

CHAPTER THREE: METHODOLOGY

The purpose of this study was to compare the teaching effectiveness of part-time and full-time clinical nursing faculty. First, students completed questionnaires about the effectiveness of their part-time and full-time clinical nursing faculty. Second, part-time and full-time clinical nursing faculty completed questionnaires about their perceptions of their own effectiveness. Finally, results were compared with the percentage of first-time pass rates on the National Council Licensing Exam for Registered Nurses (NCLEX-RN).

Specifically, the study was designed to explore the following questions:

1. Do ADN students perceive that the effectiveness of instruction of part-time clinical nursing faculty differs from the effectiveness of instruction of full-time clinical nursing faculty?
2. Are there differences in the way full-time and part-time ADN clinical nursing faculty perceive their own teaching effectiveness?
3. What differences are there in the way ADN students perceive clinical instruction by nursing faculty and the way faculty perceive their own instruction?
4. How do student ratings of effectiveness compare with the percentage of first-time pass rates on the NCLEX-RN?

Instrumentation

The NCTEI was originally designed to determine if respondents felt that the items in each section actually described effective characteristics of clinical nursing faculty (Knox & Mogan, 1985; Mogan & Knox, 1987). In the current study, the instrument was used to determine the degree to which respondents felt that the clinical nursing faculty demonstrated those effective characteristics.

The instrument consists of five sections and has a total of 48 items. Each section was designed to address a discrete component of effective clinical teaching (Knox & Mogan, 1985; Mogan & Knox, 1987). A complete copy of the instrument can be found in Appendix A.

The first section of the NCTEI focuses on Characteristics Related to Teaching Ability. There are 16 items in this section. Each item consists of one characteristic that contributes to teaching ability. For example, respondents are asked to rate whether the teacher emphasized what was important in the class and whether the teacher was well-prepared to teach (Knox & Mogan, 1985; Mogan & Knox, 1987).

Characteristics Related to Nursing Competence comprises the second section of the NCTEI. The 10 items in this section relate to characteristics that a competent nurse is expected to have. In this section, for instance, respondents are asked if the teacher discussed current developments in his/her field and if clinical skills and judgment were demonstrated (Knox & Mogan, 1985; Mogan & Knox, 1987).

The next section, Characteristics Related to Evaluation, consists of 9 items. These items describe characteristics related to the evaluation of students. Evaluation of students includes items that ask if the teacher made specific suggestions for improvement and if students' mistakes were corrected without belittling the student (Knox & Mogan, 1985; Mogan & Knox, 1987).

The fourth section of the NCTEI addresses the relationship the faculty member has with students. This section, called Characteristics Related to Interpersonal Relationships, consists of six items. Respondents are asked, for example, if the teacher encouraged a climate of mutual respect and if he or she demonstrated empathy (Knox & Mogan, 1985; Mogan & Knox, 1987).

Characteristics Related to Teacher's Personality are measured in the last section of the NCTEI. This section consists of seven items that measure the personality of the teacher. Examples of items from this section ask respondents if the teacher demonstrated enthusiasm and if a good sense of humor was displayed by the teacher (Knox & Mogan, 1985; Mogan & Knox, 1987).

In this study, respondents were instructed to mark their response to each item on a scale. The scale represented a continuum where 1 equaled NEVER and 7 equaled ALWAYS. The use of a continuum provided interval data and allowed the calculation of mean scores. Some items from each section were reversed to avoid a "yeasayer/naysayer" effect (Suskie, 1996).

Two forms of the questionnaire were prepared. The first form was designed for students to complete. The instructions on this form directed students to evaluate their current clinical nursing faculty. In addition to the items from the NCTEI, the student form provided space to report the name of the school, the name of the instructor being evaluated, the clinical setting (pediatrics, for instance) and the student's year in the nursing program. The form also included questions about the respondent's demographic characteristics: age, gender, and race.

The second form was designed for faculty to complete. This form mirrored the student form, except for the demographic questions. Faculty were asked to supply the name of the school, their name, and the clinical setting. They were also asked if they were full or part-time and how many years they had been a clinical nursing instructor. Finally, they were asked about the highest academic degree they had earned and the nursing credentials they held. The instructions on the faculty form directed faculty to evaluate their own performance during the current clinical rotation.

Validity and Reliability

There are two types of validity in studies like the present one, internal validity and external validity (Pedhazur & Schmelkin, 1991). Internal validity describes an instrument's ability to measure what the researcher wants it to measure (Suskie, 1996).

External validity refers to how well the results can be generalized to the population (Pedhazur & Schmelkin, 1991).

There are several different approaches to establishing the internal validity of an instrument. One method is to compare the results obtained using the instrument with results of other studies on the same topic that were completed using different instruments or approaches (Suskie, 1996). Validity of the NCTEI was originally established by Knox and Mogan (1985) and Mogan and Knox (1987).

Knox and Mogan (1985) developed the instrument based on results of previous studies that looked at characteristics that students and faculty identified as being reflective of effective teaching (Jacobson, 1966; Mogan & Knox, 1983; O'Shea & Parsons; 1979). They then compared the results obtained from the NCTEI with the results of these previous studies. They found that the instrument had content validity (Knox & Mogan, 1985; Mogan & Knox, 1987).

Face validity for the NCTEI was established by asking students, peers, and graduates to rate how well each item measures teaching effectiveness (Knox & Mogan, 1985). All items were highly rated with a mean rating per item of 6.33 out of a possible rating of 7.

Another way of establishing the validity of an instrument is to compare results from diverse groups (Suskie, 1996). The NCTEI has been used in several studies of different populations. The purpose of these studies was to determine if different populations agreed that the characteristics provided in the instrument were in fact characteristics of effective clinical teachers.

In one study, the respondents included students in Bachelor of Science in Nursing (BSN) programs, BSN faculty, and graduates of a BSN program. The researchers found no significant differences in the way each group of respondents rated the importance of the five categories of effective characteristics (Knox & Mogan, 1985).

In other studies, the NCTEI was administered to ADN students and faculty (Sieh & Bell, 1994) and to students in a career ladder program (Morgan, 1987). Again, there were no significant differences in the way the groups rated the characteristics. The findings of these studies demonstrate that a variety of people agree that the characteristics described by the NCTEI are valid in terms of clinical teaching.

A third way to establish the validity of an instrument is to test it in a pilot study (Suskie, 1996). A pilot study helps to ensure that the instructions to the respondents are clear and that the items on the questionnaire are easy to interpret. A pilot study was conducted using the NCTEI to prepare for this study and the results of that pilot study are reported below.

External validity can be assessed through the use of a large sample size (Pedhazur & Schmelkin, 1991). A large sample size helps to ensure that the results of the study

approximate the results that would be obtained if everyone in the population were surveyed. In this study, the potential sample size was 1088 students, 54 full-time clinical nursing faculty and 53 part-time clinical nursing faculty. This sample size reduces the chance of sample error (Suskie, 1996).

In addition to validity, it is also important to establish the reliability of an instrument. Reliability is a measure of whether or not the instrument elicits consistent responses over time and populations (Suskie, 1996). Reliability for the NCTEI has been established by the developers of the instrument (Knox & Mogan, 1985; Mogan & Knox, 1987). They found that the instrument was internally consistent ($\alpha = 0.79$ to 0.92) and stable over time. Test – retest scores over a four-week period of time ranged from $r = 0.76$ to $r = 0.93$ (Knox & Mogan, 1985; Mogan & Knox, 1987). The results of the pilot study can also be used to determine the reliability of an instrument. Cronbach’s Alpha was used to determine the reliability of the instrument in the pilot study. This determined the extent to which responses were consistent within the test (Pedhazur & Schmelkin, 1991). The results from this pilot study revealed that the instrument was internally consistent ($r_{xx} = .9786$).

Suskie (1996) maintains that validity and reliability can be enhanced through the use of careful testing procedures and data analysis. The testing procedures used for this study were evaluated by a committee of five experts in higher education research and research design. The experts agreed that the procedures were rigorous. The data analysis procedures are described in a subsequent section of this chapter. In general, however, the data support the notion that the NCTEI is a valid and reliable instrument.

Pilot Study

A pilot study was conducted using the NCTEI to ensure that data collection and data analysis procedures employed in the study were appropriate. The sample for the pilot study consisted of students and faculty (full-time and part-time) from an ADN program in which the researcher was employed.

In the pilot study, the instrument was administered to a group of first and second year ADN students who were completing a clinical rotation. The instrument was also administered to their faculty. All respondents were asked to report any difficulties they encountered in understanding the items on the survey or the directions to complete the survey. Comments from the pilot participants were used to make any necessary changes before the larger study was conducted.

The first three research questions were tested in the pilot study. Respondents were asked to grade the performance of clinical nursing faculty on each item. However, there were two differences between the pilot study and the larger study. First, the response options for participants in the pilot study were slightly different than those employed in the larger study. In the pilot, respondents could choose a grade of “A”, “B”, “C”, “D”, or “F”. A grade of “A” on an item indicated that the respondent believed that the faculty member displayed the characteristic described by the item exceptionally well. A grade of

“F” indicated that the faculty member failed to display the characteristic. Second, there were no items on the instrument used in the pilot study in which language was reversed. All items were written in such a way that the desired response option was “A.”

There were 60 surveys completed for the pilot study. Of these, part-time faculty completed five, full-time faculty completed three, students of part-time faculty completed 26, and 26 were completed by students of full-time faculty.

The first research question examined in the pilot study asked if ADN students perceive that the effectiveness of instruction of part-time clinical nursing faculty differs from the effectiveness of instruction of full-time clinical nursing faculty. The first step in data analysis was converting the letter grades assigned by participants to numeric scores. In this case, responses of A were converted to scores of 1, responses of B were converted to scores of 2 and so forth. Next, the researcher calculated the group mean scores for responses that assessed full-time faculty versus those that assessed part-time faculty on each scale of the instrument and calculated an overall mean score for each group. Since the pilot study used a grading scale (A, B, C, D, F), a lower mean indicates a more positive response. Finally, the means were compared using a one-way analysis of variance (ANOVA) procedure. Results are reported in Table 1.

A review of the data shown in Table 1 reveals that there was a significant statistical difference in student perception of nursing faculty effectiveness on four scales: Teaching Ability, Nursing Competence, Evaluation, and Teacher’s Personality. In terms of Teaching Ability, respondents rated part-time faculty ($\mu=1.1010$) as displaying more ability than their full-time counterparts ($\mu=1.3200$, $p=.029$). Respondents also indicated that they perceived part-time faculty ($\mu=1.0923$) as displaying more Nursing Competence than full-time faculty ($\mu=1.4640$, $p=.025$). Part-time faculty ($\mu=1.0897$) also received better ratings in term of Evaluation than full-time faculty ($\mu=1.4400$, $p=.021$). Respondents also rated the Personality of part-time faculty ($\mu=1.1044$) as better than the Personality of full-time faculty ($\mu=1.3681$, $p=.037$).

The second research question asked if there were differences in the way full-time and part-time faculty perceive their own teaching effectiveness. In the pilot study, significant statistical differences were found on the scales measuring perceptions of Teaching Ability, Interpersonal Relationships, and on the Overall scale. These data are reported in Table 2.

Part-time faculty ($\mu=1.7250$) who responded to the pilot study had higher perceptions of their Teaching Ability than full-time faculty ($\mu=2.2150$, $p=.006$). Part-time faculty ($\mu=1.4333$) also had higher perceptions of their Interpersonal Relationships with student than full-time faculty ($\mu=2.1667$, $p=.043$). Finally, part-time faculty ($\mu=1.5833$) perceived their Overall effectiveness as clinical faculty higher than full-time faculty ($\mu=2.0833$, $p=.033$). It is important to note that these findings are based on very small sample sizes so should be interpreted in that context. The findings of the larger study included responses from more faculty participants and should diminish the need for this cautious interpretation.

Table 1

*Student Perceptions of Part-time and Full-time Clinical Nursing Faculty Effectiveness:
Pilot Study Findings (N=52)*

	<i>N</i>	<i>M</i>	<i>SD</i>	<i>df</i>	<i>F</i>	<i>α</i>
Teaching Ability				1	5.030	.029*
Students of PT Faculty	26	1.1010	.1871			
Students of FT Faculty	25	1.3200	.4601			
Nursing Competence				1	5.314	.025*
Students of PT Faculty	26	1.0923	.3019			
Students of FT Faculty	25	1.4640	.7626			
Evaluation				1	5.730	.021*
Students of PT Faculty	26	1.0897	.2372			
Students of FT Faculty	25	1.4400	.7060			
Interpersonal Relationships				1	3.927	.053
Students of PT Faculty	26	1.1090	.3971			
Students of FT Faculty	26	1.4679	.8340			
Teacher's Personality				1	4.601	.037*
Students of PT Faculty	26	1.1044	.2605			
Students of FT Faculty	26	1.3681	.5702			
Overall				1	3.963	.052
Students of PT Faculty	26	1.1154	.2226			
Students of FT Faculty	24	1.3351	.5131			

*= significant at the .05 level

Table 2

Part-time and Full-time Clinical Nursing Faculty Perceptions of Their Own Effectiveness: Pilot Study Findings (N=8)

	<i>N</i>	<i>M</i>	<i>SD</i>	<i>df</i>	<i>F</i>	<i>α</i>
Teaching Ability				1	16.941	.006*
Part-Time Faculty	5	1.7250	.1439			
Full-Time Faculty	3	2.1250	.1083			
Nursing Competence				1	5.676	.055
Part-Time Faculty	5	1.4600	.2408			
Full-Time Faculty	3	2.1333	.5774			
Evaluation				1	2.070	.200
Part-Time Faculty	5	1.5111	.1685			
Full-Time Faculty	3	1.9630	.7057			
Interpersonal Relationships				1	6.560	.043*
Part-Time Faculty	5	1.4333	.4346			
Full-Time Faculty	3	2.1667	.2887			
Teacher's Personality				1	5.408	.059
Part-Time Faculty	5	1.4571	.2119			
Full-Time Faculty	3	1.7619	8.248E-02			
Overall				1	7.660	.033*
Part-Time Faculty	5	1.5833	.1634			
Full-Time Faculty	3	2.0833	.3608			

*= significant at the .05 level

The third research question investigated in the pilot study asked what differences there were in the way ADN students perceive clinical instruction by nursing faculty and the way faculty perceive their own instruction. To answer this question, the researcher used the one-way ANOVA procedure.

First, part-time faculty member's perceptions of their own teaching effectiveness were compared with their students' perceptions. The data in Table 3 reveal significant statistical differences on five of the scales. Students ($\mu=1.1010$) perceived that part-time faculty have more Teaching Ability than the part-time faculty members perceived themselves as having ($\mu=1.7250$, $p=.000$). Students ($\mu=1.0923$) also perceived part-time faculty as having more Nursing Competence than the part-time faculty perceived themselves as having ($\mu=1.4600$, $p=.016$). In terms of Evaluation, students ($\mu=1.0897$) again perceived part-time faculty better than the part-time faculty perceived themselves ($\mu=1.5111$, $p=.001$). Students ($\mu=1.1044$) rated part-time faculty better in terms of Personality than part-time faculty rated themselves ($\mu=1.4571$, $p=.008$). Finally, students ($\mu=1.1154$) scored part-time faculty higher on the Overall scale ($\mu=1.5833$, $p=.000$).

Next, full-time faculty member's perceptions of their teaching effectiveness were compared to their students' perceptions. Statistically significant differences were found on two scales. Students of full-time faculty ($\mu=1.3200$) perceived the Teaching Ability of full-time faculty members better than the full-time faculty members perceived their own Teaching Ability ($\mu=2.1250$, $p=.006$). Students ($\mu=1.3351$) also perceived full-time faculty as more effective Overall than full-time faculty perceived themselves ($\mu=2.0833$, $p=.023$). These data are shown in Table 4.

After completing the pilot study, the researcher realized that several changes in the questionnaire would enhance the study. First, wording on one to two items from each scale were reversed. This helped to prevent the "yeasayer/naysayer effect" (Suskie, 1996).

Second, the response options were changed. A number of respondents in the pilot study reported that the grading scale was difficult to understand and to use. Therefore, the researcher developed a scale that represented a continuum where 1 equaled NEVER and 7 equaled ALWAYS to use in data collection.

Finally, comments from respondents led the researcher to change the wording of one of the items. The original item asked participants if the instructor "used self-criticism constructively." This item was changed to ask if the instructor "used criticism of teaching performance constructively."

Sample Selection

The population for this study consisted of ADN students and full-time and part-time ADN faculty who provided clinical instruction in nursing during the Spring 2002

Table 3

Differences in Perceptions of Clinical Nursing Faculty Effectiveness by Part-time Faculty and Students of Part-time Faculty: Pilot Study Findings (N=32)

	<i>N</i>	<i>M</i>	<i>SD</i>	<i>df</i>	<i>F</i>	<i>α</i>
Teaching Ability				1	49.414	.000*
Part-time Faculty	5	1.7250	.1439			
Students of PT Faculty	26	1.1010	.1871			
Nursing Competence				1	6.549	.016*
Part-time Faculty	5	1.4600	.2408			
Students of PT Faculty	26	1.0923	.3019			
Evaluation				1	14.192	.001*
Part-time Faculty	5	1.5111	.1685			
Students of PT Faculty	26	1.0897	.2373			
Interpersonal Relationships				1	2.724	.110
Part-time Faculty	5	1.4333	.4346			
Students of PT Faculty	26	1.1090	.3971			
Teacher's Personality				1	8.067	.008*
Part-time Faculty	5	1.4571	.2119			
Students of PT Faculty	26	1.1044	.2605			
Overall				1	19.789	.000*
Part-time Faculty	5	1.5833	.1634			
Students of PT Faculty	26	1.1154	.2226			

*= significant at the .05 level

Table 4

Differences in Perceptions of Clinical Nursing Faculty Effectiveness by Full-time Faculty and Students of Full-time Faculty: Pilot Study Findings (N=29)

	<i>N</i>	<i>M</i>	<i>SD</i>	<i>df</i>	<i>F</i>	<i>α</i>
Teaching Ability				1	8.842	.006*
Full-time Faculty	3	2.1250	.1083			
Students of FT Faculty	25	1.3200	.4601			
Nursing Competence				1	2.133	.156
Full-time Faculty	3	2.1333	.5774			
Students of FT Faculty	25	1.4640	.7626			
Evaluation				1	1.470	.236
Full-time Faculty	3	1.9630	.7057			
Students of FT Faculty	25	1.4400	.7060			
Interpersonal Relationships				1	2.019	.167
Full-time Faculty	3	2.1667	.2887			
Students of FT Faculty	26	1.4679	.8340			
Teacher's Personality				1	1.383	.250
Full-time Faculty	3	1.7619	8.248E-02			
Students of FT Faculty	26	1.3681	.5702			
Overall				1	5.910	.023*
Full-time Faculty	3	2.0833	.3608			
Students of FT Faculty	24	1.3351	.5131			

*= significant at the .05 level

academic term. The sample was a convenience sample consisting of students and faculty from seven programs selected from 13 ADN programs located in a mid-Atlantic state.

Selection of the ADN programs was based on the responses of the Program Heads to a survey (Appendix B). This survey was designed to provide data about the programs so that the most appropriate programs could be included in the study.

Inclusion of a program in the study was based on two criteria. First, the Program Head needed to agree to participate in the study. The data collection procedures for this study required active participation from the Program Heads, therefore their willingness to participate was essential.

The second criteria for the inclusion of a program in the study related to the mix of part-time and full-time clinical nursing faculty. Some ADN programs employ a large number of part-time faculty, others rely almost totally on their full-time faculty. To ensure that an adequate number of part-time faculty were represented in the study, the researcher determined that as close to half as possible of the total number of faculty from all programs involved in the study needed to be employed on a part-time basis. Specific programs (some with more full-time faculty and others with more part-time faculty) were selected to render this outcome.

To encourage the Program Heads to allow their program to participate in the study, an incentive was provided. Program Heads were told that one of the participating programs would be randomly selected to receive an incentive of \$200. This incentive could be used in any way that the faculty desired. Program Heads were also promised a copy of the results from their institution.

Based on the results of the survey, seven ADN programs were selected. These programs enrolled a total of 903 ADN students, employed 47 full-time clinical nursing faculty, and 45 part-time clinical nursing faculty at the time data collection began. Since the number of clinical rotations each faculty member and student completes during the spring term varies from program to program, I expected to receive between 900 and 1500 surveys from students and between 90 to 150 surveys from faculty during the data collection period.

Data Collection Procedures

Prior to collecting data, I received permission to conduct the study from the institutional Review Board for Research Involving Human Subjects at the university with which I was affiliated. Data were collected throughout the 2002 spring academic semester. Timing of data collection was based on the clinical schedule for each participating ADN program.

The Program Heads were asked to provide the researcher with a master clinical schedule for both first and second year students for the spring 2002 term. These clinical schedules showed the various rotations in which each student participated during the

semester. For instance, one student might spend three weeks in a pediatric setting, six weeks in a medical-surgical setting, and five weeks in a different medical-surgical setting. The researcher used the schedules to calculate the number of instruments that would be needed at each participating program site. The study was designed to collect data from all students and all instructors at the end of each clinical rotation.

Prior to data collection, the researcher met with the Program Head or another representative from each participating program. This meeting provided the researcher an opportunity to review the instructions related to administering the instrument and answer any questions regarding the survey.

Surveys were hand-delivered to the Program Heads at the beginning of the spring 2002 semester. Enough student surveys and faculty surveys were provided for the semester. Self-addressed, stamped envelopes (SASEs) were included so that the completed surveys could be returned to the researcher. The researcher contacted the Program Heads by e-mail several days before the end each rotation to remind them to have the surveys completed. Program Heads were contacted by phone if expected data were not forthcoming.

Based on the results of the pilot study, faculty members were told that the NCTEI would take approximately 20 minutes to complete. They were instructed to have the instruments completed on the last day of the clinical rotation. Instructions were also provided regarding the collection of completed surveys. One SASE was given to a student in each rotation who was asked to collect surveys from all students in that rotation, put them in the envelope and seal it. This ensured that students could evaluate their instructor's teaching ability candidly since the instructor would not see any responses submitted by the students. Faculty members were instructed to place their form in a second SASE. This procedure helped to maintain the confidentiality of student and faculty responses.

Data Analysis Procedures

The instruments were compiled and sorted into student responses and faculty responses. The responses were then recorded into an SPSS, Version 10 statistical computer program for further analysis. Prior to analysis of data, three assumptions of ANOVAs were tested.

The first assumption was that there was homogeneity of variance. This means that the variances of the population were equal (Howell, 1997). This assumption was tested by calculating the F-ratio. The F-ratio provides a statistical test homogeneity of variance by calculating the ratio of the larger to the smaller variance. If this ratio is significant, there is no homogeneity of variance.

The second assumption was that the population from which the sample was selected was normally distributed. The central limit theorem states "the sampling distribution of the mean approaches normal as N increases (Howell, 1997, p. 171)."

Howell suggests that a sample size of 30 or more will help to achieve a normal distribution, even if the population is skewed. Since the sample size for this study was large, this assumption was fairly safe.

The final assumption concerned the independence of observations. Independence of observations is important because it means that the observations are independent of one another (Howell, 1997). Violation of this assumption occurs through the use of convenience samples and intact groups and leads to a high risk of a Type I error. Given that data in this study were collected from intact groups of ADN students and faculty, it is possible that this assumption was violated. While these groups varied over the course of the study (depending on which students were in which rotation and which instructor taught that rotation) the results should be interpreted accordingly.

The data analysis was then conducted to address the research questions posed in the study. The first research question examined whether ADN students perceive that the effectiveness of instruction of part-time clinical nursing faculty differs from the effectiveness of instruction of full-time clinical nursing faculty. To answer this question, the researcher took several steps. First, student responses were sorted into two groups: those that evaluated part-time faculty and those that evaluated full-time faculty. Next the mean scores for each of the five scales on the NCTEI (e.g. Teaching Ability, Nursing Competence) for each of the two groups were calculated. The mean overall scores were also calculated for both groups. Then, a one-way ANOVA comparing those means was conducted ($p < .05$).

The differences in the way full-time and part-time ADN clinical nursing faculty perceive their own teaching effectiveness was examined in the second research question. To answer this question, faculty responses were divided into two groups: those from full-time faculty and those from part-time faculty. Then, the steps used to address the first question were repeated.

The third research question examined the differences in the way students perceive clinical instruction by nursing faculty and the way full-time and part-time faculty perceive their own instruction. To answer this question, the researcher sorted the responses into four groups: student evaluations of full-time faculty, student evaluations of part-time faculty, part-time faculty self-evaluations, and full-time faculty self-evaluations. Next, the mean scores for each of the five scales on the NCTEI and the overall mean scores were calculated for all four groups. A one-way ANOVA was calculated to determine if there were significant differences in means scores between student assessments of part-time faculty and part-time faculty self-assessments. Another ANOVA was conducted to compare mean scores of student assessments of full-time faculty and full-time faculty self-assessments.

The fourth research question explored how student ratings of effectiveness compared with the percentage of first-time pass rates on the NCLEX-RN. To answer this question, the researcher obtained and averaged first-time pass rates on the NXLEX-RN for the last five years for each ADN program that participated in the study. These

averages were compared to the mean total scores on the NCTEI from respondents at each of the participating programs. This question was answered using descriptive data.

In conclusion, this study was designed to elicit data about the effectiveness of part-time and full-time clinical nursing faculty. The methodology described in this chapter was deemed sufficient to address the research question posed in the study.