RESEARCH

Exploring the evolving relationship between students and nurse educators in tertiary institutions in Ghana

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Abstract

Background As most nursing academics have suggested, training student nurses to be professionals with all the qualities of a good nurse requires time and attention to detail. Students in the nursing program exhibit enthusiasm and dedication to succeeding in their chosen field from the moment they are accepted into the school. This comes with varied expectations regarding teaching, learning, and relationships with educators. It is essential how teaching and learning are affected by the student-nursing-tutor interaction, which significantly impacts learning, growth, and professional development. This study explored the evolving relationship between students and educators in nursing institutions from the perspective of students.

Methods The study used an exploratory, descriptive qualitative approach to understand the phenomenon. Participants in the final year of their training were recruited, and a focused group discussion was conducted. Thirty participants, all students, were involved in the study. Data saturation determined the sample size. All the interactions were audio-recorded and transcribed verbatim. Transcriptions were analysed using thematic analysis.

Results The findings revealed two main themes, initial relationship and subsequent relationship, with related subthemes: uncertainty regarding the initial relationship, welcoming relationship, influencers of subsequent relationship and adaptational relationship. Students mentioned that they are admitted into nursing institutions with personal expectations and preconceived notions about educators, leading to interaction uncertainty. Some of these notions were confirmed as their expectations were unmet. It was reported that students experienced a welcoming first interaction. However, the subsequent relationship was influenced by educators' attitudes and teaching approaches. Overall, students described the student-tutor relationship as adaptational.

Conclusion This study provides actionable recommendations for improving nursing education practices in Ghana. Findings reiterate the impact of unhealthy student-educator relationships on learning and teaching outcomes; therefore, educators should deliberately enhance their relationships by properly socialising students into the profession and acting as role models. Educators should regularly reflect on student interactions and enhance their skills for better output.

Keywords Learning, Nursing education, Student-tutor relationship, Teaching, Ghana

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Introduction

Despite the rising numbers of training institutions across the African continent, the nursing profession has not kept pace with the health needs of the continent. Stakeholders must not derail the focus on quality training of persons with the right attitude to care for society. Students in Ghana are admitted into the nursing training program from the Senior High School, which is grade 12 in some countries. From the first year of admission, students appear naïve but must quickly adjust to the new environment to progress well. Gradually, they get to the final year, the third year for a diploma program or the fourth year for the bachelor's degree. Nursing tutors have hardly sought to identify and understand the challenges students face from the onset till completion. Optimising teaching and learning outcomes in nursing education requires understanding the subtleties of the student-nursing-tutor interaction.

Nursing education relies heavily on the student-nursing-tutor relationship as a knowledge transfer and skill development vehicle. Prior research in the field of nursing education has indicated that the teaching and learning process in this setting is shaped significantly by the interaction between students and nursing tutors [1, 5, 9, 18, 21, 23]. According to Amerstorfer and Freiin von Münster-Kistner [2], Kurt et al. [23], Parker et al. [38], and Zhang [48], this dynamic interaction goes beyond the typical student-teacher relationship. It fosters an environment of collaboration where both parties contribute to knowledge acquisition, development of skills, and professional growth.

To begin with, for several reasons, the student-nursing tutor relationship is crucial to nursing education. First, it forms the basis of mentorship, offering direction, encouragement, and helpful criticism to students as they proceed through their academic journey [26, 33]. Ultimately, mentoring relationships between nursing tutors and students help shape the development of skilled and caring nurses by facilitating the transfer of practical skills, clinical knowledge, and professional values [2, 18, 33]. Additionally, the relationship between a student and their nursing tutor cultivates a climate of mutual respect, trust, and cooperation, which in turn creates an atmosphere that is favourable to active learning, critical thinking, and professional socialisation [11, 26, 33, 35]. Furthermore, by fostering empathy, cultural competency, and ethical awareness in students, this relationship equips them to provide patient-centred care in various healthcare settings.

Several factors influence the nature and quality of the student-nursing tutor interaction in nursing education. These include faculty members' instructional strategies, clinical learning environments, institutional culture and support systems, student and nursing tutor personalities and communication skills, and educational strategies [4, 9, 18, 21, 46, 47]. Positive interactions between students and nursing tutors are facilitated by fundamental skills such as effective communication, empathy, and cultural sensitivity. Furthermore, the student-nursing tutor relationship is strengthened by interprofessional teamwork, supportive institutional policies, and mentorship programs, which create an environment that is favourable to both teaching and learning [18, 23, 46]. On the contrary, issues including workload demands, power imbalances, hierarchies, and a lack of resources can sour the relationship between students and nursing tutors [12, 14, 36], which will impede their ability to learn and advance their careers.

Arguably, in nursing education, the quality of the relationship between the student and the nursing tutor has a substantial impact on teaching and learning outcomes [9, 18, 23, 29, 46]. Positive and encouraging relationships help students feel more motivated, engaged, and satisfied with their educational experiences. When students feel valued and respected by their nursing mentors, they are more likely to participate in clinical activities actively, seek feedback, and embrace opportunities for self-directed learning [1, 5, 9, 18, 21, 23]. Additionally, the relationship between a student and a nursing tutor helps to integrate clinical practice and theoretical knowledge, which promotes a comprehensive understanding of nursing concepts and principles. Nursing tutors enhance students' educational experiences as educators by offering clinical insights, real-world perspectives, and experiential learning opportunities.

On the other hand, poor or tense relationships between student nurses and tutors can impair the efficacy of instruction and learning, which in turn can cause students to become disengaged, anxious, and unsatisfied [22]. Burnout and attrition rates in nursing schools can be caused by nursing mentors' perceived mistreatment, poor communication, and lack of support, undermining students' confidence and professional development. A literature review showed that few studies have explored the evolving dynamics of the student-nursing tutor relationship across different phases of training in Ghana. This study therefore sought to understand the evolving relationship between students and nursing tutors as they progressed from the first to the final year. The findings will help nursing tutors identify approaches to teaching students and understand the challenges students face to provide tailor-made strategies.

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Methods

Research design

The study used an exploratory, descriptive qualitative design (Hunter et al. 2019) to gain first-hand insight into the relationship between educators and students in the nursing training college. This approach allowed the researchers to uncover a phenomenon when little was known. Data was collected using an interview guide (Supplementary File 1) prepared after a literature review.

Setting and population

The setting was two (2) nursing training institutions in Ghana: a private university that runs a four-year programme and a Nursing Training College that runs a three-year program in nursing and midwifery. Those included in the study were final-year students from both institutions. This was because they had experienced different phases of interaction with the educators to provide in-depth narratives and understand the phenomenon better. Participants who voluntarily consented to the study were included. However, students who were sick at the time of data collection and those who were on disciplinary measures were excluded.

Sampling technique and sample size

A purposive sampling technique was employed in the study to identify participants with the desired experiences being explored. It had to be purposively done because of the information needed and the eligible participants. Especially to exclude students who had been or were on disciplinary sanctions, as we believed there would be biases in their responses. Data was gathered through focused group discussion. This approach precipitated interaction between participants as they shared their stories. It also offered a further understanding of how they have lived through their third year of training. Literature reports varied views on the composition number; some authors proposed 8–12 large groups, while others preferred 6–8 and some smaller groups 4–6 [15, 24, 25, 39]. The researchers considered these variations and aligned them to 5–8 depending on the availability of participants for the interviews. Focus groups were made up of 5–7 participants. This was manageable, ensured rich discussions and helped coordinate interactions much easier. Saturation was reached in the fifth focus group discussion, with a sample size of 30. It is documented that four focus groups provide a range of different issues, with more additional or more focus groups providing understanding [20]. Based on this assertion and the principle of saturation the researchers realised there was no new information

as all categories had been accounted for per participant narration [37].

Data collection procedure

Data collection commenced after ethical clearance has been sought. All gatekeepers were approached to seek their permission to access potential participants**.** Potential participants were initially informed of the research through their class representatives. The researchers approached the students after classes to engage them in a conversation about the study. Those who were interested in the study were recruited and their information (name, telephone numbers and preferred date for interview was negotiated with the participants) recorded to contact and remind them of the date of the interview. Those who agreed on the same day were put in the same group. A few of the participants whose preferred date where outside the most preferred date reconsidered after understanding that the interview was focused group. On the day of the interview all the scope of the study was iterated, and participants were provided with an information sheet to read and ask further questions. All participants verbally indicated understanding of the content of the information sheet. Each participant signed a consent form prior to the focus group discussion. Researcher V.A.A moderated the focus group discussion while S.B was the notetaker. The moderator stated some ground rules to ensure participants tolerated and openly shared their views. To ensure fair opportunity to all participants, the moderator deliberately elicited each participant's views on major questions. The few participants who spoke less were allowed to speak out by picking on expressions and gestures with the help of the notetaker. All interviews were conducted in the demonstration room of the schools after the close of the day's lectures to provide room for privacy and confidentiality. Each focus group was 90–120 minutes, as participants were offered enough time to share their experiences.

Data analysis

Data collection and analysis were conducted iteratively. The audio-recorded interviews were transcribed verbatim. Data was validated by the researchers, who listened and read the transcripts to ensure that all information had been captured. The data was analysed according to Braun and Clark's [7] approach to thematic analysis. To familiarise themselves with the data, the researchers independently read each transcript several times. Codes were applied to the data based on their meaning and the study's objectives. Similar codes were grouped based on their patterns to make meaning with themes and sub-themes identified. The two researchers (V.A.A. and S.B) then critically reviewed and refined these. The

agreed-upon themes and sub-themes were defined based on the participants' narrations to help write the report.

Rigour

Trustworthiness was ensured according to Lincoln and Guba's [28] Principles of credibility, transferability, dependability and confirmability. On credibility, some transcripts were returned to participants to agree or disagree with the researchers' interpretations. Those contacted agreed with the interpretations as it was congruent with their experiences. Research team members ensured prolonged engagement, allowing enough time for participants to answer questions. The researchers listened to the audio and read the transcripts several times to immerse themselves in the data, coding and identifying categories. To enhance credibility, the researchers readily pronounced their preconceptions and biases. We know that nurse educators are aware that students have challenges with the educator-student relationship. We also know the possible impact on learning outcomes and the churning of quality nurse health professions. Though the participants knew that the researchers were also nurse educators, they were willing to share their experiences. Triangulation and peer debriefing were utilised to minimise bias during the study. Involving students from 2 different institutions also helped as data was gathered from students in different environments. Peer debriefing was further done by discussing the research process and interpretations with other researchers to identify potential biases and guide analysis. The researchers aimed to bring to bear evidence for stakeholders, especially the nursing fraternity, to provide appropriate strategies to improve the educator-student relationship to positively impact students' learning and future care.

Ethical considerations

Ethics was sought by submitting research proposal and instruments for data collection to the Kwame Nkrumah University of Science and Technology (KNUST) Ethical Review Board since the two schools are affiliates of KNUST. Access to participants commenced after ethical clearance was awarded from the Kwame Nkrumah University of Science and Technology Ethical Review Board (CHRPE/AP/067/18). The researcher sought permission from gatekeepers, a portfolio of introductory letters, and an ethical clearance certificate from the appropriate bodies. Recruitment began after access was granted. Participants were informed of the scope of the study, risks, and benefits, and they were allowed enough time to seek clarification before consenting to the study. All participants consented to participate and be recorded. Privacy and confidentiality were assured by using pseudonyms to prevent the linking of quotes to participants. However, all

names and contacts were saved as a file encrypted with a password.

Findings

Participant's characteristics

Thirty (30) participants, ranging in age from twenty-one (21) to twenty-nine (29), were involved in this study. They were all Senior High School (SHS) graduates aspiring to be nurses. Eighteen (18) were female, and twelve (12) were male. None of them was married at the time of data collection. They were all in their final year of training. All participants were Ghanaians with varied ethnic backgrounds.

Transcripts were analyzed, and similar codes were aggregated. Codes conveying the same concept were structured to establish subthemes, and related subthemes were merged to create overarching themes. Three authors evaluated the themes and subthemes derived from the dataset and adjusted them based on a consensus achieved within the research team.

The educator-student relationship evolved in two phases from the first year through the final year of training. Two main themes and five corresponding sub-themes were identified. The themes are initial relationship and subsequent relationship. Below are the narrations:

Theme 1: initial relationship

This encompasses the first classroom interactions students encounter with educators. Students' narrations indicated that the initial relationship was stimulated by some pre-conditioned ideologies, which formed the focus of the interaction. These ideologies made students unsure of what their relationship with educators would turn out to be. Though the students doubted educators' interaction, they described their initial interaction positively. The data generated three sub-themes: uncertainty regarding the relationship, positive initial relationship and negative initial relationship.

Uncertainty regarding the relationship

The uncertainty was related to preconceived notions and expectations about the relationship. These preconceived notions originated from friends who had already completed the institution or seniors they interacted with on campus. Some students mentioned that they were reliably informed that some educators were harsh and unfriendly and that the course content was challenging. This created fear of the unknown for students, leading to high anxiety levels. Students may be thinking of how to surmount challenging courses or topics. Fear clouds an individual's judgement and is a precursor that can taint a relationship. Also, preconceived notions may hamper

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a good relationship. It could prevent an individual from being open to a relationship's opportunities.

> "I heard from my seniors on campus that some educators are harsh and do not care about students" (FDG2P4)
>
> my interaction with the teachers, we (other colleagues) heard that academics are based on GPA at the nursing training school. For me, the first time, I was feeling anxious. I even called my dad to say I wanted to go home because of the pressure… I heard this from our senior." (FDG1P4)
>
> "A friend who completed this institution told me that some tutors were hard and very friendly. They are not open at all." (FDG4P1)

Concerning expectations, some participants believed they should be treated with all the patience and understanding since they were novice learners in different environments. They wanted the educators to be tolerant and understanding towards them. Others felt that tutors should teach the routines of the profession as a means of relationship building, but rather, they were demanding so much from them. They were not happy as their expectations were not met. Participants in the focus group had this to say:

> "Initially, I thought they would teach us what they expect from us, not knowing they expected us to know in advance. It made the relationship between us unfriendly." (FDG4P1)
>
> "I expected them to understand us because we did not know the routines of the nursing profession, but most of them were treating us as if we were old in the school. Most of them were not welcoming. I did not know if they wanted us to respect or fear them. As a first-year student who just enrolled in training, you would be punished for not standing by for your senior colleague to pass when you meet on the staircase." (FDG2P6)
>
> "We expect that before we begin the courses, they give us insight into what it entails, but it turns out not like that…you know, most of us are coming from different schools and have different understanding." (FDG1P5)

Positive initial interaction
The students described the interaction as cordial, warm, and friendly. They mentioned that some educators created a relaxing atmosphere and provided them with the needed guidance. Students were happy to interact with such education. This relieved their anxiety, creating an enabling medium for students' educational experience.

> "Considering my first lecture, the teacher made me relaxed looking at the way he started with the lectures… as he came to class and introduced himself and made us also introduce ourselves. He made us laugh, giving us jokes and other things, making me relaxed." (FDG1P2)
>
> "I had a warm reception from my lecturers. They were ready to assist me." (FDG5P1)
>
> "When I came to school, I was anxious and had fears as to how to deal with the program, but the educators were welcoming and ready to assist" (FDG3P2)

Negative initial relationship
Some students felt that educators were harsh and demanding during the first interaction, and unaccommodating. They were not aware of the etiquette of the profession, which resulted in students being tagged as disrespectful. In Ghana, the nursing profession pride in its etiquette, nonconformity is regarded as a dishonour to the profession.

> "Initially, some of the educators were harsh to us… I did not know you would have to stand by if you saw your senior colleague approaching you. The educators would be like you do not respect them if you do not do that. It made the initial phase of the interaction difficult." (FDG2P1)
>
> "When a tutor entered the class, some students stood up while others sat, which caused an issue. The tutor became angry with the class. These students were unaware of what to do because they were new in the school. This created a very unhealthy first interaction, and the atmosphere was tense. I felt the tutor was harsh." (FDG4P4)

The narrations indicate that though participants had preconceived ideas, some were untrue after interacting with the educators.

Theme 2: subsequent relationship
The subsequent relationship describes the interaction that evolved after the first interaction until their final year of training. Students narrated that the relationship was based on the behaviours between the students and educators, especially during the teaching and learning interactions. Again, students disclosed that the teaching modalities influenced the relationship. The relationship over time was a normality as students adapted to educators' behaviour. The description unveiled two

sub-themes: influencers of subsequent relationships and adaptational relationships.

Influencers of subsequent relationship

These influencers were based on the students' varied encounters with teaching and learning. Students' concerns were related to the inappropriate attitudes of some educators over time, though others behaved positively. They mentioned that some educators were unapproachable and rigid and did not accept criticism. According to participants, they also embarrassed and insulted students. The following quotes depict the *unhelpful behaviours* of educators.

> "Most of the educators are not approachable. If our quizzes and mid-semester papers are marked and given to us, you cannot approach them even if you know you have genuine concerns. It seems that the student is always wrong." (FDG2P2)

> "There is this educator; anytime she says something wrong, and you alert her, she gets pissed, and she is so much burnt on the fact that you want to disgrace her in the classroom, but that is not the point. She keeps dragging the issue, saying she is right. Meanwhile, you will check her own recommended literature, and you will be right. The person who asked the question becomes a target, and if she knows your name, you begin to fear for your exam marks."

> FDG2 P6

> "When I was in my first year, I did not know I wore non-prescribed trousers. I was attending break when one educator called me in the presence of female students and asked me to remove my trousers. I pleaded, and he eventually allowed me to leave. I felt very embarrassed, and I will not forget that experience" (FDG2P4)

> "…Some educators see student's criticisms and suggestions as insults. The school made us evaluate the educators, and after that, there was chaos. One educator insulted us for complaining without considering how to improve her behaviour." (FDG4P3)

Students iterated that some educators were quite disrespectful. They insulted them, creating embarrassing situations. Respectful care is a key component of a nurse-patient interaction, which educators should always emulate regardless of their students' attitudes. However, this was not the case for some educators. Students may model what they see or be pre-conditioned to such an attitude when encountering a similar situation with colleagues or clients.

> "I think not all teachers give us respect. Some teachers will use a small portion of the time to teach and the rest to interact. The nursing tutor tends to insult or rebuke the students" (FDG1P6)

> "About 90% of the nursing tutors respect us, and 10% do not. Those who do not respect us do insult us in class. I recall a particular nursing tutor insulted a married woman in our class over just a little issue, which was very bad."(FDG3P4)

Nevertheless, students claimed that some educators were compromising, sensitive to their needs and friendly. Participants again narrated how easily they could approach some educators for assistance.

> "When I came to first year, my academic performance was poor. I approached a nursing tutor and explained my problem. The nursing tutor advised me to sit up and learn. I took the advice, and my results improved so the nursing tutors could be trusted. The nursing tutors also accept our opinions; when they come to class and someone prompts them that they do not understand anything, they get the time to explain your understanding. Sometimes, when you talk and your colleagues mock you, they intervene and motivate you to continue and not to feel inferior." (FDG3P1)

> "Most of the nursing tutors were very free; when you have an issue concerning your academics, you can consult them, and that was very good." (FDG3P5)

> "I once approached one of my nursing tutors. It was medicine 1; I did not understand something. I went there with my friend. We were 3. Initially, when we were going, we were afraid, but when we went, she explained things to us and told us that if we had any other difficulties, we should come back. I felt happy by the way she behaved." (FDG1P2)

The narration of FDG1P5 reflected that the student enjoyed a better one-on-one interaction.

> "I approached a nursing tutor to get vivid explanations of what was taught in class. The nursing tutor devoted the necessary time to give explanations. You will find the time to enjoy it if you approach the nursing tutors for explanations. However, for them to fish us out in class, it becomes tough for them." (FDG1P5)

Another indicator that influenced the relationship was the *teaching modalities* employed by the educators. These approaches were appropriate and inappropriate based on the course or class discussion. The suitable approaches made learning easy, while the inappropriate ones led to difficulties in learning. Participants were enthused and

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appreciated the appropriate approaches as they enhanced learning. Some approaches students preferred were audiovisuals, visual presentation, and participatory teaching, such as demonstration and return demonstration, group work, and discussion. The participants emphasised that they could quickly reflect on and learn courses taught using such approaches.

"Some of the nursing tutors demonstrate and use videos and others. Those nursing tutors me if you do that. I like learning your subject because I can reflect on what went on in the class and then compare it to the hand-out I am reading, but some teachers, when they come, just read the hand with no examples from outside, and when is that way I do not get the concept, so it is difficult for me to learn it." (FDG1P2)

"I remember vividly that we were learning Anatomy 3, the nervous system. The nursing tutor in charge tried his best to ensure that almost every student in the class understood. This extended the period of teaching for the specific course for the semester. You can see on his face that he feels so bad when he speaks in class, and his face proves that students did not get what he has explained in class. Sometimes, some nursing tutors go as far as to get students to understand. In our basic and advanced nursing courses, nursing tutors will bring students on board to demonstrate how things are... We were learning something about meningitis, and one student was called to lie on the table to demonstrate the various signs, such as Bruzidk's sign. It helped us, and we inculcated much understanding into our minds because of those specific examples we made in class."(FDG1P5)

Regarding inappropriate approaches, a participant noted that some nursing tutors chose a particular approach because they wanted to complete the syllabus quickly.

"I think the nursing tutors share the topics with us in groups to make them complete the syllabus faster. They will set questions on all those topics. A group may not understand ideas from the other group, which affects the students during examination."(FDG3P3)

Another concern was that educators did not provide standards or guidelines on acquiring skills.

"During our practical sessions in the skills laboratory at level 200, we were not given the standard component task on what we were supposed to do. If you make a mistake, the comment that the educators will make, such as; you people when we were teaching you what you learned from it. As if they told you and you, the student, are refusing to do exactly that, and they are still doing that." FDG5P4)

A participant narrated how he felt a method, though appropriate, later became a nuisance. He said this prevented most students from having enough private time to learn.

"We are usually grouped for various discussions and presentations. We had some positive experiences from the groupings, but it also affected us in another way. Positively, during group discussions, we tend to open up compared to the class because we share the same equality. It brings out the insight we need as students, and we greatly enjoyed it. However, group discussions were too many. We meet and discuss things almost daily during our free periods. It interrupted our studies, and most had terrible grades that semester." (FDG1P5)

Adaptational relationship

Some students described managing the relationship by just living with it despite the difficulties. As they became familiar with it, the behaviours of educators became an acceptable phenomenon for them. They felt that educators were superior and that they could do nothing to overcome the situation. This is a display of powerlessness by such students. They had to live with it until they completed their education. Students used strategies like ignoring and pretending not to care about their attitude to contain an adaptable relationship.

"I think the educators have not changed; the students have rather adapted to their attitude, and it is assumed to be better than before. It is all because we are now used to them." (FDG2P2)
"A particular educator has a problem with us. Anything we do as students is not of importance to her. She looks down on students, and we have also adapted her and are not worried about whatever she does." (FDG4P2)
"If you are to listen to the comments and criticisms of some educators, you will not get the urge to learn. I ignore all those things, ask my questions in class and focus on my studies." (FDG4P5)
"We have managed the challenges because we cannot get any nursing tutor out of the classroom whether you dislike or like them." (FDG3P1)

Though educators' attitudes were two-faced, some realised improvement in their relationship with time.

"If I compare my first-year results to the subsequent and current ones, there has been an improvement because most nursing tutors are now friendly, and you can approach them without feeling shy. At first, some educators will not even smile when teaching." (FDG3P5)

"Most of the educators thought that male students were especially stubborn, but as time passed, when they realised it was not so, they changed their attitude towards us, and the relationship improved." (FDG2P6)

Discussion

In nursing education, student-educator interactions are pivotal in shaping novice learners' learning experiences and outcomes [3, 8] The study aimed to explore the evolving relationship between students and educators. It revealed that the initial relationship commenced with uncertainty due to preconceived notions and expectations. However, unhelpful educators' attitudes and teaching modalities influenced the subsequent relationship, which became adaptational.

Several factors influence the relationship between the students and educators. Preconceived notions influence how people perceive their environment and behave in different situations, including the classroom. Prior studies have demonstrated that people's attitudes, motives, and behaviours towards others can be influenced by their preconceived assumptions [16, 40]. This position was confirmed by the student findings, which indicated that students' engagement, learning outcomes, and overall experience could be impacted by their preconceived views about the teacher, academic institutions, and the learning process in the context of education.

The findings further showed that students' preconceived notions were shaped by information from friends, senior colleagues, or interaction with peers who had previously experienced the programme or institution. This position is consistent with Lulua and Moch [30], who found that people frequently form perceptions based on social interactions, personal experiences, and information from reliable sources. These preconceived notions can cause students to feel anxious, nervous, or uncertain, affecting their interaction with educators and the learning environment [6]. In effect, students feeling pressured and dissatisfied may consider leaving the programme due to the perceived academic demands and anticipation of harsh treatment from educators. Nurse educators should, therefore, seek feedback from students and be open to adapting their teaching styles based on individual needs and preferences. Creating a culture of continuous improvement can enhance the quality of student-tutor interactions and promote better learning outcomes.

Meanwhile, nursing students' expectations regarding the programme's teaching style, educators' support, and the general learning environment can affect their perceptions of their academic experiences and level of satisfaction. Various researchers across the globe have long supported this position [9, 32, 41]. This position suggests that multiple factors, including their cultural backgrounds, shape students' expectations [13], personal goals [31], and academic aspirations [41]. They must be given significant attention when planning a curriculum. This implies that these expectations may impact students' attitudes, actions, and interactions with educators during the programme's early phases. A study by Thornberg et al. [44], which explored the teacher-student relationship from the teachers' perspective, found that teachers also have expectations of the students. The teachers looked forward to a class that is interactive and this motivates quality teaching. So, though in the current study, most students were expecting that teachers would spoonfeed them, this is not the right way, and they also need to understand what is expected of them.

Additionally, it is essential to note that students' expectations cannot always match reality, which could result in differences between expected and actual experiences, as Soler et al. [43] reported. Thus, understanding how students' expectations and preconceptions impact initial connectedness with educators can help them develop constructive engagement tactics and manage potential problems. The study recommends that educators use strategies like icebreakers, open lines of communication, and factual information to lower students' fear [19]. Creating a welcoming and inclusive learning atmosphere can improve student engagement and satisfaction while lessening the adverse effects of preconceived assumptions.

Again, positive attitudes among nursing educators, characterised by approachability, flexibility, receptiveness to criticism, and willingness to assist students, are highlighted as conducive to fostering a supportive learning environment in the study. This position is supported by Clark and Fey [10] and Tormey [45]. They emphasised the importance of students being able to approach educators for assistance without fear of embarrassment or judgment. Accordingly, students have recounted how a nursing educator's supportive attitude and willingness to explain concepts contributed to their academic improvement. Instituting professional development programmes focusing on interpersonal skills and effective communication may help nurse educators cultivate positive relationships with students [2, 42].

The findings from the study also shed light on the perceived impact of the educator-student relationship on learning and performance, which illustrate a spectrum of experiences, ranging from positive engagement

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to adverse effects on students' willingness to participate and learn. In agreeing with this position, Zheng [49] states that supportive educator-student relationships positively influence students by stimulating learning and encouraging active participation. The finding also aligns with previous research highlighting the importance of positive teacher-student relationships in fostering student engagement and academic achievement [2, 27] and underscores the significance of cultivating solid interpersonal connections between educators and students to enhance the learning experience [49].

On the contrary, the finding underscored the detrimental impact of negative educator-student interactions on learning, such as feeling intimidated to ask questions or participate in class discussions due to confident educators' perceived strictness or discouraging demeanours. These experiences can create barriers to effective communication and hinder students' academic progress [17]. They may contribute to a lack of confidence in seeking clarification or assistance, ultimately impeding the learning process, as Milgate et al. [34] asserted. By understanding the various phases in the student-teacher relationship, educators and educational institutions can leverage these findings to inform teaching practices and enhance student engagement and performance.

Acknowledging the multifaceted nature of the educator-student relationship that arises can aid educators in cultivating a more inclusive, supportive, and empowering learning environment that enhances students' academic success and well-being.

Conclusion

A key component of teaching and learning in nursing education is the interaction between students and their nursing tutors, which shapes students' commitment to lifelong learning, clinical competency, and professional development. The initial relationship was built on uncertainty which yielded into positive and negative initial relationship. Also, the subsequent relationship was adaptational since students learned to live with the challenges, they face with respect to the unhealthful educators' attitudes and teaching modalities. The authors recommend implementing mentoring training for tutors and revising curricula to integrate student feedback systems.

Nursing tutors can act as mentors, role models, and learning facilitators by building constructive and encouraging relationships with their students, enabling them to become capable and caring healthcare providers. Optimising teaching and learning outcomes in nursing education requires acknowledging the importance of the student-nursing tutor relationship and addressing factors that impact its dynamics. Teachers and practitioners working together, communicating, and showing respect for one another can create a stimulating learning environment that equips students to handle the changing demands of contemporary healthcare practice.

Declarations

Ethics approval and consent to participate
The Kwame Nkrumah University Ethical Review Board (CHRPE/AP/067/18) awarded ethical clearance. All participants gave consent to participate and be recorded.

Consent for publication
Participants provided consent for publication.

Competing interests
The authors declare no competing interests.

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