Constructive Feedback Teaching Strategy: A Multisite Study of Its Effectiveness

Gerry Altmiller, Belinda Deal, Nancy Ebersole, Randi Flexner, Janet Jordan, Vicki Jowell, Tommie Norris, Mary Jo Risetter, Monika Schuler, Kathleen Szymanski, Beth Vottero, and Danielle Walker

Abstract

AIM The study purpose was to describe students' perceptions of feedback after participating in a teaching strategy designed to foster a view of feedback as an opportunity for improvement.

BACKGROUND Although delivering and receiving constructive feedback are essential to the role of the professional nurse, feedback has been identified as a trigger for incivility in academia and practice.

METHOD Twelve nurse educators from the Quality and Safety Education for Nurses Academic Task Force, located at nine schools of nursing across the nation, implemented a presentation about giving and receiving constructive feedback in junior and senior courses.

RESULTS Five hundred twenty-three students submitted a total of 985 posts or essays in response to viewing the presentation; seven themes were identified.

CONCLUSION Viewing this teaching strategy enabled nursing students to develop an awareness of the opportunity that constructive feedback presents for professional development, self-improvement, teamwork and collaboration, and patient safety.

KEY WORDS Constructive Feedback – Incivility – Nursing Education – Nursing Students – Professional Development

The need for evidence-based teaching practices is a driving force in nursing education research. In 2003, the Institute of Medicine challenged nurse faculty to mindfully transform learning experiences that shape the basis of professional nursing

About the Authors *Gerry Altmiller, EdD, APRN, ACNS-BC, is a professor, The College of New Jersey Department of Nursing, Ewing, New Jersey. Belinda Deal, PhD, RN, CNE, is an associate professor and BSN program director, University of Texas at Tyler School of Nursing, Tyler, Texas. Nancy Ebersole, PhD, RN, is an associate professor, Salem State University Department of Nursing, Salem, Massachusetts. Randi Flexner, DNP, APN, FNP-BC, RN, is a clinical assistant professor, Rutgers University College of Nursing, New Brunswick, New Jersey. Janet Jordan, MSN, RN, is a clinical instructor, University of Texas at Tyler School of Nursing. Vicki Jowell, MSN, RN, is an RN/BSN coordinator, University of Texas at Tyler School of Nursing. Tommie Norris, DNS, RN, is a professor, University of Tennessee Health Science Center, Memphis, Tennessee. Mary Jo Risetter, MSN, RN, is an instructor, Lake Michigan College Department of Nursing, Benton Harbor, Michigan. Monika Schuler, PhD, RN, CNE, is an assistant professor, University of Massachusetts at Dartmouth College of Nursing, North Dartmouth, Massachusetts. Kathleen Szymanski, MSN, RN, is an instructor, Lake Michigan College Nursing Program. Beth Vottero, PhD, RN, CNE, is an associate professor, Purdue University Northwest College of Nursing, Hammond, Indiana. Danielle Walker, PhD, RN, CNE, is an associate professor, Texas Christian University Harris College of Nursing and Health Sciences, Fort Worth, Texas. For more information, contact Dr. Altmiller at Altmillg@tcnj.edu.*
The authors have declared no conflict of interest.

practice; the goal was to create educational experiences with an increased emphasis on quality and safety. The national initiative, Quality and Safety Education for Nurses (QSEN), has been addressing that challenge for 12 years, supporting educators to prepare students to enter the workforce equipped with the competencies necessary to improve patient care. This study examines a national multisite initiative to determine if prelicensure nursing students' perceptions of feedback could be influenced so that they might develop the knowledge, skills, and attitudes to give and receive feedback effectively. With a focus on facilitating role development, the QSEN-based teaching strategy "Giving and Receiving Constructive Feedback" (Altmiller, 2015) was incorporated into a course and evaluated at nine schools of nursing across the nation.

BACKGROUND

Two of the most difficult communication challenges nurses encounter are accepting constructive feedback so that it can be used to improve patient care and providing feedback to a colleague that will result in a meaningful and productive outcome when patient care practices are not meeting the standard. Accepting feedback requires self-confidence and some degree of humility (Kowalski, 2017). Providing feedback requires skillful delivery that is constructive in nature and supports growth and confidence while maintaining the dignity of the other (Altmiller, 2016). Both skills support quality improvement and patient safety. Failure to develop these skills can have negative effects on the learner (Groves et al., 2015; Motley & Dolansky, 2015), act as a trigger for incivility (Altmiller, 2012; Luparell, 2004), and have deleterious effects on the professional comportment of the work environment, placing patients at risk (Hunt & Marini, 2012; Shaw, Owen, Brown, & Armit, 2017).

Communicating constructive feedback is essential to the teaching and learning process (Groves et al., 2015; Plakht, Shiyovich,

Nusbaum, & Raizer, 2013). Feedback can be constructive or corrective in nature, considered negative feedback or reinforcing, positive feedback. A synthesis of more than 500 meta-analyses (Hattie & Timperley, 2007), which covered hundreds of thousands of studies and more than one million students, found that feedback is generally aimed at one of four areas: a) accomplishment of a particular task (e.g., the student administered a subcutaneous injection at the appropriate angle using the correct technique, b) the process used to accomplish a particular task (e.g., the student wiped with alcohol before injecting), c) the ability of the individual to self-regulate and self-evaluate (e.g., the student recognized the dose drawn was not accurate and corrected it before leaving the medication station), and d) the person himself or herself (e.g., the student is a skilled clinician). Feedback addressing task, process, or self-regulation was identified to be most effective because it contributes to the receiver's knowledge base; feedback addressing the person only, such as praise, is least effective because it does not increase knowledge.

In health care professions education, direct observation frequently forms the basis for feedback (Ramani & Krackov, 2012). Constructive feedback should be delivered as an unbiased description of events as they occurred with the objective to correct errors and increase understanding (Thomas & Arnold, 2011). Using the first person singular when speaking (I instead of you) enhances teacher credibility, recounting facts as observed (Duffy, 2013). When effective, constructive feedback can serve as a motivating factor, enhance learning, and narrow the gap between a student's current performance and the desired performance (Hattie & Timperley, 2007).

Nursing faculty have an ethical and moral responsibility to ensure safe practice by teaching students what feedback is and how to give and receive feedback to correct faulty interpretations, enhance learning, and improve practice (Groves et al., 2015). Most nurse educators are comfortable teaching and modeling *reinforcing feedback* (considered positive), but significant barriers exist to giving and modeling *constructive* or *corrective feedback* considered negative (Duffy, 2013; Ramani & Krackov, 2012; Stone & Heen, 2014). A major obstacle in providing meaningful feedback is fear of the strong emotional response of defensiveness, anger, or sadness that sometimes is experienced and expressed by the receiver and concerns that students may misinterpret constructive feedback as uncaring behavior from a person who serves as a role model for a caring profession (Altmiller, 2012; Duffy, 2013; Luparell, 2004; Motley & Dolansky, 2015). As a result, much attention has been focused on giving feedback, with little attention on preparing learners on how to receive feedback (Groves et al., 2015; Kowalski, 2017). This study explores that gap with the following research question: What are student perceptions of feedback after viewing the teaching strategy "Giving and Receiving Constructive Feedback" (Altmiller, 2015)?

METHOD

The study followed a qualitative design. At the outset, 14 nurse educators from the QSEN Academic Task Force who teach in 11 different prelicensure nursing programs across the country served as principal investigators (PIs) for this exploratory study. The study team included six PhD-prepared, two EdD-prepared, one DNP-prepared, one DNS-prepared, and four MSN-prepared nurse educators. Years of teaching experience among the PIs ranged from 7 to 30 years. During the fall of 2016, the PIs developed the research question, determined the methodology of the study, and developed a detailed treatment

fidelity plan through a series of phone conferences. Institutional review board approval was obtained at each participating institution.

The treatment fidelity plan outlined the specific intervention to ensure it was administered without variation at each participating institution. The intervention was to assign students to independently view the QSEN teaching strategy "Giving and Receiving Constructive Feedback" (Altmiller, 2015), an 18-minute narrated PowerPoint presentation designed to assist students in developing knowledge, skills, and attitudes needed to provide and accept feedback in nursing practice. Afterward, students submitted a written statement as a discussion board post or short essay to address this directive: Identify a significant idea developed from viewing the presentation.

Students participating in a class discussion board could not see their peers' comments until they had made their first posting and were only able to respond to peers once they submitted their initial post. Students were not evaluated based on the content of their post. The mandatory assignment was graded complete/incomplete; no points toward the course grade were awarded.

Introduction to the study, recruitment, and obtaining informed consent by paper form to allow student postings to be included in the study occurred after assignment completion. If the assignment was given in multiple classes at one institution, no class was informed about the research study until all classes completed the assignment.

Data Collection

Data collection occurred at 11 schools of nursing within the United States. PIs from each school communicated via email and through phone conferences regularly. Data collection at two institutions did not follow the treatment fidelity plan, resulting in their exclusion from the study; students at these two institutions earned "extra credit" points for completion of the assignment. Ultimately, data from eight baccalaureate nursing programs and one associate degree nursing program were included in the study.

Sample

The assignment was completed by 676 undergraduate nursing students in varying courses within different levels of their nursing education; 523 students consented to participate, and 153 students opted not to participate in the study (see Table 1 for demographics). A total of 985 submitted writing assignments or discussion posts were analyzed.

Analysis

Phenomenological reduction, consisting of empirical description and reflective analysis as described by Colaizzi (1978), was used for data analysis. Student responses were organized into transcripts by institution and coded for anonymity. Each PI conducted rigorous examination of all responses from their own institution, extracting significant statements and reflecting upon them to formulate meaning. Data were clustered into themes; themes were validated by returning to the transcript to check whether anything in the transcript was not accounted for in the clusters and whether anything in the clusters was not implied in the transcript. An audit trail was created so that statements supporting each theme could be traced back to the original transcripts.

Each researcher was randomly assigned to validate the audit trail of another researcher. Following that, an ad hoc group of three PIs (two PhD prepared and one EdD prepared) aggregated the themes from each researcher's audit trail into a master data file. Data were

Table 1: Demographics of Sample

Program Type	Semester Placement	Course Implemented	Geographic Location	Students Participating	Students Declining	No. of Posts
BSN	Junior	Med Surg 1 Chronic	Northeast	108	15	324
BSN	Senior	Family Health Leadership	Southwest	146	74	146
BSN	Senior	Professional Role Seminar	Northeast	26	8	79
2+2 Program BSN	Junior	Med Surg 1	Northeast	34	16	34
BSN	Junior	Fundamentals	Midwest	37	0	37
BSN	Senior	Senior Mentorship Seminar	Northeast	63	32	146
ADN	Senior	Med Surg 5, Med Surg 6, Children's Health	Midwest	55	1	125
BSN	Senior	Quality and Safety for Professional Nurses	Midwest	28	0	66
BSN	Junior	Role 2 Member of a Health Care Team	Southwest	26	7	26
Totals				523	153	985

deemed saturated if themes were noted at multiple locations and multiple times in the student descriptors. It was the determination of the researchers that redundancy was achieved (Polit & Beck, 2017), and each concept appeared well defined and explained (Corbin & Strauss, 2008). The aggregated clusters of themes and indicators were once again scrutinized by all PIs separately and then together to create an exhaustive description of students' perceptions of giving and receiving feedback. Finally, for each identified theme, a PI returned to the original nine audit trails to verify that significant statements supported the formulated meaning.

RESULTS

From the master data file, seven themes were identified and ranked by the number of schools where the theme was prevalent. The opportunity for improvement and that feedback is a learned skill for the giver were the strongest themes identified at all institutions. Students wrote of receiving feedback as opportunities for self-improvement and the need to not interpret feedback in a negative way. Student comments characterized the skill of constructive feedback as feedback delivered in a respectful manner, providing both positive and negative examples.

Communication is essential to teamwork and improving patient safety were the third and fourth strongest themes. Students related constructive feedback to improved team performance that creates a positive work environment. Extracted phrases indicated that students identified feedback as promoting patient safety, improved patient outcomes, and best practices.

The final three themes focused on the personal nature of feedback. Students identified how the negative emotional response associated with feedback from past experiences can change and be reframed. Feeling judged and needing to overcome the fear of feedback were cited as components of this phenomenon. Themes of self-reflection regarding the feedback as well as being open to receiving feedback were prominent. The attributes of self-confidence and self-awareness were characterized as personal attributes needed when one gives and receives feedback.

Opportunity for Improvement

One of the strongest themes identified by students at all nine schools was that constructive feedback presents an opportunity for improvement. Comments included "We will only be able to become better nurses if someone identifies areas for improvement." Students identified that they are "vulnerable" in their current level of knowledge, making feedback essential to their learning.

Students indicated that "feedback is a bridge from undesirable to desirable behavior" and "[it] will allow the student to pick up on what was done wrong and gain new knowledge that will ensure appropriate care for the patient in the future." Allthough many students acknowledged that receiving constructive feedback is not always easy, they noted it does make a stronger impression that is not as easily forgotten as a compliment: "If an instructor or nurse says 'good job with…' it kind of fades away but when an instructor or nurse says, 'you may want to try doing…this way,' it becomes something that will stick with me."

Students wrote that there is "no such thing as a perfect nurse," and even the most experienced nurses can benefit from constructive

feedback. Although students admitted that they dread input from instructors, they wrote that, without feedback, they would not be aware of their deficiencies and would repeatedly make the same mistakes. It is "necessary for improvement in every situation, to get closer to that 'perfection' most strive for, and to become the best we can be."

Students included key elements of the presentation in their posts, showing appreciation for feedback as a vehicle to help them improve knowledge and skill and recognizing the absence of feedback means fewer opportunities to learn. Receiving constructive feedback indicates "the person offering the feedback is committed to students' learning" and "It's a chance for improvement, not a review of deficiencies." Though the feedback may be critical, students recognized that "it is a positive learning and exchanging experience followed by advice for improvement and reinforcement."

Many students wrote they were eager to get constructive feedback from experienced educators and that such an exchange communicates commitment to the student's professional growth and success. Students recognized feedback as a motivator to advance their critical thinking skills, provide safer care, and become more effective. One student wrote that watching the presentation "makes me want more people to provide me with criticism so I can evolve and grow to be the professional nurse that I dream of being."

Learned Skill for the Giver

Students at all nine schools participating in the study stressed the importance of receiving feedback from those who are skilled in delivering constructive feedback. According to the students, presenting feedback in an effective manner is not intuitive but rather a learned skill for the giver. Students identified that respect is the key to good communication and meaningful feedback: "If we as health care professionals do not show respect, then our well-intended message will be disregarded and thus a wider gap in understanding."

Students acknowledged that feedback could be a "major barrier for learning and improvement" when it is presented poorly: "Finding the correct way and time to give the constructive feedback is important. You need to make sure that the recipient is comfortable enough to receive the feedback. Giving them the privacy they need from other peers will make them able to listen to you fully without worrying what others are thinking or how they feel. Also need to make sure that it is given in a timely manner and not too much time has passed since the event. They should remember all the details making it easier for them to correct actions."

Communication Is Essential to Teamwork

A theme identified by the students at seven of the nine schools was that sharing constructive feedback within a group setting is essential to team building. Students claimed nursing is a collaborative profession where feedback is essential to good teamwork, protecting patient safety, providing good patient care, and improving patient outcomes. Posts expressed a sense of unity: "Nursing is a profession where coworkers must work together as a team to provide outstanding care for patients."

The value of communication to a strong nursing team was favorably compared to sports teams: "I also thought of my sports teams from high school when I watched the PowerPoint. That was the easiest thing for me to relate it to. We had several times where there wasn't great communication and the outcome of our game wasn't what we intended."

Students commented that giving and receiving constructive feedback required honest communication among team members and a positive attitude by everyone involved, one stating the "ability to give and receive constructive feedback is crucial to the success of any professional workplace relationship." Students gave importance to feedback as a way for the team to improve: "We have to think of everyone involved, not just ourselves."

Improving Patient Safety

Improving patient safety when giving and receiving constructive feedback was a prevalent theme in seven of the nine cohorts in the study. Students viewed constructive feedback as a way to "teach us to identify errors in our skills" and "understand the value of patient safety." Many students identified safety as the number one priority in patient care. Students indicated corrective feedback related to improving safety is guidance for "future decision-making."

Students' perception of feedback enhances their skills as professionals and benefits the health care team. Corrective feedback "creates an atmosphere of encouragement, support, and unity by creating a culture of safety where nurses can ask questions" without being judged.

Reframing Negative Emotional Responses

A theme for seven of the nine cohorts focused around the strong negative emotional reaction caused by feedback, described as feeling "shamed," "judged," "embarrassed," "fearful," and "attacked." Students recognized feedback as a "mutual process that can help us to achieve our long-term goals" and commented on the need to be aware of how they react to feedback.

Students wrote of perceiving feedback negatively, taking the feedback personally, feeling put down and discouraged, and doubting their abilities as a nurse. Many described a change in perception with this learning activity that allowed them to reframe past experiences: "Often times, individuals, including myself prior to this presentation, view constructive feedback as an attack and do not immediately realize the value and opportunity for change that accompanies the respectful and helpful comments of others."

Giving feedback in private was identified as a significant factor in preventing negative feelings: "…sometimes is hard to accept a negative feedback from a supervisor or an instructor on a nursing floor especially when it is given in the presence of the patient and other colleagues around." Participants reported that the idea of making a mistake was "terrifying." Many identified becoming defensive when receiving feedback and wrote of being hesitant to ask questions to persons "who seem unapproachable." Students commented that the presentation changed attitudes: "This lecture also changed the way I view constructive feedback…to be conscious not to get upset when someone is telling me what I can improve on."

Self-Reflection Is a Key Component

The theme of self-reflection was found in five of the schools studied. Viewing the presentation stimulated many students to self-reflect on previous experiences with feedback and, in some cases, enabled them to view these experiences in a new light. A student shared that her interpretation of the feedback she had gotten in clinical changed upon self-reflecting on the purpose and meaning of the feedback: "The fact that my instructor took the scenario to the postconference and had a conversation with all the student nurses, made me feel ashamed and ignorant but after viewing this presentation, I now view

it as positive feedback because prevention is better than cure and it all works for the safety of the patient…."

Other students stated the importance of self-reflection in receiving feedback in terms of separating their own personal feelings from the feedback. "I must admit that I may not have always been happy about receiving criticism initially, but after taking time to reflect on what was said and look at the situation honestly, I have often been able to come to an understanding regarding where the criticism originated and make adjustments accordingly."

A number of students identified the value of self-reflection after receiving feedback as a key component of achieving personal growth and preventing negative outcomes: "It is important to view constructive feedback as an opportunity to learn and reflect on how to improve my performance as a nurse. It gives me the ability to go over what went well, what went poorly, and how I could have done things differently to prevent any harm."

Need To Be Open to Feedback

The theme of being open to feedback was prominent in three of the schools studied. The overall appreciation for constructive feedback was demonstrated in the ability of the student to put aside barriers of fear, pride, and negative emotions to develop a new positive attitude to effectively receive this information. Many students expressed a new understanding that a positive attitude or willingness to accept constructive feedback requires self-confidence. Students recognized that pride can be a barrier: "In order for constructive feedback to help us we must learn to be open to receiving it." Students also identified the need to keep an open mind to receive and positively act on constructive criticism rather than becoming defensive: "I am a very sensitive person when it comes to taking feedback so it would be very important for me to not take offense to someone trying to help me and to remember that the comments will make me a better nurse in the end."

DISCUSSION

The "Giving and Receiving Constructive Feedback" (Altmiller, 2015) teaching strategy was effective in encouraging students to explore their perceptions of constructive feedback and to consider the value of feedback for professional development in nursing education and practice. The findings of this study were consistent across program type, course where implemented, level of student, and multiple geographical locations, illustrating that, regardless of school or course, nursing students have similar perceptions about constructive feedback. The findings were also consistent regardless of the nurse educator's educational preparation or teaching experience, suggesting that faculty teaching in different settings and levels of nursing education can use this teaching strategy to help students develop self-awareness related to constructive feedback and influence them to view constructive feedback as valuable to their learning and professional development.

Student comments aligned with the literature in that providing feedback requires skillful delivery (Altmiller, 2016; Groves et al., 2015; Motley & Dolansky, 2015). Faculty concerns associated with giving feedback were validated by the evident theme of feedback causing an emotional response in the receiver. This teaching strategy may begin to address the gap in teaching students how to receive feedback and serve as a stepping off point for a preemptive discussion between faculty and students about the barriers that exist to giving and receiving feedback. In addition, it may provide an opportunity for educators to emphasize the caring nature of providing feedback. The expressed view that receiving feedback could identify areas to improve one's nursing skills, thus positively impacting patient safety and outcomes, supported that students could appreciate the purpose of feedback, with many indicating that they would now welcome or even seek feedback to improve their nursing practice.

Student comments indicated that this teaching strategy created an opportunity for students to externalize their values, beliefs, and attitudes about receiving constructive feedback, making them visible for self-reflection and growth. Self-reflection provides students with an opportunity to reinterpret their role (Siles-González & Solano-Ruiz, 2016) and make sense of the practice setting (Bulman, Lathlean, & Gobbi, 2012). Such self-awareness can serve as a platform for students to embrace future constructive feedback as an opportunity to grow and develop as professionals, but it is unknown if it will translate into professional behaviors or appreciation for feedback in professional practice. However, opportunities to reinforce learning during clinical experiences could impact transfer to professional practice.

The goal of the "Giving and Receiving Constructive Feedback" (Altmiller, 2015) teaching strategy is for nursing students to value constructive feedback as an opportunity for improvement. For health care professionals, the ability to give constructive feedback effectively and to receive it with a focus on improvement is essential for building teamwork and collaboration, increasing safety, and improving quality of care. Nursing students need to acquire knowledge, skills, and attitudes that align with the professional comportment of the health care team during their education so that they can continue to contribute to improvement as professional nurses in the clinical work environment.

Implications for Nursing Education

This teaching strategy, which aligns with the QSEN competencies, supports the development of knowledge, skills, and attitudes about giving and receiving constructive feedback and is effective in helping students view constructive feedback as an opportunity to improve. Students made connections between feedback, teamwork, quality improvement, and patient safety. Establishing constructive feedback as an opportunity to improve during the education process may influence students to value the communication of feedback, both positive and negative, throughout their nursing career.

Future research to explore if this teaching strategy could be used as a targeted intervention for students resistant to or having difficulty in accepting constructive feedback may be useful to nurse educators. Measuring the long-term effect of this learning experience may provide insight into whether activities designed to influence perceptions in nursing students have sustainable results over time, and if so, how those learning activities may be implemented on a larger scale. In clinical practice, this teaching strategy's effect on preceptors' delivery of feedback as well as students' and orientees' perceptions of preceptor communications could be of particular interest for all levels of clinical nursing courses and nursing practice. Future research may focus on further analyzing subtle differences in student response to the teaching strategy based on their level within a nursing program and whether the teaching strategy impacted the maturity of students' perception of constructive feedback over time.

Limitations

Although different levels of students were included in this research, this study did not explore student perspectives specific to education levels of students, type of course where implemented, type of nursing

program, or placement of the course within the nursing curriculum. Further exploration is needed to uncover the influences of these variables on perceptions related to feedback. In addition, it is unknown if this learning experience will translate into actions and attitudes that will influence professional behaviors regarding feedback in clinical practice.

CONCLUSION

Faculty from different degree backgrounds and different demographics are bound together by the imperative to promote patient safety and quality improvement in nursing education. Collaboration between a large and diverse group created appreciation for our many similarities and shared experiences as nurse educators. Challenges of the varying experience of group members in conducting research were negated by camaraderie, the desire in each of us to grow as researchers, and our shared vested interest in understanding how students can be taught to view feedback as an opportunity.

Research focused on strategies to help faculty teach the requisite knowledge, skills, and attitudes for safe, high quality patient care based on QSEN competencies is critical. This study supports the use of this teaching strategy to enable nursing students to develop an awareness of the opportunity that constructive feedback presents for professional development, self-improvement, teamwork and collaboration, and patient safety.

REFERENCES

Altmiller, G. (2012). Student perceptions of incivility in nursing education: Implications for educators. *Nursing Education Perspectives*, *33*(1), 15-20.

Altmiller, G. (2015). *Giving and receiving constructive feedback*. Retrieved from http://qsen.org/giving-and-receiving-constructive-feedback/

Altmiller, G. (2016). Strategies for providing constructive feedback to students. *Nurse Educator*, *41*(3), 118-119. doi:10.1097/NNE.0000000000000227

Bulman, C., Lathlean, J., & Gobbi, M. (2012). The concept of reflection in nursing: Qualitative findings on student and teacher perspectives. *Nurse Education Today*, *32*(5), e8-e13.

Colaizzi, P. (1978). Psychological research as the phenomenologist views it. In R. S. Valle & M. King (Eds.), *Existential-phenomenological alternatives for psychology* (pp. 48-71). New York, NY: Oxford University Press.

Corbin, J., & Strauss, A. (2008). *Basics of qualitative research: Techniques and Procedures for developing grounded theory* (3rd ed.). Thousand Oaks, CA: Sage.

Duffy, K. (2013). Providing constructive feedback to students during mentoring. *Nursing Standard*, *27*(31), 50-56. doi:10.7748/ns2013.04.27.31.50.e7334

Groves, M., Mitchell, M., Henderson, A., Jeffrey, C., Kelly, M., & Nulty, D. (2015). Critical factors about feedback: "They told me what I did wrong; but didn't give me any feedback." *Journal of Clinical Nursing*, *24*, 1737-1739. doi:10.1111/jocn.12765

Hattie, J., & Timperley, H. (2007). The power of feedback. *Review of Educational Research*, *77*(1), 81-112.

Hunt, C., & Marini, Z. A. (2012). Incivility in the practice environment: A perspective from clinical nursing teachers. *Nurse Education in Practice*, *12*, 366-370.

Kowalski, K. (2017). Giving and receiving feedback: Part II. *Journal of Continuing Education in Nursing*, *48*, 445-446. doi:10.3928/00220124-20170918-04

Luparell, S. (2004). Faculty encounters with uncivil nursing students: An overview. *Journal of Professional Nursing*, *20*(1), 59-67.

Motley, C. L., & Dolansky, M. A. (2015). Five steps to providing effective feedback in the clinical setting: A new approach to promote teamwork and collaboration. *Journal of Nursing Education*, *54*(7), 399-403. doi:10.3928/01484834-20150617-08

Plakht, Y., Shiyovich, A., Nusbaum, L., & Raizer, H. (2013). The association of positive and negative feedback with clinical performance, self-evaluation and practice contribution of nursing students. *Nurse Education Today*, *33*, 1264-1268. doi:10.1016/j.nedt.2012.07.017

Polit, D. E., & Beck, C. T. (2017). *Nursing research: Generating and assessing evidence for nursing practice* (10th ed.). Philadelphia, PA: Wolters-Kluwer.

Ramani, S., & Krackov, S. (2012). Twelve tips for giving feedback effectively in the clinical environment. *Medical Teacher*, *34*, 787-791.

Shaw, J., Owen, S., Brown, C., & Armit, L. (2017). Feedback essentials for effective workplace learning. *Australian Nurse Teachers' Society E-Bulletin*, *9*(2), 24-28.

Siles-González, J., & Solano-Ruiz, C. (2016). Self-assessment, reflection on practice and critical thinking in nursing students. *Nurse Education Today*, *45*, 132-137. doi:10.1016/j.nedt.2016.07.005

Stone, D., & Heen, S. (2014). *Thanks for the feedback: The science and art of receiving feedback well*. New York, NY: Viking.

Thomas, J. D., & Arnold, R. M. (2011). Giving feedback. *Journal of Palliative Medicine*, *14*(2), 233-239.