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RESEARCH ARTICLE

Relationship between Jordanian Undergraduate Nursing Students' Perception of Empowerment and Academic Satisfaction: A Descriptive Study

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Abstract:

Background:

The perception of nursing students regarding empowerment has an important impact on their learning process and learning outcomes.

Aim:

This study aimed to assess the relationship between undergraduate nursing students' perception of empowerment and their academic satisfaction in Jordan.

Methodology:

A descriptive correlation design was used in this study. A total of 164 fourth-year nursing students were selected to participate by convenience sampling method. The universities with the largest number of students were selected according to regions (north, middle, and south) and sectors (3 private and 2 public). The data collection methods included an Arabic version of self-reported questionnaires, the Learner Empowerment Scale (LES) to assess nursing students' perception of empowerment, and the Undergraduate Nursing Students Academic Satisfaction Scale (UNSASS) to assess nursing student's agreement with academic satisfaction.

Results:

Data were analyzed using descriptive and inferential statistics. A total of 164 out of 184 students completed and returned the questionnaires with a response rate of 90%. Participants showed a moderate perception of empowerment with a mean score of 79 (out of 0-140) (SD=17.35). Pearson analysis showed a strong correlation between students' perception of empowerment and their academic satisfaction at all subscales: in-class teaching, clinical teaching, program design and delivery, and support and resources, respectively, as follows: $r(162) = +.37, P < 0.01$, $r(162) = +.27, p < 0.01$, $r(162) = .26, p < 0.01$, and $r(162) = .30, p < 0.01$.

Conclusion and Implications:

This is the first study conducted in Jordan that contributed to the body of literature on undergraduate nursing students' perception of empowerment and the relation to their satisfaction with the learning environment. The results highlighted the essence of teaching-learning context and methods to empower the students. Thus, more efforts should focus on clinical training, clinical placement, and diversity of teaching strategies to match the educational requirement to reduce the theory-practice gap.

Keywords: Empowerment, Nursing students, Teaching style, Learning outcomes, Clinical teaching, Clinical placement.

Article History

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1. INTRODUCTION

1.1. Background

Empowerment is defined as “the act of strengthening an individual's belief in his or her sense of effectiveness” [1]. The

concept of empowerment was adopted by academia because of its great contribution to achieving the optimum goals at the individual and organizational levels. In academia, empowerment refers to the match between the internal factors, “*intrapersonal empowerment*,” and the external factors, “*organizational empowerment*,” which facilitates the learning environment and achieves the targeted goals [2]. Empowering

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organizations as educational institutions is manifested by encouraging activities and creating satisfying learning opportunities for students [3]. Teachers are responsible for creating an empowering environment [4] and building rapport in the teacher-student relationship, which reflects positively on the teaching-learning process [5]. In the clinical setting, clinical educators/instructors are responsible for facilitating and creating learning opportunities. An effective clinical environment is influenced by students' satisfaction with the adequacy of resources and learning opportunities to perform nursing practices and skills, consequently improving their performance and perception of empowerment [6 - 8].

Empowered students tend to be more motivated and engaged in classroom activities in the learning orientation process [9], have more positive attitudes toward course content that contributes effectively to learning [10, 11], and engage in technology practices in the classroom. The induction of technology into the classroom facilitates meeting students' learning objectives [4]. Moreover, Ahn and Choi (2015) emphasized that the essence of empowerment of nursing students at a clinical placement is to enhance their ability for clinical decision-making, their sense of being valued and respected as learners, their self-esteem, and acquaintance with the complexity of clinical learning skills in the clinical fields, which improve their clinical competencies. Empowered students report higher grades than disempowered students, they are less likely to skip classes, and more likely to participate in extracurricular activities [5]. Furthermore, empowered students perceive themselves as having greater level of self-efficacy and more confidence [12].

Students' satisfaction with the learning process influences their knowledge and skills during the studying years, which also impacts their post-graduate career [12, 13]. Satisfied students are required to meet the community and educational organization's expectations and goals. Also, they are concerned about their perception of the educational environment rather than their perception of the learning process itself. In accordance, it highlights the variation between satisfied and dissatisfied students, which suggests enhancing the teaching strategies [12, 13] and implementing innovative teaching strategies that may positively influence the learning outcomes [13, 14].

Undergraduate nursing students' perception and satisfaction with nursing curricula are strongly influenced by clinical placement, innovative teaching strategies, utilization of technology in teaching, and adequate coordination between faculty and clinical agency staff [14, 15]. Indeed, students' satisfaction improves their engagement and participation in nursing care and creates positive student learning outcomes [16]. For example, Ghanaian undergraduate nursing students reported that during their clinical training within hospitals, they were excluded from performing routine clinical practices and had fewer opportunities for complex and advanced skills, such as the application of physical examinations and nursing process, which reflected negatively on their satisfaction [17, 18].

Nursing students' empowerment has been assessed

adequately worldwide. Many studies assessed and reported moderate nursing students' empowerment levels [10, 18 - 22]. Some of these studies assessed nursing students' empowerment in relation to clinical placement effects [19, 20, 23], classroom effects [5], and the use of technological devices [4].

Despite some regional studies, other studies have also assessed nursing students' learning attitudes and learning outcomes. These studies focused on assessing the learning environment, teaching methods, and learning styles. A Saudi study found that clinical instructors' characteristics influence the sense of belonging of nursing students and motivate them to participate actively with the ward's team in clinical practices and procedures [23]. On the other hand, another Iranian study claimed that nursing students' readiness for self-directed learning is strongly correlated with their academic achievement. Moreover, the lack of learning opportunities and inconsistency of the educational goals by clinical placement with evaluation methods during clinical experiences negatively influence students' learning [24].

Several Jordanian studies examined nursing students' clinical learning environment [25], learning-teaching methods [7], factors that may influence learning outcomes [26, 27], teacher-students relationships [28], and nursing students' perceived role towards their clinical instructors [26]. However, no studies focused on assessing students' empowerment and its influence on learning outcomes. This study assessed undergraduate nursing students' perception of empowerment and its relationship with their academic satisfaction, thus contributing to the body of knowledge regarding the essence of academic environment and resources in the teaching-learning process.

1.2. The Aims of the Study

This study aims to assess:

- The perception of empowerment among undergraduate nursing students.
- The relationship between selected demographic variables and perception of empowerment among nursing students.
- The relationship between students' satisfaction with in-class teaching, clinical teaching, program design and delivery, and support and resources and their perception of empowerment.

1.3. Conceptual Model

The hypothetical conceptual model is developed by the researcher based on the literature (Fig. 1). An intrapersonal empowerment definition focuses on the conceptualization of empowerment in relation to a workplace context. Its domains are (1) *Meaningfulness*: individual's values of his/her tasks to be recognized, the more valuable tasks are, the more tasks suitable in the work setting, (2) *Competence*: individuals feel confident and able to perform tasks to achieve the desired goals, and (3) *Impact*: individuals perceive their tasks useful and may make a difference within work setting [2].

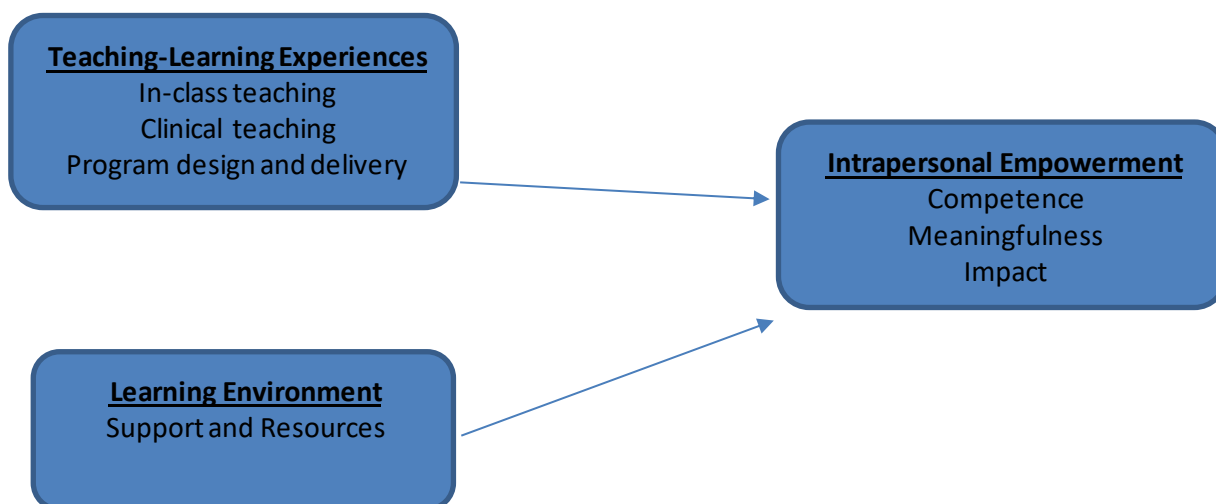


Fig. (1). The conceptual model of the relationship between the learners' empowerment and their academic satisfaction.

It was found that individuals who connect strongly to their working environment perceived themselves as empowered [1, 29].

This model proposes that teaching-learning experiences and learning environments collectively and individually influence the learners' perception of empowerment (impact, meaningfulness, competence). The satisfaction of the teaching-learning experiences consists of in-class teaching, clinical teaching, and program design and delivery. Furthermore, the satisfaction of the learning environment depends on the support and resources for learning. Thus, empowered students have great control over task accomplishment, have motivation, and are confident and self-directed toward learning [4, 10, 30, 31]. The concept of empowerment in the manager-employee relationship was used to indicate the teacher-student relationship [10]. The researcher proposes that learners' orientation to learning is comparable to the employees' attitudes toward the organization, which would influence their perception of empowerment. Moreover, satisfaction with the work environment context and its influence on enhancing the sense of involvement in the organization is considered in the classroom/learning environment in addition to a willingness to participate in work activity and learning-teaching experiences.

2. MATERIALS AND METHODS

2.1. Research Design and Setting

A descriptive correlation design was used in this study. This study was conducted at five (3 public and 2 private) Jordanian universities.

2.2. Sample and Sampling

The target population of this study was nursing students studying at universities in Jordan. The accessible population was all fourth-year nursing students in Jordan. Multistage sampling was used in this study. The first stage was a purposeful selection of the university with the largest number of students in each region of the country. The second stage was

a convenient sampling of the nursing students from the recruited universities to represent the population. The sample size was estimated based on G* power software version 3.0.10. By $n=166$, the researcher increased the sample size to 184 to consider the attrition.

2.3. Data Collection Methods

2.3.1. The Demographic Data Sheet

The instrument was developed by the researcher in the Arabic language based on the literature. It included age, gender, university affiliation, place of residence (north, middle, and south region), cumulative average, high school grade (Tawjihi), previous clinical experience (post-diploma nursing program (RN-to-BScN)), and desire to attend nursing school.

2.3.2. The Learner Empowerment Scale (LES)

The Learner Empowerment Scale (Appendix A) was developed by Frymier, Shulman, and Houser to assess intrapersonal students' empowerment [2]. The instrument is composed of thirty-five items included under three subscales; impact, meaningfulness, and competence (16, 10, and 9 items, respectively). Responses to all scales are indicated using a 5-point Likert scale that ranges from 0-4 (*never empowered-very empowered*). The theoretical range is 0-140 and classified 0-46 as mild level, 47-93 as moderate level, and 94-140 as high level. The scale has an overall correlation coefficient of 0.95 for the meaningfulness, competence, and impact scale of 0.92, 0.91, and 0.92, respectively [10]. The instrument was translated to Arabic and back-translated to assess the credibility of the Arabic version of the instrument. Moreover, it was also tested on the pilot sample. The Arabic version of LES's overall correlation coefficient was 0.93, and the subscales correlation coefficient of impact, meaningfulness, and competence were 0.90, 0.80, and 0.76, respectively, which was consistent with the original instrument correlation coefficient [10] and findings reported in previous studies [16, 18, 32, 33].

2.3.3. The Undergraduate Nursing Students' Academic Satisfaction Scale

The Undergraduate Nursing Students Academic Satisfaction Scale (UNSASS) (Appendix B) was developed by Dennison and El-Masri to measure the students' academic satisfaction [32]. This 48- item multidimensional instrument consists of four subscales, namely in-class learning, clinical experiences, the program design and delivery, and program support and resources (16, 15, 12, and 5 items, respectively). Responses to all scales are indicated using a 5- point Likert scale that ranges from 5-1 (*highly agreed-highly disagreed*). The final score would range between 48 and 240.

Cronbach's alpha coefficient of the subscales in-class learning, clinical experiences, program design and delivery, and program support and resources are 0.92, 0.91, 0.91, and 0.74, respectively. Cronbach's alpha coefficient of the entire scale is 0.96, which indicates the excellent reliability of this instrument.

The Arabic version correlation coefficient of this instrument was reported to be 0.96, and the subscale correlation coefficients of in-class learning, clinical experiences, the program design and delivery, and the program support and resources were 0.89, 0.88, 0.93, and 0.79, respectively. It was consistent with the original instrument correlation coefficient.

2.4. Ethical Consideration

Ethical approval was obtained from the School of Nursing, University of Jordan. All instruments used in data collection were published and available online for free.

3. RESULTS

Data were analyzed using the SPSS® version 22 [34] to answer research questions. A total of 164 fourth-year nursing students completed the instruments with a response rate of 90%.

3.1. Characteristics of the Study Sample

Descriptive analysis showed the demographics of participants as presented in Tables 1 and 2.

3.2. Nursing Students' Perception of Empowerment

Descriptive analysis showed that the total mean score of nursing students' perception of empowerment was 79.0 (SD=17.35). The obtained range was 0-118, while the theoretical range was 0-140. This indicates a moderate nursing students' perception of empowerment. The highest score of the instruments' subscales was for the impact component (M=35.13, SD=10.35, out of 22-43) (Table 3).

3.3. Relationship between Nursing Students' Perception of Empowerment and Selected Demographic Characteristics

3.3.1. The Relationship between Nursing Students' Perception of Empowerment and Age, Cumulative Average, and High School Grade

Pearson correlation test showed no relationship between the undergraduate nursing students' perception of empowerment and age, cumulative average (GPA), and high school grade, as presented in Table 4.

Table 1. Categorical demographic characteristics of participants.

Data		N	%
Gender	Male	39	23.8%
	Female	125	76.2%
University	Private	52	31.7%
	Public	112	68.3%
Clinical placement	Private Hospitals	37	22.6%
	University Hospitals	61	37.2%
	Public Hospitals	63	38.4%
	Military Hospitals	3	1.8%
Residency	North Region	56	34.1%
	Middle Region	77	47%
	South Region	31	18.9%
Previous experience	Yes	23	14%
	No	141	86%
Desire to attend nursing school	Yes	124	75.6%
	No	40	24.4%

Table 2. Continuous demographic characteristics of participants.

Data	Mean	SD	Minimum	Maximum
Age	22.4	3.6	20	35
Cumulative average	76.1	8.8	50	98.2

(Table 2) contd....

Data	Mean	SD	Minimum	Maximum
High school average (Tawjihi)	77.5	5.9	60.0	93.0

Table 3. Nursing students' perception of empowerment.

Scale/s	Mean (M)	Median	Standard Deviation (SD)	Minimum	Maximum
Total	79.0	79.0	17.35	0	118
Impact	35.13	36.0	10.35	0	57
Meaningfulness	21.9	22.0	5.70	0	35
Competence	22.0	22.0	4.40	0	33

Note: N = 164

Table 4. The relationship between nursing students' perception of empowerment and age, cumulative average, and high school grade.

Items	Empowerment Total Score	Age	Cumulative Average	High School Grades
Empowerment total score	1	-	-	-
Age	.001	1	-	-
Cumulative average	.140	-.199*	1	-
High school grades (Tawjihi)	-.033	-.375**	.313**	1

Note: ** Correlation is significant at the 0.01 level (2-tailed).

*Correlation is significant at the 0.05 level (2-tailed).

3.3.2. The Relationship among Gender, Previous Experience in Nursing, University, and the Desire to Join Nursing School

Point biserial test showed that male nursing students were found to be more empowered than female students according to the mean score of both groups. The mean score of the male students' group was M=86.25 and SD=17.13 in comparison with the female nursing students' mean score, i.e., M=76.82, SD=16.87. However, no relationship was reported among other variables (previous experience, university, and the desire to join nursing school) (Table 5).

3.4. The Relationship between Nursing Students' Perception of Empowerment and their Satisfaction with in-class Teaching, Clinical Teaching, Program Design and Delivery, and Support and Resources

Pearson correlation test was used to assess the relationship between nursing students' perception of empowerment and their academic satisfaction; results showed a statistically significant relationship between the undergraduate nursing students' empowerment and satisfaction with (1) in-class with $r(162) = +.37, P < 0.01$; the mean score of the in-class subscale was M=56.61, SD=11.12, (2) clinical teaching with $r(162) = +.27, p < 0.01$; the mean score of the clinical teaching subscale was M=54.26, SD=11.37, (3) program design and delivery with $r(162) = .26, p < 0.01$; the mean score of the program design and delivery subscale was M=44.39, SD=7.33, and (4) support and resources with $r(162) = .30, p < 0.01$; the mean of

the support and resources subscale was M=31.40, SD=5.74 (Table 6).

4. DISCUSSION

4.1. Nursing Students' Perception of Empowerment

Fortunately, the results of this study indicated that Jordanian nursing students perceived themselves as moderately empowered in general and in relation to each subscale: impact, meaningfulness, and competence. The perception of moderate empowerment indicates both that the students in the current study have an adequate internal state to become empowered and that the surrounding situation offers suitable empowering conditions. These results are consistent with those of several other studies across cultural and linguistic contexts using a range of assessment tools [10, 12, 18, 19, 21]. However, Houser and Frymier [10, 35] reported higher general empowerment scores and subscale scores for nursing students in their study.

The highest subscale score was the impact subscale, which was related to students' ability to make a decision during their courses; they might perceive their internal motives and power to make a change or be effective in the course, which was consistent with the total score of the students' perception of empowerment in the following studies; however, highest subscale score was for the meaningfulness subscales in both studies [10, 19].

Table 5. The relationship between nursing students' perceived level of empowerment and variables (gender, previous experience, desire to join nursing school, and university).

Items	Learner Empowerment Scale	Gender	Previous Experience in Nursing	Desire to Join Nursing School	University
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(Table 5) contd.....

Items	Learner Empowerment Scale	Gender	Previous Experience in Nursing	Desire to Join Nursing School	University
LES*	1	-	-	-	-
Gender	-.23**	1	-	-	-
Previous experience in nursing	-.06	.10	1	-	-
Desire to join nursing school	-.00	-.08	.14	1	-
University	-.14	.23**	.32**	.11	1

Note: ** Correlation is significant at the 0.01 level (2-tailed).

*LES: Learner Empowerment Scale.

Table 6. Relationship of nursing students' perception of empowerment and their satisfaction with in-class teaching, clinical teaching, program design and delivery, and support services and resources.

Scale/ Subscales	Mean (M)	Standard deviation (SD)	LES	In-class teaching	Clinical teaching	Program and delivery	Support and resources
Empowerment	79.0	17.35	1	-	-	-	-
In-class teaching	56.61	11.12	.37**	1	-	-	-
Clinical teaching	54.26	11.37	.27**	.65**	1	-	-
Program and delivery	44.39	7.33	.26**	.60**	.60**	1	-
Support and resources	31.40	5.74	.30**	.42**	.45**	.51**	1

Note: N= 164. ** Correlation is significant at the 0.01 level (2-tailed).

4.2. Relationship between Nursing Students' Perception of Empowerment and Demographic Characteristics

In this study, male nursing students were found to be more empowered, which was consistent with the results of a study conducted by Burton [36] on undergraduate students' perception of their own empowerment, capability, and achievement. On the other hand, the results of a study by Kirk *et al.* [5] contradicted the findings of the current study in that female nursing students were more empowered than male students. This may be attributed to the fact that the Jordanian community is considered male-dominant (masculine), meaning in part that the social context supports males in general, which gives them extra self-confidence and motivation. This difference may also be related to the significant level of physical, psychological, and social stressors for female students during clinical training [37]. According to the United States Agency for International Development (USAID) report *Promoting Gender Equality and Women's Empowerment*, in Jordan, females have equal access and opportunity to education as males. Despite political and governmental opportunities and support provided to facilitate women's engagement and political and social participation, females are still facing many cultural and traditional constraints at the organizational and societal levels [37 - 39].

Interestingly, the current study's results showed that nursing students' perception of empowerment is not correlated with high academic achievement. Another study supports this finding that pioneer students focus on maintaining their academic achievement by working hard on their exams and graded assignments, unlikely empowered students who focus on extracurricular activities, exams, academic works, and graded assignments simultaneously which may explain these results [33, 38].

4.3. Relationship of Empowerment with the Academic Satisfaction

The results of this study showed a strong positive

relationship between participants' perception of empowerment and their satisfaction with in-class teaching, clinical teaching, program design and delivery, and program resources and support. These results were consistent with a study conducted by Zraa *et al.* [33], who reported a positive relationship between students' perception of empowerment and effective classroom activities, suggesting that structured classroom activities make students more confident and motivated. In-class teaching is the primary source of knowledge and information needed to support students' skills and clinical practice in clinical placements. Educators contribute to an enriched learning experience, for example, by giving examples and telling stories from their own experiences [38 - 40]. In this study, the students reported that they do participate in activities in the classroom and that they consider the classroom to be a valuable source of knowledge. The results of the current study support those of Houser and Frymier [10], who reported that empowered learners are motivated to take part in meaningful classroom tasks that reinforce the teaching-learning process. Moreover, teachers' clarity and immediacy, as expressed in teacher-student communication, make students feel more empowered. Therefore, adequate in-class teaching strategies and content are priceless tools for educators because they reduce the theory-practice gap, making students feel more confident and empowered [10].

The results of this study showed a significant relationship between participants' perception of empowerment and their satisfaction with program design and delivery and with resources and support. The participants reported satisfaction with most of the subscale items, congruent with studies that discussed teaching strategies and their impact on learners and learning outcomes [12, 17, 39 - 43]. Previous studies have mentioned that emerging teaching strategies to meet educational requirements have a great impact on learning outcomes; students perceive themselves as empowered after attending a simulation program [12] or problem-based learning program [39], as such programs enhance their confidence and improve their competencies. In an educational organization,

learners aim to learn within the context of the organizational structure. Access to educational resources has a direct impact on learners' perception of empowerment. Furthermore, clear and direct access to information in class and clinical teaching, as well as equal opportunity to gain the best available learning experiences, resources, and support from faculty, administrative, and legislative personnel, positively impact learners' perception of empowerment [21].

Clinical teaching is complementary to in-class teaching in terms of achieving the target learning outcomes. The results of this study indicated a positive relationship between participants' perception of empowerment and their satisfaction with clinical teaching. Participants reported high agreement with most of the clinical items' subscale assessing the clinical teaching. Many studies have highlighted the value of effective clinical placement and clinical teaching [6, 25, 44 - 48]. Sweet and Broadbent [43 - 45] reported that the qualities of good clinical facilitators include the availability to provide support, respect, communication, reflection, objectivity, passion, and confidence. Moreover, competent clinical instructors enhance nursing students' perception of engagement in clinical placement [16, 45, 46]. Nursing educators, who have professional competence, use advanced teaching strategies, have theoretical and clinical skills [48 - 50], and have goal orientation to learning [46, 49, 50] are able to empower their students. The results of previous studies supported the positive relationship between the students' perception of empowerment and clinical teaching.

In accordance with the theory, clinical gaps are reported in many studies; the availability of learning opportunities, the context and environment of clinical placement, and the clinical instructor's role and characteristics influence nursing students' clinical training experiences [25, 48]. According to a study [45, 46], clinical learning environments should be prepared and equipped for students to demonstrate proper clinical skills and procedures to promote the clinical experience, enhance students' sense of belonging, and help them become more competent while performing procedures. Moreover, improving the clinical learning environment tends to enhance new students' personal capabilities, such as performing professional communication, critical thinking, and problem-solving [50] and help them feel relaxed, motivated, and supported in their clinical placement [7].

CONCLUSION

The results showed a strong relationship between the undergraduate nursing students' perception of empowerment and their academics, including in-class teaching, clinical teaching, program design and delivery, program support and resources, and learning orientation measures. It highlights the essence of cultivating all resources to improve the teaching-learning strategies and environment, which contributes to empowering the nursing students, which has a great impact on their perception and satisfaction during the academic journey. Moreover, further attention to clinical teaching and teaching strategies to empower nursing students is needed.

Nursing students' empowerment requires extensive collaboration between healthcare settings and educational institutions to facilitate appropriate learning opportunities in the clinical learning environment and ensure that educational requirements for each course are effectively met. Policymakers

must focus on improving the clinical learning placement according to the minimum educational standards for nursing skills and procedures to meet curriculum requirements.

Faculties should induce innovative teaching strategies in the classroom and clinical placement to enhance students' sense of empowerment. Educational institutions can encourage nursing students' motivation and self-directed attitudes to enhance empowerment through students' participation in academic and non-academic meetings and decision-making. Moreover, educational institutions should introduce new teaching methods that exploit technological developments to improve the teaching-learning process and outcomes. Faculty can conduct or participate in educational programs or activities to gain adequate knowledge and skills to create an empowering environment, thus empowering the students.

Further studies to explore and explain nursing students' self-perception of empowerment are needed. Qualitative studies may reveal the detailed meaning of nursing students' empowerment, clinical placement, and classroom teaching.

LIST OF ABBREVIATION

LES = Learner Empowerment Scale

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

The ethical approval was obtained from the school of nursing/University of Jordan under the number of #:PDs.18.5.

HUMAN AND ANIMAL RIGHTS

No animals were used for the studies that are the basis of this research. All the humans were used in accordance with the ethical standards of the committee responsible for human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2013 (<http://ethics.iit.edu/ecodes/node/3931>).

CONSENT FOR PUBLICATION

The written informed consent form was taken from the patients and volunteers.

STANDARDS OF REPORTING

STROBE guidelines were followed.

AVAILABILITY OF DATA AND MATERIALS

The data that support the findings of this study are available within the article.

FUNDING

None.

CONFLICT OF INTEREST

The authors declare no conflict of interest, financial or other.

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APPENDICES

Appendix A: The Learner Empowerment Scale (LES)

Item	Never	Rarely	Sometimes	Often	Very Often
I have the power to make a difference in how things are done in my class.	-	-	-	-	-
I have a choice in the methods I can use to perform my work.	-	-	-	-	-
My participation is important to the success of the class.	-	-	-	-	-
I have the freedom to choose among options in this class.	-	-	-	-	-
I can make an impact on the way things are run in my class.	-	-	-	-	-
Alternative approaches to learning are encouraged in this class.	-	-	-	-	-
I have the opportunity to contribute to the learning of others in this class.	-	-	-	-	-
I have the opportunity to make important decisions in this class.	-	-	-	-	-
I cannot influence what happens in this class.	-	-	-	-	-
I have the power to create a supportive learning environment in this class.	-	-	-	-	-
My contribution to this class makes no difference.	-	-	-	-	-
I can determine how tasks can be performed.	-	-	-	-	-
I make a difference in the learning that goes on in this class.	-	-	-	-	-
I have no freedom to choose in this class.	-	-	-	-	-
I can influence the instructor.	-	-	-	-	-
I feel appreciated in this class.	-	-	-	-	-
The tasks required in my class are personally meaningful.	-	-	-	-	-
I look forward to going to my class.	-	-	-	-	-
This class is exciting.	-	-	-	-	-
This class is boring.	-	-	-	-	-
This class is interesting.	-	-	-	-	-
The tasks required in my class are valuable to me.	-	-	-	-	-
The information in this class is useful.	-	-	-	-	-
This course will help me to achieve my future goals.	-	-	-	-	-
The tasks required in my class are a waste of my time.	-	-	-	-	-
This class is not important to me.	-	-	-	-	-
I feel confident that I can adequately perform my duties.	-	-	-	-	-
I feel intimidated by what is required of me in my class.	-	-	-	-	-
I possess the necessary skills to perform successfully in class.	-	-	-	-	-
I feel unable to do the work in this class.	-	-	-	-	-
I believe that I am capable of achieving my goals in this class.	-	-	-	-	-
I have faith in my ability to do well in this class.	-	-	-	-	-
I have studied before to succeed in this class.	-	-	-	-	-
I lack confidence in my ability to perform the tasks in this class.	-	-	-	-	-
I feel very competent in this class.	-	-	-	-	-

Appendix B: The Undergraduate Nursing Students Academic Satisfaction Scale (UNSASS)

Subscale I: In-class Teaching The following questions are intended to elicit information about your in-class learning experience (i.e., course lectures) in the program	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
I can freely express my academic and other concerns to faculty members.	-	-	-	-	-
Faculty members are easily approachable.	-	-	-	-	-
Faculty members make every effort to assist students when asked.	-	-	-	-	-
Faculty members make an effort to understand the difficulties I might be having with my coursework.	-	-	-	-	-
Faculty members are usually available after class and during office hours.	-	-	-	-	-
I can freely express my academic and other concerns to the administration.	-	-	-	-	-
Faculty are fair and unbiased in their treatment of individual students.	-	-	-	-	-
Faculty members provide adequate feedback about students' progress in a course.	-	-	-	-	-
I receive detailed feedback from faculty members on my work and written assignments.	-	-	-	-	-
Channels for expressing students' complaints are readily available.	-	-	-	-	-
Faculty members are good role models and motivate me to do my best.	-	-	-	-	-

contd....

Subscale I: In-class Teaching The following questions are intended to elicit information about your in-class learning experience (i.e., course lectures) in the program	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
The administration shows concern for students as individuals.	-	-	-	-	-
Faculty members demonstrate a high level of knowledge in their subject area.	-	-	-	-	-
Faculty members take the time to listen to/discuss issues that may impact my academic performance.	-	-	-	-	-
Faculty members create a good overall impression.	-	-	-	-	-
I am generally given enough time to understand the things I have to learn.	-	-	-	-	-
Subscale II: Clinical Teaching The following questions are intended to elicit information about your clinical experience in the program	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Clinical instructors are approachable and make students feel comfortable about asking questions.	-	-	-	-	-
Clinical instructors provide feedback at appropriate times and do not embarrass me in front of others (classmates, staff, patients, and family members).	-	-	-	-	-
Clinical instructors are open to discussions and differences in opinions.	-	-	-	-	-
Clinical instructors give me sufficient guidance before I perform technical skills.	-	-	-	-	-
Clinical instructors view my mistakes as part of my learning.	-	-	-	-	-
Clinical instructors give me clear ideas of what is expected from me during a clinical rotation.	-	-	-	-	-
Clinical instructors facilitate my ability to critically assess my client's needs.	-	-	-	-	-
Clinical instructors assign me to patients that are appropriate for my level of competence.	-	-	-	-	-
Clinical instructors give me verbal and written feedback concerning my clinical experience.	-	-	-	-	-
Clinical instructors demonstrate a high level of knowledge and clinical expertise.	-	-	-	-	-
Clinical instructors are available when needed.	-	-	-	-	-
Clinical instructors provide enough opportunities for independent practice in the lab and clinical sites.	-	-	-	-	-
Clinical instructors encourage me to link theory to practice.	-	-	-	-	-
Instructions are consistent among different clinical and lab instructors.	-	-	-	-	-
Faculty members behave professionally.	-	-	-	-	-
Subscale III: Program Design and Delivery The following questions are intended to elicit information about your perception of the program and its delivery	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
This program provides a variety of good and relevant courses.	-	-	-	-	-
The program enhances my analytical skills.	-	-	-	-	-
Most courses in this program are beneficial and contribute to my overall professional development.	-	-	-	-	-
The quality of instruction I receive in my classes is good and helpful.	-	-	-	-	-
I usually have a clear idea of what is expected of me in this program.	-	-	-	-	-
The program is designed to facilitate teamwork among students.	-	-	-	-	-
The program enhances my problem-solving or critical-thinking skills.	-	-	-	-	-
There is a commitment to academic excellence in this program.	-	-	-	-	-
As a result of my courses, I feel confident about dealing with clinical nursing problems.	-	-	-	-	-
Going to class helps me better understand the material.	-	-	-	-	-
I am able to experience intellectual growth in the program.	-	-	-	-	-
Overall, the program requirements are reasonable and achievable.	-	-	-	-	-
Subscale IV: Support and Resources The following questions are intended to elicit information about your perception of the program's support and resources:	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
The secretaries are caring and helpful.	-	-	-	-	-
The secretaries behave professionally.	-	-	-	-	-
Support at the clinical and computer labs is readily available.	-	-	-	-	-
Computer and clinical labs are well-equipped, adequately staffed, and readily accessible to meet.	-	-	-	-	-
The facilities (classrooms, clinical, and computer labs) facilitate my learning.	-	-	-	-	-

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