

# Student Perceptions of Clinical Instructor Characteristics Affecting Clinical Experiences

Deanna L. Reising, Brea James, and Ben Morse

## Abstract

**AIM** The purpose of this study was to explore and describe students' perceptions of clinical instructor characteristics that affect their clinical experiences.

**BACKGROUND** Clinical instructors can have a profound impact on student clinical experiences, yet little is known about what clinical instructor characteristics promote and hinder quality clinical experiences from the student perspective.

**METHOD** A multisite prospective, descriptive exploratory design was used.

**RESULTS** Students ranked instructor knowledge and support as the highest desirable characteristics, followed by patience, creating challenges, enthusiasm, and organization. Emerging themes from the content analysis revealed that the ability of the instructor to convey knowledge, demonstrate professionalism, and exhibit enthusiasm and caring were key characteristics that influence the clinical experience.

**CONCLUSION** Nurse educators can use the results of this study to target hiring and placing of desired characteristics of clinical instructors and to support mentoring programs that promote clinical teaching excellence.

**KEY WORDS** Clinical Teaching – Instructor Characteristics – Teaching Effectiveness

Clinical experiences are a key component of prelicensure nursing education. Girija (2012) identified three key roles of clinical instructors who play a significant part in facilitating students' clinical experiences: role model, clinical supervisor, and instructional leader/scholar. Furthermore, Girija elucidates the categories and characteristics of effective clinical instructors: professional/nursing competence, relationships with students, and personality traits or attributes.

Health professions schools have a vested interest in assuring that students benefit from effective clinical instructors, and some research has been done to investigate student and faculty perceptions. However, many studies are single-site studies and use surveys, using only preset characteristics to investigate student perceptions of effective clinical instructors. Although these studies have been instrumental in shaping knowledge on the topic, additional research that is grounded in students' perceptions through the use of their own words and experiences is needed. The purpose of this study is to identify clinical instructor characteristics that students consider to promote and inhibit the quality of their learning experiences.

## LITERATURE REVIEW

In nursing, recent literature is sparse with regard to the study of instructor characteristics that affect students' perceptions of their clinical experiences, and only one study is qualitative in nature. Nazari and Mohammadi (2015), in a qualitative study, explored characteristics of competent clinical instructors in midwifery. They used an open interview approach to elicit perceptions of both nursing students and clinical instructors and used content analysis to analyze data. Their data yielded the following themes: ability to establish effective communication, instructor's academic status, scholarly knowledge, clinical competence, and educational qualifications. For this study, academic status referred to the clinical instructor's demeanor and presence, such as appearance and timeliness, eagerness, and sympathetic tendency.

Three nursing studies involved survey methodology with ratings on preselected instructor characteristics. The survey tools were different in each case, but all employed instruments were adapted from previous pilots on tool development. Tang, Chou and Chiang (2005) examined student ratings of 35 clinical behaviors by clinical faculty from two different schools. On the basis of a tool developed by Brown (1981), the behaviors included the domains of professional competence, interpersonal relationships, personality characteristics, and teaching ability. The rank of the importance of the domains, in order, was as follows: interpersonal relationships, personality characteristics, teaching ability, and professional competence. Items with the three highest rankings were as follows: solves problems with students, has sufficient knowledge, and is a role model for students.

Similar to the Tang et al. (2005) study, researchers investigating undergraduate nursing students in Oman (Girija, Shukri, Hayundini, & Narayanan, 2013) also explored students' perceptions of effective clinical instructor characteristics. The culturally adapted instrument used 45 items organized into three categories. Students ranked the

**About the Authors** Deanna L. Reising, PhD, RN, ACNS-BC, FNAP, ANEF, is an associate professor and Macy Faculty Scholar, Indiana University School of Nursing, Bloomington, Indiana. Brea James, BSN, RN, is a staff nurse, Memorial Hospital and Healthcare Center Pediatrics, Jasper, Indiana. Ben Morse, MSN, RN, is a staff nurse, St. Vincent Hospital Neuro-Trauma ICU, Indianapolis, Indiana. For more information, contact Dr. Reising at dreising@indiana.edu.

The authors have declared no conflict of interest.

Copyright © 2018 National League for Nursing

doi: 10.1097/01.NEP.0000000000000241

importance of each category in the following order: professional competence, relationships with students, and personal attributes. The individual items ranking highest were as follows: evaluates students objectively and fairly, demonstrates role modeling, shows clinical skill competence, demonstrates good communication skills, and respects student as individuals.

A third nursing study was slightly different, seeking to determine the congruence of student and preceptor perceptions of effective clinical teaching characteristics in a nurse anesthesia program. Smith, Swain and Penprase (2011) used a tool developed by Katz that involved ranking 22 characteristics that had been validated as effective for nurse anesthetist students. The results showed a fair amount of congruence in rating the importance of the top characteristics of clinical preceptors with relative congruence in the characteristics: stimulates student involvement, encourages independence, has flexibility, stays calm during times of stress, has clinical competence, and motivates students.

Two recent studies were found in other clinical disciplines that also investigated clinical teaching effectiveness characteristics. Both studies involved rating or ranking behaviors by students, and one study compared student and clinical instructor ratings, similar to the Smith et al. (2011) study. Both also reported using tools that were modified versions of those used in nursing, physical therapy, and athletic training.

In the first study, Alasmari and Gardenhire (2015) investigated how bachelor-level respiratory therapy students rated 35 teaching characteristics of their clinical instructors. The top five behaviors were as follows: respect student as individual, be approachable, evaluate students fairly, demonstrate knowledge in the area of instruction, and encourage students to feel free to ask questions or ask for help. In the second study (Ingrassia, 2011), radiography students and instructors rated effective clinical instructor characteristics using a tool of 18 clinical instructor behaviors. The domains included competence, teaching ability, evaluation skills, and interpersonal relationships. Students and instructors agreed on the top-ranking item in each domain: demonstrates knowledge and clinical skill in clinical situations, explains concepts and expectations, demonstrates objectivity in evaluation, and is approachable and accessible.

The studies demonstrate some themes across health professions students with regard to effective teaching characteristics. In cases where student and instructors ratings are compared, there is general agreement among the top characteristics. There is, however, significant variance in the rating tools used in the studies, though the tools have demonstrated adequate reliability and validity. Only one study approached student perceptions from a qualitative standpoint; the others used forced-choice rating and ranking surveys. Most were single-site studies.

With growing demand on clinical sites, increasing curricular revisions, and the growing use of adjunct clinical faculty due to an aging faculty population, further research is needed to understand students' perceptions of effective characteristics of clinical teaching as *they have experienced them*. To expand generalizable knowledge on this important topic, a multisite study is timely. This study elucidates the quantitative and qualitative perceptions of bachelor of science in nursing (BSN) students regarding effective and ineffective clinical instructor characteristics that affect their clinical experiences.

## METHOD

A multisite prospective, descriptive exploratory design was used to uncover students' perceptions on instructor characteristics that

promote and inhibit quality learning experiences. Human subjects approval was obtained at the investigators' institution as well as each site that was asked to participate in the study.

## Participants, Setting, and Sampling

Inclusion criteria were that students were enrolled in a BSN program in the Midwest and had completed at least one full semester with a clinical experience. To ensure representativeness across the Midwest, the area for this study encompassed 12 states: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin (US Census Bureau, n.d.). As Kentucky shares a border with the state in which the study originated, Kentucky was also included. Recruitment of universities continued until at least 50 percent of the targeted states were represented. Fourteen universities in eight states agreed to participate (61.5 percent Midwest state representation). A total of 384 students from eight states completed the survey.

## Tool Development

A tool developed by the researchers asked five questions based on a pilot study conducted at one of the study sites. The pilot study used a single open-ended prompt to ask students in an undergraduate research course the key characteristics in clinical instructors that they found to be most helpful. Using a frequency analysis approach, two of the researchers used the respondents' words to independently code the responses. The team of three researchers then met to review the tentative items and create a "cut point," reflecting items that were not redundant and had defined boundaries.

The six indicators uncovered by the pilot study were used to construct Likert-type scale items, which students rated on a 5-point scale from "strongly agree" to "strongly disagree." The items centered on these characteristics: knowledge, supportive, enthusiasm, challenging, patience, and organized. The rating scale was chosen as the scale that is most commonly used in student evaluations of instructors. Students were asked to rate the behaviors as they experienced them in their clinical experiences. The tool also includes one item that asks participants to rank each of the six characteristics in order of their importance to the participant.

Two open-ended questions, vetted by students at the pilot study site, were used to further encourage other characteristics to be uncovered and to provide context from the student perspective on how these characteristics influence the quality of the clinical experience: 1) "What characteristics found in a clinical instructor are important, in your opinion, to promote a quality clinical experience?" 2) "What characteristics found in a clinical instructor, in your opinion, inhibit the quality of the clinical learning experience?" Content validity of the tool was established by grounding the tool items in a pilot study and through the review of an experienced, expert BSN clinical instructor.

## Procedure

Participant recruitment was initiated by sending an email to deans and directors of prelicensure BSN programs, soliciting for their willingness to participate. Deans and directors that agreed to participate were sent a scripted email with the survey link to forward to students who were eligible to participate according to the inclusion criteria.

## Data Analysis and Data Quality

Descriptive analyses were performed on the six Likert-type scale items and the single characteristic rating item. Content analysis was used to analyze the two open-ended question responses. Content analysis involved analysis of the textual data through: 1) coding the data, 2) generating themes, 3) thematic reduction through comparison and contrast, and 4) contextualizing the thematic descriptions (Vaismoradi, Turunen & Bondas, 2013).

Results of the content analysis were reviewed by three separate researchers, two BSN students and one BSN instructor, contributing to the trustworthiness criterion confirmability. An audit trail was provided by the students to the instructor, and the analysis is supported by raw data quotes, supporting the trustworthiness criteria of dependability and credibility (Morse, 2015).

## RESULTS

### Site Demographic Information

Fourteen universities agreed to allow their students to participate in the study. These programs were located in eight states: Indiana (4), Ohio (3), Kentucky (2), Kansas (1), Michigan (1), Missouri (1), South Dakota (1), and Wisconsin (1). The majority of participants had two or more complete semesters of clinical experience at the time they took the survey.

### Likert Rating and Rank Order Results

The highest rated characteristics, from the student perspectives, were the “knowledge” of the clinical instructor and a “supportive” clinical instructor. These items were followed by the characteristics “enthusiasm,” “challenging,” “patience,” and “organization.” The ranking task provided a slightly different order: knowledge, supportive, patience, challenging, enthusiasm, and organization (see Table 1).

The descriptive statistics for the instructor characteristic categories demonstrate relatively little variance. The means for each category are between 4.00 and 4.42, with standard deviations ranging

from 0.62 to 0.78. The median, mode, and range are the same for all categories: 4.00 for mean and mode; the range is from 1.00 to 5.00, representing the minimum and maximum score possible for each category (see Table 2).

### Content Analysis Themes

Students were asked for their perceptions on two open-ended prompts: 1) important clinical instructor characteristics that *promote* a quality clinical learning experience and 2) clinical instructor characteristics that *inhibit* the quality of the clinical learning experience. Most students identified at least two characteristics, with explanations of their expectations and/or experiences. Themes are presented that encompass both the promoting and inhibitory characteristics identified by students. Although four themes were identified, thematic overlap is present.

**PROFESSIONAL** Key characteristics in this theme were organization, taking clinical seriously, showing up on time, and focused on clinical skills and knowledge rather than socialization. Students wanted instructors who demonstrated “consistency, organization, patience, punctuality, ability to keep track of many things at once.” In addition, students desired instructors who had their eye on the ultimate goal: “They know what they are talking about, their feedback is professional and clinical based, they work hard, they earn our respect through their hard work and dedication to what they are doing. Everything they do is with the end result of producing good nurses. Their postconference is clinical based.”

Students noted that a lack of professional characteristics was inhibitory, such as “talking badly about other employees or talking badly about the patients.” Students also provided additional insight about working professionally with staff on the unit and with students and how some professional behaviors were inhibitory: “Inability to work with the staff on the unit. They need to be willing to work with the students and staff in a flexible manner and know how to be up-to-date with the changing times in the medical fields.”

One student wrote: “When they are not consistent with students. Some people get away with things that they shouldn’t, yet the students who are doing well, and are trying to learn have to deal with the other students who aren’t. I think being unorganized inhibits our learning because there is a delay in our learning when the instructor isn’t prepared.”

### KNOWLEDGEABLE AND EXPERIENCED IN THE FIELD OF NURSING

As demonstrated in some of the quotes above, students emphasized the importance of a clinical instructor who was current in nursing practice. Most students writing about this characteristic simply used the word “knowledgeable” with no further explanations. However, for some students, this knowledge was linked to also being able to challenge the student in the clinical setting to achieve the maximum clinical effect. One student wrote: “My first semester I had a clinical instructor who challenged me more than any other semester or clinical rotation since put together. I walked away with the most knowledge and more confidence in the end. She was very supportive and worked to get each of the students in the group in as many new things as possible [sic].”

Conversely, students described issues with lack of knowledge in their clinical instructors regarding both nursing practice and facility or unit procedures. The descriptions show the manifestations of this lack of knowledge as noted by one student: “Current clinically applicable knowledge. Too often we have instructors that have been removed from the floor for so long that they no longer have current

**Table 1:** Likert Rating and Rank Order of Characteristics

Item	Rating Mean	Ranking
<b>My clinical instructors have demonstrated practical nursing knowledge.</b>	4.42	1
<b>My clinical instructors have been supportive.</b>	4.27	2
<b>My clinical instructors have shown enthusiasm.</b>	4.17	5
<b>My clinical instructors have challenged me.</b>	4.12	4
<b>My clinical instructors have demonstrated patience.</b>	4.05	3
<b>My clinical instructors have demonstrated organization.</b>	4.00	6

**Table 2:** Descriptive Statistics for Instructor Characteristic Categories

	<b>n</b>	<b>Mean</b>	<b>SD</b>	<b>Median</b>	<b>Mode</b>	<b>Range</b>
<b>Knowledge</b>	341	4.42	0.62080	4.00	4.00	1.00–5.00
<b>Supportive</b>	339	4.12	0.68692	4.00	4.00	1.00–5.00
<b>Enthusiasm</b>	340	4.17	0.70419	4.00	4.00	1.00–5.00
<b>Challenged</b>	341	4.12	0.72117	4.00	4.00	1.00–5.00
<b>Patience</b>	341	4.07	0.74984	4.00	4.00	1.00–5.00
<b>Organization</b>	341	4.00	0.78591	4.00	4.00	1.00–5.00

techniques or use outdated information.” If an instructor is disorganized or not familiar with the procedures at the facility/unit, this can inhibit the experience.

**ABILITY TO CONVEY KNOWLEDGE** In a slightly different frame than being knowledgeable and experienced, students valued the ability to convey that knowledge. This concept implies that instructors should have a skill set in clinical teaching strategies as a necessity. As one student noted, “Having experience and knowing how to communicate what she has learned to students; being understanding of what we do not know; clear expectations of what we should know or learn each week.”

Students described specific attributes to being able to convey knowledge such as “good communication,” “mutual respect,” and “patience.” One student wrote that exhibiting a desire for sharing knowledge and understanding for what is involved in teaching students is important: “The best clinical instructors choose to take time with the students in describing tasks. They clearly tell students their expectations and allow the students to have independence when acceptable. The clinical instructor should support the student and have the patience to stand with a student when they are performing tasks if possible.” Another student wrote: “I think it is important for clinical instructors to have a desire to teach or share knowledge. It is very valuable for an instructor to have an understanding of what the student might not know yet so they can explain well.”

Students linked this characteristic to the previous theme of “knowledgeable and experienced in the field of nursing,” stating that it was a hindrance when the clinical instructor had “too little experience as a floor nurse.” Students also described their perception that an overemphasis on paperwork was distracting to their clinical experiences: “Instructors who feel homework or clinical paperwork is the focus, this often impedes or distracts them from actively seeking clinical skill opportunities. They get too wrapped up in making us write things that may or may not be useful, if such is their passion to teach then they ought to consider a career as a lecturing educator instead of clinical.” One student wrote: “Paperwork is important, but the clinicals with the instructors who are the most picky about paperwork are the worst clinicals to be a part of.”

**ENTHUSIASTIC AND CARING** Students clearly noted that instructors who are patient, understanding, kind, enthusiastic, passionate, and positive were more likely to promote a quality clinical learning experience. One student wrote: “Someone who understands that students are going to make mistakes, a good instructor will help the

student acknowledge the mistake and help them make the correction.” Another wrote: “An instructor who has passion for the nursing profession and a true interest in helping the students grow and develop their own skills.”

Students who felt instructors were intimidating or condescending had difficulty in the clinical setting. Students also described instructor remarks that they did not construe to be meaningful to their success. One wrote: “Intimidation is one thing that really inhibits the quality of the clinical experience. I can’t perform procedures or skills and [am] extremely nervous.” Another wrote: “A condescending attitude, disorganization, giving paperwork preference over actual learning and experience. Manipulative. I’ve only had one instructor that I disliked. She told us our group was not up to par like our last group (those students said she said the same things to them). She also was not up to date on Foley insertion. She humiliated me after doing a Foley insertion because it was not done however she was taught. She asked another student to talk her through Foley insertion to ‘tell me how it is done’ and it was exactly as I had performed it. She questioned it, but we all explained that was what we had learned. She never apologized and then on my evaluation said I needed to work on Foley insertions.”

## DISCUSSION

The results of this study show that students are concerned with clinical instructor characteristics across several dimensions. The results are consistent with those characteristics in the report by Girija (2012) in that professional competence, relationships with students, and personal traits influence student clinical learning experiences. When comparing the thematic results of this study to the Nazari and Mohammadi (2015) study, two themes had overlap: knowledge and competence. It is possible that some of the differences in the findings between the studies could be due to educational focus (midwifery vs. BSN students), cultural influences in the academic and clinical environments, or that themes generated using inductive analysis approaches are more likely to produce different results.

The results of the ranking portion of this study also have similarities and differences from the Tang et al. (2005) study. Although the ranking items and schemas were different, the similar characteristics across both studies were knowledge and personal characteristics. For this study, knowledge was ranked highest, with personal characteristics ranking third and fifth out of six characteristics. In the Tang et al. study, the inverse was true, with professional



competence (knowledge) ranked fourth out of four domains, and personality characteristics ranked second out of four domains. The differences in the results may be explained by the variability of the measurements and a different sample.

The highest ranking attributes in the Alasmari and Gardenhire (2015) study were not consistent with the findings in either the quantitative or qualitative data from this study. The only high ranking characteristic from the Ingrassia (2011) study that was consistent with this study was the knowledge characteristic.

When asked about characteristics that inhibited the clinical learning environment, some students wrote about behaviors that could be classified as incivility on the part of instructors. These narratives are not surprising given the research on faculty incivility toward students by Clark, Nguyen and Barbosa-Leiker (2014), Del Prato (2013), and others. Many times, the incivility was described in connection with other negative characteristics, such as not being up-to-date in nursing practice and lack of passion about clinical teaching.

The themes in this study supported characteristics that emerged from the pilot study characteristics used in the six rating items. The themes of "ability to convey knowledge" and "professionalism" expanded upon the initial six rating items, adding depth to the understanding of how students experience these concepts in the clinical setting and how they may impact the quality of their experiences.

## Implications

Results from this multisite study bridge a gap in the nursing education research literature by examining clinical instructor characteristics in a large group of BSN students. The findings may assist nursing education administrators in the hiring and placement of clinical instructors appropriate for their clinical experiences and facilities. Students indicated that instructors who knew and worked with clinical units well were desired, and that consideration should be taken into account in the hiring and placement processes. If that process is not possible, clinical instructors should make every effort to work with clinical nurses on the units through shadowing opportunities, attending staff meetings, and including clinical nurses in evaluations of clinical sites from their perspective.

Mentoring of clinical instructors by other experienced, high-performing instructors is a best practice in the literature (Nick et al., 2012). Using the matched dyad approach over a longitudinal mentoring period provides proper orientation to the expectations of the role and instills the desire for continued professional growth. Mentoring programs should be facilitated by administration and contain deliberate activities aimed at developing excellence in clinical education (Nick et al., 2012).

Civility is an underlying feature of orientation and mentoring activities. Nursing education research on testing interventions in this area is evolving with work being done on faculty-to-student incivility. In a longitudinal study, nursing students identified strategies to improve student-faculty relationships, including using effective communication, engaging in faculty-student activities, and having better balance and clarity on assignments and examinations (Clark et al., 2014). Nursing students were asked to identify strategies to improve civility in nursing education programs. Those strategies included effective and timely communication; faculty encouragement, organization, and flexibility; engagement in social/extracurricular activities; open discussion about civility; establishing and enforcing behavioral expectations; and stress reduction activities (Clark et al., 2014). These strategies should be incorporated into nursing faculty

orientation and mentoring to increase the effectiveness of the overall learning environment.

## Limitations and Recommendations for Future Research

Limitations of this study include self-selection by student participants, which could create study bias, a forced survey design, and the inability to seek clarification of open-ended responses from students. In addition, nearly one third of the participating schools were from Indiana, creating a disproportionate representation of that state, which could affect generalizability. Despite the limitations, 384 students from 14 organizations across eight states completed the study, generating quantitative and qualitative data that supported and elucidated main concepts from the study.

In concert with the desire to improve the quality of nurse educators, this study supports the need for orientation and mentoring of clinical instruction faculty. Many times, clinical faculty are part time or adjunct faculty and not fully assimilated into the academic environment, or they may not have received specific training in effective clinical nursing education pedagogies. Future research should focus on the effectiveness of clinical instructor orientation and mentoring and instructor and student outcomes.

## CONCLUSION

Clinical instructor characteristics can promote or hinder the clinical learning environment. Students expressed that instructors should possess knowledge, the ability to convey that knowledge, professionalism, and enthusiasm and caring. The lack of these characteristics impedes student learning in the clinical setting. Nurse educators in administration and informal nurse faculty leaders should ensure that proper processes are in place to hire, place, orient, and mentor effective clinical instructors.

## REFERENCES

- Alasmari, A., & Gardenhire, D. S. (2015). Respiratory therapy students' perceptions of effective teaching characteristics at an urban university. *Respiratory Care Education Annual*, 24, 11-18.
- Brown, S. T. (1981). Faculty and student perceptions of effective clinical teachers. *Journal of Nursing Education*, 20(9), 4-15.
- Clark, C., Nguyen, D. T., & Barbosa-Leiker, C. (2014). Student perceptions of stress, coping, relationships, and academic incivility: A longitudinal study. *Nurse Educator*, 39(4), 170-174. doi:10.1097/NNE.0000000000000049
- Del Prato, D. (2013). Students' voices: The lived experience of faculty incivility as a barrier to professional formation in associate degree nursing education. *Nurse Education Today*, 33(3), 286-290. doi:10.1016/j.nedt.2012.05.030
- Girija, K. M. (2012). Effective clinical instructor: A step toward excellence in clinical teaching. *International Journal of Nursing Education*, 4(1), 25-27.
- Girija, K. M., Shukri, R. K., Hayundini, J., & Narayanan, S. K. (2013). Undergraduate nursing students' perception of effective clinical instructor: Oman. *International Journal of Nursing Science*, 3(2), 38-44. doi:10.5923/j.nursing.20130302.02
- Ingrassia, J. M. (2011). Effective radiography clinical instructor characteristics. *Radiologic Technology*, 82(5), 409-430.
- Morse, J. M. (2015). Critical strategies for determining rigor in qualitative inquiry. *Qualitative Health Research*, 25(9), 1212-1222. doi:10.1177/1049732315588501
- Nazari, R., & Mohammadi, E. (2015). Characteristics of competent clinical instructors: A review of the experiences of nursing students and instructors. *Journal of Nursing and Midwifery Sciences*, 2(2), 11-22. doi:10.7508/jnms.2015.02.002
- Nick, J. M., Delahoyde, T. M., Del Prato, D., Mitchell, C., Ortiz, J., Ottley, C., ... Siktberg, L. (2012). Best practices in academic mentoring: A model for excellence. *Nursing Research and Practice*. doi:10.1155/2012/937906. Retrieved from www.hindawi.com/journals/nrp/2012/937906/
- Smith, C., Swain, A., & Penprase, B. (2011). Congruence of perceived effective clinical teaching characteristics between students and preceptors of nurse anesthesia programs. *AANA Journal*, 79(4), S62-S68.
- Tang, F., Chou, S., & Chiang, H. (2005). Students' perceptions of effective and ineffective clinical instructors. *Journal of Nursing Education*, 44(4), 187-192.

US Census Bureau. (n.d.). *Census bureau regions and divisions with state FIPS codes*. Retrieved from [www2.census.gov/geo/pdfs/maps-data/maps/reference/us\\_regdiv.pdf](http://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_regdiv.pdf)

Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing and Health Sciences*, 15(3), 398-405. doi:10.1111/nhs.12048

## CE

### Instructions:

- Read the article. The test for this CE activity can only be taken online at [www.NursingCenter.com/CE/NEP](http://www.NursingCenter.com/CE/NEP). You will need to create (its free!) and login to your personal CE Planner account before taking online tests. Your planner will keep track of all your Lippincott Professional Development online CE activities for you.
- There is only one correct answer for each question. A passing score for this test is 13 correct answers. If you pass, you can print your certificate of earned contact hours and access the answer key. If you fail, you have the option of taking the test again at no additional cost.

- For questions, contact Lippincott Professional Development; 1-800-787-8985.

**Registration Deadline:** February 28, 2020.

### Disclosure Statement:

The authors and planners have disclosed that they have no financial relationships related to this article.

### Provider Accreditation:

Lippincott Professional Development will award 1.0 contact hour for this continuing nursing education activity.

Lippincott Professional Development is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

This activity is also provider approved by the California Board of Registered Nursing, Provider Number CEP 11749 for 1.0 contact hour. Lippincott Professional Development is also an approved provider of continuing nursing education by the District of Columbia, Georgia, and Florida, CE Broker #50-1223.

### Payment:

- The registration fee for this test is \$12.95.

For more than 147 additional continuing education articles related to Education topics, go to <http://www.nursingcenter.com/CE>.