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Featured Article

Effect of Nursing Faculty Presence on Students' Anxiety, Self-Confidence, and Clinical Performance during a Clinical Simulation Experience

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KEYWORDS

nursing faculty presence;
anxiety;
self-confidence;
clinical performance;
clinical simulation experience;
summative evaluation

Abstract

Background: The purpose of this study was to determine the effect of nursing faculty presence on students' level of state anxiety, self-confidence, and clinical performance during a summative evaluation using clinical simulation.

Method: The quasi-experimental two group pre–post test research design used the Nursing Education Simulation Framework and the State-Trait Anxiety Inventory, Student Satisfaction and Self-Confidence in Learning Instrument, and Clinical Performance Evaluation Tool to operationalize the concepts.

Results: Faculty presence in the simulation room did not have a significant effect on state anxiety, self-confidence and satisfaction, or clinical performance; yet, the change in state anxiety scores from pretest to posttest were found to be significantly different with an increase in state anxiety scores from pretest to posttest for the experimental group and a decrease in state anxiety scores from pretest to posttest for the control group.

Conclusions: Results provided partial support to recommend nursing faculty evaluate students from a control room or remote viewing location.

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Nursing programs across the United States are striving to increase the quality and quantity of nursing students' experiences within the clinical simulation laboratory. Clinical simulation laboratories are being built or expanded to meet this need, yet the designs are based on the nursing instructor's

perception of the optimal learning environment for simulation. Simulation pioneers have provided detailed descriptions of how to set up a clinical simulation laboratory. Spunt (2007) suggested a separate control room approximately 150 square feet in size adjacent to the simulation room. Seropian (2003) detailed how institutions should design the clinical simulation laboratory space with a control room separated from the clinical simulation room by a one-way mirror "for the operator to have a direct visual line into the room" (p. 1701). The control

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room houses the audio and/or visual equipment and support equipment for the simulator as well as a place for the person providing the voice of the high-fidelity human patient simulator to remain out of sight. When a control room exists, nursing faculty have to choose where to position themselves during a summative evaluation—either in the control room or in the simulation room. Not all simulation laboratories have a control room; therefore, faculty do not have the option of where to position themselves during the simulation, that is, they are present in the simulation room. The focus of this research was to gain support for making best choices about nursing faculty presence.

Key Points

- The nursing faculty's decision of where to position themselves during a summative evaluation should not be based on convenience, preference, or tradition but on evidence from research.
- Nursing faculty desire to create an optimal learning environment for students in simulation.
- Findings from this research provide partial support for nursing faculty to observe through a one-way mirror in the control room during a summative evaluation of a clinical simulation experience.

observation role to evaluate the students' attainment of the set objectives (Sando et al., 2013). There is no evidence available regarding nursing instructor position during a summative evaluation of a clinical simulation experience. There is also no research evidence regarding the effect of instructor presence during a summative evaluation on students' anxiety level, self-confidence, or clinical performance. The decision on position is left to the nursing instructor's discretion and is usually based on convenience, preference, or tradition but not on evidence from research. The findings from this study have laid the foundation of nursing education research on faculty presence within clinical simulation.

The purpose of this quasi-experimental study was to determine the effects of nursing instructor presence on students' level of anxiety, self-confidence, and clinical performance during a summative evaluation clinical simulation experience using the following five research questions: (a) After controlling for trait anxiety, what is the difference in the level of state anxiety, self-confidence, and clinical performance of nursing students who were evaluated by a nursing faculty member present in the simulation room compared with those evaluated by a

nursing faculty member outside the simulation room through a one-way mirror? (b) After controlling for trait anxiety, is there a relationship between the nursing students' level of state anxiety, self-confidence, and clinical performance when the nursing faculty member is present in the simulation room? (c) After controlling for trait anxiety, is there a relationship between the nursing students' level of state anxiety, self-confidence, and clinical performance when the nursing faculty member is not present in the simulation room? (d) Is there a difference between students in the experimental group and students in the control group in the amount of change that occurs from pretest to posttest in state and trait anxiety scores? (e) What is the effect of nursing faculty presence on the students' satisfaction level during a summative evaluation of a clinical simulation experience?

The Nursing Education Simulation Framework served as the conceptual framework during the development, implementation, and evaluation of this study (Jeffries, 2005). The five components of the framework (the teacher, the student, educational practices, simulation design characteristics, and outcomes) were operationalized within this study. The Standards of Best Practice: Simulation (2013) as well as seven principles by Chickering and Gamson (1987) for good practice in undergraduate education were upheld within this study.

A major overhaul in nursing education based on nursing education research was called for by the National League for Nursing (NLN) (NLN Board of Governors, 2003). The National Council of State Boards of Nursing declared clinical simulation as a research priority (National Council of State Boards of Nursing, 2009). This study was in response to the call for action from the NLN and National Council of State Boards of Nursing to further develop the science of nursing education by utilizing simulation state-of-the-art technology.

Background

Anxiety, Self-Confidence, and Clinical Performance during Simulation

Spielberger extensively studied the concept of anxiety and subconcepts of state and trait anxiety. State anxiety is defined as the "subjective, consciously perceived feelings of tension, apprehension, and nervousness accompanied by or associated with activation of the autonomic nervous system," whereas trait anxiety is the "relatively stable individual differences in anxiety proneness, i.e., the differences among people in the disposition or tendency to perceive a wide range of situations as threatening and to respond to these situations with differential elevations in state anxiety" (Spielberger & Sarason, 1975, p. 137). Although there have been many studies related to anxiety within the academic environment from elementary through

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