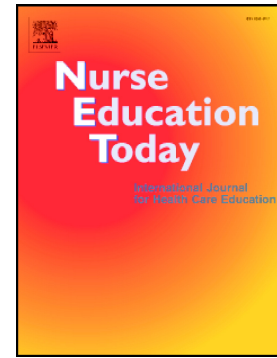


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Nursing STUDENTS' perceptions of faculty trustworthiness:
Thematic analysis of a longitudinal study

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NURSING STUDENTS' PERCEPTIONS OF FACULTY TRUSTWORTHINESS:
THEMATIC ANALYSIS OF A LONGITUDINAL STUDY

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Abstract

Background: Although trust and perceived trustworthiness have been studied for decades, few studies have examined nursing students' perceptions of faculty trustworthiness.

Objectives: To uncover the characteristics and behaviors of faculty members that lead nursing students to trust them.

Design: A longitudinal, qualitative study using focus group data.

Setting: A baccalaureate nursing school at a state university in the southeastern United States.

Participants: Two cohorts of nursing students (starting in the Fall of 2015 or Spring of 2016) during the beginning, middle, and end of their advancement through the nursing school curriculum.

Methods: Eleven focus groups were held with a total of 77 participants from a purposeful sample of two cohorts. Thematic analysis was conducted on the focus group data.

Results: Three core themes emerged regarding the characteristics and behaviors of faculty members that lead nursing students to trust them: *Giving of Oneself*, *Being Competent*, and *Having Integrity*. The study findings provide guidance to nursing faculty regarding how to be perceived as trustworthy by students and how to avoid being perceived as untrustworthy.

Conclusions: Upon examining their personal traits, words and behaviors, nursing educators may choose to change aspects of their demeanor to foster a student-faculty relationship built on trust.

Keywords: focus groups, longitudinal study, nursing student-faculty relationships, perceived trustworthiness, thematic analysis, trust

Nursing Students' Perceptions of Faculty Trustworthiness:
Thematic Analysis of a Longitudinal Study

INTRODUCTION

“The relationship between educators and nursing students is considered to be one of the most important factors in the learning outcomes of students” (Chan et al., 2017, p. 110). Higher education student-faculty trust and its related characteristics have been associated with student success (e.g., Applebaum, 1995). However, surprisingly few studies can be found in the global nursing research literature that examine trust in the context of the nursing student-faculty relationship. In order to realize the benefits of nursing student trust in faculty, the antecedents of perceived faculty trustworthiness need to be present.

Background

More studies can be found in the higher education literature that examine non-nursing student trust in faculty than those that examine nursing student trust in faculty. Higher level educators who are perceived as competent, charismatic, caring, intellectually stimulating instructors who use humor appropriately and create positive classroom experiences are perceived by students as trustworthy (Bolkan & Goodboy, 2009; Houser et al., 2007; Katz, 2014; Schrod, 2013; Schrod et al., 2009; Thweatt & McCroskey, 1998).

Higher education faculty who communicate quality information clearly in ways that students understand are perceived by students as trustworthy (Arnett et al., 2003; Schrod et al., 2006). Those who are responsive and supportive and develop relationships with students are also perceived as trustworthy (Kale, 2013; Schrod et al., 2009; Thweatt & McCroskey, 1998). When higher level educators are perceived as ineffective instructors who create negative

classroom experiences or are perceived as opportunistic, students' trust in them decreases (Arenett et al., 2003; Bolkan & Goodboy, 2009).

The few research articles that examined trust in the nursing student-faculty relationship addressed the impact that nursing student trust (or mistrust) in faculty had on students (e.g., McNish, 2003; Scarbrough, 2013). No known studies exist that explored faculty characteristics and behaviors that led nursing students to trust them.

What is known about trust research in general and how might findings be applied to nursing student-faculty trust research? Trust can be defined as “[a trustor’s] willingness to rely on a [trustee’s] actions in a situation involving the risk of opportunism” (Williams, 2001, p. 378). There are two main antecedents to trust: (1) perceived trustworthiness – perception of whether a trustee manifests characteristics and behaviors which indicate that the trustee will likely act in the trustor’s interests in a situation entailing risk, and (2) propensity to trust – the tendency to trust or distrust others in general (e.g., Bews and Rossouw, 2002; Rotter, 1967; Yamagishi, 2001).

Mayer et al. (1995) identified three elements of perceived trustworthiness that have been replicated over the years: (1) *Ability* – the other party’s capacity to perform competently and reliably, (2) *Benevolence* – the other party’s genuine care for the well-being of the trustor, and (3) *Integrity* – the other party’s consistent adherence to moral principles and conduct acceptable to the trustor (e.g., honesty, openness, fairness, promise fulfillment). When forming an overall impression of someone’s trustworthiness, an individual examines evidence of these three characteristics (Dietz & Fortin, 2007).

Trust development is a process (e.g., Weiber et al., 2005). Typically, trust grows gradually as positive interactions accumulate (e.g., Blau, 1964; Holmes, 1991; Luhmann, 1979;

Rempel et al., 1985). The emotional experience from an interaction leads an individual to perceive whether the actions of the other person could put the individual at risk (Jones & George, 1998). Negative emotional signals can quickly change a perception of trust and potentially destroy it (e.g., Jones & George, 1998). Trust will not be reestablished unless both parties willingly renegotiate the relationship or the injured party is able to regain a positive attitude toward the other (Jones & George, 1998). Some people bounce back from a breach in trust more readily than others (e.g., Solinger et al., 2015).

Purpose of the Study

The purpose of this study was to explore nursing students' perceptions of faculty trustworthiness. The study sought to identify characteristics and behaviors of nursing faculty that lead nursing students to trust them.

METHODS

This exploratory, longitudinal study used focus groups to generate qualitative data. Before commencing each focus group, a consent form was distributed and read aloud and participants' questions were answered by the focus group facilitator. Approval to audio record the focus group session was included in the consent form. Students were able to leave the focus group at any time if they chose to no longer participate.

At a state university located in the southeastern United States, purposeful sampling was used to recruit baccalaureate nursing students during the beginning, middle, and end of their advancement through the nursing school curriculum. Two cohorts of nursing students – one beginning in the Fall of 2015 and one in the Spring of 2016 – were invited to participate. In all, 77 nursing students participated in 11 focus groups (see Table 1). The mean age was 28 years with a range from 20 to 42. Most students were Caucasian (n = 61), followed by African

American (n = 8), Asian (n = 5), and Hispanic (n = 3); 66 participants were female and 11 participants were male (see Figure 1).

[insert Table 1 and Figure 1 about here]

The focus groups were conducted over a two-year period as each cohort progressed through the nursing curriculum (see Table 1). Recruitment occurred via online and in-class announcements approximately two weeks before the focus groups were scheduled. Each focus group consisted of students from the same cohort and stage of the study. The one-hour focus groups were conducted during students' lunch break and lunch was provided. Each focus group session was held in a private room and commenced with participants completing a demographic questionnaire. To maintain confidentiality, students were instructed to not identify themselves or others by name.

Trust research findings were used to develop semi-structured focus group questions. In Stage I of the study, students were asked to describe the characteristics and behaviors of faculty members who established trust and the characteristics and behaviors of faculty members who did not establish trust. In Stage 2, students were asked about faculty members who lost trust. In Stage 3, students were asked about faculty members who re-established trust after it was broken, if that occurred (see Appendix A).

Trust and distrust are determined by values, attitudes, and cognitive and emotional elements (Barber, 1983; Jones & George, 1998). Probing questions were used to explore students' feelings, attitudes and behaviors associated with each stage of the study (see Appendix A). As recommended in Doody et al. (2003), the focus group facilitators guided exchanges to seek clarification from the respondents and/or to explore whether others had similar or different experiences and reactions.

(insert Table 2 about here)

Braun and Clarke's (2006) thematic analysis process was used to generate themes from the focus group interviews (see Table 2). To become familiar with the data, we independently read transcripts of the focus groups several times and compared the written data to the audio recordings. Specific passages were manually underlined and independently assigned appropriate codes by each of us. An equal amount of attention was given to all data items, coding for "as many potential themes/patterns as possible" (Braun & Clarke, 2006, p. 89). To preserve context, the surrounding data for each code was included.

After all the codes were individually generated, we collaboratively collapsed the codes to generate those reflective of the whole dataset. All of the codes were reviewed and sorted so that groups of related codes either formed main themes or were discarded if not relevant. We then reviewed all of the codes within each theme to determine if there was enough supportive data and if any similar themes should "collapse into each other" (Braun & Clarke, 2006, p. 91). Three themes reflective of the qualitative data were identified at the conclusion of the analysis.

Methods used to assure rigor included (1) collecting the data over two years, (2) employing multiple observations, (3) independently analyzing the data then corroborating our findings, and (4) creating thick descriptions of the data situated in context to enable an in-depth understanding of the participants' experiences.

FINDINGS

Prior to the focus groups, we expected that different themes would emerge at different stages of the study. However, participants at different stages of the study who were asked a different set of questions essentially said the same thing.

Nursing students in this study began to form an opinion of whether a particular instructor was trustworthy or not from the beginning of their relationship with the instructor. At times, nursing students had pre-conceived thoughts about a particular instructor based on what they heard from peers.

As far as trust, we come in with a lot of, you know, noise from the other class.

I've heard several things being said about her class and that situation and I don't want to run into her because I have a distrust, which is wrong. Watching what they've been through it's caused me to have distrust in her.

We definitely trust what our classmates have to say, you know, so we're definitely going to believe them and, you know, from their experiences we're going to draw our own conclusions.

In Stage 1, characteristics and behaviors of faculty members who failed to gain nursing students' trust were essentially the opposite of those that gained nursing students' trust.

I feel like half the lectures I walk away more confused than having gained something.

Very good teachers can say something and it makes total sense.

In Stage 2, when asked about the characteristics and behaviors of educators who lost trust, participants gave examples similar to those given in Phase 1 when participants described faculty members who failed to gain their trust.

There was one professor who I felt I trusted this semester that I felt I trusted a lot. And I tried to approach her... with... a health related, personal question. And she really shrugged me off and made me feel like I had crossed a line. And ever since then, I tried to stay away from her.

Last semester there was a discrepancy between my grade and my partner's grade on an assignment that we had very similar answers to because it was like a partner thing. And

when I brought it to the attention of one of my teachers she just dismissed me immediately.

The second antecedent to trust – propensity to trust – emerged in Stage 3. When asked about experiences with instructors who regained trust after it was lost, some participants stated they regained trust in a particular instructor while other students who experienced a breach of trust with an instructor did not regain trust.

For me, once that trust is, like – it's really hard to, like, rebuild it at all.

I had a clinical instructor where I couldn't make it to the clinical and I thought that I would have severe consequences. I didn't have any nonverbal cue, but I did have verbal cues that may have indicated that consequences would be severe. But then when I interacted with her afterwards she sat down with me and the nonverbal and the verbal didn't indicate severe consequences. Previously I didn't trust her... but after more interaction and that interaction I kind of understood where she was coming from. I'm no longer intimidated or afraid.

The three major themes that emerged from the analysis were labeled: (1) *Giving of Oneself*, (2) *Being Competent*, and (2) *Having Integrity*. Not all themes were equally important to participants.

I think for a professor to be approachable is one of the most important things in how I would rate a professor overall. I've actually preferred some of the professors I've had who didn't even seem to know the material as well but were approachable and willing to help you get the answers, even if they had to look in a book, rather than ones who were smart and totally knew it and would kind of look at you like, 'Seriously, you're asking that question?'

I feel like as a professor your role is to instruct. And by just saying, 'it is what it is,' I'm not gaining any knowledge about that. If I do something wrong then I'm coming to you and I'm taking time out of my day and scheduling an appointment. I feel like I deserve more than, 'I don't know what to tell you - the rules are the rules' or that 'the assignment

was the assignment.' You know, I understand that. And I understand that I got whatever grade I got, but what can I do to better myself for the next assignment or the next class?

I think the trust that I value the most is a person to person trust, because the other one – when it comes to the material, certainly that's important for a class, but that can be more easily fixed in my mind. That is not as damaging to the relationship as long as the person is willing to admit it and fix it.

Giving of Oneself

The theme *Giving of Oneself* revealed how some nursing faculty members went above and beyond their job duties, were receptive to students and gave of their time to help them, opened themselves and revealed their humanity, and expressed caring. Faculty characteristics and behaviors associated with this theme include (1) being compassionate/caring, (2) being genuine/telling stories, (3) being approachable (e.g., via nonverbal cues, being receptive, having a positive attitude), (4) spending time with students during breaks or after class to ensure their understanding, (5) taking a personal interest in students' lives, and (6) helping students be successful (e.g., building a student's self confidence).

And the big things that make me feel like I have a bond with the professor or trust with the professor is when they take a personal interest in me.

They always say that they are there for you. They don't want you to fail and they want you to pass and that just kind of opens the door a bit and you can go to them for anything and everything and when you do it's like, they're there, so it's like - it builds like a relationship where you know you can go to them and trust what they're telling you is accurate or what you're telling them just stays with them.

Faculty who seemed approachable through their non-verbal communication were perceived as trustworthy.

I think it has to start - like I've already said - with the professor being approachable, or at least appearing approachable to me for that relationship or trust level at all to go further.

Participants perceived faculty members who were genuine and open as being trustworthy.

Trusted faculty members frequently told stories about their nursing experiences even if their recounts made them vulnerable.

But it's like - it's like that person being a little bit vulnerable but again showing that they're human, and that's something I really value. It's like: Oh, I know I'm human, but now that I know you're human, too, like now I feel like I can go and approach you easier. I kind of get an idea of how that professor thinks of themselves as well. Like, it's not a, 'Well, I'm better than you, so let me just get through this and get back to my important stuff.' It's, you know, 'I'm real and I was in your shoes.'

Another way that nursing faculty gave of themselves was being compassionate. Caring acts showing compassion for students did not go unnoticed.

Certain things that show that they care about us and they want us to succeed. They want to help us... in every way that they can - so we are successful. That caring shows to me the level of trust.

The professors I've trusted the most are the ones who, whether it's just by their appearance, their facial expressions, their willingness to answer my questions over running to their next appointment or whatever. That really communicates that they care about me and what I need help with as well.

Being Competent

The theme *Being Competent* pertains to being knowledgeable, being an effective educator, and having a professional demeanor. Faculty characteristics and behaviors that comprised this theme include (1) being a competent teacher, (2) having passion for the subject, (3) fostering

engagement in the classroom, (4) being knowledgeable about the subject, (5) writing good test items, and (6) being professional.

In their teaching, trusted faculty members demonstrated trustworthiness through revealing a comprehensive knowledge base of the course content.

You want to be able to trust your professor in that knowing that he or she has enough knowledge that you can trust the material that's coming.

Faculty who gained trust seemed prepared for class were perceived as being competent instructors.

It's obvious that they take the time to reread their lectures and go over their materials before presenting it to us in class, and that builds a lot of trust and respect, you know.

Trusted faculty members demonstrated a passion for nursing and were able to engage students in class lectures.

And I think the professor, he or himself, takes the time to really know and be passionate about the subject matter, that would transfer to the student.

I like going into a class knowing that I can learn and ask questions and everyone else can.

Having Integrity

The theme *Having Integrity* pertains to exhibiting moral behavior. Faculty characteristics and behaviors that comprised this theme include (1) being open-minded and open to influence, (2) truly listening to understand, (3) being accountable, (4) showing respect (e.g., not being judgmental, being empathetic, validating others), (5) being truthful, (6) being fair, and (7) being honorable in principles, intentions, and actions.

Then there are some teachers that have my trust specifically who, yeah, they might have errors, but they will acknowledge those errors.

Trusted faculty members showed respect by meeting students where they were at and not having unrealistic expectations or pre-judgments.

They understand what we're going through more versus 'I've been a nurse for 35 years and you guys are just beginning, so let me just teach you everything I know, and you need to soak it all in.'

Listening, validating, and answering questions were other ways in which faculty demonstrated respect.

They would take extra time to make sure, like, if I have a question they'll usually restate it to let me know that they understood my question.

DISCUSSION

The three themes that emerged in this study appear to relate to Mayer et al.'s (1995) three elements of perceived trustworthiness. *Being Competent* is similar to Mayer et al.'s (1995) *Ability* component of perceived trustworthiness. *Having Integrity* seems essentially the same as Mayer et al.'s (1995) *Integrity* component. *Giving of Oneself* seems to relate to Mayer et al.'s (1995) *Benevolence* construct.

Consistent with Solinger et al.'s (2015) findings, participants indicated that perception of a faculty member's trustworthiness was continuously being reinforced or revised over time. Also consistent with the general trust literature, negative emotions resulting from interactions with, or observation of, a faculty member were associated with nursing students' weakened or lost trust in instructor. Positive emotions resulting from interactions with, or observation of, a faculty member were associated with building or reinforcing a student's trust in the instructor.

Most of the characteristics and behaviors associated with higher education students' trust (or mistrust) in a faculty member emerged during the focus group discussions. Perhaps most importantly, the study uncovered a rich description of the characteristics and behaviors of faculty

that lead nursing students to trust them, and the characteristics and behaviors of faculty that lead nursing students to not trust them.

Limitations

The study was limited by the fact that participants were recruited from one baccalaureate program in the southeastern United States. Results may not generalize to nursing student-faculty relationships elsewhere in the US or in the world. In addition, participants knew one or both of the focus group facilitators. While participants seemed to respond to the focus group questions readily and with candor, knowing the focus group facilitator may have influenced some participants' responses or lack of responses.

Future Research

Future research should attempt to replicate the findings at other baccalaureate nursing programs throughout the world. Research that uses quantitative data and objective measures of the characteristics and behaviors of faculty members that lead students to trust them is needed. Studies can be done that focus on the impact that trust in faculty has on nursing students. Last, studies can be done to determine the impact of interventions designed to increase nursing students' perception of faculty trustworthiness.

CONCLUSION

The findings from this study (1) support findings from general trust research, (2) support findings from higher education student-faculty trust research, and (3) detail faculty characteristics and behaviors that lead nursing students to perceive faculty as trustworthy (or untrustworthy). Nursing faculty need to have an awareness of how their words and behaviors affect students' ability to trust them. The findings provide guidance to nursing faculty regarding how to avoid losing students' trust after it has been gained. Through examining their personal

traits, words, and behaviors, educators can change their demeanor to foster a caring student-faculty relationship built on trust. Diligence is then called for – because student trust in faculty can easily and quickly be lost.

ACCEPTED MANUSCRIPT

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Table 1

Number of Focus Groups and Participants by Cohort and Study Stage

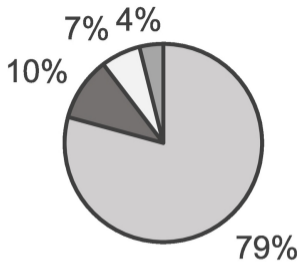
	Cohort 1	Cohort 2
	Stage I	
Fall 2015	<ul style="list-style-type: none"> • 2 focus groups • 6 participants 	
	Stage II	Stage I
Spring 2016	<ul style="list-style-type: none"> • 2 focus groups • 13 participants 	<ul style="list-style-type: none"> • 2 focus groups • 10 participants
	Stage III	Stage II
Fall 2016	<ul style="list-style-type: none"> • 2 focus groups • 11 participants 	<ul style="list-style-type: none"> • 2 focus groups • 12 participants
		Stage III
Spring 2017		<ul style="list-style-type: none"> • 1 focus group • 25 participants

Table 2

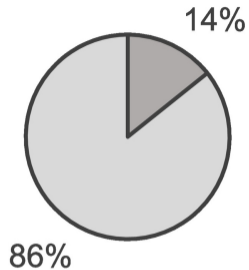
Overview of Braun & Clarke's (2006) Thematic Analysis Process

1. Become familiar with the data	Read the data numerous times
2. Generate codes	Identify codes (i.e., key points) that stand out
3. Identify potential themes	Group codes and their data into potential themes
4. Generate a thematic map	Refine the themes and depict their relationship
5. Further refine themes	Define and further refine the themes and their relationship
6. Summarize the analysis	Select quotes and relate analysis to the study and literature

Figure 1 Participant Demographics



- Caucasian
- African American
- Asian
- Hispanic



- Male
- Female

Figure 1