentage distributions were used to present a preliminary analysis on the personal and professional data collected from the 184 nursing instructors. Correlational procedures were utilized to determine interrelationships between the 9 personal and professional variables.

Ranking of means for both the actual and preferred situations was utilized to determine the extent to which respondents shared common

perceptions concerning the importance of actual and preferred evaluators, data gathering practices and criteria.

A Spearman rho calculation was used to determine the extent of similarities or differences between the ranking for actual and preferred evaluators, data gathering practices and criteria.

Standard deviations for actual and preferred evaluators, data gathering practices and criteria were calculated in order to show the extent to which study respondents shared common perceptions concerning these aspects of nursing instructor evaluation.

T tests were utilized to determine if any of the differences between the actual and preferred situations for evaluators, data gathering practices or criteria were of statistical significance.

A factor analysis was performed in order to determine if the study criteria could be classified according to the product, process and presage categorizations. Four, three and two factor solutions were attempted on the preferred criteria. The ranking of each criterion by category for both the actual and preferred situations was determined.

T tests and F tests were utilized to determine the effect of the 9 independent variables on the perceptions of the respondents concerning actual and preferred evaluators and data gathering practices and concerning the preferred use of product, presage and process criteria.

Representative nursing instructor comments on the study were classified under the following headings: Types of Evaluators, Evaluation Criteria, Importance of Nursing Instructor Evaluation, Current Nursing Instructor Evaluation Practices, and Issues Related to Nursing Instructor Evaluation.

The various analyses of the data revealed the following:

1. The majority of the instructors in the study were between 26 and 35 years of age, prepared at the baccalaureate level and teaching in diploma nursing programs. In addition, most had instructional responsibilities in both the classroom and clinical areas and had been teaching nursing for less than 5 years.

2. Thirty-two out of 36 significant relationships were found between the independent variables. The majority of the significant relationships were positive in nature.

3. Senior administrators and immediate supervisors were considered to be the most important evaluators in present evaluative practices while the study participants preferred that the teacher be the primary evaluator. Immediate supervisors retained the rank of second most important evaluator in the preferred situation. Respondents perceived that self appraisal, student gain, checklists, and rating scales were presently the most important data gathering practices, while the 4 top ranking practices in the preferred situation were self appraisal, performance observation, microteaching and interaction analysis, in that order. The ranking of means for the criteria section of the questionnaire indicated that only 1 of the top 4 ranked criteria for the actual situation (item 11) remained in that ranking for the preferred situation.

4. Nursing instructors shared more common perceptions concerning who should evaluate and concerning the criteria which should be utilized than concerning the evaluators and criteria utilized in present evaluative practices. All differences between actual and preferred evaluators were of statistical significance except for that difference involving the senior administrator(s). All 12 of the differences between actual and

preferred data gathering practices were of statistical significance, as were 29 of the differences between actual and preferred criteria. The mean for the preferred situation was higher than the mean for the actual situation in all cases except those involving the senior administrator and the criterion which dealt with assessing the teacher in terms of the success of his or her students on the registration examinations. The higher means for the preferred situation indicated that respondents preferred evaluators, data gathering practices and criteria to be utilized significantly more than was presently being done in nursing instructor evaluation.

5. Twenty-nine out of the 30 criteria loaded significantly on one of two factors. Factor I seemed to represent a process-presage categorization while Factor II appeared to represent those items with a product orientation. The process-presage criteria ranked highest in both the actual and preferred situations; the highest ranked product criterion received a rank of 10 in the actual situation.

6. The independent variables were found to have an effect on 43 out of a possible 342 perceptions concerning actual and preferred evaluators, data gathering practices and criteria.

Age had significant effect upon the perceptions concerning the following: (1) the actual role of the immediate supervisor (2) the use of performance observation (3) the preferred use of anecdotal records (4) the preferred use of student gain as a method of data collection and (5) the preferred use of the product criteria as identified by the factor analysis.

Level of education had a significant effect concerning types of evaluators only. The two significant findings dealt with

(1) preference for the use of peer instructors and (2) preference for student evaluative input.

Amount of teaching experience had a significant effect upon perceptions concerning the following 5 variables: (1) actual importance of immediate supervisor (2) actual use of performance observation (3) actual use of student gain for data collection (4) preferred use of student gain for data collection and (5) preferred use of the product criteria as identified through factor analysis.

The length of time the instructors were employed had a significant effect upon perceptions concerning the following 5 variables: (1) actual importance of self evaluation (2) preferred importance of self evaluation (3) preferences for the use of microteaching (4) preferences for the use of the process-presage category of criteria and (5) preferences for the use of the product category of criteria.

Differences between instructor perceptions for those employed on a sessional and a permanent basis occurred concerning the following 4 variables: (1) preference for student evaluative input (2) actual use of performance observation (3) preferred use of microteaching and (4) preferred use of projective tests. Type of employment had no effect on preferences for the use of process-presage or product criteria.

Differences in perceptions between those employed 50-74 percent of full-time and those employed 75 percent of full-time to full-time occurred only in the area of the following 3 data gathering practices: (1) actual use of rating scales (2) preferred use of projective tests and (3) preferred use of self appraisal.

Very few differences in perception occurred between instructors teaching in classroom, clinical and combined classroom and

clinical settings. The significant differences, all of which dealt with preferred data gathering practices, involved the use of (1) questionnaires (2) projective tests and (3) teaching tests.

Instructors teaching in baccalaureate and diploma nursing programs seemed in agreement concerning data collection practices and criteria for evaluating teaching effectiveness. Three significant differences in perceptions occurred related to the following evaluators (1) preferred use of peer evaluators (2) actual use of students and (3) preferred use of students.

School size (as indicated by the number of full-time faculty) influenced the greatest number of perceptions concerning teacher evaluation. Perceptions concerning the following 13 variables were affected (1) actual use of senior administrators (2) actual use of immediate supervisors (3) actual use of peers (4) preferred use of peers (5) actual use of self (6) actual use of students (7) preferred use of students (8) actual use of performance observation (9) actual use of rating scales (10) actual use of microteaching (11) preferred use of questionnaires (12) actual use of anecdotal records and (13) preferred use of anecdotal records. School size had no significant effect on perceptions concerning the process-presage and product categories of criteria.

CONCLUSIONS

The following conclusions are based on the findings of the study:

1. Nursing instructors perceive senior administrators and immediate supervisors to be the most important evaluators in present

nursing instructor evaluation practices. They prefer that more emphasis be given to all types of evaluators except the senior administrator and are highly in agreement that the instructor herself and the immediate supervisor (in that order) should be the most important evaluators.

2. Nursing instructors prepared at the Master's level, those instructors teaching in baccalaureate nursing programs and those teaching in schools with 10-19 faculty have a stronger preference for peer input than do those teachers prepared at the baccalaureate or diploma level, those instructors teaching in diploma programs and those instructors teaching in schools of fewer or more than 10-19 faculty members.

3. Nursing instructors do not see or prefer students to be a major source of evaluative input. However, those instructors working in baccalaureate nursing programs and those instructors prepared at the Master's level see and prefer more student involvement than do those teaching in a diploma program or those prepared at the baccalaureate or diploma level. In addition, those teachers employed on a sessional basis have a stronger preference for student input than do those employed on a permanent basis.

4. Nursing instructors prefer that a broader range of data gathering practices be utilized in assessing their teaching effectiveness.

5. Nursing instructors perceive self appraisal, measuring student gain, checklists and rating scales to be the major data gathering practices used in present instructor evaluation but are highly in agreement that self appraisal and techniques which require direct observation of the teacher should be utilized.

6. Nursing instructor preferences for measuring student gain as a method of gathering data concerning teaching effectiveness increase

directly with teaching experience.

7. Nursing instructors prefer that a broader range of criteria be utilized in assessing their teaching effectiveness.

8. Nursing instructors prefer that criteria of a process-presage nature receive the greatest emphasis in nursing instructor evaluation. Nursing instructors perceive that criteria such as adherence to institutional policies and following through on commitments are of major importance in the present assessment of nursing instructor effectiveness. They prefer that criteria which measure a teacher's evaluative and communication skills receive the most emphasis.

9. Nursing instructor preference for the use of specific product criteria increases with age but is not affected by the other independent variables.

IMPLICATIONS

Although the data provided by this investigation resulted in some significant findings, it is recognized that much more empirical work is needed in the area of Alberta nursing instructor evaluation. Consequently, suggestions concerning implications for practice must be expressed cautiously.

Implications for Practice

Findings for this study which appear to have relevance for nursing instructors and administrators are contained in the section of this chapter which deals with conclusions. The findings indicate a preference on the part of Alberta nursing educators to broaden the range of evaluators, practices and criteria utilized to assess their teaching effectiveness. In most instances, the educators prefer that a

different emphasis concerning these various aspects of instructor evaluation be used.

The findings indicate that nursing educators are concerned about the importance which the senior administrator has in present evaluative practices. With an increasing focus on accountability predicted for the 1970's (Miller, 1974), the senior administrator might do well to consider how he or she could best facilitate an effective evaluative program. The administrator will continue to be responsible for decisions concerning the retention and promotion of faculty and yet the findings of this study indicate that nurse educators would prefer that immediate supervisors and instructors themselves play the major roles in evaluating teaching effectiveness. One appropriate function for the administrator might be to ensure that adequate resources are available for the development of evaluative skills in instructors and their supervisors.

The data gathering practices which were rated as important by the study respondents may be worth consideration by those developing or revising a nursing instructor evaluation system since it seems that a high degree of consensus existed concerning actual and preferred data gathering practices.

The rating of self appraisal as the most important actual and preferred data gathering practice reinforces the finding that nursing instructors see themselves as appropriately involved in both gathering data and providing input concerning their teaching effectiveness. The preferences for performance observation, interaction analysis and microteaching indicate that nursing instructors prefer to have direct observation of their performance form the basis for assessment of their teaching effectiveness. This preference for direct performance

observation might lead to a consideration of who might best observe teaching behavior. Administrators may be restricted in the time which they have available for regular performance observation while immediate supervisors, peers and students may be able to accomplish this process more readily. An appropriate role for the administrator might be to ensure that adequate time and personnel resources are available for regular performance observation to be carried out.

The relatively low ranking (4 out of 6) which students received as evaluators requires further exploration by administrators and faculty members. It may reflect a discontent in those schools where students are the major source of evaluative input or a perception that students are more skilled at evaluating for some purposes than others. For example, the findings concerning students may have been different if the questionnaire had considered evaluation for the purpose of instructional improvement only. In establishing or revising an evaluation system, administrators and their faculties would need to determine appropriate roles for students to play in evaluating teaching effectiveness.

The difference in perceptions between instructors in diploma and baccalaureate nursing programs concerning the actual and preferred use of student input as well as the preference for peer input may have implications for developing or revising instructor evaluation systems. The difference may be due to an increased exposure on the part of those teaching in the baccalaureate programs to information on the use of peer and student input. Administrators may do well to ascertain faculty perceptions concerning the formal use of peers in providing evaluative input. In addition, as more literature on peer review in nursing education becomes available, administrators may want to ensure that the

Information is given consideration by their instructors. The study findings concerning the importance which peers should play in providing evaluative input might have been different if the questionnaire had provided an explanation of peer review as a formalized procedure (Stone, 1977).

The findings concerning school size and its effect upon data collection practices may reflect a difference in what schools in the province are actually doing for nursing instructor evaluation, rather than a difference due to size. The comments received from the study participants indicated that the schools do vary in how much they are presently involved in nursing instructor evaluation.

The findings indicate that age and amount of teaching experience have some effect on perceptions concerning actual and preferred data collection practices. For example, one finding indicates that the preference for the use of student gain increases directly with the amount of teaching experience. Perhaps as a teacher gains experience she becomes more confident in making a self assessment by judging the performance of her students or in having others assess her performance in terms of the progress of her students. Administrators and faculty may need to consider individualizing the criteria and methods used to assess teaching effectiveness as the perceptions of a nursing instructor change during her teaching career.

The criteria provided in the study may be of some use to administrators and faculty in designing or revising instructor evaluation instruments. Those criteria which were ranked as the two most important in the actual situation (follows institutional policies and follows through on commitments) appear to be the kind of criteria which could

be assessed without direct observation of the teacher's performance. The low ranking of these criteria in the preferred situation and the content of the items which did receive top ranking indicate that teachers see items which deal more directly with instructor-student interaction as being of most importance. This finding would seem consistent with the preferences of teachers for the use of various performance observation techniques and for evaluative input from their immediate supervisors. The findings may have been different if the criteria had been indicated as being specific to a particular situation, although classroom and clinical instructors and those who shared equal classroom and clinical responsibilities seemed to have similar preferences throughout the study.

The age of the study participant had an effect upon the specific preference for those 10 criteria identified as product by the factor analysis. This finding, in addition to the rank received by the product criteria, would suggest that these specific student gain criteria might not be effective for use in evaluating all nursing instructors. The comments of study participants indicate similar concerns related to the use of product criteria as were raised in the literature by such authors as McNeil and Popham (1973).

The findings indicate that a relatively narrow range of evaluators, data gathering practices and criteria are utilized in assessing nursing instructor effectiveness. A more indepth exploration of the options available for effective teacher assessment may be appropriate for programs which prepare nursing instructors and for inservice development activities.

Implications for Research

Because this study was the first of its kind known to have been conducted in Alberta, more empirical research might be carried out in an attempt to either support or refute the conclusions of this study. While it appears that a great deal remains to be learned about all the variables and relationships with which this study is concerned, further research regarding nursing instructor evaluation might be more productive if the following questions and tasks were considered:

1. Further research should be undertaken concerning the role which the senior administrator could play in nursing instructor evaluation.
2. Further investigation concerning the role which the immediate supervisor does and should play should be undertaken. The results of this study indicate that nursing instructors see that this individual is and should continue to play a major role in providing evaluative input.
3. Further research into the role of peer evaluation should be undertaken. For example, a determination of factors which influence attitudes concerning the suitability of peer evaluation could be carried out.
4. Further research should be conducted as to how instructors themselves can best play a major role in collecting data and providing input to evaluate their teaching effectiveness. The study participants indicated a strong preference for self appraisal practices.
5. Further investigation into the role which other professionals should take in providing evaluative input could be undertaken. The study indicated that by far the majority of participants had at least some responsibilities in the clinical area and therefore regularly came

in contact with charge nurses, staff nurses and other members of the health care team.

6. Further investigation into the role which students should play in nursing instructor evaluation should be undertaken. For example, the purposes for which their evaluative input could be used and the weighting given to such input could be studied.

7. Further research into the use of techniques for the direct observation of nursing instructor performance in the classroom, laboratory and patient care settings should be undertaken. The results of this study indicated that teachers instructing in various settings seemed to share a similar perception that a broader range of data collecting practices should be utilized. They also indicated agreement as to which ones they would prefer to be of major importance.

8. The issue of whether classroom and clinical instructors require separate evaluation criteria requires further investigation. The results of this study indicate that the majority of Alberta nursing instructors teach students in both settings. Having teaching responsibilities in both areas could influence an instructor's perception of what criteria would be considered appropriate.

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- C. ARTICLES IN COLLECTIONS
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APPENDICES

APPENDIX A
QUESTIONNAIRE

FACULTY OF EDUCATION
DEPARTMENT OF EDUCATIONAL
ADMINISTRATION



THE UNIVERSITY OF ALBERTA
EDMONTON, CANADA
T6G 2G5

March 7, 1977

Dear Nurse Educator:

Evaluation of nursing instructors may be a topic of concern to you. The purpose of the attached questionnaire is to obtain input concerning your perceptions of the process of evaluating nursing instructors as it is now and how you think it should be. The questionnaire is being circulated to Alberta nursing instructors who have teaching responsibilities at the undergraduate level. The data received will be analyzed and a thesis prepared. The thesis will be available from the A.A.R.N. and University of Alberta Education Libraries once the study is completed.

I would ask your assistance in completing the questionnaire and returning it in the stamped, self-addressed envelope which you will find enclosed. The questionnaire should take 20-30 minutes of your time to complete. I hope the results of the study will be of some value to you and I am willing to send you a summary of my findings as a small thank you for completing the questionnaire. Enclosed you will find a stamped, self-addressed postcard to complete if you wish to obtain that summary.

Please mail the postcard and questionnaire separately in order to ensure the anonymity of your response.

I am looking forward to receiving your input. Thank you for your assistance.

Sincerely yours,

Lee Cadman, R.N., B.Sc.

LC/bt
Attachment

EVALUATION OF NURSING INSTRUCTORS

I. Personal & Professional Data

In the box provided, please write the number which represents the most accurate answer to each section.

For Keypunch
Use Only

1	2	3	4
---	---	---	---

(a) Age to your nearest birthday -

- | | | | |
|-------------|-------------|-------------|--------------------------|
| 1. 21 to 25 | 4. 36 to 40 | 6. 46 to 50 | <input type="checkbox"/> |
| 2. 26 to 30 | 5. 41 to 45 | 7. over 51 | |
| 3. 31 to 35 | | | |

C
5

(b) Highest level of education -

1. R.N. diploma
2. R.N. plus post baccalaureate diploma in nursing
3. R.N. plus other degree specify _____
4. Baccalaureate degree specify _____
5. Master's degree specify _____
6. Baccalaureate plus _____
7. Other. Please specify _____

6

(c) Total amount of teaching experience in nursing education -

- | | | |
|---------------------|-----------------|--------------------------|
| 1. Less than 1 year | 4. 5 to 6 years | <input type="checkbox"/> |
| 2. 1 to 2 years | 5. 7 to 8 years | |
| 3. 3 to 4 years | 6. over 8 years | |

7

(d) Length of present employment -

- | | | |
|---------------------|-----------------|--------------------------|
| 1. Less than 1 year | 4. 5 to 6 years | <input type="checkbox"/> |
| 2. 1 to 2 years | 5. 7 to 8 years | |
| 3. 3 to 4 years | 6. over 8 years | |

8

(e) Type of present employment -

- | | | |
|--------------|--------------|--------------------------|
| 1. sessional | 2. permanent | <input type="checkbox"/> |
|--------------|--------------|--------------------------|

9

(f) Hours employed at present -

1. 50 - 74 % of a full time position
2. 75 - 100% of a full time position

10

(g) Areas of major teaching responsibility -

1. Classroom instruction
2. Clinical instruction
3. Approximately equal classroom and clinical responsibilities
4. Other - please specify _____

11

2

For Key punch
Use Only

(h) Type of program in which you presently teach -

- 1. Prepares diploma nurses
- 2. Prepares Baccalaureate nurses

C
12

(i) Approximate number of full time faculty in present program

- 1. Under 10 3. 20 to 29 5. over 39
- 2. 10 - 19 4. 30 to 39

13

Please use the following response key throughout the remainder of the questionnaire. For your convenience, the key is reproduced at the bottom of each subsequent page.

Response Key

1	2	3	4	5
very limited importance	some importance	moderate importance	great importance	very great importance

II. Nursing Instructor Evaluation

A. The following list indicates types of individuals who may be involved in evaluating nursing instructors. Using the key provided, please circle the response which best indicates your perception of the importance which each type of individual has (ACTUAL) and the importance that type of individual should have (PREFERRED) in nursing instructor evaluation.

Example Item

School librarian	(Actual)	A	1	②	3	4	5
	(Preferred)	P	1	2	3	④	5

(Using the key provided, the numbers circled indicate that the respondent perceives school librarians as having some importance in evaluating nursing instructors; however, he/she perceives that they should have great importance in evaluating nursing instructors.)

Types of Individuals

Importance

1. Senior administrator(s) of nursing programs	A	1	2	3	4	5
	P	1	2	3	4	5

14
15

3
For Keypunch
Use Only

<u>Types of Individuals</u>	<u>Importance</u>					C	
2. Most immediate supervisors	A	1	2	3	4	5	16
	P	1	2	3	4	5	17
3. Peer instructors	A	1	2	3	4	5	18
	P	1	2	3	4	5	19
4. Instructors themselves	A	1	2	3	4	5	20
	P	1	2	3	4	5	21
5. Students	A	1	2	3	4	5	22
	P	1	2	3	4	5	23
6. Others. Please specify type of individual and importance	A	1	2	3	4	5	24
	P	1	2	3	4	5	25

B. The following represents a range of practices which may be utilized in gathering information for evaluating nursing instructors. Please circle the numbers which indicate your perception of the importance which each practice is given (ACTUAL) and should be given (PREFERRED) in evaluating nursing instructors.

A = ACTUAL P = PREFERRED

<u>Description of Practices</u>	<u>Importance</u>						
1. Performance observation - trained observers watch instructors in the work setting and record what they do.	A	1	2	3	4	5	26
	P	1	2	3	4	5	27
2. Interaction analysis - analysis of the number and kinds of verbal inter- actions between instructors and students.	A	1	2	3	4	5	28
	P	1	2	3	4	5	29
3. Anecdotal Records - a series of notes concerning the behaviours of an instructor.	A	1	2	3	4	5	30
	P	1	2	3	4	5	31

Response Key

1	2	3	4	5
very limited importance	some importance	moderate importance	great importance	very great importance

Description of Practices	Importance					For Key punch Use Only	
	A	1	2	3	4		5
4. Microteaching - analysis of specific teaching skills by assessing short periods of teaching - most frequently videotaping is used.	A	1	2	3	4	5	C 32 33
	P	1	2	3	4	5	
5. Checklists - using a list of traits, skills or behaviours to evaluate teachers.	A	1	2	3	4	5	34 35
	P	1	2	3	4	5	
6. Rating scales - comparing the traits, skills or behaviours of the teachers being evaluated with those of other teachers, with norms, or with other criteria.	A	1	2	3	4	5	36 37
	P	1	2	3	4	5	
7. Inventories - using a test or check list to determine the instructor's ability, achievement, aptitude, interest, or likes, generally in a limited area.	A	1	2	3	4	5	38 39
	P	1	2	3	4	5	
8. Questionnaires - circulating a list of planned, written questions related to a particular topic - commonly used to measure attitudes and opinions.	A	1	2	3	4	5	40 41
	P	1	2	3	4	5	
9. Measuring student gain - appraising an instructor by assessing the amount of progress made by his/her students.	A	1	2	3	4	5	42 43
	P	1	2	3	4	5	
10. Projective Tests - giving an instructor some ambiguous or unstructured stimulus (such as an incomplete sentence or a picture) and asking him/her to complete his/her own response.	A	1	2	3	4	5	44 45
	P	1	2	3	4	5	
11. Teacher Tests - standardized tests to gather information about specific teacher abilities.	A	1	2	3	4	5	46 47
	P	1	2	3	4	5	

Response Key

- | | | | | |
|-------------------------|-----------------|---------------------|------------------|-----------------------|
| 1 | 2 | 3 | 4 | 5 |
| very limited importance | some importance | moderate importance | great importance | very great importance |

5
For Key punch
Use Only

Description of Practices

Importance

12. Self appraisal - methods, techniques, material and tools used by instructors to gain evaluative data about their growth and development as instructors.

A 1 2 3 4 5
P 1 2 3 4 5

C
48
49

C. The following criteria may be used in evaluating nursing instructors. Included are selected items dealing with characteristics of the instructor, the actual teaching-learning process and the concept of evaluating the instructor by assessing the performance of his/her students.

Please circle the number which indicates your perception of the importance which each criterion has (ACTUAL) and should have (PREFERRED) in the evaluation of nursing instructors.

A = ACTUAL P = PREFERRED

Criteria

Importance

1. Demonstrates enthusiasm for teaching.	A 1 2 3 4 5	50
	P 1 2 3 4 5	51
2. Asks thought-provoking questions.	A 1 2 3 4 5	52
	P 1 2 3 4 5	53
3. Success of his/her students in meeting course requirements.	A 1 2 3 4 5	54
	P 1 2 3 4 5	55
4. Evaluates students based on course objectives.	A 1 2 3 4 5	56
	P 1 2 3 4 5	57
5. Is well informed on technical and professional advances.	A 1 2 3 4 5	58
	P 1 2 3 4 5	59
6. Interprets abstract ideas and theories clearly.	A 1 2 3 4 5	60
	P 1 2 3 4 5	61
7. Shares own thinking with students.	A 1 2 3 4 5	62
	P 1 2 3 4 5	63
8. Success of his/her students on Canadian nurse registration examination.	A 1 2 3 4 5	64
	P 1 2 3 4 5	65

Response Key

1	2	3	4	5
very limited importance	some importance	moderate importance	great importance	very great importance

Criteria	Importance					6	For Key punch Use Only
	A	1	2	3	4	5	C
9. Progress of his/her students in utilizing communication skills.	A	1	2	3	4	5	66
	P	1	2	3	4	5	67
10. Makes students aware of his/her expectations for them.	A	1	2	3	4	5	68
	P	1	2	3	4	5	69
11. Keeps students informed of their progress.	A	1	2	3	4	5	70
	P	1	2	3	4	5	71
12. Takes advantage of new or unexpected situations in teaching his/her students.	A	1	2	3	4	5	72
	P	1	2	3	4	5	73
13. Gives his/her students constructive criticism in an appropriate manner.	A	1	2	3	4	5	74
	P	1	2	3	4	5	75
14. Respects individuality of students.	A	1	2	3	4	5	76
	P	1	2	3	4	5	77
15. Makes himself/herself available to students when needed.	A	1	2	3	4	5	78
	P	1	2	3	4	5	79
16. Establishes an environment which is conducive to student discussion and expression of feeling.	A	1	2	3	4	5	80
	P	1	2	3	4	5	DUP 1-3; 2 5 4
17. Shows interest in making a contribution to the profession of nursing.	A	1	2	3	4	5	6
	P	1	2	3	4	5	7
18. Progress of his/her students in utilizing problem solving skills.	A	1	2	3	4	5	8
	P	1	2	3	4	5	9
19. Progress of his/her students in relating theory to nursing practice.	A	1	2	3	4	5	10
	P	1	2	3	4	5	11

Response Key

1	2	3	4	5
very limited importance	some importance	moderate importance	great importance	very great importance

Criteria	Importance					7 For Keypunch Use Only	
	A	1	2	3	4	5	C
20. Shares workload on faculty committees.	A	1	2	3	4	5	12
	P	1	2	3	4	5	13
21. Communicates effectively with peers.	A	1	2	3	4	5	14
	P	1	2	3	4	5	15
22. Progress of his/her students in providing individualized nursing care.	A	1	2	3	4	5	16
	P	1	2	3	4	5	17
23. Progress of his/her students in becoming self directed in learning.	A	1	2	3	4	5	18
	P	1	2	3	4	5	19
24. Sets an example for his/her students.	A	1	2	3	4	5	20
	P	1	2	3	4	5	21
25. Follows institutional policies.	A	1	2	3	4	5	22
	P	1	2	3	4	5	23
26. Proposes needed change within the work environment.	A	1	2	3	4	5	24
	P	1	2	3	4	5	25
27. Follows through on commitments.	A	1	2	3	4	5	26
	P	1	2	3	4	5	27
28. Progress of his/her students in recognizing their strengths and limitations.	A	1	2	3	4	5	28
	P	1	2	3	4	5	29
29. Progress of his/her students in functioning as members of the nursing team.	A	1	2	3	4	5	30
	P	1	2	3	4	5	31
30. Progress of his/her students in recognizing their responsibilities as future members of the nursing profession.	A	1	2	3	4	5	32
	P	1	2	3	4	5	33

Response Key

1	2	3	4	5
very limited importance	some importance	moderate importance	great importance	very great importance

III. Comments

Any comments which you have concerning nursing instructor evaluation and/or this particular questionnaire would be appreciated.

Thank you for completing this questionnaire - your input is appreciated.

APPENDIX B
CORRESPONDENCE

10926 - 129 Street,
Edmonton, Alberta.
T5M 0X9

December 22nd, 1976

Ms. Shirley Shantz, Chairperson,
Consortium of Nurse Educators,
Red Deer College,
Red Deer,
Alberta.

Dear Shirley:

I am presently enrolled in the Masters Program in Educational Administration at the University of Alberta. I am looking at nursing instructor evaluation as the subject of my thesis. I would appreciate an opportunity to attend the next meeting of the Consortium of Nurse Educators which I understand is scheduled for Friday, January 28th, 1977. At that time I would like to explain my thesis plans in detail and request the cooperation of the Consortium members. I believe this would take about one half hour and I would appreciate being able to speak with you in the morning if possible.

Thank you for your assistance.

Yours sincerely,

Lee Cadman

LC/bt

FACULTY OF EDUCATION
DEPARTMENT OF EDUCATIONAL
ADMINISTRATION



THE UNIVERSITY OF ALBERTA
EDMONTON, CANADA
T6G 2G5

10926 - 129 Street
Edmonton, Alberta
February 9, 1977

Dear

I was pleased to have the opportunity to meet with you at the January 28th meeting of the Consortium of Senior Nurse Educators. The input which I received from your group was of value to me.

I will be circulating my questionnaire on Nursing Instructor Evaluation within the next three weeks. I would appreciate your assistance in the following ways:

- I would ask that you send me a list of your faculty members whom you consider to be teaching one half or more of a full time position in your Diploma/Baccalaureate Program. Please include those employed both sessionally and on a permanent basis.
- I would then like to send an introductory letter, a questionnaire and a follow up postcard to the above faculty members utilizing their work address.

Many thanks for your cooperation.

Sincerely yours,

Lee Cadman

LC/bt

Request For a Study Summary

Dear Ms. Cadman:

Please send a summary of the results of your study on Evaluation of Nursing Instructors to:

Name _____

Street _____

City _____

Postal Code _____

Reminder Postcard

DEPARTMENT OF EDUCATIONAL ADMINISTRATION
UNIVERSITY OF ALBERTA

Dear Nurse Educator:

17/3/77

Recently a questionnaire on Evaluation of Nursing Instructors was sent to you. If you have already completed the questionnaire, I would like to take this opportunity to thank you once again for your assistance. If you have not found the time as yet to respond, I would request that you do so at your earliest convenience. Your input is appreciated.

Thank you for your cooperation.

Sincerely yours,

Lee Cadman, R.N. B.Sc.

FACULTY OF EDUCATION
DEPARTMENT OF EDUCATIONAL
ADMINISTRATION



THE UNIVERSITY OF ALBERTA
EDMONTON, CANADA
T6G 2G5

April 12, 1977

Dear Nurse Educator:

Several weeks ago you were sent a questionnaire concerning the Evaluation of Nursing Instructors. To date, I have received responses from approximately 65% of the Alberta nursing instructors selected to participate in my study. I believe that the quality of the research would be improved if the perceptions of more of you were represented. If you are willing to participate in the project and have not yet done so, I would appreciate your completing and returning the questionnaire within the next few days. (I have enclosed a duplicate copy of the questionnaire in case you have misplaced the original).

If you have already sent in your response, please accept my thanks once again.

Sincerely yours,

Lee Cadman

Lee Cadman, R.N., B.Sc.