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Characteristics of an Appropriate Instructor-Student

Relationship in Allied Health

by

Julie K. Morbach

A THESIS

Presented to the faculty of

The Graduate College of the University of Nebraska

In Partial Fulfillment of Requirements

For the Degree of Master of Arts

Major: Educational Administration

Under the Supervision of Professors Donald Uerling and Brent Cejda

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Characteristics of an Appropriate Instructor-Student
Relationship in Allied Health

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University of Nebraska, 2015

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In most allied health educational programs, the instructors are individuals who are experts in their field, but do not have a certificate in teaching. Furthermore, these individuals may feel a sense of loneliness when transitioning from working in a department with co-workers to being the sole instructor of a discipline-specific program. Because of this sense of isolation and the amount of time spent with the same students, instructors may begin to perceive students more as friends and confidants. The purpose of this phenomenological study was to explore the perceptions of educators regarding the instructor-student relationship in allied health programs in the Midwest. Little research has been conducted within allied health concerning this topic. Twelve instructors within allied health programs of study were interviewed. The interviews were transcribed and coded by the researcher. Approachability, professionalism, investment in students, personal judgment/moral compass, and consequences were identified as key characteristics of instructor-student interactions in the allied health programs selected. The findings suggest that instructors want their students to feel comfortable coming to them. They truly care about how they are perceived by the students along with the success of the students in these intense programs. According to the informants, the instructor-student relationship can become an issue when the instructor is young, or new to teaching.

Acknowledgements

Completing any degree requires a sense of self-motivation and self-direction. When I undertook the pursuit of my master's degree while working full time, I was motivated and thought I knew what I was in for. I wanted to succeed and I wanted this degree. What I didn't expect was the amount of time my last project in my course of study, the thesis, would require.

While I didn't plan on my thesis taking as long as it did, I am so appreciative of the support that I received in the process from my family, my co-workers, and my dean. I am married and have a son who was 4 when I started the process and is now turning 6. My husband had to spend a lot of nights where it was just him and our little guy. He never complained and was always supportive of my educational goals. My mother has been my biggest fan in this whole process. She never obtained a college degree and has always been so proud of the fact that I have had success where she didn't. I am thankful for her consistent inquires that kept the thesis in the forefront of my mind.

All the educators that I had courses with along the way were especially great to learn from and have interactions with. I appreciate the expertise that Dr. Barbara LaCost shared regarding quantitative and qualitative research techniques. It was truly in her class that I began thinking about my research topic and what method would best help me in the process. Dr. James Griesen was also very helpful. He was the first person I initially interacted with from UNL when researching what graduate program I should apply to. He was helpful in guiding me in the area that would pertain to my current role as an educator.

I am so thankful to have Dr. Uerling as my advisor and to have had classes with him. His expertise in higher education law was a blessing when I started this program. Also, without his patience and gentle nudging, I am not sure this thesis would have come to fruition. We would have multiple conversations where he would gently ask how I was coming along. I am thankful of the friendship that he and I have developed and the conversations that didn't always entail this project. My thesis topic is about instructor-student relationships and I feel that Dr. Uerling and I have the perfect relationship as it relates to the graduate student and advisor. I couldn't have asked for a better advisor. Thank You Dr. Uerling.

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Chapter 1

Introduction

Background

Employment in the various allied health professions requires teamwork and collaboration with co-workers, patients, physicians, other departments, and superiors. In the same allied health professions, employment in educational programs is a noticeably different culture, especially for somebody with no instructional training. Being an educator requires self-direction, concern for others before yourself, problem solving skills, and independence.

According to Dewald, allied health educators are not trained to teach and have limited exposure to instruction prior to entering a college classroom as an instructor (2010). She added that teaching in an allied health collegial setting can be “an isolating and lonely experience” (Dewald, 2010, p. 3). Research shows that instructor-student collaboration is important to student engagement and achievement (Anderson & Carta-Falsa, 2002; Frisby, & Martin, 2010; Catt, Miller, & Schallenkamp, 2007). Joint planning, consulting, and cooperation are critical to positive classroom outcomes (Anderson & Carta-Falsa, 2002). “The relationship between an instructor and the student has been labeled an interpersonal one” (Frisby & Martin, 2010, p. 147). It is this relationship, or rapport, that improves or worsens the classroom climate.

In discipline-specific educational arenas, such as allied health programs, faculty are with the same students for an extended amount of time. In most allied health educational programs, an instructor is with the same students several days a week for a minimum of two semesters, or approximately 8 months. Because of this prolonged time

period with the same students, an instructor may begin to perceive students more as friends and confidants. Research shows that positive faculty actions and interactions with students will create positive student performance outcomes; however, research within the field is limited in regard to how instructors who develop positive rapport and interpersonal relationships with their students also maintain the professional boundary.

Purpose Statement and Research Questions

The purpose of this phenomenological study was to explore the perceptions of educators regarding appropriate faculty-student relationships in selected allied health programs in the Midwest. Specifically, the research was interested in learning how faculty members establish and maintain appropriate boundaries in sustained, long-term interactions with their students. This study examined appropriate relationships in education as one in which the instructor-student interactions are considered personal in a way that enhances the educational experience of the student. The following research questions were addressed:

1. What do educators perceive as characteristics of an appropriate instructor-student relationship?
2. What do educators perceive as potentially challenging situations in developing and maintaining an appropriate relationship with their students?

Research Design

Educators that were currently working with students within various allied health programs in the Midwest were sought as informants for the study. Twelve participants were interviewed and became the sample for the research. Phenomenology, as a

qualitative research method, was chosen in order to let the informant's experiences and opinions of instructor-student relationships become known.

Allied health educators within the Midwest were sent a letter explaining the significance and purpose of the research study. A follow-up phone call was made to twelve possible informants and interviews were scheduled. All of the informants were provided with informed consent and volunteered to participate in an audio-recorded interview. Interviews were conducted between 30 minutes – 1 hour and at a site of the informants choosing. The interviews were conducted in a private room.

All informants were assigned a pseudonym and after all interviews were completed, the recordings were transcribed. All informants in the study were given the opportunity to review their individual transcript for accuracy of information and intent. The transcripts were analyzed by the researcher for significant statements regarding characteristics of the instructor-student relationship within allied health. The informant's statements were then grouped into five emerging themes that offer descriptions of the phenomenon of the instructor-student relationship in these programs of study. Comparisons of the results of this study to literature are made; although, specific literature regarding allied health programs of study is limited.

Definition of Terms

To assist in the understanding of the research's purpose, methods, and findings specific terms relevant to the research must be defined.

Allied Health - health care professions that provide patient services in specialties other than nursing, dentistry, podiatry, or physicians. Examples include clinical laboratory personnel, physical therapy, occupational therapy, dietetic services, medical

record personnel, radiologic services, speech-language pathology and audiology, and respiratory therapy.

Instructor-Student Relationship – The relationship between instructors and their students is an interpersonal one. Instructor-student collaboration is important to student engagement and achievement, along with joint planning, consulting, and cooperation that are critical to positive classroom outcomes (Frisby & Martin, 2010).

Skills Lab – a hands-on course in which the instructor demonstrates a particular skill set that is to be learned. The students are then required to practice the set up and manipulation of equipment to acquire similar images, outcomes, or skills.

Boundaries – limits or constraints that define appropriate behavior in relationships where one person may have power, influence, or control over another.

Appropriate relationship – an appropriate relationship in education is one in which the instructor-student interactions are considered personal in a way that enhances the educational experience of the student (Elliot & Lester, 2001).

Importance of the Study

More colleges and universities are beginning to focus on the collaborative instructor-student relationship to achieve student academic engagement and progression. As this emerges, department deans or chairs may want to incorporate instructor-student relationship training into new or continual faculty development workshops. Educators in allied health discipline-specific educational settings, where faculty spend a great deal of time with the same students, may be given validation for their own actions. Although research was pertinent to allied health educational programs, instructors that educate

undergraduate students in non-allied health areas will be able to recognize the implications of this study regarding interactions in instructor-student relationships.

Healthcare today is being challenged to improve patient care outcomes in order to receive federal reimbursement. The Patient Protection and Affordable Care Act (PPACA) stipulates new methods of Medicare reimbursement based on a hospital's adherence to clinical performance guidelines and the patients perception of the quality of care (Geiger, 2012). Hospitals are adopting patient-centered approaches and are evaluating them using tools such as the Hospital Consumer Assessment of Healthcare Providers Survey (HCAHPS). Surveys, like the HCAHPS, elicit the patient's perception of various aspects of care such as: pain control, cleanliness of rooms, and respectful treatment by clinicians (Geiger, 2012). The HCAHPS survey links patient experience scores to Medicare reimbursement (Frampton, 2012; Geiger, 2012).

It is not enough to treat the patient's medical condition anymore. The patient needs to feel like their concerns and fears were being addressed as well. Educators in the medical field need to think about how they are interacting with their students and what experiences the students are taking from that education to the workforce. The human interactions and collaborations that occur in education could influence the human interactions and collaborations that occur in the clinical site.

While several theories in literature point to the benefits of instructors establishing relationships with students, there is not a lot of research available on how these relationships are developed, especially in allied health programs of study. The research presented in this study does not pertain to one particular theory from the literature, but to concepts from several theories. The theories discussed in the literature and utilized for

this research included instructor-student relationships, instructor immediacy, communication privacy management theory, boundaries in instructor-student interactions, and professionalism in healthcare education. The conceptual framework from which the research was directed contended that multiple aspects of the instructor-student relationship are important to quality instruction and to the success of the student. The researcher wanted to better understand how instructors in discipline-specific programs of study, such as allied health, develop and maintain professional relationships with their students.

Delimitations

The research was delimited in the following ways: Only educators in allied health programs in the Midwest were sought as informants to participate in the research. The sample size was small. No students were interviewed for their interactions or opinions of the instructor. Only currently employed educators were interviewed. Informants were program chairs found by obtaining contact information from the program's website.

Limitations

This is a qualitative study geared toward the experiences of allied health educators in the Midwest. The study would be more generalizable if additional participants were sought from throughout the nation versus limiting the research to the area of the Midwest. In addition, a larger sample of participants may produce additional themes and subthemes that are more generalizable.

The sample consisted of employed, program chairs within seven different allied health programs of education. Retired faculty, newly-hired instructors, or younger faculty (that are the same age as traditional students) may have offered different experiences or

opinions about the subject of instructor-student relationships. The study specifically sought only the instructor's perspective in the instructor-student relationship. Had students been interviewed for their experiences or interactions with instructors, a more holistic report of instructor-student relationships may have been known. In addition, institutional policies or expectations of faculty in regards to instructor-student fraternization may play a role in faculty's decisions regarding boundaries with students.

In qualitative research, the researcher's personal experiences with the phenomenon and active participation in the process can influence data collection and analysis of the participant's meanings of the same experience (Creswell, 2013).

Qualitative researchers must collect and analyze data, while keeping their own biases out of the interpretation.

Assumptions

Being an educator within an allied health program at a small, private, medical college in the Midwest, the researcher had frequent interactions with the same group of students for approximately a year at a time. The researcher utilized skills labs within her program of study and assumed that most allied health programs also utilize skills labs to have students practice procedures and exams on peers and/or volunteers. Through these skills labs, the researcher had been involved in the students' discovery of thyroid cancer; ovarian, renal, and gallbladder issues; pregnancy; and other such findings in themselves, as well as family members and friends.

The researcher had become connected to some of the students who have gone through the program for the previously mentioned reasons and wondered if she may have crossed an unknown boundary in the instructor-student relationship. The researcher

assumed that other educators in allied health, with a similar background and educational curriculum designs, have experienced similar instructor-student connectedness and boundary issues.

Conclusion

This study focused on the perceptions of educators regarding the characteristics of an appropriate instructor-student relationship in allied health educational programs. Chapter 2 offers insight into the literature, which served as various theoretical frameworks for the study. Research methodology and the research informants are discussed in Chapter 3. The findings from the research as well as future implications are discussed in Chapters 4 and 5.

Chapter 2

Literature Review

Purpose Statement and Research Questions

The purpose of this phenomenological study was to explore the perceptions of educators regarding appropriate faculty-student relationships in selected allied health programs in the Midwest. Specifically, the research was interested in learning how faculty members establish and maintain appropriate boundaries in sustained, long-term interactions with their students. This study examined appropriate relationships in education as one in which the instructor-student interactions are considered personal in a way that enhances the educational experience of the student. The following research questions were addressed:

1. What do educators perceive as characteristics of an appropriate instructor-student relationship?
2. What do educators perceive as potentially challenging situations in developing and maintaining an appropriate relationship with their students?

Introduction

Research within the literature shows that positive faculty actions and interactions with students will create positive student performance outcomes. When searching resources such as peer-reviewed journals, books, and databases there is a great deal of literature regarding instructor immediacy, instructor rapport, and instructor communication. However, little knowledge has been generated about how an instructor

who develops positive rapport and an interpersonal relationship with their students also maintains the professional boundary.

The search of literature included a large variety of search terms such as: “instructor-student,” “faculty-student,” “teacher-student,” “relationship,” “interactions,” “instructor communication,” “instructor rapport,” “higher education,” “appropriate,” “boundaries,” “college student development,” “allied health,” “undergraduate,” “healthcare education,” “medical education,” and “code of ethics.” The literature found and discussed in the literature review is not all encompassing on these subjects; however, it offered a conceptual framework with which to begin formulating the research in this study.

The literature review summarizes findings regarding: the importance and key elements in instructor-student relationships, classroom climate and instructor self-disclosure as components of instructor immediacy, instructor self-disclosure as part of the communication privacy management theory, instructor-student boundaries, and the importance of professional relationships in healthcare education.

Instructor-Student Relationship

Although many researchers agree as to what constitutes a good educator, there are areas of disagreement. Most educators agree that knowledge of subject matter is an important factor in a student’s education and thus focus on the instructional role. Students, on the other hand, have stated that communication and personal interactions with their instructors was the most significant aspect of their learning (Catt, Miller, & Schallenkamp, 2007; Meyers, 2009).

Rapport and delivery were important attributes that students stated a good instructor utilized as elements in learning. Catt, Miller, and Schallenkamp (2007) defined rapport as the “ability to build relationships based on mutual trust and harmony” and delivery as a “manner in which instructors present and convey class-content materials” (p. 369). Rapport can ultimately impact students’ engagement in the class and persistence to complete their college education (Meyers, 2009).

In addition, “a sharing of meaning must exist between the sender and the receiver” (Catt, Miller, & Schallenkamp, 2007, p. 370). Sharing of meaning cannot simply be sending a message and having it be received. Learning through communication involves the use of examples, getting and keeping one’s attention, being prepared, involving other professionals (i.e. guest speakers, mentors), and explaining assessments (Catt, Miller, & Schallenkamp, 2007). Six action keys for effective learning dependent upon professor initiatives are: “being alert, providing challenges, establishing trust, showing interest, practicing openness, and demonstrating responsiveness to needs” (Catt, Miller, & Schallenkamp, 2007, p. 373). Of importance in this qualitative research study are the areas of trust, showing interest, and openness.

Instructor-student collaboration and trust are key elements that are important to student engagement and achievement (Anderson & Carta-Falsa, 2002; Frisby & Martin, 2010; Catt, Miller, & Schallenkamp, 2007). Joint planning, consulting, and cooperation are critical to positive classroom outcomes (Anderson & Carta-Falsa, 2002). “The relationship between an instructor and the student has been labeled an interpersonal one” (Frisby & Martin, 2010, p. 147). It is this relationship, or rapport, that improves or worsens the classroom climate. In discipline-specific educational arenas, the faculty are

with the same students for an extended amount of time. It is much easier to spend a great deal of time with the same students if there is a sense of an alliance between the instructor and the students. As Meyers (2009) revealed in his research of effective college instruction and faculty development, “students care if we care about them” (p. 206). Instructor immediacy has been identified as a basis on which instructors can build rapport with their students.

Instructor Immediacy

With the emphasis in higher education shifting to student-centered learning, student engagement has become the focus of much research (Rocca, 2010). Social psychologist Albert Mehrabian introduced the concept of immediacy as “people being drawn towards persons and things they like, evaluate highly, and prefer; and they avoid or move away from things they dislike, evaluate negatively, or do not prefer” (1971, p. 1). Instructor immediacy is a behavior that reduces the perceived distance between the instructor and the student, and enhances the closeness between the two (Rocca, 2007; Meyers, 2009).

Researchers have consistently reported a positive relationship between student affective learning (which concerns the students’ attitudes towards a course, content, instructor, and toward behavior in the classroom), and instructor immediacy (Pogue & AhYun, 2006; Thweatt, 1999; Goodboy & Myers, 2009; Micari & Pazos, 2012). A study performed by Pogue and AhYun (2006) revealed that “significant interactions between teacher nonverbal immediacy and credibility have a much more profound impact on student affect and motivation than either one by itself” (p. 340). Instructor immediacy behaviors that create affective learning environments are those that show interest and

support, such as: eye contact and smiling, facial expressions, and appropriate touch (Rocca, 2010; Wheelless, Witt, Maresh, Bryand, & Schrodt, 2011). Additional immediacy behaviors are personal space, communication (verbal and nonverbal), body language, and utilizing students' first names (Worley, Titsworth, Worley, & DeVito, 2007). A classroom climate that is open and supportive with praise flowing consistently is another characteristic of instructor immediacy (Worley, Titsworth, Worley, & DeVito, 2007; Pogue & AhYun, 2006; Thweatt, 1999; Goodboy & Myers, 2009; Rocca, 2010).

Instructor character and caring are also important aspects of an instructor-student relationship (Myers & Bryant, 2004). Instructor character is reflected through instructor immediacy as it relates to nonverbal communication and enthusiasm in the classroom, flexibility as fairness and concern for the students success, promotion of understanding through expressing expectations, and trustworthiness which entails instructors keeping their promises and following through (Myers & Bryant, 2004, p. 25).

Instructor immediacy is especially important in intensive, rigorous, and difficult courses. In these types of programs, instructors can influence the students' persistence. In difficult courses, students may not have as many personal resources to rely on for support and motivation leading to higher levels of student anxiety (Micari & Pazos, 2012). It is in these types of settings that the instructor-student relationship becomes more relevant. Positive, informal contact with the instructor has a significant impact on student persistence (Micari & Pazos, 2012; Pascarella & Terenzini, 1979). Nonverbal immediacy, instructor credibility, and instructor enthusiasm are all factors that influence student interest in a course, student motivation, and student persistence (Wheelless et al., 2011; Miller, Katt, & Sivo, 2014). In their study of 570 undergraduates Wheelless et al.

(2011), found that instructor immediacy, enthusiasm, and homophily (individuals seeing themselves as similar to another) accounted as significant factors in students' intent to persist (p. 331). This supports the notion that instructors influence motivation and persistence by their interactions with students.

In addition to instructor character, instructor credibility or competence is another important component of instructor immediacy. Students are drawn to educators that appear knowledgeable of the content and the methods used in teaching. Myers and Bryant (2004) surveyed 130 students to determine their perceptions of what instructor communicative behaviors convey competence, character, and caring (2004). According to the participants, instructor competence involved content expertise such as sharing real-world examples and being experienced with the material beyond the textbook, caring for students which was demonstrated by instructors being personable and respectable, and verbal confidence in which the instructor made eye contact during lecture and was clear in his speaking (Myers & Bryant, 2004, p. 24).

These same components of instructor credibility that draw students to the instructor and to the course content would also play a part in student persistence and success. "Teacher credibility plays a key role in facilitating successful teacher-student interactions, and ultimately, classroom learning" (Finn, Schrodt, Witt, Elledge, Jernberg, & Larson, 2009, p. 530). Instructor credibility is an important basis to establishing student trust and a caring instructor-student relationship. A student that views their instructor as incompetent will not afford them credibility even if they are caring and compassionate (Miller et al., 2013).

Instructor self-disclosure is another means of developing immediacy that reduces the perceived differences between the educator and the student and may reduce student anxiety levels. However, self-disclosing negative information could decrease an instructor's credibility with their students.

Communication Privacy Management Theory

Depending on the subject matter, instructor self-disclosure to their students can be uncomfortable for educators. Petronio (2004) identified two components within the concept of disclosure: what is disclosed, the private information; and how it is disclosed, the process (p. 196). This became the start of the Communication Privacy Management Theory (CPM). Self-disclosure could have positive or negative results depending on the circumstances, the person revealing, and the recipient (Petronio, 2004). One research study identified how college educators create and manage boundary rules regarding the private information they share with students (Hosek & Thompson, 2009). Petronio's theory of Communication Privacy Management was the framework from which the researchers worked. The Communication Privacy Management Theory functions within education as a tool that allows instructors to explore their disclosure of private information to students.

Hosek and Thompson's (2009) study revealed criteria that emerged in regards to teachers' rule-development regarding the disclosure of private information to students: motivation, contextual, and risk-benefit ratios (p. 333). The researchers found that teachers reveal private information for content and relational purposes as well as fostering rapport with their students (Hosek & Thompson, 2009, p. 333). The disclosures should be relevant to what the student is learning as well as helping them to engage in the

topic. Instructors that reveal too much private information about personal failures or weaknesses jeopardize students' perceptions of their competence (Miller et al., 2013). When instructor competence is questioned, discourteous behavior in the classroom may result.

Instructors utilize a risk-benefit ratio when deciding what, if any, private information may be disclosed. The benefits, as stated in Hosek & Thompson's study, were "reciprocity and connection" with students (2009, p. 337). The risks identified which prevent revealing private information are: role risks, face risks, and stigma risks (Hosek & Thompson, 2009, p. 337). Role risks are essentially those that teachers view in terms of institutional sanctions or inhibiting credibility. Face risks were identified as subject matter that, when revealed, would cause embarrassment to either the educator or the student. Stigma risks are those that once revealed create uncertainty about the consequences such as negative teacher evaluations.

Hosek and Thompson (2009) reported that educators are more likely to share private information if they perceive a relationship with their students (p. 342). This study provided an in-depth view of the communication privacy management boundary in higher education; however, this is one of many boundary issues that exist within instructor-student relationships.

Boundaries

Instructors and students interact with each other quite often in both didactic and social settings. Immediacy, which encourages a connection with the student, has been linked to boundary issues of maintaining the identity as the teacher, or authority. These connections that are building rapport with the students may also create confusion or

conflict for both instructors and students (Booth & Schwartz, 2012). Instructors fear that they may become too lenient or the interpersonal boundaries may become blurred if the relationship with their students becomes too connected or close (Meyer, 2009).

Boundaries, as described by Elliot and Lester (2001), are a person's moral limits that are used to define a relationship and may include legal protective limits. A qualitative research study conducted by Worley, Titsworth, Worley, and Cornett-DeVito (2007) of several award-winning educators was performed to better understand competence in instructional communication. Virtually all of the participants in the study discussed knowing there are boundaries between them and their students; however, they stated that the appropriate use of humor and stories to create relationships and engage students were important (Worley, Titsworth, Worley, & Cornett-DeVito, 2007). Taking the instructor-student association to a more personal level is acceptable if it enhances the educational experience of the student (Elliot & Lester, 2001).

A study conducted by Aultman, Williams-Johnson, and Schutz (2009) wanted to better understand the boundary dilemma in teacher-student relationships in the K-12 educational setting. In this study, boundaries were defined as processes that help to differentiate appropriate from inappropriate interactions in teacher-student relationships. This study is of particular interest in that it explores the negotiation that teachers go through when trying to establish teacher-student relationships, particularly the "finer distinctions in teacher-student boundaries that should be more useful in helping to educate teachers about ethical, professional behavior" (Aultman, Williams-Johnson, & Schutz, 2009, p. 638).

Eleven boundary types were reported in the investigators data: communication (relating to teacher self-disclosure), cultural, emotional (a teacher's emotional regulation), personal (personal investment in teaching/students), relationship (friendly, but not friends), temporal (balancing time commitments), institutional (school rules and regulations), financial, curricular (learning versus control in the classroom), expertise (in emotional interactions), and power (Aultman, Williams-Johnson, & Schutz, 2009, p. 639). The boundaries identified in this K-12 study appeared to be easier to keep the longer a teacher worked in the field. Their views of needing to be liked by the students changed with experience in the profession. Participants also identified these boundaries as a line that goes between helpful connections with students and being overly involved in their student's lives (Aultman, Williams-Johnson, & Schutz, 2009).

For college instructor's boundaries may become vague as the students become more self-reliant and comfortable in revealing as they progress through a program. Instructors may find themselves learning about and sharing personal characteristics with their students. According to Booth and Schwartz, boundaries can be helpful, but can also become "barriers to achieving genuine qualities of teacher-learner relationships that would support adult students' learning, and personal and professional development" (2012, p. 46). Students need to see their instructors as human and as having the same enthusiasm and obligations as they do. Being human entails being honest, sincere, and open with students through communication and actions in the classroom (instructor immediacy). Instructors have to discover for themselves the balance between distancing themselves from the students through policies and the power they hold in the relationship, and disregarding the policies and the power the instructor has (Booth & Schwartz, 2012).

Professionalism in Healthcare Education

The goal of every instructor teaching a medical profession is to graduate students that are competent in the course material taught to them, as well as respectful and professional to all those with whom they will interact (patients and others in the healthcare community). Medical education has been criticized for a lack of emphasis amongst its graduates to exhibit compassion and a professional character. It is not enough to teach students scientific knowledge, clinical reasoning, and skills (Danielsen & Cawley, 2007). Professionalism must play a central role in academia as well as throughout the graduating students' careers.

Instructors have a responsibility to role model and display in the classroom those characteristics that will provide a foundation for the positive development of their graduates. Researchers and authors in the medical field, specifically regarding the training of physicians, discuss what is known as the formal and informal curriculum. The formal curriculum is content, knowledge, and skills that are taught and found in mission statements, and course objectives; whereas, the informal curriculum consists of unscripted, unplanned forms of teaching (Cruess, Cruess, & Steinert, 2008; Pew-Fetzer Task Force on Advancing Psychosocial Health Education, 1994). It is the informal curriculum that sets the environment (caring or not) within which students are learning content and skills.

Educators function in both formal and informal education serving as role models to the students. The characteristics of good role models, hence educators, in medical education are clinical competence, effective teaching skills, and positive personal qualities (Cruess, Cruess, & Steinert, 2008). Educators must be aware that they are role

models to their students when functioning in both the formal and informal curriculum. According to Meyers (2009), students may adopt their instructors “values, views, and dispositions about learning and life” (p. 208).

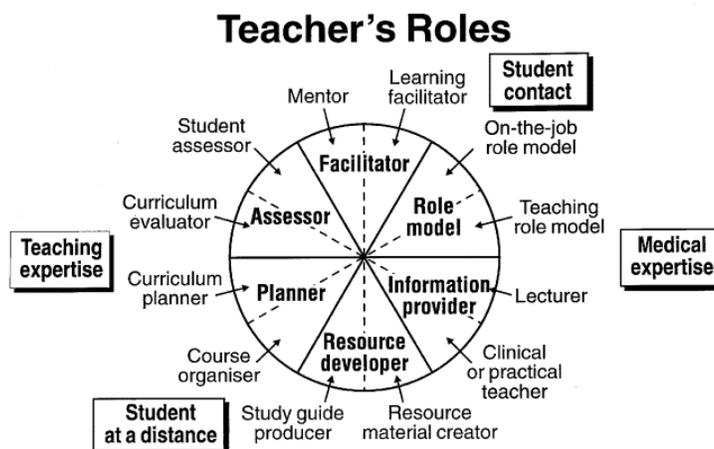
Relationships are the basis of many activities in health care (Beach & Inui, 2006). It has been recommended that medical education programs start incorporating integrity, compassion, and relationship-centered care (RCC) into the students’ programs of study (Danielsen & Cawley, 2007; Beach & Inui, 2006). Relationship-centered care acknowledges the importance of communication with the patient as the foundation of therapeutic treatment. The Pew-Fetzer Task Force on Advancing Psychosocial Health Education stated that these relationships are critical in all fields of medicine regardless of the discipline (1994). RCC emphasizes the importance of “authenticity” or having “internally” the respect that is shown “externally” by the clinician to those he or she comes into contact with (Beach & Inui, 2006, p. 3). In addition, RCC views communication between the clinician and the patient as an interactive process involving both the sender and the receiver (Beach & Inui, 2006; Underman Boggs, 2011). It requires that clinicians communicate in an active manner, which entails: listening, facilitating learning, and encouraging expression.

With current changes in healthcare revolving around patient and clinician satisfaction, student relationships with patients and other clinicians are becoming even more important. It becomes the educator’s responsibility to interact with students in such a manner as to ensure this positive relationship with patients will occur. “The central task of health professions education – in nursing, medicine, dentistry, public health, pharmacy, psychology, social work, and the allied professions – must be to help students,

faculty, and practitioners learn how to form caring, healing relationships with patients and their communities, with each other, and with themselves.” (Pew-Fetzer Task Force on Advancing Psychosocial Health Education, 1994, p. 39).

One would think it would be easy for an educator coming from the clinical world to academia to interact with students in the aforementioned regard since they have been taught for years to treat patients with compassion and empathy. However, a major focus of academia in the health care setting is structured around content delivery rather than generating a social environment that fosters learning (Haidet & Stein, 2006). The teacher’s role in medical education should be a balance between course content, content delivery, and interactions with students. Harden and Crosby (2000) identified twelve areas of teacher activity, or roles, in medical education that require balancing in order for teaching to enhance learning (see Figure 1). According to Harden and Crosby (2000),

Each of the six roles described [in the center of the model] can be further subdivided into two roles, making a total of twelve roles... roles to the right in the figure require more content expertise or knowledge, and roles to the left more educational expertise. Roles to the top are associated with face-to-face contact with students, and the roles to the bottom are associated with less student contact (p. 337).



(Source: Harden, R. M, & Crosby, J. (2000). The good teacher is more than a lecturer: The twelve roles of the teacher. *AMEE Guide No 20, 22(4)*, p. 337.) Reprinted with permission.

The balancing act that educators in any educational setting face are forming a relationship with their students and the appearance of being an expert in the content. The twelve roles can be looked at as separate; however, they are interconnected. A teacher may move between different roles such as content expert and mentor, or different roles may require skills that multiple teachers combine abilities to achieve (Harden & Crosby, 2000).

Summary

This chapter provided an overview of the literature pertaining to key elements in instructor-student relationships. The topics of instructor-student relationships, instructor immediacy, communication privacy management theory, boundary issues, and education in the healthcare realm were reviewed and led to a greater understanding and a basis from which to build this study. This qualitative study will specifically add to the literature where research is minimal regarding the various aspects discussed within the realm of instructor-student relationships in allied health.

Chapter 3

Methodology

Purpose Statement

The purpose of this phenomenological study was to explore the perceptions of educators regarding appropriate faculty-student relationships in selected allied health programs in the Midwest. Specifically, the research was interested in learning how faculty members establish and maintain appropriate boundaries in sustained, long-term interactions with their students.

Research Questions

Two questions were used to guide the research. They were:

1. What do educators perceive as characteristics of an appropriate instructor-student relationship?
2. What do educators perceive as potentially challenging situations in developing and maintaining an appropriate relationship with their students?

Research Approach

Qualitative research has specific characteristics that separate it from quantitative research. These characteristics are natural settings, researcher as the primary instrument, inductive logic, participants meaning, and rich, thick descriptions (Bogdan & Biklen, 2007; Creswell, 2013; Merriam, 2009).

In qualitative research, the data collection takes place within the setting where the participants experience the issue or problem to be researched (Creswell, 2013, p. 45).

Qualitative researchers are the primary instruments in that they collect data (through interviews, observations, and documents) as well as analyze the data. Qualitative research is inductive, meaning that the categories or themes emerge from the data, or from the “bottom up” (Creswell, 2013, p. 45). In addition, the design of the study should be emergent or flexible in that the researcher may have to modify the initial plan of study once beginning the data collection process (Creswell, 2013; Merriam, 2009).

Understanding the meaning of a particular phenomenon from the participant’s viewpoint, a key concern of qualitative research, is referred to as the emic, or insider’s perspective (Merriam, 2009, p. 14). The descriptive nature of qualitative research lends itself to the utilization of rich descriptions. The final product of any qualitative research study should “include words and pictures rather than numbers” to convey the meaning learned about a phenomenon (Merriam, 2009, p. 16).

Phenomenology

Phenomenology is a type of qualitative research in which the researcher is focused on the lived experiences of the individuals participating in the study. As Creswell (2013) stated, “Phenomenology is not only a description, but it is also an interpretive process in which the researcher makes an interpretation of the meaning of the lived experiences” (p. 80). This approach to qualitative research is appropriate for studying “affective, emotional and often intense human experiences” (Merriam, 2009, p. 26).

Typically in a phenomenological study, the researcher brackets himself or herself within the study so as to identify personal experiences with the phenomenon (Creswell, 2013; Merriam, 2009). This is done to prevent the personal experiences of the researcher from diluting the participant’s meanings of the same experience. In a phenomenological

study, the researcher identifies significant statements or quotes within the data collected, which are then grouped into themes (Creswell, 2013).

There are steps that should be considered when performing a phenomenological study. First, identifying several individuals with a common or shared experience of a phenomenon. A researcher should have some knowledge of the phenomenon to be studied as well. Second, phenomenological researchers must bracket out their own experiences. Third, data (consisting mostly of in-depth interviews, and observations) are collected from individuals who have experienced the phenomenon (Creswell, 2013). Participants are typically asked broad, open-ended questions about their experiences with the phenomenon. Fourth, the data analysis involves reading the collected data and developing “clusters of meaning” by organizing significant statements into themes (Creswell, 2013, p. 82). The task of this type of research is to write an illustrative description of the essence of the participant’s experience of the phenomenon, called “essential, invariant structure” (Merriam, 2009; Creswell, 2013, p. 82).

Institutional Review Board (IRB)

Before conducting this study, the researcher completed the Consortium for IRB Training Initiative in Human Subjects Protections (CITI) to receive certification in research involving human subjects. Approval from Midwestern University’s Institutional Review Board (IRB) was also received prior to beginning the research project and subsequent data collection (Appendix A). In the participant recruitment letter and informed consent document (Appendix B), all informants were provided with the IRB case number and contact information should concerns arise before, during, or after participation in the study.

Informants

Since it is essential in a phenomenology research study that the participants have experienced the phenomenon being studied, Informants for this study were selected utilizing criterion sampling (Creswell, 2013). A letter explaining the purpose of this study was sent to twelve instructors within seven different allied health educational programs in the Mid-West, selected by the researcher (Appendix B). The programs were accredited through their overseeing entities. Examples of such entities are the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or the Joint Review Committee on Education in Radiologic Technology (JRC-ERT). In addition to teaching in an allied health program, the educators met the following criteria:

1. Instruct/educate the same group of students within either classroom or skills lab settings for a minimum of two semester or three quarters.
2. Answered “yes” to a question asking them to participate in an interview about their experiences in regards to establishing appropriate instructor-student boundaries

Whether or not the informants from the seven different programs of study returned the letter indicating their interest in participation, they were contacted again by phone to discuss participation in the research, allowed to ask questions about the project, and to set up the interview at a site of their choosing (appendix C).

Twelve educators within seven different allied health educational programs from both university and community college settings volunteered to be interviewed. The informants were predominantly female (8 females and 4 males). Informants ranged in

age from 30 – 64 years, with 3 – 40 years' experience in education and 12 – 40 years' experience in their allied health career (see Table 1). The average number of students amongst the seven programs was 16, with 8 being the smallest class size and 50 (divided into two cohorts) the largest class size (see Table 2).

Table 1

Informant Demographics

Informant Pseudonym	Age	Years Teaching	Years in Allied Health Career	Time with Same Students
Nick	34	10	14	4-7 hours/week 12 months
Eric	50	3	17	10.5 hours/week 4 semesters
Kay	42	5	19	11-12 hours/week 15 months
Nancy	53	23	33	10-15 hours/week 9 months
Emma	30-40	11	12	13 hours/week 4 semesters
Nate	40	5	20	4-13 hours/week 9 months
Cathy	46	9	23	9 hours/week 3 semesters
Michelle	47	23	25	15 hours/week 3 semesters
Abby	46	14	21	6-10 hours/week 3 semesters
Linda	36	13	13	4 hours/week 3 semesters
Sue	39	5	15	6-10 hours/week 3 semesters
Sam	64	40	40	4 hours/week 3 semesters

Informants age, years teaching allied health, total years working in an allied health career and the amount of time spent with the same students: Table 1

Table 2

Typical student and number of students per informant

Informant	Typical Student	Typical Number of Students (per class)
Nick	Both genders (more female than male) 25- 35 years of age	10-12
Eric	Predominantly female Mid 20's in age	12
Kay	Predominantly female Mid 20's in age	13-24
Nancy	Predominantly female Mid 20's in age	22
Emma	Predominantly female Mid 20's in age	10-16
Nate	Predominantly female Mid 20's in age	6-18
Cathy	Predominantly female Mid 20's in age	8-12
Michelle	Predominantly female Early 20's in age	8
Abby	Predominantly female Early 20's in age	6-8
Linda	Predominantly female 20 years in age	20 (2 cohorts)
Sue	Both genders (more female than male) 21- 35 years of age	50 (2 cohorts)
Sam	Predominantly female 20 years in age	14

Typical student type (gender, age) and number of students per informant: Table 2

Data Collection

Each educator participated in a one-on-one, 30 – 60 minute interview at a site of their choosing. Data was collected through a researcher developed, semi-structured interview guide containing several open-ended questions (Appendix D). The questions

were designed to elicit the unique viewpoints of allied health educators as well as encourage further probing and clarification if necessary. The questions were primarily based on theories explored in the literature regarding instructor-student interactions. A few additional questions were developed from reflections the researcher had been interested in since becoming an educator. The researcher pilot tested the interview guide with her advisor and another faculty member outside of the sample population. According to Creswell (2013), pilot testing the interview instrument allows for refinement in assessing observer bias, framing questions, collecting background information, and adapting one's research procedures (p. 165).

The interview consisted of seventeen focused questions that were designed to obtain the educator's perception of instructor-student interactions and boundary issues (Appendix D). Informed consent was reviewed and obtained prior to the interview (Appendix B). Referrals, or snowball sampling, was sought from a few informants in the study in order to conduct 12 interviews. The informant responses were audio recorded and were transcribed following the interview. Informants were asked additional demographic data regarding age, gender, academic degree, and length of time at their current job.

Data Analysis

Core elements of data analysis within qualitative research are coding, categorizing, and comparing the data. Coding involves "reducing the data into meaningful segments and assigning names for the segments" (Creswell, 2013, p. 180). The codes are then combined into broader categories or themes and comparison are made with the use of tables, graphs, or charts. This study utilized a phenomenological

approach with an inductive data analysis to investigate allied health educator's descriptions of instructor-student collaborations and possible issues that may occur.

It has been suggested to use Moustakas' (1994) method of phenomenological analysis and representation. In a simplified version of this approach, Creswell (2013) discussed the process. First the researcher develops a list of significant statements from the interviews, each having equal worth (p. 193). Second, the researcher groups the significant statements into themes and writes a textural description of the experience, or what the participants experience (p. 193). Next, the researcher focuses on the structural description such as the setting and context, or how the experience happened (p.194). Finally, the researcher combines both the textural and structural descriptions in concluding the essence of the phenomenon from the participant's viewpoint (p. 194).

The researcher in this study transcribed the interviews and organized them in a way to begin analyzing the data for significant phrases. The transcripts were read several times and notes or memos were made that helped recognize significant statements regarding the characteristics of instructor-student relationships. Once the significant statements were known, they were grouped into themes, as well as textural and structural definitions. In the last part of the data analysis, the essence of the participant's experiences regarding instructor-student boundaries is written utilizing their words. Comparisons with relevant literature are included as deductive data analyses.

Researcher Reflexivity

As the author, data collector, and data analyzer of this qualitative study, the researcher must make known any biases, values, or experiences that may have been brought to the study being performed. Reflexivity helps the researcher understand how

their values and expectations influence the conduct and conclusions of the research (Merriam, 2009, p. 219).

Since beginning teaching, the researcher wanted to know how other educators with a similar background and educational curriculum designs have dealt with as well as perceived the instructor-student connectedness and boundary issue. By identifying her personal experiences with the phenomenon or “bracketing” herself as the researcher, she was able to focus on the participant’s experiences in the study (Creswell, 2013). The ultimate goal of bracketing is to help the researcher understand how the informants values and expectations may influence the conduct and conclusions of the research. Bracketing entailed identifying past experiences that the researcher underwent within the phenomenon of instructor-student relationships so that outcomes that she may have wanted to conclude or interpret in the study were recognized.

By distinguishing her own personal experiences, the researcher was able to focus on the informant’s experiences and allow for their positions to be heard and analyzed. The researcher wanted the educator’s responses to explain and structure the core of the phenomenon of instructor-student relationships in allied health education. Included are portions of the informant’s responses to illustrate the results related to their perceptions of characteristics of an appropriate instructor-student relationship such as: approachability, professionalism, and investment in the student. Also presented are the informants perceptions of potentially challenging aspects of developing and maintaining an appropriate relationship with their students. These challenges were identified as one’s personal judgment or moral compass, and consequences that may develop when instructor-student interactions become inappropriate.

Ethical Considerations

Conducting research has the potential to present more than minimal risk to the participants. Researchers must be aware of and eliminate such risks (criminal or civil liability, or social and economic damage). There were no known risks of harm to the informants associated with this research study. The informants were adult, non-students. Informed consents were provided prior to scheduling the interviews as well as discussed and obtained prior to conducting the interviews. To help ensure confidentiality, a pseudonym was assigned to each informant. Some educators may have seen instructor-student boundaries as a sensitive topic and could have been less willing to share personal experiences without assured confidentiality.

All research documents, including audio-recordings, transcripts, coding notes and drafts of the final project were stored on the researcher's secured personal computer and in a locked cabinet in the investigator's office. Informants were given access to their own transcripts (without the pseudonym) for the purpose of accuracy of information. The researcher's advisor acted as the auditor of the project and was made aware of the research through both written and verbal formats. The advisor was only provided with the informant's pseudonyms to further protect their confidentiality. All audio-recordings, transcripts, and drafts of the final project were destroyed upon completion of the project.

Verification Strategies

Establishing the validity within a research project helps ensure credibility of the results. There are several validation strategies that may be utilized in qualitative research. Triangulation is a well-known technique in qualitative research. It is used to ensure that the research is comprehensive and captures an in-depth inquiry of the same

phenomenon. This process involves the use of multiple and different methods, sources of data, investigators, and theories to support emerging findings (Creswell, 2013; Merriam, 2009). The researcher used theory triangulation in this project by seeking informants from several different programs of study within allied health, regarding a specific phenomenon. According to Guion (2002), if individuals from different disciplines interpret a single topic in a similar fashion, then validity has been established.

Member checking is another common strategy used to ensure validity and credibility. Member checking involves providing the participants in the study with the researcher's data, data analyses, interpretations, and conclusions so that they may provide judgment about the accuracy and credibility of the research (Creswell, 2013; Merriam, 2009). Peer review, clarifying researcher bias, and rich descriptions are additional methods that can be utilized for validation (Creswell, 2013). As an additional verification strategy, member checking was elicited by sending a copy of the interview transcript to all twelve of the informants, asking them to provide verification and reflection on the accuracy of the interpretation (Appendix E). None of the informants responded with changes.

Conclusion

This Chapter reviewed the research methodology utilized to conduct the study. The researcher's advisor acted as an external auditor throughout the research process. Although already made clear, the assumptions and biases that the researcher brought to the study when beginning to analyze the data and write the findings of the research were reiterated. Theory triangulation and member checking were validation strategies employed by the researcher. Member checking was elicited by sending each informant a

copy of their individual transcript from the interview asking them to provide verification and reflection on the accuracy of the interpretation (Appendix E). The findings of the research, in Chapter 4, offers the informant's words in quotes to provide rich, thick descriptions of the phenomenon of the instructor-student relationship in allied health educational settings.

Chapter 4

Findings

Purpose Statement

Using a phenomenological approach, the essence of allied health educator's perceptions of instructor-student collaborations and the issues that can arise from this type of interaction are discussed. Phenomenology, as a type of qualitative research, allows the researcher to focus on the lived experiences of the individuals participating in the study. As Merriam (2009) noted, phenomenology research lends itself to emotional and intense human experiences (p. 26). The purpose of this phenomenological study was to explore the perceptions of educators regarding appropriate faculty-student relationships in selected allied health programs in the Midwest. Specifically, the research was interested in learning how faculty members establish and maintain appropriate boundaries in sustained, long-term interactions with their students.

Research Questions

Twelve informants from allied health programs in the Midwest participated in this study. The informants were active, allied health educators that have interacted with the same, small group of students for an extended length of time. Pseudonyms were assigned to each informant in order to ensure confidentiality.

Two overall questions were used to guide the research.

1. What do educators perceive as characteristics of an appropriate instructor-student relationship?

2. What do educators perceive as potentially challenging situations in developing and maintaining an appropriate relationship with their students?

Overview of Themes and Subthemes

In this chapter, themes that the researcher believed developed from the interviews with the informants, regarding appropriate instructor-student relationships, are discussed. Table 3 briefly summarizes approachability, professionalism, investment in students, personal judgment/moral compass, and consequences as themes that emerged from the research. According to the informants interviewed approachability, professionalism, and investment in students were identified as characteristics of an appropriate instructor-student relationship. The informants also identified potentially challenging circumstances in association with personal judgment/moral compass and consequences when becoming too informal in developing and maintaining relationships with students.

Table 3

Themes and Subthemes

Themes
Theme I: Approachability. The informants believed that approachability was key to building trustworthy instructor-student relationships.
Theme II: Professionalism. Professionalism was important to the informants in regards to interactions between the students and themselves. Professionalism between students and the patients they interact with is the ultimate goal in these allied health programs.
Theme II: Professionalism. <ul style="list-style-type: none"> • Subtheme: Professional Informalities. While informalities are significant to achieving approachability, the informal interactions have to be respectful and professional. • Subtheme: Professional Expectations/Policies. Informants stated that while they want to appear friendly, the students are expected to follow the course requirements, procedures and policies, and expectations of the program.

Theme III: **Investment in the Students.** The informants acknowledged that their specific programs within allied health education are small in number, but intense and rigorous. Informants want their students to succeed and felt that by establishing a relationship with them helped to make this possible.

Theme IV: **Personal Judgment/Moral Compass.** Informants mentioned interactions that they know are off limits (i.e. meeting individually with a student outside of the educational realm). When the interactions aren't so cut and dried, seasoned faculty rely on their personal judgment or moral compass to decide if the interaction will be misinterpreted or inappropriate.

- Subtheme: **Institutional Fraternization Policy.** All of the informants were aware of institutional policies regarding sexual harassment and not drinking with students. Informants were unaware of a specific policy regarding instructor-student fraternization. Personal judgment/moral compass becomes more important in the absence of such a policy.

Theme V: **Consequences.** Approachability, investment in students, and appearing experienced or knowledgeable are desirable aspects mentioned by instructors in the allied health educational programs researched. Informants stated that two consequences exist in these types of relationships. One is the success of a student that otherwise might not have made it through such a rigorous program. The other, less desirable consequences are perceptions of favoritism, grade inflation, and inconsistency in disciplinary actions that arise when the instructor-student relationship becomes overly informal.

Theme I: Approachability. All 12 informants expressed a desire to want students to be able to talk openly, trust them, see them as human, and to have a level of rapport with them. Nick stated that he wants students to be able to come to him and talk openly, "Students have to be able to feel comfortable with you. They have to be able to approach you. They have to trust you and be confident in you." Kay remarked that

Students have to know that you are human too that you're not just this instructor, that you are a person that has a family and who enjoys things outside of work and that you know that they to do to and so you do take a personal interest in them.

Kay thought that by having a relationship with the student it would contribute to their learning and ability to ask the instructor for help. Nancy explained that instructors have experiences; they worked in the field before becoming educators and students should seek help from their instructors. She added, "Hopefully they know they can come to me and I've probably experienced it and I can help."

Nate identified that sharing personal information with the students is not inappropriate to him, “I feel that the students have a bigger ownership in the program because they feel like part of the team.” Abby remarked that developing trust with the students is important and that she is open with her students. “They know pretty much everything there is to know about me. I’m open with them so they’re a little more understanding just as if they are open with me, I’m more understanding as well.” Linda wants to establish a relationship with her students from the get go. She stated, “I feel and believe in the philosophy that you treat others as you want to be treated. When you respect others, they will respect you.” She feels that this creates a good foundation for student progression through the program adding that she sees herself as the student’s “ally” in progressing their education.

Four informants admitted that while wanting to be approachable, friendly, courteous, and a role model, they don’t share much personal information with their students. Sam stated that he does want to be approachable “because if you’re not approachable learning is not going to take place and they’re not going to be able to feel that they can ask questions;” however, “I’m not into getting personally involved.” Sue stated that she felt that sharing “adds credibility and realism to [oneself]. If you can share a little bit about yourself you become less sterile;” however, the “program isn’t about me, its’ about the students and our future patient’s.” When it’s “appropriate” or “meaningful and related to education” then she will share.

The researcher noted that all 12 informants expressed that they will not be friends with students on Facebook until after the students have graduated and are peers or colleagues. The researcher also noted that sharing phone numbers with students had a

mixed reaction amongst the informants. It appeared that the larger the number of students, the less the instructor was willing to share their personal phone number. In addition, some informants were offered a service by their employment to pay their phone bill if it was being utilized for work. While this was a possibility, not all informants offered the service were utilizing it. Of those that shared their phone number with their students, they stated that it was to keep open lines of communication. Such as in cases where a student can't be somewhere for clinical or they have questions about an assignment. Of note, most of the instructors that share their personal phone number stated that they will not answer the phone after a certain time at night of if they are involved in personal, family activities.

Theme II: Professionalism. Several informants related instructor-student interactions in the education setting to what students will experience in the health care setting working with patients. Nick found it to be very important that students feel comfortable coming to their instructor “especially in regards to patient care or patient safety.” Professionalism in the classroom translates over to professionalism in the health care setting. Nick added, “When students are around patients, they are expected to be very professional, very courteous, follow all those guidelines and all the practice standards that we have in place.” Nate conveyed that it’s because educators are getting students “ready to go into the profession” that he will “tell them how patients have talked to us in the past.”

Emma stated that she introduces practices in the skills labs that she expects students to utilize when working with patients in the clinical setting (i.e. handshakes). Eric mentioned that interactions in the skills lab are similar to interactions with patients in

the clinical setting. He remarked, "I'm very aware of where I'm touching." He added that it is "the same with patients" that he'll "make sure people are appropriately covered up." Sue mentioned specifically accountability to the state board, the accrediting body, the national association, and the institution. It is apparent that professionalism and accountability are the basis that all these programs were developed from.

Professional Informalities. Mentioned several times throughout the research was an informal instructor-student relationship. Informalities are significant to achieving approachability, which was established as important in these types of educational settings. However, instructors are very aware that while encouraging informalities to a degree is important, professional behavior is always expected.

Nancy stated, "I still expect to be respected." Nate stated "we try to make it informal so that they can come talk to us" but "there needs to be a level of respect." Cathy remarked, "I do have a defined line about what my expectations are of our relationship. Though we're friendly and we talk about personal things, I don't think there's any question that I am their instructor and their program director." Michelle stated that it can be "hard not to get involved in their lives, but I'm here to be their instructor and keep our relationship very professional." She added, "I think it makes it easier to keep the boundaries in place between who's the faculty person and who's the student." Sam stated, "I set the boundaries immediately... it's easier because you set up the boundaries." He added, "They're here to learn and you try to set up an environment where they can learn the best and do it in a professional environment."

Professional Expectations and Policies. It was apparent that professionalism in the educational setting is important to ensure that students exhibit professionalism with

patients in the health care setting. A significant number of informants mentioned professionalism in their interview. What also became clear is that instructors want to be approachable but seen as a professional. Defining roles and expectations of those roles is important to developing a meaningful instructor-student relationship. To accomplish this, expectations and policies are the guidelines. Nick stated, "I observe the rules. I uphold the rules of the program and the profession."

While instructors encourage personal relationships with students, there are limits to it. Kay remarked, "I like to appear friendly but at the same time I do expect a certain level of behavior from them and I do expect them to follow the rules that we have established in our program. I do expect them to treat me with a certain level of professionalism." Keeping a clear line regarding course requirements, procedures and policies, and expectations makes it easier to deal with disciplinary issues. Emma follows the course requirements and bases her decisions, her discipline, and her interactions on those. Abby remarked, "I lay out the rules day one and they just know that I follow those rules." Linda stated, "I expect compliance with policies and procedures." She added, "you want to come from an objective place... where it's not offensive, it's not defensive...keeping it professional at all times and not crossing that line of being their friend." Sue remarked, "I hope that there is some mutual respect... I try to be upfront and transparent with the grading, with the expectations, and why we have to learn certain things."

Theme III: Investment in the Students. One of the issues in this type of educational setting is the investment that the instructors feel towards the students in their programs. Informants mentioned the intensity and rigor of their programs in the

perspective of wanting students to succeed. Kay mentioned that students in her program may not have succeeded “because they would have just been overwhelmed with the amount of work and the stress and the intensity of the program.” Nate remarked, “This program is pretty rigorous. You have to establish a relationship with them so that if they fail you’re not in a judgmental position, you are more of a mentor... to inspire them to work harder.” Sue stated, “When I teach the first year students, it’s very stressful [for them].”

In addition to the rigor of the programs, typically the student number in each program is small and the amount of time spent with the same students is extensive. As Nancy stated, “we have such a small group, the students get really close and we spend a lot of time together.” She added, “You do tend to get closer to students because you end up learning about their personal lives.” Abby stated, “With a small group, you have to be a little more personal; otherwise, you are not going to get them engaged.”

These professions are hands-on, so the educational settings (i.e. skills labs) are designed to be hands-on as well. Sue stated, “When you’re in lab practicing, it’s much more laid back.” Michelle remarked, “I think that when you are working with students in [scan labs, competencies, and clinical scanning on patients] settings, you develop relationships based on whatever experience occurs during that time.” Nick stated,

We have a full 24 months with the same students. You do begin to develop a friendship with them as time goes on. It’s a small community. Allied Health is smaller based; we work with the students more and more. The instructor to student ratio is small. You’re going to get to know the quirks and the personalities. Relationships will be developed.

With the amount of time spent with the same students it can be impossible not to be concerned for them. Kay remarked, “I’m with these students a lot. I always add it up

at the end and it is thousands and thousands of hours that they spend literally just with me.” She added, “I think there are some students that we would have lost had we not had those relationships with them.” Instructors want to be involved in the student’s progression and successful completion of their programs. Emma remarked, “I think this is a partnership to help them.” It’s important to instructors that students know they are there to help. Linda stated, “Students know that you are invested in them as an individual and not just a number.” Cathy stated, “You learn about the students personal lives and you are pretty invested in them.” Michelle remarked, “You don’t want to see them struggle, you always want to kind of try to solve their problems for them.”

Accountability as it relates to investment in students, is part of the instructor-student relationship. Abby stated, “I don’t want a student to feel like we did not do anything about an issue they bring to us... by following up it shows that you take the student seriously.” Nancy remarked, “Sometimes I will call a student if they are not somewhere. I tell them it’s purely out of concern that they are not in the ditch.” Linda summed it up best by saying, “Instructors influence the learning process. It serves their education when they know that we care.”

All of these instructors made it clear that they care about the progression and success of their students. They will “bend over backwards” as Abby stated to help students. When an instructor is willing to invest themselves into their students’ success, how do they maintain that professional identity or role model appearance?

Theme IV: Personal Judgment/Moral Compass. Several Informants mentioned “the line” that they keep when interacting with students. Defining the line is different for different instructors. Some situations are cut and dry. Nancy remarked, “I

would never and have never had a student come to my home for any reason. That's one of the lines I don't cross." Abby remarked, "I have met up with a group of students for lunch. I don't think I would ever meet up with one of them." Cathy stated, "I don't go out drinking or socializing with [students]."

Other situations require that an instructor have an internal sense of right and wrong. Eric stated, "I think everyone is professional and knows their boundaries, their moral compass." He added, "It would be inappropriate to be too casual with the students." Nick remarked, "If we have a cause for question, it's probably inappropriate." Most informants mentioned, "You are not their friend," when it comes to the instructor-student relationship. Linda stated, "I want them to feel comfortable with me, but I don't want to be their best friend." Linda offered the advice of "think about the consequences before you proceed. Make sure you are comfortable with those consequences before you proceed." She added, "Professional, not personal...the onus is on the professor to know what's appropriate and what's not appropriate." Sue remarked, "I use my own critical thinking." She added, "Our code of ethics for the profession is enough for our department or for me personally. That's what I live by regardless of whether I'm in the clinical or in the academics. It certainly addresses instructor-student or clinician-patient inappropriate actions." Sam remarked, "Be very careful. If you don't have common sense, you'll find out really quick [what you can and can't do]."

Five informants mentioned either working with younger faculty that were the same age as the students, or mistakes they made when they themselves began in this profession. Sam remarked, "When I first started in this business I was the same age as my students. It was difficult to gain their respect." He added, "I did make the mistake of

going to a party or two and crossed that line. It put me in a bad position to gain that respect back.” Nancy stated, “When I was brand new at teaching I wanted to help a student that was going through a rough time.” Her superior reminded her that she was the instructor, not the student’s solution to their life problems. Nate remarked that it can be difficult for new educators as they are typically the same age the students. What he has advised to his new faculty is “awareness of biases and the perception of favoritism.” Cathy stated, “The younger the faculty, the harder it is for them to keep the lines defined.” She added, “What I think is obvious, may not be as obvious to that age group with those students.” Sue remarked, “With experienced staff and a bigger age gap between instructors and students, you’re less apt to be friends.”

New faculty or faculty that are close in age to the students may need more guidance or training regarding instructor-student interactions. A person’s moral compass transforms as they age and common sense develops with each experience encountered.

Institutional Fraternalization Policy. The informants that were interviewed were aware of their own personal comfort with instructor-student interactions and the consequences that can result from getting too close to students. All 12 informants were older than the age of their students and had at least 12 years of experience in their allied health career.

When asked about a policy regarding instructor-student fraternization, informants were not sure whether a policy existed or not. Most informants were aware of a policy regarding sexual harassment or a guideline discouraging drinking with students; however, most were unaware of a policy specifically entailing fraternization with students. Sam stated, “I think there’s certainly something on sexual harassment and that sort of thing. I

don't think fraternizing is [a policy]." He added, "How would you define that. That's probably why we don't because how would you define it." Kay and Nate both stated that they knew of a policy, but did not know what it specifically entailed. Kay added, "There's not a specific rule about you cannot give your phone number out or you cannot be Facebook friends or those types of things. It's more the big things like sexual harassment." The rest of the informants all answered with "not that I'm aware of," "there might be some guidelines," and "if there isn't a policy, it would take an event for one to develop."

All 12 informants were experienced faculty that have been in an educational role for a number of years. The fact that there is no policy regarding instructor-student fraternization speaks volumes to the reliance on personal judgment or one's own sense of appropriate/inappropriate behavior and professionalism.

Theme V: Consequences. Instructors want to appear approachable, invested, and experienced or knowledgeable. One example of how instructor approachability is achieved is through being open and sharing personal information. Investment in students in these intense programs is expected after spending so much time with the same students. Experience and expertise is demonstrated through instructors conveying that they are the authorities in the course content and through sharing real-life examples of past clinical experiences with students. Approachability, investment, and expertise are all desirable aspects of an instructor-student relationship.

Several informants mentioned that the success of students in their rigorous programs might not have occurred if an open, trustworthy type of relationship was not existent. It is when the relationship with students becomes too informal that

consequences can arise. Several informants mentioned a “line” that they have defined or that they know is there and are careful not to cross when developing a professional relationship with their students.

Some consequences of crossing the line are the perception of favoritism, grade inflation, and inconsistency in disciplinary actions. Eric stated, “If a student feels they are closer to an instructor, they may feel that the professor might give them leniency on assignments or in grading.” Kay is careful not to share too much or it can get to the “point where the student now looks at you more as their peer versus their instructor.” She added, “We have to follow the rules and I think sometimes that maybe gets pushed under the rug and when it comes time that this student can’t continue because they didn’t meet the [grade policy] then they tend to grieve because the rules haven’t been enforced before.” Cathy stated, “There are times that you have to be the boss.” She added,

It’s hard to put down the policies and procedures and the expectations if you’ve established too much of a friendship connection. Being too friendly makes it hard for you to be consistent in how you handle situations. It can influence your grading, influence you in how you treat one student over another. I have seen where faculty have said the student is my friend and I didn’t want to get her in trouble. I think it would make the student look at you differently if you drop all the boundaries.

In regards to getting too friendly with students Abby remarked, “I don’t think faculty hold [students] as accountable as they probably would or should.” Linda mentioned, “There may come a time where remedial action is needed and it becomes difficult to give and to receive.” She added, “[Students] need us to hold them accountable and to make sure they are in compliance with things.” Michelle remarked, “I keep our relationship very professional.” She added, “It’s very important to maintain that fine line in the relationship between the faculty person and the student. It can be hard on both the instructor and the student when tough decisions need to be made.” Sam, the most

experienced informant, remarked, “You run the risk of showing favoritism.” He added, “If you cross that boundary, the only person that’s going to lose will be the instructor. It won’t be the student. The student will never lose. Students have everything to gain by being friendly and open.”

Summary of Findings

The themes that emerged showed that approachability, professionalism, and investment in students are valuable aspects in developing a trusting, welcoming instructor-student relationship. These are the characteristics that allied health educators in the Midwest perceived as appropriate and necessary in instructor-student relationships. The informants also discussed that a relationship that becomes too informal can create potentially challenging situations and that a strong sense of personal judgment, or a moral compass, is important. This is especially evident when working with the same students for a long period of time where educators become invested in their success.

Several consequences of becoming too informal in developing an instructor-student relationship were discussed. There are good consequences to having a less than formal instructor-student relationship. One such outcome is that students are successful in their degree obtainment where the stress and rigor of the program may have otherwise resulted in failure of the program. The other consequences, which are far less desirable, are student’s perception of favoritism, student’s perception of an instructor as an equal and not being afraid to ask for grading leniency. In addition, disciplinary actions become difficult to enforce.

The themes that emerged showed connections between professionalism in the educational setting and professionalism in the clinical setting. In addition, there is a

“line” that was mentioned throughout the interviews that ultimately becomes one’s personal judgment or moral compass. It’s important to informants that this “line” is maintained and that students see them as professional and respected; however, it is also important that students feel a sense of comfort and trust, and know that they can approach an instructor with any issues. In Chapter 5 the researcher provides further discussion about the findings of this phenomenology study, the implications for the findings, and recommendations for future practice and research.

Chapter 5

Discussion

Purpose Statement

The purpose of this phenomenological study was to explore the perceptions of educators regarding appropriate faculty-student relationships in selected allied health programs in the Midwest. Specifically, the research was interested in learning how faculty members establish and maintain appropriate boundaries in sustained, long-term interactions with their students.

Summary of Findings

After collecting and analyzing the data, the conclusions from the research and the implications that it might hold for educators within allied health programs are more apparent. The following themes emerged from the data:

- The informants believed that approachability was key to building trustworthy instructor-student relationships.
- Professionalism was important to the informants in regards to interactions between the students and themselves. Professionalism between students and the patients they interact with is the ultimate goal in these allied health programs.
- While informalities are significant to achieving approachability, the informal interactions have to be respectful and professional
- Informants stated that while they want to appear friendly, the students are expected to follow the course requirements, procedures, and policies, and the expectations of the program.

- The informants acknowledged that their specific programs within allied health education are small in number as well as intense and rigorous. Informants want their students to succeed and felt that establishing a relationship with them helped make this possible.
- Informants mentioned interactions that they know are off limits. When the interactions aren't so cut and dried, veteran faculty rely on their personal judgment or moral compass to decide if the interactions will be misinterpreted or inappropriate.
- All of the informants were aware of institutional policies regarding sexual harassment and not drinking with students. Informants were unaware of a specific policy regarding instructor-student fraternization. Personal judgment/moral compass becomes more important in the absence of such a policy.
- Approachability, investment in students, and appearing experienced or knowledgeable are desirable aspects to instructors in allied health education programs. Informants stated that perceptions of favoritism, grade inflation, and inconsistency in disciplinary actions are issues that arise when the instructor-student relationship becomes overly informal.

Educators in intense, discipline-specific educational programs (where educators spend a long period of time with the same students and develop a rapport with them) see approachability, professionalism, and investment in their students as characteristics of an appropriate instructor-student relationship. Also discovered was that educators in these fields rely on their own personal judgment, or moral compass, to ensure the relationships

with the students is maintained as a professional one. All the informants were quite aware of the consequences of overstepping the professional boundary with students once a relationship has been established. It is the hope of the researcher that educators who are wondering if they are crossing some margin of appropriateness by connecting with their students will have a better understanding of an engaging instructor-student relationship.

Discussion

Most allied health instructors do not walk into their classroom thinking about a particular instructor-student relationship theory, such as instructor immediacy, that they are going to use that day in class. Most instructors interact with students in ways that they know have worked in the past, will help students succeed, and will prepare students for interactions with others in the healthcare setting. Instructors will avoid interactions that are uncomfortable or may affect the respect level that they desire. While there has been significant research regarding instructor-student relationships in undergraduate, graduate, and K-12 educational settings, little research has been done specifically in allied health educational programs where instructors become invested in their student's success, become connected to them on a personal level, and yet maintain the boundary of professionalism and respect.

Research question 1: What do educators perceive as characteristics of an appropriate instructor-student relationship?

Although the literature specifically regarding instructor-student relationships in allied health educational programs is limited, the findings of this study correlate with several concepts in current literature regarding instructor-student interactions in general. Several authors identified instructor-student collaborations,

rapport with students, and trustworthiness as key elements that are important to student engagement and achievement (Anderson & Carta-Falsa, 2002; Frisby & Martin, 2010; Catt, Miller, & Schallenkamp, 2007; Meyers, 2009). The educators interviewed in this study were no exception to this thought process.

All 12 informants stated that they want students to see them as human and to have a level of rapport with their students. There was awareness that having a relationship with the students would contribute to their learning and their ability to seek help. Informants made comments to the effect that “I’m open with them so they’re a little more understanding just as if they are open with me, I’m more understanding as well,” and “[Students] have to trust you and be confident in you.” According to Catt, Miller, and Schallenkamp (2007), establishing trust and practicing openness were two of the six keys for professor led initiatives in effective learning. One informant used the term “ally” in her role in the progression of the student’s education. Informants stated that being approachable and having a relationship with the student contributes to their learning and ability to ask for help. One informant stated, “If you’re not approachable, learning is not going to take place and [students] are not going to be able to feel that they can ask questions.” Approachability as these informants explained it, is achieved through instructor immediacy actions.

As Micari and Pazos (2012) reported in their study, it is beneficial to the learning of students in difficult courses that they feel a positive, mutual respect-type relationship with the professor. Higher grades and improvements in confidence were among the benefits when students felt that they could approach their professors and the professor adopted professional, self-disclosing behavior (p. 45). Researchers have consistently

reported positive relationships between instructor immediacy and the following: student affective learning, student motivation, and student persistence (Pogue & AhYun, 2006; Thweatt, 1999; Goodboy & Myers, 2009; Micari & Pazos, 2012; Wheelless et al., 2011; Miller, Katt & Sivo, 2014).

Instructor immediacy has been defined as behavior that reduces the perceived distance between the instructor and the student and enhances the closeness between the two (Rocca, 2007; Meyers, 2009). Several informants in this study mentioned the rigor and intensity of their programs and added that students may have failed had a supportive type of relationship not been established. Most of the informant's programs of study have a small instructor-to-student ratio. Comments regarding how small the classes of students are, how close they get to each other, along with "[faculty] tend to get closer to students because you end up learning about their personal lives," were common statements throughout the interviews. One informant stated that "with a small group, you have to be a little more personal; otherwise, you are not going to get them engaged."

Several of the informants stated feeling a partnership with their students and an investment in their progression. One informant summed it up best when she stated, "Instructors influence the learning process. It serves [the student's] education when they know that we care." Another informant stated that, "with the amount of time spent with the same students it can be impossible not to be concerned for them." Meyers (2009) statement that "students care if we care about them" was proven to be a thought process of informants in this study (p. 206).

Verbal and nonverbal communication along with utilizing students' first names, and appropriate touching are a few aspects of instructor immediacy that were mentioned

in the literature and brought up in the research. Hosek and Thompson (2009) utilized Petronio's Communication Privacy Management Theory to explore teacher's rule development in disclosing private information to students. If the information being disclosed relates to the content of the course or will foster rapport with the students then teachers will reveal private information (Hosek & Thompson, 2009). Instructors will avoid sharing personal information if their (or someone else's) credibility will be affected or if the information could be perceived as negative and result in loss of rapport with the students (Hosek & Thompson, 2009; Miller et al., 2013).

For eight of the twelve informants, sharing personal information was not seen as inappropriate. One informant remarked that sharing gives students a "bigger ownership in the program because they feel like part of the team." Another remarked, "[Students] know pretty much everything there is to know about me." While all of the informants stated that they would share their marital status, if they have kids, etc. four of the twelve informants admitted that they don't share much personal information with students. They have a desire to be approachable, friendly, courteous, and a role model to students; however, they are not going to get personally involved. One informant stated that she felt that sharing personal information adds "credibility and realism [to oneself] and that if you can share a little bit about yourself you become less sterile; however, the program isn't about me, its' about the students and our future patients." She added, "When [sharing] is appropriate or meaningful and related to education," then she will share.

All of the informants found it acceptable to share real-life examples when it pertained to the course being taught or a situation being discussed. This was felt to add credibility to themselves as experts in the field. Of note by the researcher was that eleven

of the twelve informants allowed students to call them by their first name and they used students' first names. One informant would call students by their first name, but insisted that students call him by Mr. and his last name. It is unclear if this resulted in less of an instructor-student rapport or feeling of connectedness in his classes.

According to Finn et al. (2009), instructor credibility is important in facilitating positive instructor-student relationships and learning. Students are drawn to educators that are knowledgeable of the content being taught and may even adopt the principles and beliefs of that educator (Meyers, 2009). Instructor credibility, which is established by communicative behaviors that convey competence, character, and caring, has been proven to play a part in student persistence and success (Finn et al., 2009; Myers & Bryant, 2004). It was very important to all of the informants that students felt that they could approach them with issues and talk openly. One informant stated that “[Students] have to be able to approach you. They have to trust you and be confident in you.” Another informant stated that “being humble” is a good way to interact with students. That while an educator may not know the answer to a question they cannot be “condescending and talking like they know so much.” She added that she would say “we’ll look it up together, that’s a great question.”

While caring is part of instructor credibility, if an instructor appears incompetent a student will not afford them credibility no matter how caring they are (Miller et al., 2013). One informant explained that instructors have experiences since they worked in the field before becoming educators. She hoped that “students would come to me and I’ve probably experienced it and I can help.” Another informant shared that she hoped that students would utilize the department as a resource even after they have graduated.

“We’ve got experts here on these different niche practices that [students] want to be able to come back and use as a resource.”

Research question 2: What do educators perceive as potentially challenging situations in developing and maintaining an appropriate relationship with their students?

Professionalism must play a key role in medical education as relationships are the basis of many activities in health care from the diagnosis, to the treatment, to the healing process. All illness occurs within relationships making relationship-centered care (RCC) in the medical field something to be recognized and appreciated in education (Beach & Inui, 2006). A component of RCC is being authentic in actions and communications with patients.

It is the hope of every instructor in allied health education that the professionalism that is role modeled, taught, and learned in the instructor-student relationship will follow students into the healthcare setting. Nearly every informant commented on professionalism in the interviews. They either wanted to be perceived by their students as professional role models or hoped that the students exemplified professionalism in the clinical setting. Some comments that illustrate this are: “When students are around patients they are expected to be very professional, very courteous, follow all those guidelines and all the practice standards we have in place,” and “It’s because educators are getting [students] ready to go into the profession that sharing [past experiences regarding patients] is helpful”. In addition, informants expected students to utilize professional practices introduced in the skills lab when working with patients in the clinical setting (i.e. handshakes).

According to this research, approachability is also an important aspect of the instructor-student relationships in allied health educational programs. In order to achieve approachability, most informants mentioned that they are informal with their students. In medical education there are two components to curriculum: the formal and the informal. The formal component is guided by what students must be knowledgeable of to graduate and the informal component is the caring environment that is established to help achieve that knowledge (Cruess, Cruess, & Steinert, 2008; Pew-Fetzer Task Force on Advancing Psychosocial Health Education, 1994).

Of interest to this study is how instructors maintain the professional role-model identity with students when becoming informal and approachable. One informant stated, “I keep it friendly, but not overly casual. It is all right to take a personal interest and want the best for them, but don’t forget whose responsibility it is to be the instructor.” Other informants mentioned, “I lay out the rules day one and they just know that I follow those rules,” and “I expect compliance with policies and procedures.” It would appear that faculty are able to become friendly and approachable while maintaining the professional, content expert, and “I’m the boss” role with students by setting boundaries and expectations right up front.

Approachability and professionalism were very important to all the informants. What also became clear throughout the research process is that instructors rely on sense of personal judgment or a moral compass. When building connections and rapport with their students, the instructor has to be careful so as to not create confusion or conflict within the instructor-student relationship (Booth & Schwartz, 2012).

Most of the informants were knowledgeable of sexual harassment as a cut and dried line that they would never cross, but it was their own personal moral limits that they relied on in informal interactions with students (Elliot & Lester, 2001). As one informant stated in relationship to instructor-student interactions, “If we have cause for question, it’s probably inappropriate.” Nearly every informant made the comment that “you are not [the students] friend”. One informant added, “I want them to be comfortable with me, but I don’t want to be their friend.” Another offered advice saying “instructors should think about the consequences before proceeding,” adding that the instructor-student relationship is “professional, not personal... the onus is on the professor to know what’s appropriate and what’s not appropriate.”

As Aultman, Williams-Johnson, and Schutz (2009) discovered, the longer an educator worked in the field the easier it was to keep the instructor-student boundary. Most of the informants in this research process were program chairs that had been teaching a minimum of 3 years to a maximum of 40 years. Several informants mentioned that the younger an instructor is in age (especially if they are the same age as the student), the more tendencies there are to interact inappropriately with the students. One informant started teaching the week after graduation from an allied health program. That informant stated that it was “difficult to gain [the student’s] respect.” Others remarked that “The younger the faculty, the harder it is for them to keep the lines defined,” and that “With experienced staff and a bigger age gap between instructors and students, you’re less apt to be friends.” A particular story shared by an informant was in regards to a younger faculty member that was employed to work with students in her program, “This one was very young and she actually was withholding information from me because she was

friends with the student. So it became an issue when I discovered that our student was having a relationship with her preceptor that was grading her.”

According to this research, experienced faculty were better at maintaining the boundary between informal interactions and the respect that is required in an instructor-student relationships. All of the informants were experienced enough to know the consequences of being too informal with the students. The consequences of becoming too friendly with a student are perceptions of favoritism, grade inflation, and difficulty being consistent in disciplinary actions along with loss of respect.

Instructor immediacy, by its very nature, involves removing the distance between an instructor and a student, thus enhancing the closeness in these relationships (Rocca, 2007; Meyers, 2009). This closeness has been linked to positive student outcomes such as student retention. However, if the relationship were to become too close (too friendly), the results could be detrimental. One informant mentioned that she is careful not to share too much or “the student now looks at you more as their peer versus their instructor.” Several informants mentioned that it could become difficult to enforce disciplinary actions or hold the student accountable if you have gotten too close to the student. As previously mentioned, one informant was in a situation where faculty told her “the student is my friend and I didn’t want to get her in trouble.” Another informant mentioned that students tend to grieve when rules haven’t been consistently followed throughout the program and now when the student has failed and is not progressing, the rules are being enforced. As another informant put it “If you cross that [friend] boundary, the only person that’s going to lose will be the instructor.”

Implications

Allied health education has several components that make it unique in the educational world: the class sizes are typically small, the instructors spend a great deal of time with the same small group of students, and instructors are not trained in academia but in the field that they are teaching. When one thinks about these three components together, it becomes clear that faculty have to be self-aware of every interaction they have with students. While instructors want immediacy through informal, approachable relationships with their students they must be attentive to how the students perceive the interaction. If the relationship becomes overly casual or too friendly, instructors run the risk of losing their credibility or losing the ability to hold students accountable. Positive relationships with patients in the healthcare setting could result from positive educational experiences. Just the same, negative patient relationships could result from adverse educational experiences.

As identified by Harden and Crosby (2000), the twelve areas of teaching activity demonstrate what a demanding undertaking teaching can be. This is especially true for an educator with medical experience but no teaching expertise. Developing curriculum can become the major undertaking for a new educator. When curriculum development is the primary role of the educator, the students may not feel a connection to the instructor, see the instructor as credible, or may not engage with the course content. The worst outcome of this would be that the student might not progress. In allied health educational programs, the number of students accepted is typically small. Even having one student fail to progress will affect attrition rates in a significant way. Accreditation bodies may look at those rates and the program could suffer consequences.

Faculty development becomes important in training new educators. Content delivery (formal curriculum) is important; however, so is creating an environment of learning where the student feels a sense of connectedness to the instructor, the content, and to others around them (the informal curriculum). Administrators may want to remove other responsibilities of new or struggling instructors (i.e. committee work, extra classes, etc.) or provide other means for student connectedness such as student mentors or teacher's assistants. Enacting faculty-mentoring programs where experienced faculty would work with and explore instructor-student relationships with new faculty would provide positive outcomes for all involved including the student. It is unclear what type of, if any, faculty mentoring took place when the informants began working. Some had educators before them that offered advice; whereas, others learned by the mistakes they made or watched others around them make.

Whether or not a policy regarding instructor fraternization with students should be developed and utilized would be up to the specific program within which the faculty is working. If faculty training is all encompassing and includes discussions and guidelines to help one develop a moral sense of informal but professional relationships then a policy may not be needed. If a department is lacking experienced, seasoned faculty and finds itself with instructors that are new to academia, a guideline of appropriate actions to take with students may need to be developed. Such guidelines would include that being overly casual or too friendly with students puts the instructor on a different, less respected, less professional level with the student. This will make it much more difficult to enact disciplinary procedures if that becomes necessary and it also may interfere with interactions with other students if it is perceived that favoritism is taking place.

Future Research

In this research project, students' impressions of instructor-student interactions were not sought. Future research regarding instructor-student relationships may want to include students' perceptions along with instructors' comments. Student persistence, via attrition rates, was not elicited in this research. Instructors described caring about the success of their students and felt that by having a connected, personal relationship with them, they progressed in the program. These statements were not verified through attrition rates per program. In addition, it would be interesting to know what type of instructor training allied health educators are receiving upon beginning employment in academia, especially new or younger faculty who are coming right out of the medical field.

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Appendix A
IRB Approval Letter

November 26, 2013

Julie Morbach

Graduate Studies

5421 W Goodwin Cir Lincoln, NE 68524

Donald Uerling

Department of Educational Administration

134 TEAC, UNL, 68588-0360

IRB Number: 20131113930ex

Project ID: 13930

Project Title: Master's Thesis: Characteristics of An Appropriate Relationship

Dear Julie:

This letter is to officially notify you of the certification of exemption of your project. Your proposal is in compliance with this institution's Federal Wide Assurance 00002258 and the DHHS Regulations for the Protection of Human Subjects (45 CFR 46) and has been classified as exempt, category 2.

We wish to remind you that the principal investigator is responsible for reporting to this Board any of the following events within 48 hours of the event:

* Any serious event (including on-site and off-site adverse events, injuries, side effects, deaths, or other problems) which in the opinion of the local investigator was unanticipated, involved risk to subjects or others, and was possibly related to the research procedures;

* Any serious accidental or unintentional change to the IRB-approved protocol that involves risk or has the potential to recur;

- * Any publication in the literature, safety monitoring report, interim result or other finding that indicates an unexpected change to the risk/benefit ratio of the research;
- * Any breach in confidentiality or compromise in data privacy related to the subject or others; or
- * Any complaint of a subject that indicates an unanticipated risk or that cannot be resolved by the research staff.

This project should be conducted in full accordance with all applicable sections of the IRB Guidelines and you should notify the IRB immediately of any proposed changes that may affect the exempt status of your research project. You should report any unanticipated problems involving risks to the participants or others to the Board.

If you have any questions, please contact the IRB office at 472-6965.

Sincerely,

Becky R. Freeman

Becky R. Freeman, CIP

for the IRB



Appendix B

Informed Consent and Recruitment Letter

IRB #13930

Title: Characteristics of an Appropriate Instructor-Student Relationship in Allied Health

Purpose of the Research:

The purpose of this phenomenological study is to explore the perceptions of educators regarding the faculty-student relationship in allied health programs in the Mid-West. In specific, I am interested in learning what instructors within allied health educational programs perceive as characteristics of an appropriate instructor-student relationship in sustained, long-term interactions with their students. Additionally, the study is being conducted by the researcher in order to fulfill the requirements of a Master of Arts in Educational Administration.

You are invited to participate in this study because you are an educator within an allied health program and your program fits the aforementioned criteria of sustained, long-term interactions with the same students. You must be 19 years of age or older to participate.

Procedures:

You will be asked to participate in a 30 – 60 minute face-to-face interview with the researcher. The interviews questions are designed to elicit your teaching background, personal experiences in developing relationships with students, and your opinion regarding characteristics of appropriate relationships with students. The interviews will be conducted at a site of your choosing, and scheduled based on your availability and the availability of the researcher. Your responses to the interview questions will be recorded and transcribed by the researcher. You may be contacted, by phone, following the interview for clarification purposes only.

Benefits:

There are no direct benefits to you as a research participant. The research project will benefit the field of allied health education. The research project will benefit the researcher in fulfilling the requirements for a Master of Arts degree.

Risks and/or Discomfort:

Some participants may experience discomfort associated with the interview questions. You may decline to respond to any questions you wish.

Confidentiality:

Any information obtained during this study that could directly identify you will be kept strictly confidential. Upon your acceptance of this agreement, you will receive a unique designation identifying any data associated with you. The researcher will audio record the interview and will transcribe the interview upon completion. After transcription, the audio recording will be destroyed. The data will be stored in a locked cabinet in the investigator's office and/or on a secured hard drive that can only be accessed by the investigator with a security password. Data obtained during the study will only be seen by the investigator. The information obtained in this study may be published in scientific journals or presented at scientific meetings, but the data will be presented as aggregated data and any participant quotes will remain anonymous.

Compensation:

You will receive no compensation for participating in this project

Opportunity to Ask Questions:

You may ask any questions concerning this research project and have those questions answered before agreeing to participate in or during the study. You may contact Julie Morbach, the primary investigator, at any time by e-mail (julie.morbach@bryanhealth.org) or phone, (402) 481-8732. You may also contact Dr. Donald F. Uerling, the secondary investigator by e-mail (duerling1@unl.edu) or phone, (402) 472- 3728. Please contact the University of Nebraska- Lincoln Institutional Review Board at (402) 472-6965 for the following reasons:

- you wish to talk to someone other than the researcher to obtain answers to questions about your rights as a research participant
- to voice concerns or complaints about the research
- to provide input concerning the research process
- in the event the primary investigator could not be reached

Freedom to Withdraw:

Participation in this study is voluntary. You can refuse to participate or withdraw at any time without harming your relationship with the researcher or the University of Nebraska-Lincoln, or in any other way receive a penalty or loss of benefits to which you are otherwise entitled.

Consent, Right to Receive a Copy:

You are voluntarily making a decision whether or not to participate in this research study. Your signature certifies that you have decided to participate having read and understood the information presented. You will be given a copy of this consent form to keep.

Signature of Participant:

Signature of Research Participant

Date

Name and Phone Number of Investigator:

Julie Morbach, Principal Investigator
481-8732

Office: (402)

Instructor- Diagnostic Medical Sonography
Bryan College of Health Sciences
School of Health Professions

Dr. Donald F. Uerling, Secondary Investigator
472-3728

Office: (402)

Associate Professor Emeritus
University of Nebraska-Lincoln
Department of Education Administration

Dear study participant,

Date:

Hello my name is Julie Morbach and I am an instructor of Diagnostic Medical Sonography at Bryan College of Health Sciences in Lincoln, Nebraska. I am writing to invite you to participate in a study that I am conducting for my Master of Arts degree through the University of Nebraska-Lincoln.

The goal of the study is to explore educator's perceptions of the faculty-student relationship in allied health programs in the Mid-West. Specifically, I am interested in learning what instructors within allied health educational programs perceive as characteristics of an appropriate instructor-student relationship in sustained, long-term interactions with their students.

I am writing to ask you to participate in this study so that I am able to obtain a cross-section of educators within various allied health programs of study such as radiology, physical therapy, sonography, surgical technologists, nuclear medicine technologists, and other such allied health education programs.

I would like to interview you at a time that is convenient for you. Participation in this study will require approximately 30 – 60 minutes of your time, at a location of your choice. This includes a brief discussion of the consent form followed by a focused conversation over several open-ended questions. Please see the enclosed interview protocol. The interview will be audio taped. Each participant will be given an informed consent form at the beginning of the interview. This form contains additional information about participating in the study and will require your signature before being interviewed.

There are no known risks and/or discomforts associated with this study and you will be able to stop participation at any time. Please do not hesitate to ask any questions about the study either before participating or during the time that you are participating. I can be reached at 402-481-8732

I will be happy to share the findings with you after the research is completed. Your name will not be associated with the research findings in any way. A pseudonym will be selected to conceal your identity in the study. Please consider participating in this research project.

Thank you,

Julie Morbach
Master's Student
University of Nebraska-Lincoln

Enclosed: Interview Questions, Informed Consent

Appendix C

Script for Follow-up Phone Call

Script for Follow-up Phone Call
(After sending letter to possible research participants)

Hi, my name is Julie Morbach. Approximately one week ago, I sent you a letter regarding a research study that I am conducting for my Master's of Arts through the University of Nebraska- Lincoln. I was hoping that you would be willing to be a participant in a study that I'm conducting about allied health educator's perceptions regarding appropriate instructor-student interactions/relationships.

I would greatly appreciate the opportunity to interview you at your convenience. I expect the interview to take anywhere from 30 minutes to 1 hour. I am willing to meet you at a site of your choosing. Participation in this study is completely voluntary and no monetary compensation will be given.

If YES: Thank you for your time. I look forward to meeting you. What day/time works best for you in the next couple weeks?

If NO: Thank you for your time. Would be willing to recommend another educator within the department that you think may wish to contribute to this study?

Appendix D
Interview Guide

Interview Guide: Characteristics of an Appropriate Instructor-Student Relationship in Allied Health Education

Purpose of the study: to explore the perceptions of educators regarding the instructor-student relationship in allied health programs in the Mid-West. In specific, I am interested in learning how faculty members establish and maintain appropriate boundaries in sustained, long-term interactions with their students.

Time of interview: _____

Date: _____

Place: _____

Interviewee/pseudonym: _____

Allied Health Program: _____

Say: Thank you for agreeing to discuss this important yet assumed topic of instructor-student boundaries. Before we begin, I would like to go over the consent form with you.

Demographic Questions:

Age: _____ (or age range) Gender: _____

Educational Background: _____

Current Degree Held: _____

Time in Current Teaching Position: _____ Total time in Allied Health career:

Initial Open-Ended Interview Questions:

Background Questions:

1. What do you teach within this _____ program?
 - a. Probe 1. How many face-to-face courses are you teaching in a semester?
 - b. Probe 2. How many students (that you spend one-on-one time with) are in each face-to-face course that you teach?
2. How many hours do you spend teaching per week?
 - a. Probe 1. Do you teach classroom, skills lab, simulation, clinical, all of these, other?
 - b. Probe 2. How often are you with the same students in these settings?
3. Describe the typical student in your class.
 - a. Probe 1. Typical age range of students?
 - b. Probe 2. What's the gender breakdown of the students?
4. Why did you decide to become an educator?

Experience and Behavior Questions:

5. Please tell me more about any circumstances in which you have spent time developing *individual* relationships with students?
 - a. Probe 1. Where do you meet with the individual student (office, skills lab, etc.)?
 - b. Probe 2. Are you a faculty advisor for any student organizations?
6. How do you feel about informalities between instructors and students?
 - a. Probe 1. Calling students by nickname, using terms like “we” and “us” in class, asking the students how they feel about class activities, allowing students to call them by first name?
7. How do you feel about an instructor appropriately touching their students?
 - a. Probe 1. Hug at graduation, hand-shake, pat on the shoulder, etc.
8. What do you think about an instructor sharing personal, private information with a student?
 - a. Probe 1. Have you ever shared personal, private information? What prompted you to share?
 - b. Probe 2. What prevented you from sharing (i.e. institutional guidelines)?
 - c. Probe 3. Have past interactions changed your current interactions in regards to the instructor-student relationship?
9. If a new educator were to start in your position as an educator, what advice would you give that person regarding interactions with students?

Opinion and Values Questions:

10. How do you want to appear to your students
 - a. Probe 1. Relaxed, business-like, friendly, approachable, authoritarian, organized, mutual respect?
 - b. Probe 2. How do you dress for class (business-casual, casual, dressy)
11. In your opinion, what are the characteristics of an engaging, instructor-student relationship with the students in your program?
 - a. Probe 1. How do you get acquainted with your students?
 - b. Probe 2. What are the personal characteristics involved in forming this relationship?
12. What do you think about instructors sharing information about a student with another student?
 - a. Probe 1. Can you give me an example of when there might be a circumstance where this is appropriate?
13. In your opinion, what type of instructor-student interactions could lead to inappropriate behaviors?
 - a. Probe 1. Can you give me an example? (i.e. favoritism, personal phone number, Facebook friend)
 - b. Probe 2. Are you friends with your students on Facebook or other social media?

14. Tell me your thoughts about instructors that get too close to students to the point that they treat them like friends or co-workers?

Knowledge Questions:

15. Does your institution have policies regarding instructor-student fraternization?

Closing Interview Questions:

16. Any other comments regarding faculty-student relationships?
17. Are there any questions you wished I had asked you today?

Thank you for your participation in this interview. I assure you that the information you provided today will remain confidential and anonymous. If I had a few follow-up questions, may I contact you again?

Appendix E
Informant Transcription Review Letter

Dear Participant,

Date:

Thank you for taking time out of your busy schedule to allow me to interview you for my thesis project. Your participation has greatly helped my research in the subject of instructor-student relationships.

My apologies for the lateness of this note; however, it was important to me that I transcribed my own interviews so that I could focus on the content of the interview. I now know what a time consuming process that is. I have begun the process of coding and developing themes from the information that you and the other participants provided. I am enjoying the research process, I just wish that I had more time to focus on it.

I have included a copy of your transcribed interview. I realize there are “typos” here and there and I have been catching and correcting those as I have been reading through the transcripts. Please review the transcript for its content, did I catch the intent of what you would like to have others know about instructor-student relationships? Any comments, corrections, or additions can be sent to me via e-mail at julie.morbach@bryanhealthcollege.edu or at 5035 Everett Street, Lincoln, NE. 68506.

Thank you again for your participation,

Julie Morbach

Enclosure: Transcript