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## Nurse Educators' Use of the Affective Domain of Learning in Critical Instruction

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NURSE EDUCATORS' USE OF THE AFFECTIVE DOMAIN OF LEARNING IN CLINICAL  
INSTRUCTION

An Evidence-based Practice Capstone Project

Submitted to the Faculty of the

Graduate Program in Nursing

In Partial Fulfillment

of the Requirements for the Degree

Master of Science in Nursing

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### Dedication

To my amazing fiancé Derek, my parents Tami and Ed, my little brother Chris, colleagues, and a large supportive friend group, thank you for helping me to not take life too seriously and making sure that I enjoyed this journey. Thank you for loving me, being my prayer warriors, a sounding board, a calming presence, and reminding me “I could do all things through Christ who strengthens me daily.” This MSN journey has been full of peaks and valleys, but your constant love and support kept me sane through all of it. I am so blessed.

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### Abstract

The purpose of this project was to explore the lived experience of nurse educators' use of the affective domain in clinical post-conference at the baccalaureate level. Five nursing faculty members who provide clinical instruction to undergraduate nursing students were interviewed to explore the experiences and challenges of teaching within the affective domain of learning. Data saturation was reached after transcription and analysis of five participant interviews. Elicited data were coded for identification of common themes with researcher triangulation of raw data themes. Four themes that emerged were lack of knowledge in the affective domain, use of open-ended questions to illicit affective responses, post-conference environments hindering use of the affective domain, and lack of evaluation in the domain. These themes will serve to provide insight to barriers and teaching methods within the affective domain in undergraduate clinical nursing education environments to increase information regarding nursing education focused on the affective domain of learning.

*Keywords:* Affective domain, teaching, instructing, nursing students, evaluation, clinical, perception

## Nurse Educators' Use of the Affective Domain of Learning in Clinical Instruction

### **Chapter 1: Introduction**

Within the academic setting, there are three domains of learning to engage the students amid the course content. The cognitive domain focuses on knowledge and clinical reasoning, and the psychomotor domain emphasizes the ability to perform a skill safely and accurately (Miller, 2010). The affective domain can be difficult to describe due to its abstract definition, but can be best defined as the domain “which encompasses attitude, beliefs, values, feelings and emotions” (Neumann & Forsyth, 2008, p. 248). Another definition includes values and attitudes that give nurses the ability to listen and respond appropriately, and willingness to change behavior based on new practice (Miller, 2010). Upon reviewing the literature, it is much easier to find theories and studies concerning evaluation in the psychomotor and cognitive domain, but the affective domain tends to be ignored in both literature and practice during the evaluation of students. Furthermore, the lack of evaluation and attention to the affective domain has the potential to impact students' education as well as their post-graduate careers. Miller (2010) reported that many complaints towards the nursing staff were rooted in a lack of strength within affective domain.

There is a true problem with evaluation of students in the affective domain of learning. Unlike the other two domains, affective behaviors are not readily seen unless prompted by the instructor (Neumann, 2008). For example, when evaluating students, it can be easy to check off what they know or the tasks they complete, but evaluating how they feel and their attitude takes more precision, attention, and time. In addition, even though these barriers exist, the affective domain is influential post-graduation. Furthermore, Neumann (2008) noted that after graduation from an undergraduate-nursing curriculum, nurses who are less aware of their own belief system



might be less likely to carry out tasks specific to their career compared to nurses with a stronger awareness of beliefs and values. Hanson (2010) proposed that students who develop emotional insight adapt to situations with ease and usually cope with adverse conditions faster. If students are never challenged thoroughly within the affective domain, Hanson (2010) suggested that students may not have a strong foundation of clinical beliefs, values, and attitude going into the work force.

Due to the lack of literature concerning the affective domain in nursing education, there are few guiding methods to teach students with a focus on the affective domain of learning. Neumann and Forsyth (2008) suggested that facilitating group discussion among nursing students may aide instructors in understanding students' feelings and perceptions. Hanson (2011) recounted great success with the use of narrative pedagogy, which included the sharing of stories and giving time for students to reflect on scenarios. Oermann, Saewert, Charasika, and Yarbough (2009) reported that 56% of faculty members believed that they are able to evaluate students' use of the affective domain of learning through student participation in clinical post conference. Although the faculty members believe that affective domain of learning can be done in post conference, whether or not it is accomplished is another matter.

### **Purpose of the Study**

Since there is scant literature available focused on best practices or outcomes of students when taught in the affective domain, the purpose of this project is to explore what current clinical nursing faculty found effective to facilitate student growth of the affective domain of learning.

**Research Question**

The qualitative phenomenological approach for this study warrants the question, what is the lived experience of nurse educators' use of the affective domain of learning in clinical post conferences at the baccalaureate level?

**Significance to the Field**

This topic has great significance to the nursing field as a whole. Nurses must learn to develop their affective domain skills in the controlled environment of his/her nursing education. As discussed, students that do not grow within the affective domain of learning fall short in their future careers in affective skills such as respect, timeliness, and professional image. With the continual nursing shortage, as educators, the goal is to produce competent as well as well rounded nurses that are ready for the workforce to take care of the current patient population.

**Defining of Terms**

For the purpose of this study, the following terms were defined:

- Affective domain of learning- the emotions, feelings, beliefs, and values that are apart of the processing in the learning environment.
- Baccalaureate nursing students- these are student in a four-year program that encompasses the technical skills required to become a nurse coupled with a liberal arts education.
- Clinical- a hospital setting where nursing students practice technical skills as well as interact with patients, nurses, doctors, and several other professional to learn how to provide safe and effective nursing care.
- Evaluation practices- practices that rate students not necessarily in grades but whether or not their affective skills are acceptable

- Post-conference- the time designated after clinical to debrief with each student as a group and experiences in the clinical setting.

## **Chapter 2: Review of Literature**

Teaching within the affective domain can be difficult for any faculty member and especially for nursing instructors. There is extensive knowledge and skills to pack into a four-year program. Evaluating students on their attitude towards the material tends to become less important than other areas of the nursing curriculum. An extensive review of literature through the databases of CINAHL, Cochran, and PubMed using keywords such as affective domain, teaching, instructing, nursing, students, evaluation, clinical, and perception was completed. Parameters within the search included full-text articles that were published from 2010 to 2015. Due to the dearth of pertinent literature found, the parameters were broadened to articles published from 2008 to 2015. The few studies that were found provided a background for development of this project.

### **Techniques for Teaching and Evaluating the Affective Domain**

Brown (2011) wrote an expert opinion piece that explored affective learning using a hierarchical structure, which moves through emotional to critical reflection. The author presented a discussion regarding affective learning and critical reflection using some current, but mostly outdated literature to support her opinion and conclusion.

Brown (2011) suggested that similar to the cognitive and psychomotor domains, the affective domain should be taught as hierarchical leveling, or progressively increasing in material difficulty, allowing for growth of the students similar to Bloom's Taxonomy. Furthermore, progressing from a lower to higher level within the hierarchy of learning allows faculty to sequentially assess each students' individual growth. Brown (2011) noted the need for instructors to be aware that affective learning objectives are not necessarily achieved even if affective activities are incorporated into a nursing curriculum. In addition, an instructor must

work hard to establish a safe, caring, and trusting environment that allows students to explore feelings within situations. Specifically, establishing such an environment can be achieved through critical reflection and including value-based education. Brown (2011) presented several teaching strategies for accomplishment of affective learning that included journaling, role-playing, reflection papers, critical inquires, clinical simulations, and reflection, and emphasized the importance in use and evaluation of the affective domain in nursing education. However, questions still remain regarding the readiness of current curriculum designs to meet this challenge (Brown, 2011).

Strengths of this article included that the author's opinion is clearly stated using an established theoretical framework to reinforce the author's opinion. Another strength is the author is expert on the topic in nursing education. A limitation of this article is that of 35 sources, only eight were published within five years of publication of the article. Another limitation is that Brown never addressed any potential biases or personal interest towards the publication of this article.

Similar to Brown (2011), Miller (2010) presented a review of the literature to provide clarification of what is meant by the concept of the affective domain of learning, and also to determine reasons why assessment of the affective domain is so elusive in clinical nursing education. Identification of gaps regarding the aforementioned issue was discussed as well as a critical appraisal of the information gleaned from a review of available current literature on the topic.

Miller (2010) discussed the difficulty of defining both the affective domain and professional practice related to the abstract nature of these terms. Furthermore, evaluating these terms also can be a problem. The author noted that one suggestion gleaned from the literature

was to combine the three domains of learning into the behavioral domain to alleviate the problem of defining terms. Specifically, the concrete definitions of the cognitive and psychomotor domain can provide a foundation to the ambiguous nature of the affective domain. Use of the behavioral domain creates a holistic approach to the learning experience and encourages a students' growth. Holistic care is not a new concept in the nursing profession, so this technique can help the students grow not just as a nurse but also a person (Miller, 2010).

According to Miller (2010), teaching and evaluating in the affective domain does not always appear as important when failing students, but the lack of attention to the affective domain can be detrimental later in their nursing careers. In addition, problem areas in the affective domain such as unpreparedness, failure to accept responsibility, and poor communication can lead to future disciplinary problems in the workplace. Miller (2010) reported that many complaints towards nursing staff received by the Nurse Board of Victoria have ties to the affective domain such as unprofessional behavior, breach of confidentiality, and failure to communicate. Furthermore, affective behaviors are not readily seen and faculty members tend to avoid commenting on these traits, as they can be very subjective and lack concrete support. Miller (2010) suggested that assessing the affective domain through presentation, preparedness, and interaction provides a framework for addressing the affective domain in clinical nursing education. Specifically, in terms of interaction, students must interact well in clinical with patients, families, and staff. For the presentation category, students are required to demonstrate the appropriate dress and demeanor as well as thoughtful reflection of clinical situations. Preparedness is evaluated by coming to clinical with the knowledge to carry out clinical practice. Miller (2010) concluded that if students meet these characteristics, the students would excel in the affective domain. As a result of this review of literature, the author

recommended further research on teaching, mentoring, assessing the affective domain, and evaluating the interaction of students and how it relates to the effectiveness of teachers' professional practice.

Strengths of Miller's (2010) article included clearly stated purpose of the literature review and recommendations for further research on the topic. The author included a meaningful discussion at the conclusion of the literature. More than half of the literature appraised in the review was published within five years of the literature review. A weakness of this study was that gaps in the literature were not identified.

Neumann and Forsyth (2008) discussed insight on teaching within the affective domain in clinical practice settings. Strategies were presented for helping preceptors teach new nurses in the affective domain. The authors proposed using a reflective dialogue within group discussions pertaining to the hospital's mission and values to present the affective domain to new nurses. The leaders of the class gave the preceptors different sessions to practice teaching in the affective domain since many expressed discomfort in this skill. After the sessions, the preceptors rated the class as very helpful and felt prepared to teach their new nurses within the affective domain. Although Neumann and Forsyth (2008) focused on new nursing graduates, the issues of teaching the affective domain in the clinical setting may be applicable to other clinical settings and learning environments. Formal education for nursing faculty or clinical preceptors, such as suggested by Neumann and Forsyth (2008) may help to ease anxiety in attempting to teach in the affective domain.

A major strength of this article was that Neuman and Forsyth (2008) disclosed that they had no significant financial interest in this topic, which provided credibility to this information presented in the article. In addition, although the review of literature and expert opinions

presented by Neumann and Forsyth (2008) are dated, the information presented provided several viable strategies for teaching affective domain principles to staff nurses.

Oermann et al. (2009) published a descriptive quantitative survey design study with the purpose of describing assessment and evaluation strategies and grading practices of faculty in pre-licensure nursing programs. The researchers used a survey sent out through an email to nursing faculty. The survey included single, multi, and open-ended response questions. In the results, 67% of respondents reported assessment of the affective domain to occur through student interactions with patients, families, and other students, and 56% reported using observation of student participation in post-conference and open discussions as another method of affective domain assessment. Oermann et al. (2009) concluded that although faculty use case studies, discussions, and observations to assess and evaluate the affective domain, examinations are more heavily weighted in clinical nursing courses and the affective domain carries little weight in the grading process.

Several limitations were identified in this study, which included the use of a convenience sample and the failure to report the number of surveys distributed compared to the number of surveys actually received for analysis. As a result, the response rate cannot be determined and a needed sample size was not calculated, which decreases the external validity of generalizability of the study. The authors also admit to a lack of reliability of the survey tool. The demographics of the participants were not collected which makes it impossible to discern if the results are generalizable and also posed a threat of internal validity in terms of selection bias. Even though this article did contain some major flaws, some information may be useful in developing curricular initiatives to address the affective domain of learning in clinical nursing education.



### **The Effect of the Affective Domain on Students**

To date, little research has been conducted on how the students benefit from learning within the affective domain. However, several scholarly articles have been written about this topic.

Hanson (2011) used narrative pedagogy to expose nursing students to affective experiences encountered in nursing. Specifically, this author shared personal experiences of dealing with a terrorist attack as a nurse, and then reported the outcomes of sharing this topic with students. Hanson's open conversations with the students allowed them to be more sensitized to their future role as a nurse, and rate the class a positive experience. According to Hanson (2011), narrative pedagogy can encourage students to develop emotional insight and learn how to acquire traits of resiliency. After listening and discussing the author's time in Bali after a terrorist attack, students completed several reflection activities with each other. All students responded to an evaluation of the class and one stated, "relating this course to everything we have learned and know from previous years...one more time it brings together our learning and skills ability" (Hanson, 2011, p. 414). The author concluded that her narrative and class exercises brought together the curriculum and gave students a positive attitude towards their studies and profession.

A limitation of narrative pedagogy is that it is focused on one particular lived experience in a particular situation. Therefore, transferability of the findings would be limited. In addition, one group of students from one particular school participated in the narrative pedagogy experience, so the perceptions of these students may differ from students from other schools of nursing and backgrounds. In spite of these limitations, Hanson (2011) provided a helpful

example of the use of narrative pedagogy to develop the affective domain of learning in nursing students.

Similarly, Rees (2013) conducted a phenomenological qualitative research study with a goal to understand students' lived experience of learning during the final year of nursing education through reflective process. Using Giorgi's framework (as cited in Rees, 2013) for descriptive phenomenological analysis, the researcher used a purposive sampling strategy that sought students who already believed that they had learned reflection. Data saturation was reached with 10 female senior nursing students participating in the study. Ethical approval was obtained to audiotape the participants and ask questions pertaining to how they learned through the reflective process. The tapings were transcribed verbatim and confidentiality was maintained for the participants. Two researchers participated in the process, which provided confirmability to eliminate potential researcher bias.

Rees (2013) uncovered several themes as a result of data analysis. Major themes were identified as emotional stress, personal stress, reflective prompts, and developing personal boundaries. Actual portions of interview transcripts were presented to verify the identified themes of the study. In addition, Rees (2013) reported that during reflections, a majority of the students described negative feelings such as sadness, guilt, or frustration that triggered the need to self-reflect. Rees (2013) explained that these negative triggers led students to make sense of their experiences on a personal level, which allowed exploration in the affective domain. In addition, student reflection promoted understanding and mobilized resources to deal with new distressing situations and grow emotionally. The author concluded that nursing students' reflections of feelings in regards to experiences during their nursing education enabled them to understand the complex emotional challenges of nursing and to express their personal feelings

encountered during these experiences. Finally, these reflective activities helped students to understand what it means to be a nurse.

Although Rees's (2013) study provided information as to how affective domain reflection can help students, there are a few limitations. For example, study participants were volunteers that already had reflection experience. This prior experience with reflection could create some bias because these volunteers may have felt strongly one way or another. The sample also did not have any male representation making transferability of findings difficult. The study was conducted at one college with only senior level students, which also limits transferability.

Murphy, Jones, Edwards, James, and Mayer (2008) performed a comparative quantitative study discussing a survey that was given to first and third year students regarding questions relating to caring behavior. Of the 196 surveys given, only 80, first-year students participated and of the 161 third-year students, only 94 responded. The survey response rate was 41% and 56% respectively. An invitation email with a 42 question Caring Behaviors Inventory (CBI) (Wolf et al., as cited by Murphy et al., 2008) was sent to students to complete. The CBI is a Likert-scale instrument with reported reliable alpha coefficient of 0.83 with validity established through a previous study. The authors' results indicated that the third-year students scored lower on the CBI than first-year students with the results being statistically significant with an alpha level of significance of  $p=0.001$ .

An unexpected finding of Murphy et al. (2008) was the discovery that students' views on caring behaviors decreased as the students progressed through the program. The authors provided several possibilities to explain why the third year class' responses to questions regarding actively listening, showing respect, supporting, showing concern, and being hopeful for the patient differed so much from first-year students' responses. One explanation offered

was that first year nursing students had not yet experienced desensitizing situations, and still had beliefs about what an ideal nurse should do. Another explanation offered by Murphy et al. (2008) regarding the differences in scores between third and first year nursing students was the question if some CBI questions are irrelevant due to the lack of clinical experience in first-year nursing students, thus yielding a higher score in caring quality. Although the researchers did not directly use the term 'affective domain', they suggested in regards to losing expressive care that nursing education should lay the foundation to equip students to develop their caring behaviors (Murphy et al., 2008). Therefore, creating an environment of learning where caring can be expressed and valued can help nursing students to retain these caring qualities as they progress through nursing programs.

Several limitations of the Murphy et al. (2013) study were identified. First, the sample was not randomized and was selected from only one school limiting the generalizability of the study through the threat to external validity of selection effects as well as leading to the threat of internal validity in terms of selection bias. In addition, no power analysis was performed to determine an appropriate sample size, so it is unknown if the sample size was appropriate. The researchers did not take into account confounding variables such as demographics of the two different classes, faculty changes, and clinical site changes, which are factors that could pose a threat to internal validity of the study in the form of history. It should be noted that the researchers did consider these factors and used a one-way ANOVA and post-hoc Scheffe multiple comparison test to determine if the age variation response rates may have influenced the results of the study. Murphy et al. (2008) concluded that despite the limitations of their study, the results elicited information that is pertinent to the development of the affective domain of learning in nursing students.

### **Literature Review Summary**

Throughout the review of the literature, there were several topics that continued to emerge. For example, a common finding was that faculty members as well as preceptors voiced their anxiety of teaching students within the affective domain of learning. In addition, Neumann and Forsyth (2008) suggested that this discomfort is related to lack of practice or the abstractness of the affective domain. Furthermore, as a result of this lack of comfort, the affective domain in the clinical setting is continually skipped or not truly addressed in the evaluation of the students despite its presence in grading rubrics. Hanson (2011) and Miller (2010) suggested that faculty could facilitate development in the affective domain through journaling, reflection, case studies, and discussion groups. Unfortunately, other than formal workshops and practice, no definitive methods have yet been presented in the literature to help faculty to feel at ease teaching in the affective domain.

When discussing nursing students' experiences within the affective domain, several topics arose. Most importantly, the affective domain is imperative for students' future nursing careers because of the developed emotional intelligence needed in the nursing profession (Miller, 2010). There are extensive gaps in the literature concerning nursing students and the importance of the affective domain of learning. A most notable gap discovered was the lack of evidence to support the use of post-conference time discussing issues within the affective domain. Related to this identified gap was the question of whether these discussions enhanced or impeded their clinical experiences. Clinical post-conferences facilitate student discussions to express their emotions and beliefs experienced in the clinical practice environment. Another gap in the literature is the lack of information on the effect that strong affective teaching might have on

nursing students' careers. Since the affective domain is so difficult to teach, evaluate, and explore, there are still many mysteries on how it can be beneficial or detrimental to students.

### **Chapter 3: Methods**

After gleaning information on the affective domain in nursing education from the literature, it is clear that faculty fail to evaluate or understand how to teach students in the affective domain. As previously stated by Miller (2010), teaching in the affective domain strengthens students' emotions by teaching them to act appropriately and professionally. The major gaps in the literature include best practice in teaching methods and how to best evaluate students within the affective domain. This project will explore the question, "What is the lived experience of nurse educators' use of the affective domain in clinical post conferences at the baccalaureate level?" Due to the general lack of research, this evidence-generating project format is the best method to gather new insight, information, and techniques that will possibly serve as a foundation for other studies.

#### **Setting and Sample**

The setting of this study was in a small private college in the northeast United States with the intention of discovering clinical post conference practices of faculty members within the affective domain. The researcher desired to discover if and how the faculty members use the affective domain. The sample was selected from an accredited undergraduate baccalaureate-nursing program that is composed of about fifty students per class. Surrounding the college are four large hospital systems including a level one, two level two trauma-centers, and a pediatric hospital, which provide clinical sites for the rotations. Study participant interviews took place in the privacy of a nursing office on campus.

The inclusion criteria for the sample included nursing clinical faculty members with a master's degree in nursing (MSN) or above. Study participants needed at least one year of experience teaching in the clinical setting. Exclusion criteria were faculty that does not have

their MSN or faculty members that had not taught clinical in the last three years. Clinical adjunct faculty members were excluded from participation in the study.

Data saturation occurred with after interviewing a total of five participants. Their ages ranged from 30 to 55 years old. Of the five faculty members, three had their MSN and two had their Ph. D. Only one of the faculty members had a degree specific to nursing education. Four of the participants were women, one African-American, three Caucasian, and one participant was a Caucasian male.

### **Sampling Method**

Using a purposive sampling method, an email was sent out to all eligible clinical nursing faculty members that meet the inclusion criteria. The email invitation to participate in the study, which has a Flesh-Kincaid grade level readability index of 8.3, was sent out with a three-week time period for participants to respond (Appendix A). Participants that agreed to be in the study were randomly be selected from the list one at a time and interviewed. This process continued until data saturation was reached at five participants.

### **Data Collection and Procedures**

College institutional review board (IRB) approval was acquired before initiating the study. Once IRB approval was granted, and agreement to participate was obtained from invited eligible faculty, the researcher met with selected participants for one-on-one, face-to-face interviews in a private setting on the campus of the college. The researcher read the consent form to the participant to ensure understanding (Appendix B).

After the consent form was signed, the interview began. The researcher bracketed any biases so as not to interfere with the trustworthiness of the study. With the permission of the participant, the interview was audio recorded to preserve the integrity of the content. The



researcher read the interview questions and allowed the participant as much time as needed to answer. The interview questions will be a series of open-ended questions developed by the researcher and avoided speaking other than to ask the scripted questions (Appendix C).

All audio files were stored on a password-protected device and kept in a locked office to protect confidentiality. Written notes were stored in a locked-filing cabinet. Once the documents are no longer needed all documents will be shredded. Only the researcher and the faculty advisor had access to the files, which will be saved in an encrypted generic folder.

### **Data Analysis**

Upon completion of the interview, the researcher transcribed each audio interview verbatim. A coding method was used to organize the data by the questions that the researcher asked the participants. Direct quotes from all the participants were selected from the transcripts that began to parallel similar themes and concepts. Once the data were organized and analyzed, four themes emerge. A second reviewer with expertise in qualitative data analysis reviewed the interview transcriptions for consistency in theme development. This process established confirmability through researcher triangulation.

## Chapter 4: Results

Data saturation was achieved after five interviews. After data analysis, four themes were identified from the transcripts.

### **Lack of Knowledge**

The first theme discovered was a general lack of knowledge from most of the staff members in regards to the affective domain of learning. For this project's purpose, lack of knowledge was defined as not knowing how to define a particular trait or only having a very general understanding of the topic. When interview participants were asked how to define the affective domain of learning, they stated, "I don't know actually," "No idea. What I do impacts their learning? How I structure clinical impacts whether they learn or not? I have no idea."

Another participant said, "That's what I was wondering actually. I mean, I assume the affective domain is appealing to the emotions and the emotional part of learning. So, is that accurate?"

When asked to define affective knowledge, most participants had no idea how to define this domain. If participants attempted to define the term, they used a questioning tone of voice as if to ask the researcher if they were on the right track. An example was, "And when you say the affective domain, you mean the emotional side of it what the students get out of it thinking not just about teaching them but about their, um confidence and support and encouragement?" Only by sitting in silence and not answering the question did participants expand on their perceptions, although there was self-doubt in their voices.

### **Asking Open-Ended Questions**

Another theme was the universal use of open-ended questions to elicit use of the affective domain in clinical post conferences. Open-ended questions were defined in this study by questions designed to provide in-depth consideration of a topic, and questions that required more

than a yes or no response. One participant stated that he/she would say, “tell us something you did today that is good, something you learned today or something’ and listen.” Another used the method of “I... ask my happies and crappies so what do you think, what went right for you and what was crappy, what didn’t you like.” The use of open-ended questions by the clinical instructor yielded a perceived amount of positive results to begin a discussion in the affective domain.

Each instructor seemed to have different methods of asking affective questions in post-conference, but all of the questions used would be considered open-ended. One participant who described their experience stated, “One of the first things to do afterwards is what’s called emotive decompression. So, I have used that in post-conference to just say, ‘so how was the evening? How did it go?’” According to the participants, open-ended questions seemed to elicit more comprehensive responses, which provided more affective domain exploration.

### **Post-Conference Environment**

When asked about what helps or hinders exploration of the affective domain, the participants consistently described the post-conference environment as a valuable venue. The post-conference environment defined by the participants as not only as the physical setting, but the students, the faculty, allotted timeframe, and the general atmosphere. The post-conference environment can be seen as a help depending on the students, but faculty described the environment as more as a hindrance for multiple reasons. For example, one participant stated, “So sometimes it is a little more difficult to refocus to get everything that I want to do and accomplish what I want to do during that course of time.” Another faculty member agreed and said, “What hinders me though is time.” These faculty members focused on the abstract environment of clinical post-conference. Others gave the physical description as a hindrance for

using the affective domain. A faculty member identified that, "...we are also hindered by the location during post conference, the presence of other students, and how much they are willing to share in the presence of one another, and how they are able to recognize their own emotions."

Other faculty members blamed themselves' as being a hindrance in teaching the affective domain and specified, "I think the biggest barrier is my own ignorance. You know, I never thought about addressing domains. I have never heard that before." Another faculty member admitted, "I can be intimidating for students and therefore they can be very guarded in how they present themselves. Obviously my intention is to create an environment where they feel safe to talk about issues that are important for them."

### **Evaluation Practices**

Although all the professors described the use of journals, discussions, open-ended questions, and anecdotal notes to evaluate the students, most didn't formally evaluate the students and consider it as part of their grade. One stated, "The one thing I do look at with students and how well they reflect, and now that you say that I think I can be more deliberate about that...I don't think I have been very focused on the affective domain as part of evaluation." Another faculty member reflected on her use of evaluation in the affective domain and stated, "So...I don't think I would do that, and I am not sure that I want to do that... I think that that's a journey of growth that takes a lifetime and I don't think that is something that needs to be evaluated." It becomes difficult when faculty do not even know where to begin to evaluate students as well as the question if they should be evaluated.

## Chapter 5: Discussion

The affective domain remains a problem to use as well as evaluate because unlike the other two domains, affective behaviors are not readily seen unless prompted by the instructor (Neumann, 2008). Although the affective domain appears to be ignored in both practice and evaluation, it remains an important concern because the affective domain can help determine how well students deal with issues in the work force such as ethical decisions, teamwork, and their feelings and values of their practice. Hanson (2010) suggested that growth in the affective domain might give insight to how students grow in their own practice and clinical environment post-graduation.

Miller (2010) also voiced concerns of inattention to the affective domain because of the students' future careers. Most complaints towards nurses are in the affective domain such as professionalism and interactions. If lack of growth in the affective domain could indicate problems in a future nursing career, and the domain still is ignored in evaluation, this alerts us to a problem in current teaching practice.

Using the affective domain in post-conference appears to be the ample time meet with students and understand how and the extent of the processing that is happening during clinical. The four themes determined from the interviews of the faculty members did not come as a shock because it does reflected current literature remarking the affective domain's importance, but a lack of insight concerning what to do with the domain in practice.

During the interview, the first theme that arose was a general lack of understanding from full-time nurse educators concerning the affective domain. Most faculty members could not accurately define it, and if they did attempt they were not fully accurate, or they answered in a very unsure tone. When faculty members are unaware of the affective domain, or even its most

basic definition, there is no expectation for the domain to be used. Re-education of what the affective domain is and how to use it should be an initiative in education. As one of the participants stated, "You don't know what you don't know." The ignorance in using the affective domain may not be rooted in its perceived lack of importance, but simply a general gap in knowledge about the domain.

This theme could have emerged due to the demographics of the participants. As stated before, only one participant had a MSN degree specifically in nursing education. One participant who had a Ph. D in nursing with an education focus admitted that there were only three education courses and it was mostly on curriculum development. The other participants had a nurse practitioner degree, a Ph. D in nursing but their MSN was in nursing administration, and an MSN with a focus in advanced practice behavioral health nursing. With only one of the five faculty members that specifically held a degree in education, it begs the question if this is the root of lack of affective domain teaching. Each faculty member is undoubtedly an expert in their field, but perhaps the lack of knowledge is from a lack of education theory courses. Creating continuing education opportunities and workshops that specifically cater to nursing education theory may help bring awareness to this problem.

The second theme that arose was the use of open-ended questions to elicit discussion in the affective domain of learning. Although the methods varied, the descriptions of their techniques matched the definition of open-ended questions. Findings were congruent with what Neumann and Forsyth (2010) proposed in that instructors use a reflective dialogue within group discussion. Asking an open-ended question allows the instructor to guide the conversation but leave the discussion open enough that allows the students to answer in expressive ways.

Faculty that use open-ended questions guide students in a reflective process. Rees (2013) reported that during reflections, a majority of the students described negative feelings that nursing students felt during clinical experiences triggered the need to self-reflect. The students reflect their experience through open-ended questions guide students through their emotions pertaining to the circumstances, which yields time to explore the student's affective domain.

The third theme discussed was the post-conference environment lends itself to help or a hinder to exploration of the affective domain. One faculty stated, "It really depends on the group of students. Some of them are much more open, more willing to share, some of them look at you with blank stares." The surroundings of post-conference, noise level, personal insecurities, intimidating peers or faculty, and time constraints all can play a role in how the students process their experience. Some students are emotionally immature compared to others, or a student may not have explored their own personal feelings readily.

Part of the barrier unfortunately in the post-conference environment is how well the students know themselves. Another faculty stated, "how much they are willing to share in the presence of one another, and how they are able to recognize their own emotions and their own reactions to the things they are going through." As students learn about themselves and their own growth through the affective domain. Brown (2011) suggested that affective domain should be taught as hierarchical leveling, or progressively increasing in material difficulty. This method is similar to Bloom's Taxonomy where the students start at their baseline, and the faculty members allow them to grow up the hierarchical levels. Although some participants discussed growth, there was no concept of a hierarchical level of learning in the affective domain and how to handle students on different levels within the domain. Despite this discrepancy, the

participants allow students to build on their cognitive and psychomotor skills, building on their competence in the affective domain is absent from their thinking.

Time also appears to be a hindrance in the post-conference environment. Post-conference, obvious happens at the end of a long clinical day. The faculty asks students about their patients, the medications they gave and the experiences the students had that day. Due to the time constraint, it appears that the faculty ask about the experience and miss the next question that breaks into the arena of the affective domain, "What did that experience mean to you" or "How can you take this experience and apply it to your future career?" There are many types of questions to use but the faculty needs to ask them.

The last theme that appeared was evaluation practices in the affective domain. The faculty members appeared to use the affective domain in the journal articles but don't truly evaluate the students. One professor went so far as to say that perhaps the affective domain should not be evaluated. Every person processes his or her emotions differently, so with this in mind, there needs to be a standard of evaluation. As stated before, Brown (2011) believes in a hierarchical learning process within the affective domain. With the affective domain being so variant in the evaluation process, it would seem that faculty must be aware of the students baseline coming into the program and tracking each student's individual progress.

Tracking each individual student's progress creates many barriers. If each student grows at different rates affectively, standardization would be difficult. Miller (2010) states that for the most part the affective domain is not readily seen like the cognitive and psychomotor domains without prompting from the educator. Faculty members coincided with this thought that because the affective domain is less tangible, absence in evaluating the domain is common. This creates



more questions and time constraints on faculty members to explore each student's affective domain progress in addition to evaluating them.

Evaluating and holding students accountable to the affective domain is so valuable for the students going through the program to prepare them for a fruitful career in the nursing profession. Growth in the affective domain is an important part of how a nursing program would want to have their graduates describe to future employers. Hanson (2010) stated that students who develop and improve in emotional insight adapt and cope faster within the work force. Another significant importance of the affective domain is pointed out by Miller (2010), whom reported that characteristics that would be described as affective traits were most common to cause issues in future employee complaints. That being said, having the skill and capability to do the work is very important, but employees with poor attitudes, lack of interpersonal insight, or lack of interest in their job can lead to growing problems. The importance of affective issues as stated by Miller (2010) conflicted with the participant that said that they would not want to evaluate students within the affective domain.

The affective domain appears to be the most illusive domain and there are still many questions not answered. Although through this inquiry we found that most faculty use open-ended questions to prompt answers in the domain, it is alarming that most faculty do not know what affective domain is, the post-conference environment can be a major hindrance, and that most of the faculty do not evaluate students in the affective domain. Due to the general lack of literature, it is difficult to determine if the general lack of knowledge concerning the affective domain creates a cascade leading to the previously discussed barriers. Throughout the interviews, it was discovered that educators acknowledge the affective domain's purpose, but are unsure how to proceed from that first step. It is recommended that formal education in the

domains of learning be explored in educators and studied to determine what teaching and evaluation techniques arise.

The findings discussed were very valuable insight to the topic of the affective domain. Although the participant responses agreed with the literature that the affective domain is important, there was a gap in both current practice and the literature for how to best illicit use of the affective domain. The theme that used open-ended questions coincided with Neumann and Forsyth's (2010) thoughts to use reflective dialogue. That being said, evaluation of the affective domain is elusive in both practice and the literature. Both the participants and the literature agree that the affective domain is important, but do not suggest a tangible way to evaluate the domain. Brown (2011) came the closest to discussing evaluation using a hierarchical method, but neglects the issue of if the affective domain should be graded and if so how. With the exception of one participant, they agreed that the affective domain should be evaluated but was unsure where to begin.

A limitation of this study could include volunteer bias. Although 71% of the faculty member responded that received the email inquiring about participation, the participants that responded could have had a bias or interest in the topic. Lack of dependability is also called into question because the sample is taken from a small college in the northeast. Different regions and areas may have different teaching techniques in the affective domain of learning or different faculty demographics with more education focused degrees.

## Chapter 6: Conclusion

This evidence-generating project explored the lived experience of nurse educators' use of the affective domain in clinical post-conferences at the baccalaureate level. Using a purposive sampling method, faculty members volunteered for a one-on-one interview. The participants answered questions pertaining to the affective domain of learning. The interviews revealed four themes including lack of knowledge about the affective domain, use of open-ended questions to illicit the affective domain, post-clinical environment being a barrier to exploring the domain, and lack of evaluation in the affective domain. The dearth of literature in the area of the affective domain of learning creates an issue with providing awareness in use of the affective domain in education. The findings of this project will be a foundation for future studies investigating the effectiveness of potential teaching methods for baccalaureate nursing students within the affective domain of learning as well as education for nursing instructors. Neumann and Forsyth (2008) lamented that faculty have anxiety over teaching and using the affective domain simply because they were so unfamiliar with this practice.

This project is very significant in the forum of nursing education. As discussed, the affective domain of learning becomes important for nurses to participate in their careers appropriately. Affective domain trickles into many aspect of their future careers such as timeliness, professionalism, communication, and being able to cope with difficult situations preventing burnout. If nurse educators are unaware of what the affective domain is, the domain will never be addressed in a student's education, which prevents pivotal growth.

Future studies should conduct reliable methods of evaluating students within the affective domain of learning. Another study could search for the best practices of eliciting the affective domain of learning in students. The future of this topic is quite interesting in nursing education.

Perhaps it will circle back to the root of the faculty's education. If faculty members are not educated in basic principles of nursing education, there is no expectation to function at a basic level as a well-rounded educator. Perhaps the future of nursing education will look at the value of an MSN in nursing education compared to outcomes of a master's degree in a non-education degree in nursing. Whatever the future holds, the one thing that is clear is that the affective domain is pivotal to the growth of students into becoming the nurses of the future.

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## Appendix A

## Letter of Invitation to Participate in the Study

Subject: Requesting Help in Research Study

Hello (NAME):

My name is Sarah Wagoner. I am currently in the Messiah College MSN Graduate Nursing Program. I am seeking your help in a research study.

I would like to interview you about your clinical post-conference practices. I am interested in your use of the affective domain of learning and barriers to aid student learning.

If you agree to be in the study, I will contact you to set up a time and place to conduct a face-to-face interview. The interview should not take more than thirty minutes. At this meeting I will discuss the consent form and answer any questions. You may withdraw from the study at any point. With your permission, the interview will be audio recorded to preserve the integrity of the data. Your decision to participate or not participate in the study will not affect your standing, compensation or benefits at Messiah College.

Please respond whether or not you would be willing to participate in the study. If you wish to participate in the study, please provide the best contact method (phone, email, text) along with contact information. If you have any questions don't hesitate to contact me.

Thanks for your time,  
Sarah Wagoner

## Appendix B

## Informed Consent



IRB USE ONLY: Project # Messiah College Institutional Review Board Office of the Provost Approval Date: Expiration Date:
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**Title of Project:**                    **The Lived Experience of Nurse Educators' Use of the Affective Domain in Clinical Post Conferences at the Baccalaureate Level**

**Principal Investigator:**        **Sarah Wagoner**  
[swagoner@messiah.edu](mailto:swagoner@messiah.edu)  
**717-439-8986**

**Advisor:**                            *Louann Zinsmeister*  
*Lzinsmei@messiah.edu*

**1. Purpose of the Study:**

*The purpose of this project is to explore the clinical post-conference teaching practices.*

**2. Procedures to be followed:**

*You will be asked to sit down with the researcher in a conference room at Messiah College. The researcher will ask about your post-conference practices. The session will be audiotaped for analysis. This process should only take thirty minutes.*

**3. Discomforts and Risks:**

*There are no risks in participating in this research. Some of the questions may cause discomfort.*

**4. Benefits:** *The benefits to you include evaluation of your current practice.*

**5. Duration/Time:**

*The interview will take thirty minutes. You may be contacted about your interview by the researcher.*

- 6. **Statement of Confidentiality:** Your responses are confidential. The data will be password-protected and stored at *the researcher's house*. Messiah College's Institutional Review Board may review the documents. Personal information will not be shared if research is published.

*A storage device with a password protection will store the audio files. The device will be stored in my locked home office that includes a security system.*

- 7. **Right to Ask Questions:** Please contact Sarah Wagoner at (717) 439-8986 with questions about this research. You can also call this number if you think this study has harmed you. For questions about your rights call Messiah College's Office of the Provost. The number is (717-766-2511 x5375). Call this number if you cannot reach the research team or would like to talk to someone else.

- 8. **Voluntary Participation:** Your decision to be in this research is voluntary. You can stop at any time. You may skip any question you don't want to answer. There will be no penalty for withdrawing or refusing to take part in the study.

You must be 18 years of age or older. If you agree to take part in this research study, please sign your name below.

You will be given a copy of this consent form for your records.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

The informed consent procedure has been followed.

\_\_\_\_\_  
Person Obtaining Consent (Investigator)

\_\_\_\_\_  
Date



## Appendix C

## Interview Format

Date: \_\_\_\_\_

- 1.) How would you describe the affective domain of learning?
- 2.) What is your experience with using the affective domain of learning in clinical post-conference?
- 3.) What helps or hinders your use of the affective learning?
- 4.) Tell me your thoughts or personal experience using affective domain in student evaluation.
- 5.) Any final thoughts?

## Demographic Questions

- What was your MSN degree in (CNE, Education, APRN, etc.)?
- How long have you taught baccalaureate students in the clinical area? (years)
- How long have you worked as a clinical faculty member at Messiah College?