

Research Article

Qualitative study of humanization-based nursing education focused on role modeling by instructors

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Abstract

This study explored the perspectives and experiences of Iranian nursing students and nursing instructors about role modeling. Using a purposeful sampling strategy, 22 nursing students and seven nursing instructors were recruited from five nursing schools in Tehran. Three focus-group discussions and two individual semi-structured interviews with nursing students, and seven semi-structured interviews with nursing instructors, were conducted to gather data. A qualitative content analysis approach was utilized and three main themes emerged during data analysis: “attempt to promote emotional development,” “attempt to promote spiritual development,” and “attempt to promote intellectual development.” It was concluded that understanding the factors influencing role modeling will be helpful for developing strategies to integrate role modeling into nursing education so as to promote the quality of nursing education in Iran.

Key words

content analysis, humanization, Iran, nurse education, nursing instructors, nursing students, role modeling.

INTRODUCTION

The main goal of nursing education is to train qualified and competent nurses who have the knowledge and skills to maintain and improve the quality of care delivered to patients (Hosseini *et al.*, 2010). In other words, nursing education principally focuses on the transmission of knowledge to students as future nurses, and assist them to acquire the necessary skills and attitudes to be competent practical nurses (Salsali, 2005). Moreover, its role goes beyond education and stays with the evaluation of quality of nursing care (Istomina *et al.*, 2011).

Studies conducted in Iran on nursing education indicate the inefficiency of clinical and theoretical training for nursing students (Rejeh *et al.*, 2011), which has resulted in low quality care and also a theory-practice gap (Vaismoradi *et al.*, 2011a). Many Iranian students experience anxiety as a result of feeling incompetent in terms of clinical skills and theoretical knowledge for meeting various patients' needs (Cheraghi *et al.*, 2010). It is noted that many teaching methods and strategies have been devised to meet students' educational needs, among which role modeling is the newest one (Karimi

Moonaghi *et al.*, 2009). In Iran, nursing trainers believe that a role modeling teaching style is the most effective approach for developing the experiences and professional attitudes of students during clinical placement (Hosseini *et al.*, 2010).

The term “role model” coined by Merton refers to the person who sets a positive example and is worthy of imitation (Perry, 2009). Role modeling focuses on the fact that mentees would try to imitate the mentor's behavior, because of their respect for and trust in the mentors (Weng *et al.*, 2010).

Role models not only teach professional thinking, behaviors, and attitudes, but also facilitate the development of learner's beliefs and practices, assuring the future provision of care quality (Perry, 2009). The development of students' competence and confidence in nursing discipline is believed to be tremendously influenced by a good role model (Fluit *et al.*, 2011). Being a good role model is a sign of the instructor's competency, which facilitates teaching theoretical and clinical aspects (Wolf *et al.*, 2009). To advance the nursing profession, nursing educators should be acceptable role models (Klunklin *et al.*, 2011).

However, the reason for the importance of role modeling is seldom discussed. In an era in which “learning targets,” “learning moments,” and “transfer mechanisms” are emphasized, the function of role models in clinical placement should also be given more attention. Therefore, conducting studies will help with providing a clearer picture of the function and

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the value of role models in nursing education and practice (Stegeman, 2001).

Background in Iran

The first nursing school in Iran was established in 1961 (Khoshnevis & Noghani, 1999; Tabari Khomeiran & Deans, 2007). After successfully passing the Iranian Universities Entrance Exam, Iranian male and female students are granted permission to choose one of the 40 schools of nursing throughout the country to start their nursing career. The bachelor's degree, as the minimum requirement for employing nurses in practice, consists of the successful completion of 93 units of theoretical courses and 97 units of practical courses over 4 years. Also, masters and PhD degrees in nursing are available to those nurses who are interested in supplementary studies (Vaismoradi *et al.*, 2011b).

It is worth noting that the majority of nursing students in Iran are Muslims. Thus, the importance of decent role models in education has been cited in the following verses of Muslims' book, the holy Quran: "Surely there is a good example for you in the Messenger of Allah." (Quran, Chapter Al-Ahzab, Verse 21)

Few studies have been carried out in Iran on role modeling and strategies to incorporate it into nursing education from the perspectives of nursing instructors and nursing students. Therefore, this study aimed to explore the perspectives and experiences of Iranian nursing students and nursing instructors about role modeling and devise strategies to incorporate role modeling into nursing education.

METHOD

Design

A qualitative study using a content analysis approach was applied for the data collection and analysis. Qualitative research is an approach in the social sciences, which basically relies on the people in their environment and considers interaction with people in their own language and under the same condition (Holloway & Wheeler, 2002). Since the phenomenon of role modeling has a qualitative nature, a qualitative design was used in this study (Streubert Speziale & Carpenter, 2006).

Content analysis is a systematic coding-and-categorizing approach, which can be used to explore unobtrusively a large amount of textual information in order to ascertain the trends and patterns of communication (Gbrich, 2007).

The choice of a qualitative design offers insights to explore approaches used by Iranians role model nursing instructors in the process of nursing education in greater detail, compared to a quantitative method using a questionnaire (Idvall *et al.*, 2008).

Ethical considerations

The study was approved by the ethics committee of Baqiyatallah University of Medical Sciences and the Behavioral Sciences Research Center (BSRC). They supervised the

study process and corroborated its ethical considerations. All the participants were informed about the study's method and purpose. They were informed that participation in the study was voluntary and that they could refuse to participate or withdraw from the study at any time. Moreover, the participants were reassured that their responses would be confidential and that their identity would not be revealed in research reports. Lastly, those who agreed to participate in the study signed a written consent form.

Data collection and analysis

The present research was conducted from November 2010 to June 2011. Using a purposeful sampling strategy, 22 nursing students and seven nursing instructors were chosen from five nursing schools in Tehran. To find the role model instructors in the faculties, 190 bachelor's degree nursing students in the last semester of their studies, and masters and PhD degree students in nursing, were asked to write the names of two of their role model instructors' on a piece of paper. In total, 127 role model instructors were introduced. Inclusion criterion for participation in the study for an instructor was to be selected by the students at least five times. As a result, 24 nursing instructors were finally entered in the study.

The nursing students also volunteered to participate in individual interviews or focus-group discussions. The names and contact numbers of the participants were recorded and they were invited to participate in the individual interviews or focus-group (FG) discussions. Three focus-group discussions and two semi-structured face-to-face interviews with nursing students as well as seven semi-structured interviews with nursing instructors were conducted to gather data.

The main questions in the interview with role model instructors were: "please describe your experiences about teaching to nursing students?", "What are your perspectives regarding nursing education?", and "Would you please share with me your perspectives regarding the role of nursing instructors in developing the knowledge and skills of nursing students?"

The main focus of questions in the interviews with nursing students was: "please describe your experiences about your role model instructors?", "What are your perspectives regarding your role model instructors?", and "Would you please share with me your perspectives regarding the function of role model nursing instructors in developing your knowledge and skills?"

In addition, probing questions were asked in order to follow the participants' thoughts and to bring clarification to their responses during the interviews.

Two sessions of focus-group discussions with last semester undergraduate students and one session with last semester masters degree students were held with seven, nine, and four participants, respectively. Focus groups allow for interactions between the researcher and the participants and among the participants themselves (Flick *et al.*, 2004). Each session lasted for 90 to 120 min on average. The participants in the groups were homogeneous in terms of their educational

levels. The sessions were conducted by the first and second authors.

Additionally, two individual interviews with doctoral students and seven with nursing instructors were conducted, which each lasted for 20 to 120 min. The interviews were recorded by a tape recorder, which were transcribed verbatim after the sessions. Researchers obtained permission for tape recording. Once the themes were identified and data saturation was achieved, the interviews were discontinued.

The following steps were taken to analyze the data.

- Transcribing the interviews verbatim and reading through several times to obtain the sense of the whole.
- Dividing the text into meaning units that were condensed.
- Abstracting the condensed meaning units and labeling them with codes.
- Sorting codes into subcategories and categories, based on comparisons about their similarities and differences.
- Formulating themes as the expression of the latent content of the text (Graneheim & Lundman, 2004).

Regarding rigor, the credibility of the data was established with peer checking by two PhD candidates in nursing. The authors coded and categorized the data independently and then compared their findings. When the authors disagreed, discussions and clarifications continued until a consensus was reached. Moreover, a summary of the interview was returned to the participants as member checking and it was confirmed that the researcher was representing their ideas (Graneheim & Lundman, 2004).

RESULTS

A total of 190 students, with a mean age of 28.5 ± 8.27 years participated in choosing nursing instructors as role models. They mostly were (45.8%) bachelors degree students and female (56.3%) (Table 1).

Seven nursing instructors, with the mean age of 47 ± 3.68 years, were participated in individual interviews. Five and two of them had PhD and masters degree in nursing, respectively and six were married.

During the data analysis, three main themes emerged: “attempt to promote emotional development,” “attempt to promote spiritual development,” and “attempt to promote intellectual development” as different dimensions of human existence or humanization. The following narratives explain each theme to communicate their meanings (Fig. 1).

Attempt to promote emotional development

The role model nursing instructor was a person who helped with students’ emotional development through “effective

Table 1. Characteristics (educational degree, age, sex and nursing faculty) of the 190 voting nursing students who chose their role model nursing instructor

Student characteristics		No.	Percentage
Educational degree	Bachelor	87	45.8
	Master	51	26.8
	PhD	52	27.4
Age	20–30	135	71.1
	30–40	30	15.8
	40–50	25	13.1
Sex	Female	107	56.3
	Male	83	43.7
Nursing faculty	Baqiatallah	35	18.4
	Tehran	54	29.5
	Iran	56	32.4
	Tarbiat Modarres	18	9.5
	Shahid Beheshti	27	14.2

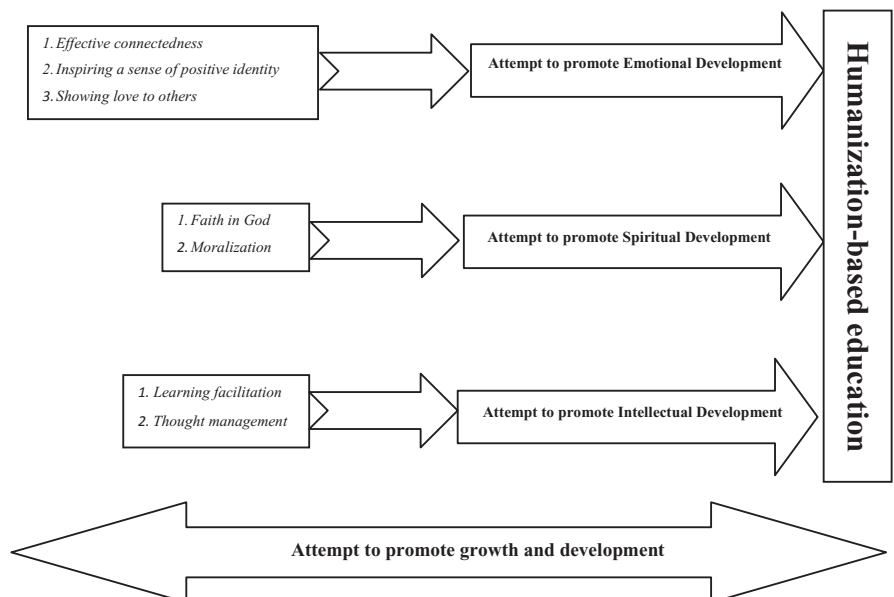


Figure 1. Humanization-based education by role model nursing instructors.

connectedness,” “inspiring a sense of positive identity,” and “showing love toward students.”

Effective connectedness

Citing a range of examples, the nursing students pointed to the necessity of a respectful style of communication between instructors and nursing students. On the other hand, the instructors endorsed the necessity of respecting nursing students.

When you go to her [instructor] room, she respects you [student] really well. She stands up for you. (Student in Focus Group 2 = FG2).

I treat with full respect to every student who comes to my office; this is a very important matter. (Instructor 6)

The feeling of empathy with nursing students was mentioned by the instructors to be a cornerstone of role modeling.

The feeling of putting me in others' shoes has always been strong inside me. I usually feel that I can empathize with others. (Instructor2).

He (Instructor) was worried about the patient, empathized with him, and tried to relieve the grief. (FG3)

The instructors have found that nursing students needed support during clinical placement. Therefore, the instructors did their best to support the students and make them confident in their education and practice.

To support the student in front of all, in front of doctors, personnel, or patients is a main characteristic of a role model. Once a patient told us, “You don't know how to do nursing care.” The instructor said, “These are my students and I guarantee their practice” (FG1).

Inspiring a sense of positive identity

The performance of a role model instructor helped the students to explore their abilities, which resulted in increasing self-confidence in the students.

She praised my activities and encouraged me to do better. I found that I can be the best in the nursing unit even as a student. (FG2)

Showing love to others

Students talked about educators' showing love towards the students, their lives, and careers, and the educator expressed his/her good relationship with students due to showing love to them.

To have love for student, love for living and love for profession. I saw them love themselves, love their life and love nursing, and such a love is surging in every moment of their lives and is so pervasive that even embraces you as a student. (FG1)

I have a good relationship with my students because I love them. (Instructor2)

Attempt to promote spiritual development

The role model nursing instructor was a person who helped with students' spiritual development through “Faith in God” and “adherence to ethical principles”.

Faith in God

One of the instructors stated that he/she always saw him/herself before God and puts God's satisfaction as the basis of his/her work and, on the other hand, was trying to efficiently carry out their responsibilities by having faith in the afterlife, and the students also expressed the signs of their educator's belief during patient care as follows:

God watches all our actions, and at the beginning of my teacher's career, I covenanted with God to work in the way that he is pleased with. (Instructor7).

When we were taking care of patients, he told us: If you do the good job, patients' prayer and God satisfaction will be with you. (FG3).

Adherence to ethical principles

Ethics observance in patient care and moral attributes such as discipline, patience, good mood, honesty, humility, and occupational commitment were mentioned as the features of a role model instructor.

He (Instructor) was well-organized in everything he did, from sorting the papers to being on time for the class. (FG2).

What makes me (student) really matched with my educator as a role model is the instructor's patience, patience against students' naughtiness, and patience while taking care of patients. (FG1).

He (Instructor) answers to all of my questions cheerfully without wearing a long face. (Student 1).

When the students ask a question that I don't know the answer, I would say, “I don't have enough information and I have to study and I'll think about it.” (Instructor3).

When you say hello and some bow and treat with smile, you'll be really impressed; as if it opens the world and you are allowed to find it; I mean she was more jovial than others (FG1)

It has always been in my mind not to waste the students' youthfulness and time. (Instructor2).

Attempt to promote intellectual development

“Learning facilitation” and “thought management” were the approaches applied by the role model nursing instructors to facilitate students' intellectual growth.

Learning facilitation

Strategies used by the instructors to facilitate students' learning and to promote them were as follows.

Continuous advice and guidance

I am a facilitator and should light the candles in their brain, I always help them; I advise them what to read or how to read the book. (Instructor3).

He was always responsive; when he was with me or even when he wasn't, we talked to each other by phone or in his office about all the researches on educational issues and many other things as he was my role model in life. (S1)

Putting student in active learning situations

The role model nursing instructors provided the opportunity of active learning for students through establishing group discussions and frequent evaluation along with giving feedback.

... , I ask them [students] to gather in the room and discuss what happened in the ward (Instructor6)

I know how to give my feedback to the one who gives presentation in the class; he knows himself and his faults... I ask them why they say that or discuss that way; I really feel they've gotten the point. (Instructor3)

Thought management

The role model nursing instructors gave a priority to improve students' thinking through creating the intellectual challenges, fostering critical thinking abilities, and solving problems using the students themselves.

I try to create an intellectual challenge, and then I try to expand it by asking questions and for students to answer (Instructor6).

I ask the students to explain their reasons for their answers. They are invited to get deeply involved in the discussion. (Instructor3).

DISCUSSION

The findings of the present study indicate that the role model instructors considered that the duty of role models was to develop students emotionally, spiritually, and intellectually, as different dimensions of human existence or humanization. In Persian and Islamic cultures like Iran, special attention has also been given to the development of all human dimensions including physical and mental, spiritual, intellectual, emotional, and social (Motahhari, 2001). Nursing education is currently undergoing a transition from a focus on behavioral consequences to a focus on

humanism (Duchscher, 2000) and human-centered education is the main concern of nurse educators (Holt-Waldo, 2011).

Within the first theme, the role model nursing instructors through the establishment of "effective connectedness", "inspiring a sense of positive identity", and "showing love" tried to develop nursing students emotionally. An ideology of partnership between teacher and student is central to the successful implementation of the humanistic nursing curriculum (Duchscher, 2000). Creating a discussion atmosphere by the model instructors leads to new and successful alliances and partnerships, and engenders collaboration, collegiality, and caring, and this communication method with students raises liberation pedagogy (Pope, 2008). Through facilitating reflective participation in discussion and dialogue, educators can play an important role in assisting students to develop empathy, confidence, and competence in human relations and taking the role of others (Duchscher, 2000).

The Iranian role model instructors served as students' parents, created a warm, friendly, yet respectful relationship between themselves and students. Moreover, helping others, maintaining friendships, and complimentary rituals such as apologizing were prominent characteristics among Iranian nursing instructors. The ability to feel or express a wide range of human emotions including self-valuation, a sense of positive personal identity, a sense of accomplishment, and the ability to appreciate and create are the signs of emotional health. Humanistic-based educators foster an environment full of confidence with students, thereby creating a healthy and incentivized relationship. In human-centered nursing education, communication, growth, and respect are obvious, while the student is observed through holistic and comprehensive lenses (Holt-Waldo, 2011).

Within the second theme, according to recent studies, psychological or physical health benefits are attributed to religion in people's lives. The common emphasis of religions on relationships with God, self, and others, may lead to significant positive mental health outcomes, especially with respect to others (Choumanova *et al.*, 2006). Spiritual health involves aspects of moral values by finding a meaningful purpose in life, including a connectedness with a higher power that is often understood as God or the divine source (Holt-Waldo, 2011). Specifically, religious beliefs and practices have contributed to the trainer's increased mental health, and a contact with respect, empathy, and support has consequently emerged as the characteristic of a model instructor (Klunklin *et al.*, 2011). In order to be more competent and comfortable in dealing with spiritual issues of nursing students and recipients of nursing care, a necessity for educators is to examine their spiritual perspectives (Shores, 2010). Effective communication with self, others, and supernatural power is an aspect of mental health. Faith provides a person with the ability to love others, joy, and perception of life's purpose and meaning, and a feeling of commitment is inspired by spiritual health (Hurlbut, 2011). Life and true humanity can also be restored in both oppressed and oppressors at the same time through faith (Raja, 2005).

Model instructors in this research emphasized possession mental health and its consequences such as enthusiasm,

ability to love, and a sense of commitment due to their relationship with God and religious beliefs. Moral centeredness is indicated in good role model trainers and is in accordance with religious instructions and especially the verses of the holy Quran, as completing the ethic was declared as the mission of the Prophet Muhammad (PBUH) (Quran, Chapter Al-Balad, Verse 4). Moral imagination is required to improve nursing students' communication skills (Chen & Boore, 2009), and since unethical behaviors may result in the occurrence of ethical problems (Erdil & Korkmaz, 2009), the behaviors of role model nursing instructors can lead to moral development in students.

Within the third theme, role model instructors empowered the students. It is the most controversial issue in the transformation from a behaviorist to a humanistic model in nursing education, as power is an overriding matter in any movement towards liberation (Duchscher, 2000). In modern teaching techniques, learning responsibility is shifting to a partnership between and among instructors and students. It behoves model instructors to not only convey factual knowledge, but also motivate, engage, and challenge students for an effective learning (Verst, 2010).

It was reported that a good role model helped self-discovery, self-motivation and inspired self confidence in nursing students. Confidence is a principal component among nursing students, to enable them to competently perform their responsibilities in the clinical environment (Panduragan *et al.*, 2011). As mentioned by Aston and Molassiotis (2003), working with a senior mentor enables nursing students to be more confident and less stressed (Aston & Molassiotis., 2003). In this respect, Ferguson (1996; cited in Brown *et al.*, 2003) noted that supportive learning experiences and teaching strategies including modeling, dialogue, feedback, commitment, mutual respect and acceptance are used by preceptors to enhance students' self-confidence (Brown *et al.*, 2003).

Through effective communication with students, role model instructors inspired motivation to accept the responsibility of their learning. Verst (2010) deems it necessary for all the trainers at each educational level to create an environment in their classrooms that fosters student learning, accommodates different learning styles, and motivates students to accept the responsibility of their learning (Verst, 2010). Humanistic educators are facilitators of learning (Holt-Waldo, 2011). Role models serve as a catalyst to transform as they instruct, counsel, guide, and facilitate the development of others (Perry, 2009).

The Iranian role model instructors encouraged cooperative learning, group discussions, frequent evaluation, and feedback. Mitchell (2010) quotes from Zhang (2000), and Snelgrove and Slater (2003) that nursing trainers need to recognize and adapt to learner-centered teaching strategies (Mitchell, 2010). Based on Ongeri's observation (2009; cited in Verst, 2010), an environment is built through learner-centered teaching strategy where the students are nurtured and guided and have a close relationship with instructors (Verst, 2010), which can promote understanding and critical thinking (Mitchell, 2010).

Encouraging critical thinking implies a focus on process rather than on consequence, and facilitates the challenges

interfering with the generation of new educational and practical knowledge (Williams-Barnard *et al.*, 2006). Critical thinking education is considered as the most substantial effort that should be implemented in student training in order to promote the profession (Bang *et al.*, 2011).

CONCLUSION

The study will be useful to nurse educators and administrators in relation to what constitutes role model teaching in the Iranian culture and context and how role modeling can be incorporated into the nursing curriculum.

This study focused on the perspectives of role model instructors and nursing students in the Iranian culture and context. Therefore, conducting further studies in different cultures and contexts to improve our knowledge regarding the different aspects of role model teaching is needed.

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CONTRIBUTIONS

Study design: JMN, AE, FA, NR

Data collection and Analysis: JMN, AE, FA, NR MJA

Manuscript Writing: JMN, AE, FA, NR

REFERENCES

- Aston L, Molassiotis A. Supervising and supporting student nurses in clinical placements: the peer support initiative. *Nurse Educ. Today* 2003; **23**: 202–210.
- Bang KS, Kang JH, Jun MH *et al.* Professional values in Korean undergraduate nursing students. *Nurse Educ. Today* 2011; **31**: 72–75.
- Brown B, O'Mara L, Hunsberger M *et al.* Professional confidence in baccalaureate nursing students. *Nurs. Educ. Pract.* 2003; **3**: 163–170.
- Chen HY, Boore JR. Using a synthesised technique for grounded theory in nursing research. *J. Clin. Nurs.* 2009; **18**: 2251–2260.
- Cheraghi MA, Salsali M, Safari M. Ambiguity in knowledge transfer: the role of theory-practice gap. *Iran. J. Nurs. Midwifery Res.* 2010; **15**: 155–166 (in Persian).
- Choumanova I, Wanat S, Barrett R, Koopman C. Religion and spirituality in coping with breast cancer: perspectives of Chilean women. *Breast J.* 2006; **12**: 349–352.
- Duchscher JEB. Bending a habit: critical social theory as a framework for humanistic nursing education. *Nurse Educ. Today* 2000; **20**: 453–462.
- Erdil F, Korkmaz F. Ethical problems observed by student nurses. *Nurs. Ethics* 2009; **16**: 589–598.
- Flick U, Kardorff EV, Steinke I. *A Companion to Qualitative Research*. London, New Delhi: SAGE Publications, 2004.
- Fluit C, Bolhuis S, Stuyt P, Laan R. The physician as teacher. Ways to measure the quality of medical training. *Ned. Tijdschr. Geneesk.* 2011; **155**: A3233.

- Gbrich C. *Qualitative Data Analysis: An Introduction* (1st edn). London: Sage, 2007.
- Graneheim UH, Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurs. Educ. Today* 2004; **24**: 105–112.
- Holloway I, Wheeler S. *Qualitative Research in Nursing* (2nd edn). Chichester: Wiley-Blackwell, 2002.
- Holt-Waldo N. The lived experience of being a holistic nurse educator: a heuristic inquiry (PhD thesis). Harold Abel School of Social and Behavioral Sciences; Capella University, United States. 2011.
- Hosseini KM, Fatemeh D, Fatemeh OS, Katri VJ, Tahereh B. Teaching style in clinical nursing education: a qualitative study of Iranian nursing teachers' experiences. *Nurs. Educ. Pract.* 2010; **10**: 8–12.
- Hurlbut JM. *Exploring the Relationship between Spirituality and Health-Promoting Behaviors in Sheltered Homeless Women*. New Mexico: New Mexico State University, 2011.
- Ivall E, Bergqvist A, Silverhjelm J, Unosson M. Perspectives of Swedish patients on postoperative pain management. *Nurs. Health Sci.* 2008; **10**: 131–136.
- Istomina N, Suominen T, Razbadauskas A, Martinkenas A, Meretoja R, Leino-Kilpi H. Competence of nurses and factors associated with it. *Medicina (Kaunas)* 2011; **47**: 230–237.
- Karimi Moonaghi H, Dabbaghi F, Oskouie F, Vehviläinen-Julkunen K. Learning style in theoretical courses: nursing students' perceptions and experiences. *Iran. J. Med. Educ.* 2009; **9**: 41–54 (in Persian).
- Khoshnevis M, Noghani F. *History, Transformation and Ethics in Nursing*. Tehran: Iranian Pen Association, 1999; (in Persian).
- Klunklin A, Sawasdisingha P, Viseskul N *et al.* Role model behaviors of nursing faculty members in Thailand. *Nurs. Health Sci.* 2011; **13**: 84–87.
- Mitchell C. The effect of interactive computerized simulation on approach to learning in undergraduate nursing students (PhD thesis). Valley, Arizona University. 2010.
- Motahhari M. *Introduction to the Islamic Worldview, the Man in the Qur'an* (4th edn). Tehran: Sadra publication, 2001, p:49 (in Persian).
- Panduragan SL, Abdullah N, Hassan H, Mat S. Level of confidence among nursing students in the clinical setting. *Procedia-Social Behav. Sci.* 2011; **18**: 404–407.
- Perry B. Role modeling excellence in clinical nursing practice. *Nurs. Educ. Pract.* 2009; **9**: 36–44.
- Pope BG. Transforming oppression in nursing education: towards a liberation pedagogy (PhD thesis). Faculty of the Graduate School at The University of North Carolina at Greensboro. United States. 2008.
- Raja N. Humanization of education in Pakistan through freire. *Asia Pac. Educ. Rev* 2005; **6**: 6.
- Rejeh N, Heravi-Karimooi M, Vaismoradi M. Iranian nursing students' perspectives regarding caring for elderly patients. *Nurs. Health Sci.* 2011; **13**(2): 118–125.
- Salsali M. Evaluating teaching effectiveness in nursing education: an Iranian perspective. *BMC Med. Educ.* 2005; **5**: 29.
- Shores CI. Spiritual perspectives of nursing students. *Nurs. Educ. Perspect.* 2010; **31**: 8–11.
- Stegeman JH. Value of a good example: a search for role models in practical clinical teaching. *Ned. Tijdschr. Geneeskd* 2001; **145**: 431–434.
- Streubert Speziale HJ, Carpenter DR. *Qualitative Research in Nursing: Advancing the Humanistic Imperative (Nursing Research)* (4th edn). Philadelphia, PA: Lippincott Williams & Wilkins, 2006.
- Tabari Khomeiran R, Deans C. Nursing education in Iran: past, present, and future. *Nurs. Educ. Today* 2007; **27**: 708–714.
- Vaismoradi M, Salsali M, Ahmadi F. Iranian nurses experiences regarding uncertainty in clinical practice. *J. Adv. Nurs.* 2011a; **67**: 991–995.
- Vaismoradi M, Salsali M, Ahmadi F. Perspectives of Iranian male nursing students regarding the role of nursing education in developing a professional identity: a content analysis study. *Jpn. J. Nurs. Sci.* 2011b; **8**: 174–183.
- Verst AL. *Outstanding Teachers and Learner-Centered Teaching Practices at A Private Liberal Arts Institution*. Cambridge: ProQuest, UMI Dissertation Publishing, 2010.
- Weng RH, Huang CY, Tsai WC, Chang LY, Lin SE, Lee MY. Exploring the impact of mentoring functions on job satisfaction and organizational commitment of new staff nurses. *BMC Health Serv. Res.* 2010; **10**: 240.
- Williams-Barnard CL, Bockenbauer B, O'Keefe Domaleski V, Eaton JA. Professional learning partnerships: a collaboration between education and service. *J. Prof. Nurs.* 2006; **22**: 347–354.
- Wolf ZR, Beitz JM, Peters MA, Wieland DM. Teaching baccalaureate nursing students in clinical settings: development and testing of the Clinical Teaching Knowledge Test. *J. Prof. Nurs.* 2009; **25**: 130–144.