

Iranian Nursing Students Perspective of their Rights in Clinical Evaluation: A Thematic Analysis Study

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Abstract: Nursing education has many challenges, one of which is the students' rights in clinical evaluation. The purpose of this study was to investigate nursing students' perspective of their rights in clinical evaluation. A qualitative study was conducted and analyzed using a thematic analysis approach to identify categories and themes in 13 nursing students (8 female and 5 male). After utilizing purposeful sampling data were collected via semi-structure interviews. MAXQDA 10 was used to organize and explore coded transcripts. The data were classified into four major themes: unawareness of own rights, unfair evaluation, unreasonable expectation & bullying, and unstructured evaluation. The findings indicated that the main concern of nursing students was lack of awareness of their rights. It is argued that nursing students' bill of rights should be developed in Iran.

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1. Introduction

An issue identified within higher education in all disciplines is that of evaluating the performance of students. A significant number of researchers from multiple disciplines address this issue (Oermann et al., 2009, McCutchan, 2010, Chambers, 1998).

Evaluation is an integral part of the education and it is an ongoing process aimed at understanding and improving student learning. It involves systematically gathering, analyzing, and interpreting evidence to determine how well performance matched criteria and standards(McCutchan, 2010).There is a rising movement to define and effectively evaluate clinical competency (Oermann et al., 2009, McCutchan, 2010, Brasler, 1993).

Nursing clinical practice is multidimensional and requires combinations of assessment strategies to both identify and validate nursing competence (Oermann et al., 2009).There is no single agreed standard for evaluating clinical competence (Redfern et al., 2002, Oermann et al., 2009, Chambers, 1998).

Clinical evaluation is one type of performance evaluation, which is defined as a process by which judgments are made about the learner's performance in clinical practice (Glick et al., 2010, Brasler, 1993). It includes two phases: systematic collection and interpretation of data gathered from multiple sources about clinical competence such as observation of the students'

performance, and based on these, determine if the student achieved the clinical competencies (Oermann et al., 2009, Chambers, 1998).

Fair and objective evaluation of clinical performance is extremely challenging, and complex process for both students and instructor because it requires the direct observation of students engaged in actual practice in dynamic, challenging, and unpredictable clinical situations (Larew et al., 2006, Carlson et al., 1989).

There are many issues inherent in the clinical evaluation of nursing students because observation and interpretation of performance are subjective. The instructors do not continuously observe all students, and educational environment is uncontrollable (McCutchan, 2010). On the other hand, many actions and behaviors involved in the nursing care of patients by nursing students are difficult to objectively define due to their complex nature. It seems that in areas that could not easily be objectified, teachers were hesitant to make decisions properly (Duke, 1996), and students often achieved higher scores in clinical courses than theoretical courses (McCutchan, 2010). Therefore, it is logical that *students are worried about their rights being violated in clinical evaluation processes*. "Student's bill of rights" helps to clearly define what students, teachers, and administrators can and cannot do.

Students are hindered by a lack of knowledge of their rights. The rights and

responsibilities would be more widely publicized to the student body if it were formalized in a written document for students to reference and follow. If administrators were to publicize this formalized policy to students, there would be less of a gray area as to what students can and cannot do (Stobart, 2005, Siskind and Kearns, 1997, Clarke et al., 2012). In the other hand teachers and administrators accountable for their decisions and allow students to appeal the decisions they take issue with in a proper manner. It is necessary that students make an effort to know all the rights they have at school.

Many students enter nursing programme with preconceived ideas about their rights. However, little is known about nursing students' rights in clinical setting. This paper reports findings drawn from a large qualitative study conducted in Tehran, Iran sought to explore the students' rights in nursing education. Reviewing the medical literature showed that the clinical evaluation process has been well documented. However, limited literature exists sharing the nursing students' perspective of their rights in clinical evaluation. Therefore, the purpose of this study is to focus on the experiences of the nursing students about their rights in clinical evaluation process.

Background in Iran

Iran is located in Middle East with a population of approximately 75 million. More than 98% of the population is Muslim (FARSI et al., 2010). After the completion of high school, applicants participated in competitive National Higher Education Entrance Examination (NHEEE). Applicants who are achieving highest score generally choose medicine, dentistry or pharmacology. Lower ranking applicants often select courses, including nursing, most often without any particular motivation or interest (TabariKhomeiran and Deans, 2007).

There are more than 160 nursing schools are established in both sector of governmental and non-governmental with annual enrollment approximately about 6000 students. All schools are obliged to follow a basic curriculum established by the Ministry (NikbakhtNasrabadi et al., 2003). The bachelor degree duration is 4 years including theoretical and clinical courses.

Nursing students are trained in skill lab, hospital, community and other educational settings. Clinical courses covered across the four years in the five areas of medical-surgical, obstetric, paediatric, psychiatric, and community nursing. The number of students in each clinical group ranges from 6 to 10 people of both male and female. Generally, the students are assigned to care for patients based on case method in the clinical field. They are under the direct supervision and guidance of the nursing

instructors during both the theoretical and clinical instruction for the first 3 years. In the final year, they work under the direct guidance of staff nurses and the collaborative supervision of nurse instructors (FARSI et al., 2010). In the past three years admission of students has doubled. Due to large student enrolment, staff nurses and sessional clinical teachers are commonly engaged to instruct and evaluate nursing students. Many of them have never been trained using evaluation methods, nor have qualifications to practice as teacher and they rely on their working experiences to evaluate students.

Although there are various rules of law protecting people rights in Iran, up to present, there is no bill of rights and rules that protect the rights of students in educational systems; and problems are solved through informal communication between students and educational system. Beside a review of the literature revealed an abundance of discussion papers relate to clinical evaluation, we have not found any study in relation to the students' rights in clinical evaluation and this is probably the first study in this field using a qualitative approach.

2. Material and Methods

A qualitative research design based on thematic analysis approach was employed to explore the comprehension and experiences of Iranian nursing students about respecting their rights in clinical evaluation.

Qualitative research seeks to describe and interpret the subjective meanings of an individual's experiences, in order to achieve a deep understanding of those experiences (Streubert and Carpenter, 2010, Michaud, 2011, Fossey et al., 2002). Thematic analysis is one of the most commonly used methods of qualitative analysis that typically involves a progressive process of classifying, comparing, grouping, and refining groupings of text segments to create and then clarify the definition of categories, or themes, within the data (Fossey et al., 2002, Vamos and Zhou, 2009).

Data collection and analysis

This study involved semi-structured, in-depth interviews designed to elicit information of a respecting student rights with 13 nursing students.

This was held in a place that assured the participant's privacy and confidentiality. At the beginning of the interview, the participants were invited to ask any they might have about the consent form or the procedure. The interview questions were open-ended, beginning with general inquiries. The focuses of the interview questions were the following: What is your comprehension regarding student rights? Would you please share with us your experiences regarding respecting your rights in clinical evaluation? In addition, probing questions

were asked to conduct the interview. Each interview lasted on average between 40 and 60 minutes. The interviews were digitally recorded and verbatim transcriptions were made. Following steps were implemented to analyze the data:

- Familiarizing with the gathered data: Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.
- Generating initial codes: Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code;
- Searching for themes: Collating codes into potential themes, gathering all data relevant to each potential theme;
- Reviewing themes: Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic 'map' of the analysis;
- Defining and naming themes: Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme;
- Producing the report: The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis (Braun and Clarke, 2006).

The researchers independently analyzed the data by identifying and categorizing codes. Then, the two authors' codes and their latest analysis development as themes were compared. In areas where the two did not agree, definitions were clarified and discussions continued until consensus was reached.

Regarding trustworthiness, credibility was established through peer check and prolonged engagement. Two expert supervisors and two other doctoral students of nursing conducted the peer checking. Prolonged engagement with the participants within the research field helped the researchers to gain the participants' trust and a better understanding of the research fields (Fossey et al., 2002, Michaud, 2011, Streubert and Carpenter, 2010).

Participants:

Purposive sampling was used to recruit students from the Bachelor of Nursing programme. Students who had completed their first (year one) were invited to participate in the study.

All participants were informed about the objectives of the study, and written informed consent was obtained in accordance with guidelines of the Tehran medical University. Participants comprised 8 females and five males. Maximum variant purposive

sampling will be conducted to capture a wide range of perspectives and experiences relating to the phenomenon. Maximum variation of sampling also enhanced the confirmability and credibility of data (Streubert and Carpenter, 2010).

Ethical considerations

The study was approved by the university's research ethics committee before beginning of data collection. Participants were informed of their right to withdraw participation or data at any time. Prior to the recording interviews, the purpose of the study was verbally clarified with each participant. Last, those who agreed to participate in the study signed written consent.

3. Results

Thematic analysis of the transcripts identified four themes: unawareness to own rights, unfair evaluation, unreasonable expectation, and unstructured evaluation. The following is a description of these themes, as well as verbatim examples of participant's responses that illustrate them.

Unawareness of own rights

The first theme noted by participants was unfamiliarity to own rights. It is vital that students are thoroughly acquainted with their rights and responsibilities. However, the participants in this study complained that they did not receive any information, formal or informal, about their rights.

'Nobody told me about my rights, but I sure that I have rights although nobody mention it'(female junior).

'...i heard that in some countries, students receive "student rights handbook"; but I have not seen this here yet. It is an intricate situation; I really don't know what my rights are or how to handle the situation'(male junior).

'There were many instances in which I did not know my rights. Later, I understood that I had rights that nobody respected'(female junior).

The experiences of participants showed that students faced with an unknown and intricate world when they enter educational system. They concluded that they should be looking for their rights.

'...we should ourselves know what is our rights. Many problems can be solved this way'(female junior).

'...when we know our rights, nobody can violate our rights. It is up to us to keep our faculty from turning against us'(male junior).

They believed that a large part of problem related to unawareness to own rights:

'We should accept that the problem is partly related to the student's unawareness. The most important factor affecting my rights is to know what

my rights are; it is then that I can pursue them and claim for them' (*male junior*).

The *progress of awareness* can help students to recognize their determine needs and expectations to be met by the educational system. This was echoed by a participant as in:

'...knowing our rights is the first step towards keeping our rights and ensuring our dignity and security at faculty' (*male junior*).

The *Iranian Ministry of Health and Medical Education* published a '*Patient's Bill of Rights*' in 2001. Implementation of these supportive laws in hospitals may have increased nursing students awareness of their educational rights.

'...we have the civil rights and Patients' bill of rights; however, there is no bill for the Nurses' or Students' rights. Why not? We would regard each others' rights if we know the rights and if we know that disregarding those rights will result in prosecution' (*female junior*).

In sum, students are not always aware of their rights. It seems that awareness to student rights helps students acquire sensitivity to the total education, especially clinical evaluation and its issues.

Unfair evaluation

Many participants complained about fairness in clinical evaluation. This displeasure confirms that they faced many problems in clinical evaluation. One of the more striking features of finding is the extremely large number of participant expected to report their experiences in this regard. For example a student mentioned:

'It has been repeatedly occurred that I have done my work properly, but my instructor gave me an unfair grade that I did not deserve. That is really unfair' (*male junior*).

'...you never get what you deserve. Instructors know that they give unfair grade...' (*female junior*).

'I don't think the clinical evaluation forms reflect what is to be evaluated. It is not based on practical work. Even if they (instructors) evaluate me based on these form, these evaluation is unfair. An evaluation is fair if it design based on accurate criteria' (*male junior*).

'...i think that it would be good if the instructors were informed how to do fair evaluation' (*male junior*).

One student believed that the instructors not always observant or aware of what the students are doing in the clinical setting:

'...our educator was absent for a couple of days. To prevent our objection, he gave us much better marks in comparison with other groups of the students' (*male junior*).

Participants complained that assessment for the team project had limited the scope to evaluate individual effort:

'...there are no differences among strong and weak students. Do you think instructors give same grades for equal work? ...when students enter in teamwork, it is not wise to give same grades for all members in a group because their respective abilities and level of involvement to the group project varies greatly' (*male junior*).

Preconceptions about the abilities of male and female students may influence scoring decisions. This was echoed by a female student as in:

'...in the ward, female students often perform better than their male counterparts, but the male students give better score...' (*female junior*).

In sum, this theme focuses on nursing students experiences about troublesome process of clinical evaluation. It is the responsibility of the University to promote the fair evaluation of student learning in all clinical setting nevertheless, most of students were complained that they should face with innumerable challenges in this era.

Unreasonable expectation& Bullying

Faculties of nursing have a responsibility for defining bullying and executing policies and procedures that address this issue.

Often times the content of the interviews that fell under this theme was focused on the irrational requests. As one student explains:

'Our educator had coerced me to design a poster for the ward which was not related to our clinical course ... I did not design it. Consequently, I failed that course' (*male junior*).

Another student said the instructor forced him to do personal duties. The instructor allocated high score for it:

'One of our educators asked the students to make PowerPoint slides and compensate it with a mark of 5 units. Then he used those slides for his other classes ...' (*female junior*).

Other student also echoed this perspective:

'He asked the students to buy meat, lentil, etc. for him; students had to buy them. He usually did not pay them. In case of any objection, the educator hated the objecting student forever. Because the number of educators was not commensurate with the number of students, we had to pass many courses with a same educator. Therefore, we had no choice other than fulfilling that educator's requests without objection' (*female junior*).

Unstructured evaluation

The best clinical evaluation will include the components of clear standards and goals. Instructors should provide clearly specified and well-designed

methods of assessment, and ensure that students are aware of assessment. Students also have a responsibility to ensure that they understand the evaluation requirements. Participants complained that the instructors have no specific criteria for evaluation:

'When a teacher's evaluation criteria are not clear, his evaluation is by no means unfair' (female junior).

One participant disclosed how their instructors evaluate students for assigning a final grade:

'In the last session of a clinical training course, our instructor said that Mr. A's Mark is 20 (full mark) because I saw him cleaning a patient's vomited materials. He continued that it was the first time seeing a student is tolerating a vomiting circumstance; I feel that he will become a good nurse.'

Educators are different; we had an educator that used to write everything in her notebook and grade the students based on his writings. On the other hand, there was another educator who had not any course plan, he always was in delay and was inattentive to us. His evaluations marks were unfair and never matched to our activities' (male junior).

Some participants highlighted the unclear goals as a barrier to appropriate evaluation and another reason for Perplex of students. For example:

'We were two students working together. Our clinical performance was the same. Our instructor said that you were similar; however, as this student's mark in the theory section of the course has been higher than you, he also deserves to have a higher mark in the clinical section' (female junior).

'My instructor work as a staff in orthopedic ward and told us the goals of faculty are for themselves...your duties are everything a ward does and your grade will be based on these works...' (female junior).

Another participant continued the conversation of the concern associated with the goals of clinical courses:

'On the First day our educator gives us the goals of clinical course. But she didn't pay attention to them. We didn't know what we do and how we are evaluated' (male junior).

Another participant complained that the goal sareun attainable or non-specific:

'Most of goals presented to us are repeated in the other wards too. These goals aren't specific. On the other hand some goals will not be met because we don't have facilities needed... we should have go to brain angiography in neurosurgery ward, but our hospital doesn't have angiography unit, they wrote goals without see possibility' (male junior).

'I haven't seen the instructor in the ward. I sure, she relies on our presentation and paperwork such as making pamphlets instead of clinical practice, (male junior).

In sum, the students believed the learning objectives, and how the evaluation will measure students' achievement of those objectives should be clearly explained in the clinical course syllabus. Their criticism focused on clinical evaluation objective and bewildering criteria impacted scores.

4. Discussions

Clinical education is an essential part of the nursing education and includes about 50% of the nursing syllabus. Clinical evaluation is a part of the learning process in the clinical field, and that students should be allowed to express ideas freely (Duke, 1996).

There is a great deal of information found in nursing literature that emphasizes the need to evaluate nursing students' competencies in practice(Carlson et al., 1989, Redfern et al., 2002, Schaffer et al., 2005). This is an attempt to study the students' perspective of clinical evaluation in Iran. It could be considered as a start to detailed studies about nursing students' perspective of their rights in clinical evaluation in Iran.

The finding shows there are many important issues relevant to clinical evaluation. Students are basic elements in educational system, and their views and opinions towards assessment should be investigated to make sure that students are involved on their educational system.

Results show that most students were suffering from a lackof awareness about their rights and responsibilities. So research and education are required in order to increase awareness of students' rights (Kangasniemi et al., 2010).It is important to highlight that education for students does notnecessarilymean theproblem issolved. Nevertheless, students are increasingly serious about their rights (Ruff, 2011), so educational systems need to be prepared to advocate themselves, even from a juridical point of view (Kangasniemi et al., 2010).

The second theme is about the experiences of students about fairness in clinical evaluation. It is indispensable to mention that fairness is fundamentally a socio cultural, rather than a technical, issue (Rogers, 1996, Stobart, 2005, Suskie, 2000). Fair evaluation includes a broad range of intertwined issues, including absence of bias in the assignments (McGowan, 2009, Suskie, 2000), and equitable treatment of all students in the evaluation process (McCutchan, 2010), and using methods and procedures appropriate to students (Suskie, 2000).

The participants complained that the instructors were not informed how to do fair evaluation. Despite the well-documented issues associated with use of inexperienced sessional clinical instructors (Duke, 1996, FARSI et al., 2010), they are commonly engaged to evaluate nursing students. Sessional clinical instructors are often unfamiliar with the clinical evaluation.

The other problem is Sessional clinical instructors utilized for short period of time. They are often unfamiliar with the nursing curriculum and the clinical objectives (Crytzer, 2011, Duke, 1996).

Another factor for creating dissatisfaction among participant referred to gender bias. Many researchers found that gender does play a great role in student evaluation regardless of their knowledge or abilities (Clarke et al., 2012, McCutchan, 2010, McKay and Tate, 2001, Siskind and Kearns, 1997).

The third theme encompasses the participants' perspective and experiences regarding bullying behavior occurred in clinical evaluation process. Clarke et al (2012) commented that clinical instructors were the greatest source of bullying behaviors (Clarke et al., 2012).

Most nursing educators are socialized to bully nursing students. Therefore, teaching strategy for minimizing bullying may be useful for clinical instructors and should be encouraged within nursing faculties. Students must also be aware of procedures for reporting experiences of bullying (Chambers, 1998, Clarke et al., 2012, Suskie, 2000).

The last theme was related to unstructured evaluation. The participants specified their apprehension from the impact of the absence of instructor on evaluation. McCutchan (2010) were concerned the manner in which instructors not always observant or aware of what the students are doing in the clinical setting (McCutchan, 2010).

The high student to instructor ratio and low contact hours can interfere with the ability of the instructor as he/she simultaneously teach and evaluate student in clinical setting. It is almost impossible to directly observe how students meet the objectives outlined in the clinical evaluation forms (Duke, 1996, Tanda and Denham, 2009).

Another factor for creating dissatisfaction among the participants was the way instructors interpreted use of the evaluation goals for assigning a grade. All clinical evaluation methods should be clearly related objectives (Duke, 1996, Porter et al., 2011), and be compatible with the instructional approaches used (Rogers, 1996, Tanda and Denham, 2009). Instructors also should utilize clearly specified and well-designed methods of evaluation (McCutchan, 2010).

Participants stated that instructor subjectivity is another problem associated with the clinical evaluation. It is acknowledged that subjectivity is an integral part in performance appraisal (Duke, 1996, Rogers, 1996).

One of the principles of evaluation is to avoid bias. But many aspect of nursing practice are difficult to objectively define, therefore it is logical that interpretation of instructors can include bias and thus become subjective (Rogers, 1996, Siskind and Kearns, 1997).

Limitation of the study and suggestion for future study

It is important to highlight the limitations of this study in order for the findings to be interpreted in context. It is implausible to suppose that this geographically localized and relatively small-scale study will reflect entirely the experiences of all nursing students in Iran. Therefore, conducting further studies among nursing students and pursuing nursing instructors' perspective regarding student rights in clinical evaluation are recommended.

Conclusion:

The student rights in clinical evaluation are an intricate concept in nurse education in Iran. It seems that increasing awareness about rights and responsibilities causing students to be more serious about their clinical evaluation. This study has provided some insights and information on the respecting student rights in clinical evaluation. Clinical evaluation must be objective and fair; objective and fair evaluation of clinical performance is challenging because many aspect of nursing are subjective. Evaluation methods should be in harmony with the instructional objectives.

Enacting students' rights should be considered in Iran, this framework ensures that educational systems work effectively and efficiently toward students' rights practice.

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