Nurse Educator’s Affective Teaching Strategies

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ABSTRACT
Teaching is highly charged with feeling, aroused by and directed towards not just people, but also values and ideals (Garritz, 2010). Emotions and feelings greatly affect the way the students learn and acquire knowledge. There must be a balance between the three domains of learning because once one domain is left behind, the other domains will be affected. The purpose of this study is to determine nurse educators’ affective teaching strategies. Specifically, it assessed the strategies of nurse educators on how to develop the affective domain of student nurses. In addition, the study assessed the values of student nurses in terms of God-centeredness, Leadership, Integrity, and Nationalism. Lastly, the researchers proposed innovative teaching methodologies to enhance the attitudes of nursing students. This study used descriptive research design. The respondents of the study were the nursing students and clinical instructors of Lyceum of the Philippines University – Batangas. 190 student nurses were chosen through stratified random sampling while 10 clinical instructors were chosen based on the number of times they handled the students both in lecture and clinical area. The instruments were self-made and standardized questionnaire and interview guide to obtain the data needed for the study. The data gathered are compiled, organized and tabulated for statistical treatment. Weighted mean was utilized to compute the quantitative data whereas the interview was used to form the qualitative analysis. Role modelling is the most common strategy of nurse educators to enhance the affective domain of student nurses. Their actions consciously and unconsciously affecting the attitude of the students. Hence, confidence among the students needs most attention in developing affective domain as it produce change in other values presented in the study. The proposed teaching strategies aim to enhance the affective domain of nursing students in line with the institutional core values.

Keywords: Nurse Educators, Affective Domain, Teaching Strategies

I. INTRODUCTION
“Intelligence plus character – that is the goal of true education.” – Martin Luther King Jr.

Teaching is highly charged with feeling, aroused by and directed towards not just people, but also values and ideals (Garritz, 2010). Emotions and feelings greatly affect the way the students learn and acquire knowledge. This is the affective domain, one of the three domains of learning according to Blooms Theory. It is a learning, which involves attitude, emotion, belief changing, and decision-making (White, 2006). There must be a balance between the three domains of learning – not one domain should be neglected. Once one domain is left behind, the other domains will be affected.

Moreover, evaluation of affective behavior is more difficult and more challenging than determining cognitive and psychomotor skills acquisition because it is usually not overt and clearly observable. Considering this, nurse educators play a vital role for they consciously or unconsciously affect the attitude of the students. They teach and mentor the next generation of nurses. It is their goal to choose learning opportunities that will help their students build on their strengths and overcome personal or scholastic limitations (Greenwood, 2013).

However, there are problems encountered in utilizing teaching strategies to develop the affective domain. Environmental setting, trusting relationship, accepting attitude by the students and the effectiveness of the teaching strategies are such. These challenges delay the development of professional identity, judgment, and critical thinking which in turn inhibit high standards of performance.

As a response to these challenges, the Lyceum of the Philippines University- Batangas, an institution of Excellence and Educational Innovation, continuously shapes the character of the students through devising and developing the core values. Its core values include God-centeredness, leadership, integrity and nationalism. Specifically, the nursing department formulated its own core values: love of God, professional integrity, unity, nationalism, assertiveness, resilience, and service oriented.

The rationale of undertaking the study is to determine the nurse educator’s teaching strategy in developing the affective domain of student nurses. Researchers also would like to assess the values possessed by the student nurses. Determining these factors will be of use to form plausible and effective methodologies focused on enriching the student’s affective domain. They have to possess the necessary values along with knowledge and skills to be able to render holistic care. Although nursing education today offers copious amounts of information geared to cognitive learning and test preparation, it does not adequately harness the affective intelligence of individual students – a quality that can greatly enrich the nursing profession by valuing the subjective parts of nursing.
(Ondrejka, 2013). As Aristotle always says, “Educating the mind without educating the heart, is no education at all”.

II. OBJECTIVES OF THE STUDY

The purpose of this study is to determine nurse educators’ affective teaching strategies. Specifically, it assessed the strategies of nurse educators on how to develop the affective domain of student nurses. In addition, the study assessed the values of student nurses in terms of God-centeredness, Leadership, Integrity, and Nationalism. Lastly, the researchers proposed innovative teaching methodologies to enhance the attitudes of nursing students.

III. MATERIALS AND METHODS

Design

This study used descriptive research design. It is valuable for hypothesis generation, which formed basis for scientific judgment. This particular approach seeks to determine the nurse educator’s affective teaching strategies.

Participants

The respondents of the study were the nursing students and clinical instructors of Lyceum of the Philippines University – Batangas. There were a total of 190 nursing students as respondents of the study based on the Slovin formula. The researchers divide the population into 10 to get the total number of respondents for every section which is selected randomly. Moreover, there were 10 clinical instructors who took part in the conduct of the study. They were chosen based on the most number of times they handled the students both in lecture and clinical area.

Instruments

There are two types of questionnaires used to obtain the data needed for the study. These are composed of a self-made questionnaire that identified the Nurse Educator’s Affective Teaching Strategies and a standardized questionnaire, which focused on the values of student nurses in terms of God-centeredness, Leadership, Integrity and Nationalism. Also, an interview guide is used to support the gathered data from the questionnaire. It contained same two parts and same focus as with questionnaire. Moreover, the researchers distributed the instrument to the respondents of the study and carefully explained the mechanics, contents and choices in the questionnaire.

Procedures

The researchers submitted a request letter to the dean of the College of Nursing asking permission to conduct the study. After being granted to do so, the researchers utilized self-made questionnaires and interview guide to collect the data. They consulted their clinical instructor for validation. The researchers made sure that there were enough items to collect data to cover all aspects of their problem. The copies of the questionnaire was then distributed personally by the researchers to the respondents and they were given adequate time to answer all queries. The researchers retrieved all the copies distributed personally and interviewed the respondents in person to obtain a more profound explanation to the topic.

Data Analysis

The data gathered are compiled, organized and tabulated for statistical treatment. Weighted mean was utilized to compute the quantitative data whereas the interview was used to form the qualitative analysis.

IV. RESULTS AND DISCUSSION

Nurse Educators’ Affective Teaching Strategies

The most utilized strategy of nurse educators is that they can be trusted with the property of others or the students, as evidenced by a weighted mean of 3.68. It suggests that nurse educators are trustworthy when it comes to others’ property; consequently from these simple acts, trust can be established. According to Lumpkin (2008), trust is most effectively taught when it is lived. The emergence of mutual trust is a vanguard of education. Trust is nurtured when students turn to their teachers because they feel they will be listened to when they are struggling with interpersonal relationships, academic issues, or personal problems.

Moreover, following policies, procedures, and protocols of nurse educators ranked as the second most utilized strategy as evidenced with a weighted mean of 3.67. This deed of the nurse educators implies that they abide by and recognize the rules and regulations of the institution. Through abiding by the rules and regulations, they become a role model for the students to follow. When you are a role model it’s not enough to tell your charges the best choices to make. You must put them into action yourself (Silverman, 2008).

Meanwhile, student nurses strongly agree that nurse educators have pleasing personality and good grooming, which ranked as the third most utilized strategy with a weighted mean of 3.64. Workman (as cited in Nicholson, 2012) found that teachers in professional clothing (such as suits/looking very smart) were rated as more intelligent, credible, and better prepared as teachers. Pleasing personality and good grooming can also contribute to the students’ perception of their teachers. When they look presentable, it will be easier for them to convey their ideas to their students and this will also have an effect on how the students will accept it. They can also serve as role models for the students to imitate.

Giving learning opportunities to students ranked fourth most utilized strategy based on the weighted mean of 3.61. This strategy helps the students to expand their knowledge and give them opportunities to be able to cultivate their abilities and discover new skills and talents. When teachers give learning opportunities to students, learners tend to seize the chance to develop themselves, physically, emotionally and mentally. According to Meier (as cited in Tomlinson, 2003) to provide opportunity is to help learners have a voice in what and how they learn and to find their own voice through what they study.
It is to feed the learner's curiosity and challenge the learner's natural drive toward competence, which recognizes and extends as far as possible the potential of each individual.

Furthermore, demonstrating a calm, compassionate, and helpful demeanor toward those students in need ranked as the fifth most used strategy of the nursing instructors to develop the affective domain as shown by a weighted mean of 3.59. When nursing instructors use this approach to those students in need, they can establish rapport with the students and it is easier for them to identify the concerns of the students rather than approaching them in a hostile and insensitive manner. The students also appreciate it if they know that there is someone willing to help them. It pays to speak calmly when nurse educators are giving directions, providing information and responding to their students. This soothes the nervous energy of student to help them focus on the message and gives confidence that what they say is important and worth listening to (Linsin, 2012).

On the other hand, the least five approaches that nursing instructors use are 1) being consistently punctual, 2) taking initiative to improve and/or correct his/her behavior, 3) responding appropriately to the emotional response of his/her students, 4) allowing personal bias to or feelings to interfere with teaching, and 5) using derogatory or demeaning terms.

Being consistently punctual and taking initiative to improve and/or correct his/her behavior are on the same rank as the 4th least utilized strategy of nurse educators with a weighted mean of 3.45. There are instances wherein nurse educators come to school early, on time, or late. The role of an educator in a classroom is very significant; therefore it must be executed with excellence. If the educator enters the class early, he/she can immediately go ahead with the day’s lesson. Furthermore, it eventually enhanced productivity and valuable time won’t be wasted (Mubarak, 2011).

Meanwhile, before any change can be done, the first thing to do is to accept that there is something which needs to be improved or be corrected in his/her behavior. Initiative has become increasingly important in today's workplace. Organizations want employees who can think on their feet and take action without waiting for someone to tell them what to do (Frese and Fay, 2001).

Subsequently, responding appropriately to the emotional response of his/her students ranked as the third least used strategy of nurse educators to develop the affective domain based on the weighted mean of 3.41. College students typically encounter a great deal of stress (e.g. academic, social, family, work, financial) during their educational experiences (SOCAT, 2010). The emotional response of the nurse educators towards the emotional aspect and concerns of the student can affect the attitude and outlook in education. Muntner (2008) ones said that teacher’s responsiveness to student’s emotional needs develop warm, supportive relationships, experience enjoyment and excitement about learning. Students will feel comfortable in the classroom and experience appropriate levels of autonomy or independence.

Moreover, the student nurses disagree that nurse educators allow personal bias to or feelings to interfere with teaching as evidenced by a weighted mean 2.19, which ranked as the second least strategy nurse educators make use of. This indicates that educators are objective when they are teaching. It is an upright act that teachers perform and proves that educators have no barriers to deliver education. Anti-bias teaching sets forth values-based principles and methodology in support of respecting and embracing differences. It creates a climate of positive self identity development to students which in turn achieve their fullest potential.

Lastly, the least approach used by the nurse educators is using derogatory or demeaning terms to students as shown by a weighted mean of 1.83. This means that they do not use negative or vulgar words which are inappropriate and will degrade the students. It is important not to use such negative terms because it can foster detrimental effects. “Words do have the power to hurt us. Such words may not leave actual bruises but they certainly leave marks on our psyche, helping to form the picture we hold ourselves.” (The Effects of Negative Words, 2009).

The Table 1 shows the values of student nurses in accordance to institutional core values namely God-centeredness, Leadership, Integrity and Nationalism with a composite mean of 3.56. Based on the results, the top 5 values mostly conveyed by the student nurses are 1) Grooming and Attire, 2) Integrity and Professional Ethics, 3) Punctuality and Attendance, 4) Maturity and Collaborativeness, and 5) Verbal Communication.

Student nurses value most their grooming and attire as evidenced by a weighted mean of 4.67. They give importance to how they appear to others. One of the respondents has mentioned, “I always remind my students that they should always be properly groomed. I should be too. How will they follow if I do not become a role model for them”?. This statement proved that educators serve as a role model for their students. Nurses were taught before and even now that their standard uniform is their passport to gain authority and respect.

For centuries, the profession of nursing has been known as a noble profession. When people think of nurses they see in their mind a person in white administering to the sick, well mannered, and a respectable in appearance. Thus, a proper uniform commands respect for professional nurses (scribd.com).

Moreover, nursing clothing choice is mostly dictated by the workplace, the brand image of the hospital or health care facility employer, and the kind of patient clientele to which the center caters. Thus, the nurses working clothes or uniform need not be stylish and expensive. What is important is that the clothes are appropriate for work, decent cut/style (such as properly fitted-not too tight or revealing), clean and comfortable (Eun, 2009).

According to Binu Sharma as cited in Vyas (2011), if you look good, you feel more confident and behave better. Professional presentation affects the ability of the nurse to make and emotional connection that inspires confidence in the patient. No matter what some people say, you are judged by the way you dress. Your clothes are either going to be a positive or a negative factor.
Hence, understanding and employing these attributes not only improve the quality of one’s life and contribute to optimum moral, they also play a major role in instilling a sense of integrity and an appreciation for values and ethics (Dress and Grooming: Dress Code, 2012).

Consequently, student’s integrity and professional ethics ranked second with a weighted mean of 4.11. The students, despite of the difficulties uphold moral acts and respects people regardless of their differences. This proves that duty is not just a course to take but a forever obligation and responsibility. Having a high level of integrity is one of the most important characteristics nurses must possess, not only in the work setting, but also in their personal lives. It is a core value in nursing, a choice and something that can be nurtured (Staples, 2012).

Thus, student nurses value their integrity by displaying concerns for the dignity and welfare of their patients. They consistently interacts with them in a forthright, honest and professional manner. They achieve public trust by putting integrity and ethics at the heart of their professional life.

According to Hopkin (2009), student nurses who live with integrity are incorruptible and incapable of breaking the trust of those who have confided in them. It is of utmost importance to comprehend the necessity of maintaining integrity in one’s practice so that the nurse and the patient’s sense of self (wholeness) is preserved, and that practice is based on respect, with moral and ethical soundness (Dworkowitz, 2013).

On the third rank is their attendance and punctuality as evidenced by a weighted mean of 4.00. Attendance and punctuality shows commitment, attentiveness and determination. This is a great representation of a positive person that is ready to get things done on time effectively and efficiently.

Filipinos are known for the connotation “Filipino time” because of their being late habits, but student nurses strive their best to be on time to show competence and integrity. It tells

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**Table 1**

<table>
<thead>
<tr>
<th>Values of Student Nurses</th>
<th>Mean</th>
<th>Verbal Interpretation</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Confidence</td>
<td>2.89</td>
<td>Functions with minimal supervision when conducting normal activities; displays an infrequent need for counseling in new, high-stress or emergency situations; displays general assurance in abilities</td>
<td>14</td>
</tr>
<tr>
<td>2. Learning Adaptability</td>
<td>3.44</td>
<td>Grasps new experiences and adjusts to changes when given a satisfactory time interval. Has ability to grasp new ideas through learned experience.</td>
<td>7.5</td>
</tr>
<tr>
<td>3. Initiative</td>
<td>3.11</td>
<td>Usually a self-starter and self-directed learner; recognizes potential learning experiences outside normal activities and participates in them.</td>
<td>12</td>
</tr>
<tr>
<td>4. Organization and Efficiency</td>
<td>3.00</td>
<td>Usually establishes priorities and plans activities efficiently; most goals achieved as intended,</td>
<td>13</td>
</tr>
<tr>
<td>5. Grooming and Attire</td>
<td>4.67</td>
<td>Always dressed appropriately; personal hygiene is impeccable; well groomed, always prepared.</td>
<td>1</td>
</tr>
<tr>
<td>6. Maturity and Collaborativeness</td>
<td>3.89</td>
<td>Usually initiates feedback and constructive criticism from faculty; reacts positively to guidance applies faculty’s recommendations to improve knowledge, skills, or attitudes; usually a self-starter and self-directed.</td>
<td>4</td>
</tr>
<tr>
<td>7. Integrity and Professional Ethics</td>
<td>4.11</td>
<td>Generally displays concern for the dignity and welfare of patients and insures confidence of privileged information; consistently interacts others in a forthright, honest and professional manner; seeks to improve the practice of respiratory care, relations with others, and health care delivery to patient.</td>
<td>2</td>
</tr>
<tr>
<td>8. Appropriate Reporting of Patient’s Status and Needs</td>
<td>3.33</td>
<td>Provides satisfactory reporting of patient’s status and needs; generally assures that appropriate personnel are notified.</td>
<td>10.5</td>
</tr>
<tr>
<td>9. Cooperation</td>
<td>3.44</td>
<td>Grasps new experiences and adjusts to changes when given a satisfactory time interval. Has ability to grasp new ideas through learned experience.</td>
<td>7.5</td>
</tr>
<tr>
<td>10. Empathy</td>
<td>3.44</td>
<td>Generally recognizes patients’ feelings, expresses understanding and concern; modifies actions or therapy in order to deal with those feelings.</td>
<td>7.5</td>
</tr>
<tr>
<td>11. Punctuality and Attendance</td>
<td>4.00</td>
<td>Late once; always present; calls instructor prior to start of clinical if will be absent.</td>
<td>3</td>
</tr>
<tr>
<td>12. Thoroughness and Safety</td>
<td>3.33</td>
<td>Demonstrates an acceptable level of performance with occasional (though not critical) errors; safety considerations are rarely overlooked.</td>
<td>10.5</td>
</tr>
<tr>
<td>13. Verbal Communication</td>
<td>3.67</td>
<td>Usually initiates goal-directed communication that is informed, deliberate, and generally unambiguous.</td>
<td>5</td>
</tr>
<tr>
<td>14. Clinical Judgment</td>
<td>3.44</td>
<td>Demonstrates good judgment in most situations; recognizes inappropriate therapeutic decisions then responds to those decisions in an appropriate manner.</td>
<td>7.5</td>
</tr>
</tbody>
</table>

**Composite Mean** 3.56
people that student nurses are on top of things and can be counted on.

Hence, role modelling is essential to encourage student nurses to be prompt at all times. Educators could influence students in valuing time, as time is always precious and should be used productively. In order to motivate his/her students, the educator must possess a goodly character. He/She must be a true exemplar of his teachings in front of his students.

Furthermore, the student nurses also exercise maturity and collaborativeness that ranked fourth based on a weighted mean of 3.89. This means that student nurses accept criticism and react positively to guidance, which applies faculty's recommendations to improve knowledge, skills and attitudes.

With maturity, students are able to think, speak and act their feeling within the bounds of dignity. This helps them establish a good collaboration with the people around them especially in the health care system that make work less hassle and more productive. It proves that working together promotes innovation and better outcomes.

According to Lindeke (2005), emotional maturity is foundational to effective collaboration. A mature, motivated health care professional teams must work together to thrive by fostering self-awareness and preventing burnout. When healthcare practitioners display emotional maturity and self-confidence, seek to understand the perspectives of others, communicate clearly, and avoid blaming others when something goes wrong then workplace collaboration may be improved (Canadian Medical Protective Association, 2012).

Moreover, student nurses make use of goal-directed communication as evidenced by a weighted mean of 3.67. It suggests the use of verbal communication that is direct, unambiguous and intended are useful when it comes to establishing interaction with a variety of people throughout the day. This includes not just the people we live with, but our coworkers, doctors, service providers of many kinds.

According to Trueheart (2012), good communication is the key to a good relationship. If we communicate well with the people in our lives, we are able to better understand what the people around us want, need, expect of us, and what they are able to do and likewise, they will understand what we want, need, expect from them and what we are capable of doing.

Thus, body language, tone of voice, and pitch are important in interpreting someone’s meaning in what they say. It’s not just the words that are used in communications that provide a sense of trust and integrity. The way things are said also plays a significant part in any communications.

This is significant to future nurses because effective communication can lead to the following positive outcomes such as improved information flow, more effective interventions, improved safety, enhanced employee morale, increased patient and family satisfaction, and decreased lengths of stay. At its best, good communication encourages collaboration, fosters teamwork, and helps prevent errors (O’Daniel and Rosenstein, 2008).

Furthermore, the least five values mostly conveyed by the student nurses are (1) thoroughness and safety, (2) appropriate reporting of patient’s status and needs, (3) initiative, (4) organization and efficiency, and (5) confidence.

Thoroughness and safety ranked first on the least values that student nurses possess according to the study with a weighted mean of 3.33. Although student nurses demonstrate an acceptable level of performance with occasional errors, safety considerations are rarely fail to notice. Knowing that nurses are handling lives, it is imperative for them to handle it with care and safety. Thus, medical errors should be prevented and precautions must be applied.

According to Carlton and Blegen (2006), incorrect drug calculations, lack of individual knowledge, failure to follow established protocol, time pressures, fatigue, understaffing, inexperience, design deficiencies and inadequate equipments create opportunities for error. Since nurses are intimately involved in the health care delivery and are ultimately responsible in acute phases of the disease, it is important for nurses to understand the factors contributing to errors for effective prevention that in turn improve the safety of the patients at the point of care.

Moreover, medical errors have been considered performance problems that can be addressed by counseling, retraining, re-educating, and restricting practice. Medical professionals must be accountable for any deliberate actions that may result in patient injury, and those who are reckless or choose to violate rules must be held accountable for these actions (O’Reilly, 2012).

Appropriate reporting of patient’s status and needs as well as thoroughness and safety tied at fourth least value of student nurses based on the weighted mean of 3.33. As a nurse, it entails a lot of roles to be accomplished. It also contributes to the role as a manager, which makes decisions, coordinates activities of others, allocates resources, evaluates care and personnel plans, give direction, develop staff, monitors operations, give the rewards fairly and represents both staff and administrations as needed.

A study conducted by Larson Co (2000), suggest that providers of care should ensure that they meet the information needs of patients with specific conditions because patients’ perceptions of both quality of care and quality of life are associated with the clinicians’ ability to transfer key information to their patients.

Ranked on the third least value of student nurses is initiative, with a weighted mean of 3.11. The result reveals that student nurses are self-starter and self-directed learner. They recognize potential learning experiences outside normal activities and participate in them. They also show initiative, resourcefulness and independence but still not enough to meet the expectations in the clinical setting.

When you show initiative, you do things without being told; you find out what you need to know; you keep going when things get tough; and you spot and take advantage of opportunities that others pass by. Thus, you act, instead of reacting, at work (Frese and Fay, 2001).

Moreover, it takes courage and strong sense of self to show initiative. One must have to push out their insecurities and focus on their abilities to move forward. Initiative in the
workplace spot potential improvements and opportunities that in turn will create motivation to help work better.

While it’s important to take initiative, it’s just as important to find balance in the way you use it. It can be inappropriate to take initiative in some situations. It’s helpful to know how to read the emotions of others to help further decide when to take initiative and when it is best to let things be.

Moreover, student nurse’s organization and efficiency ranked second least value as evidenced by a weighted mean of 3.00. It reveals that the student nurses achieve goals that are only intended. They lack organization of activities to achieve optimum and efficient patient care. As student nurses are loaded with several responsibilities and tasks, being able to have a systematic and organized plan of actions aid in coming up with desirable and competent results. Hence, organizational skills for nurses are important since they are responsible to provide care and assist the needs of the patients.

Jones (2012) claims, “When you are disorganized, it is easy to feel overwhelmed and lose your focus. Sooner or later that leads to less productivity.” Thus, making the best use of the time can result better outcomes, reduced stress and fewer errors (Leiva, 2011). Good organizational skills are a key ingredient for efficiency and success in nursing, where emergencies and unforeseen situations are all part of the job.

Lastly, the result reveals that the least value that student nurses possess is confidence as evidenced by a weighted mean of 2.89. It suggests that student nurses lack confidence and needing more experience through exposure to as many different scenarios and clinical situations are necessary as experience builds confidence.

According to Bradbury-Jones (2007), when student nurses have confidence among themselves, they tend to bring about positive changes to influence others and tend to uphold their beliefs, which are not be easily swayed by others. Increased self-confidence and empowerment is related to improved motivation for learning and better outlook on a situation which in turn result to better performance that is obviously better for patients, families, employers, and the community.

Proposed Teaching Strategies

Upon knowing the results of the study, the researchers were able to come up with the proposed teaching strategies to develop affective domain effectively. It includes its proposed strategies, objective, person responsible, assessment, values developed and learning outcomes. The teaching strategies include Intrinsic Goal Orientation, Teambuilding, Time/Study Management, Control of learning beliefs, Test Anxiety, Peer Learning, Human Patient Simulation, Video Clip Presentation, Effort Regulation, Recollection and Workshop about Innovative Teaching Strategies among Nurse Educators.

V. CONCLUSIONS

Role modeling is the most common strategy of nurse educators to enhance the affective domain of student nurses. Teachers have an integral role in honing the abilities of the students. Their actions are consciously and unconsciously affecting the attitude of the students. The values of the student nurses that were identified are all correlated to institutional core values, hence confidence needs most attention in developing affective domain as it produce change change in other values presented in the study. The proposed teaching strategies aim to enhance the affective domain of nursing students in line with the institutional core values.

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