
ORIGINAL

Changes in the attitudes of participants in a preceptor training seminar: an analysis from the viewpoint of self-efficacy and psychological distance

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Abstract Purpose: To clarify changes in the attitudes of participants in a preceptor training seminar and to abstract a model for training preceptors.

Methods: The subjects of the study were the 72 participants in a seminar conducted in “A” Prefecture. Six sets of data obtained from the participants before, during and after the seminar were used. Qualitative research methods were used to process these data.

Result: 1. From among the “practicum problems” of pre-seminar reports, four categories were extracted: (1) students’ problems, (2) problems about giving guidance, (3) preceptors’ problems and (4) problems with the teaching system.

2. As for “what the participants expected of students,” three categories were identified: (1) students’ attitudes during the practicum, (2) way of learning and (3) results of learning.

3. We compared “what the participants expected of students during the practicum” before and after the seminar. As for “students’ attitudes during the practicum,” 85% of the participants expected better students’ attitudes before the seminar, while 28% had this expectation after the seminar.

Conclusion: The participants’ attitudes had clearly changed. These data were analyzed from two viewpoints: “participants’ psychological distance from students” and “participants’ self-efficacy.” These two factors were found to be closely related, and one model was abstracted.

Key words : practicum, training of preceptors, psychological distance, self-efficacy

Introduction

The practicum is an important part of nursing education, and preceptors play a major role. In order to train preceptors, the Ministry of Health and Welfare of Japan (now the Ministry of Health, Labor and Welfare) has been providing subsidies to prefectures since fiscal 1996, requesting prefectures to conduct training seminars for preceptors. To evaluate these seminars, studies have

been conducted on the effect of these seminars on preceptors’ attitudes^{1–4}), but many of these studies do not address the whole picture. One of us was involved as a part-time lecturer in these seminars for preceptors for three years and observed how the participants developed their skills as preceptors. This study focused on the reflection on preceptors and the purpose was to clarify changes in the attitudes of participants in the preceptor training seminar and to abstract a model for training preceptors.

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Methods

1) Subjects of the research

The subjects of this research were the 72 participants of a seminar conducted in “A” Prefecture. The average age of the subjects was 34.5 years old (with s.d. of 5.9 years), and the average number of years of employment was 12.6 years (with s.d. was 10.4 years).

2) Data collection method

We used the following data: (1) “practicum problems” from participants’ pre-seminar reports, (2) participants’ personal notes written directly before the group work (GW) regarding “what they expected of students during their practicum” (3) participants’ impressions of the GW and of the lectures related to the GW, (4) participants’ views of positive effects of the practicum,

(5) practicum problems they encountered and (6) what the participants expected of students during their practicum. Among the six sets of data, (4) to (6) were from the follow-up questionnaire conducted three months after the seminar ended (See Figure 1).

As for data (1), we asked the participants to write a report prior to the seminar in order to determine their readiness. Six people did not submit the report. In data (2) and (3), all the participants submitted their notes with their names. After the end of the seminar, the organizer of the seminar sent a questionnaire to each participant to evaluate the seminar. With the cooperation of the organizer, data (4), (5) and (6) were taken from the follow-up questionnaire that used open-end questions. The participants were not asked to write their names on the questionnaire, but in order to be able to compare their opinions before and after the

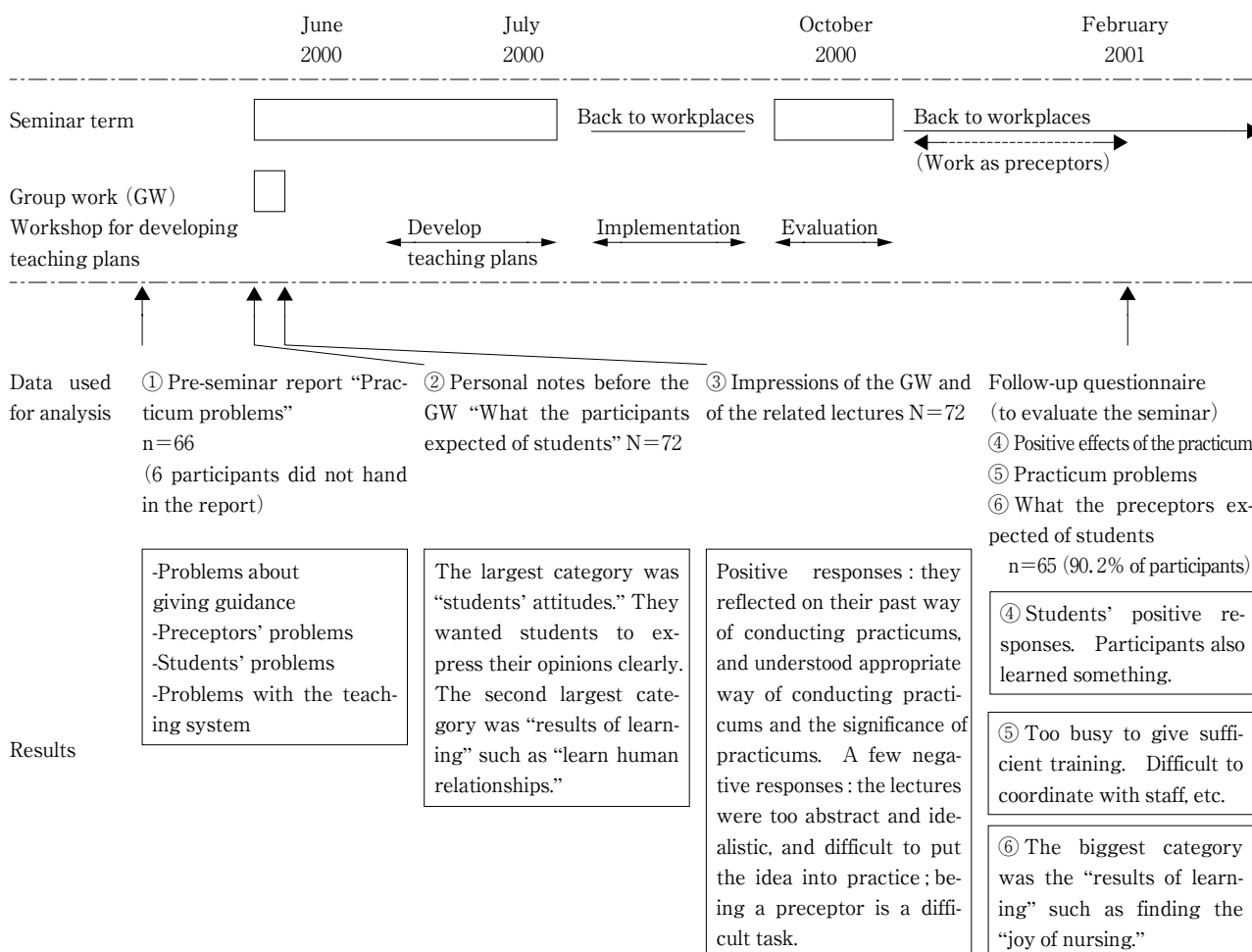


Figure 1 . Flowchart for the seminar, data used in the study and results

seminar, numbers were attached to the questionnaire. The questionnaire was delivered to the participants via the heads of their organizations and mailed back to the organizer by the individual participants. Sixty-five participants (90.3%) responded to the questionnaire. For (2), (4), (5) and (6), we obtained the participants' consent to use the data in my research, but as for (1) and (3), although we gave the participants the summary of the data during the lectures, we did not obtain their approval to use the data because we did not initially intend to use them in our analysis. In order to respect their privacy, we kept them anonymous.

3) Data processing method

We used qualitative research methods to process the data.

As for data (1) from the pre-seminar reports, we used only the parts that we thought indicated the practicum problems. If the participants wrote about specific cases, we summarized the content. We asked for support from a researcher to check the validity of the extracted parts.

Except for data (1), we input all the comments made by the participants, using spreadsheets, writing one set of sentences in one cell. First, we extracted two to three keywords from each set of sentences and repeated sorting the keywords to find categories. We completed labeling after repeating the process: the original sentences, keywords and categories. Then, we drew a chart to show the relationship between these categories, combining similar categories, and changing the labeling of the categories to clarify the distances between the categories. Again, we examined how the original sentences fit in the categories and corrected the labeling of categories so that it would be easier to understand.

Data (2) had already been labeled and reported⁵⁾ before we worked on data (6), but in order to compare the participants' comments before and after the seminar, we put (2) and (6) together and re-labeled the categories. Trying to eliminate preconceptions, we mixed the two sets of data so that we could not identify whether the data were taken before the seminar or

after the seminar. After the labeling, the data were once again sorted back into sets (2) and (6) to be compared.

We also asked two other researchers who teach at universities and have many years of experience in nursing education to support my research by checking the whole labeling process. We checked the items questioned by these researchers, reexamined them and corrected the labeling.

Using these processed data, we examined each set of data and analyzed how the participants developed their skills as preceptors.

Results

1) "Practicum problems" from pre-seminar reports

From among the "practicum problems" of 152 responses ("responses" in this paper means the participants' specific each comment sorted out by category), four categories were ultimately extracted: (1) students' problems (38 responses), (2) problems about giving guidance (53 rs.), (3) preceptors' problems (31 rs.) and (4) problems with the teaching system (30 rs.).

As for problems about giving guidance that is the largest category, many of these preceptors found it difficult to deal with students' temperaments in the practicum, as the students did not act on their own initiative and lacked communication skills.

The second largest category was the students' problems. There were problems concerning students' temperaments in which they lacked "positive attitudes" and "sociability." There were also problems concerning the students' inability to learn: the participants wrote, "The students' understanding is limited," and "Students cannot keep up with changes in patients' conditions."

As for preceptors' problems, the biggest problem was that they were not confident, and the second biggest problem was that they did not have enough knowledge of the theories of nursing or of current curricula at nursing schools.

As for problems with the teaching system, the subcategories were "how the ward accepts students"

and the “teaching system on the part of the preceptors.” Under the subcategory of “how the ward accepts students,” there were such problems as the “environment of the ward,” “staff education,” “preparation for accepting students” and “lack of communication with schools.” The “teaching system on the part of the preceptors” included such problems as “unable to concentrate on the practicum” and “inconsistent instructions among preceptors.”

2) What participants expected of their students

This question was asked twice: right before the GW and at the time of the follow-up questionnaire. The number of responses that fell into this category was 208 directly before the GW and 99 in the follow-up questionnaire. The following three categories were ultimately extracted from these two sets of data: (1) students’ attitudes during the practicum (125 rs.) (2) way of learning (52 rs.) and (3) results of learning (129 rs.).

As for students’ attitudes during the practicum, about 60% of the responses in this category expected students to have “positive attitudes,” “a sense of purpose” and “clearly expressed opinions.” Here the preceptors wanted students to show what they were willing to do. Slightly over 20% of the responses were related to a student-like enthusiastic attitude, such as “cheerful,” “happy,” “hard-working” and “eager.” There were still others who expected students to have good manners as adults.

As for results of learning, the largest subcategory (30% of the responses) was “learn the emotional area of nursing,” followed by “experience emotional satisfaction,” “learn the human relationships (with patients)” and “learn the cognitive area of nursing” in this order. “Learn the cognitive area of nursing” means to understand patients, nursing processes, etc.

As for way of learning, half of the responses were related to the “thinking process.” This subcategory included “think deeply/show ingenuity,” “use their book knowledge in practice,” and “reflect on” what they learned during the practicum. “Prior preparation” attracted the second largest number of responses. The participants expected students to prepare themselves

before the practicum. The subcategory, “questions,” came third. Here there were contradictory responses among the participants: some said they wanted students to “feel free to ask questions” and “ask questions to have accurate knowledge,” while others wanted students “not to ask questions without thinking.”

3) Impressions of the GW and of the lectures related to the GW

Through the analysis of the impressions, the following five categories were extracted in the end: (1) I understood/learned (51 rs.), (2) I was able to reflect on what I did (37 rs.), (3) emotional impressions (35 rs.), (4) I was able to exchange opinions (24 rs.) and (5) I recognized the issues (4 rs.).

In the largest category of I understood/learned, the participants said, “I learned about changes in the styles of practicums.” (From the impressions of the lectures) They also said, “I learned about roles and responsibilities of preceptors,” “I have learned that I need to understand students,” and “I reflected on the different standpoints of students and preceptors.” (From the impressions of the GW and of the lectures) The second largest category was I was able to reflect on what I did. The participants said, “Views were different depending on your standpoint,” “I demanded too much of students,” and “I reflected on what I was doing.” The third largest category was emotional impressions. In this category, 60% of the responses were “positive impressions,” and 40% of the responses were “negative impressions.” The participants expressed such “positive impressions” as “It was useful,” “I understood,” “It was good,” “I became more enthusiastic,” “It was interesting,” and “It was easy to understand.” The examples of “negative impressions” were “I want to have a more clear-cut understanding,” “Being a preceptor is a difficult task,” and “I could understand it, but it is still difficult for me to do it.” In the category of I was able to exchange opinions (in the GW), there were emotional impressions such as “I felt sympathy, sharing and encouragement,” and “I enjoyed it.” There were also such comments as “I was able to reflect on what I did and hear others’ opinions,” and “I recalled the past.”

The category I recognized the issues included such comments as “I don’t know how to evaluate,” and “I don’t know how to use the knowledge in practice.”

4) Positive effects of the practicum

Among the 65 respondents to the follow-up questionnaire, 61 conducted practicums during this period. Four of the respondents misunderstood the question and wrote their impressions instead. Among the remaining 57 respondents, 34(59.7%) replied that they observed positive effects, 20(35.0%) replied that they could not say for sure whether it had positive effects or not, and 3 (5.3%) said that they did not find any positive effects.

Excluding one respondent who said there were positive effects but did not write anything else, 33 of the respondents wrote various responses, and the total number of responses mentioning positive effects was 59. This means that each respondent wrote 1.8 comments on average about what they found effective. These comments belong to two categories: good mutual relationship with students (42 rs.) and I also learned something (17 rs.). The former category exceeded 70% of the total number of responses.

Among the responses under the category of good mutual relationship with students, many participants mentioned “positive responses of students.” More specifically, they wrote that the students had “positive attitudes in the practicum (eager to learn, etc.),” had a “high evaluation of the practicum and of the preceptor” and made “achievements in the practicum.” As for the reasons why they thought they were able to have a good mutual relationship with students, many of them said, “I felt closer to the students.” A few people said, “I was able to maintain a good relationship with the students,” and “I was able to learn along with the students.”

The category I also learned something included such comments as “I also learned something myself,” “I reflected on my nursing practice,” and “I saw students’ viewpoints.” A smaller numbers of participants gave such responses as “I wrote a teaching plan and implemented it,” and “I felt a sense of achievement as a

preceptor.”

5) Practicum problems (from the questionnaire)

Among the 61 participants who conducted practicums during this period, one respondent didn’t write anything, 37(61.7%) said that they had some problems during the practicum, 11(18.3%) replied that they could not say for sure whether they had problems or not, and 12(20%) said they did not have any problems.

Among the 37 respondents who said they had problems, there were 48 responses in total, that is, 1.3 responses per person on average. There were four categories here: (1) problems about giving guidance (15 rs), (2) preceptors’ problems (4 rs), (3) problems with the teaching system (25 rs.) and (4) problems with students and schools (4 rs.). About half of the responses fell under the category of problems with the teaching system.

As for problems with the teaching system, the most frequent responses were “not enough time to give sufficient training,” followed by “difficulty in coordinating with staff members.” Regarding “difficulty in coordinating with staff members,” they said, “It was difficult to have good communication with the staff,” “I felt a distance with the staff,” “I had to be careful when I spoke to the staff.” These indicate the solitary struggle of the preceptors. The third biggest subcategory was “inconsistent instructions among preceptors.” “I have to teach too many students,” was also voiced.

Subcategories of problems with giving guidance were “teaching problematic students,” “how to give advice when students are at a loss,” “students do not fully understand the instructions,” “how best to instruct students” and “how to evaluate students.” As for preceptors’ problems, one subcategory was “I felt at a loss.” Examples of the specific cases are, “I myself did not know enough,” “This was the first time the ward accepted student nurses,” and “I did not know the content of the education they receive at nursing schools.”

As for problems with students and schools, there were two subcategories: “lack of students’ capability and not enough preparation” and “lack of information

from school regarding individual students.” There were only a few comments under each of the subcategories.

6) Comparison of “what the participants expected of students during the practicum” before and after the seminar

The comparison was made using the comments of the 65 participants who submitted both the personal notes directly before the GW (these were used as the data before the seminar) and the follow-up questionnaire (used as the data after the seminar). The categorized data were sorted out at the level of the individual participants. First, I checked whether these individual data were included in each category or not and compared the data before the seminar with those after the seminar.

Regarding the three categories, the result of the comparison was as follows: as for the category of students’ attitudes during the practicum, before the seminar, 85% of the participants expected better students’ attitudes and 28% after the seminar; as for way of learning, 52% before the seminar and 11% after the seminar; as for results of learning, 55% before the seminar and 82% after the seminar. The participants’

expectations of students clearly changed.

Let us look at this at the subcategory level. Before the seminar, there were, overall, many responses related to students’ attitudes during the practicum; as for way of learning, many responses were related to the “thinking process” and as for results of learning, many expected students to learn good “human relationships.” After the seminar, there was a significant decrease in the number of responses related to the students’ attitudes and to the way of learning. On the other hand, there were many more responses related to the subcategories of “learn the emotional area of nursing” and “experience emotional satisfaction” under the category of results of learning. The number of responses under this category was significantly higher than those of other categories (Figure 2).

Discussion

The above results show that the participants’ attitude had clearly changed. Let us analyze these data from two viewpoints: “participants’ psychological distance from students” and “participants’ self-efficacy,” and from a comprehensive point of view.

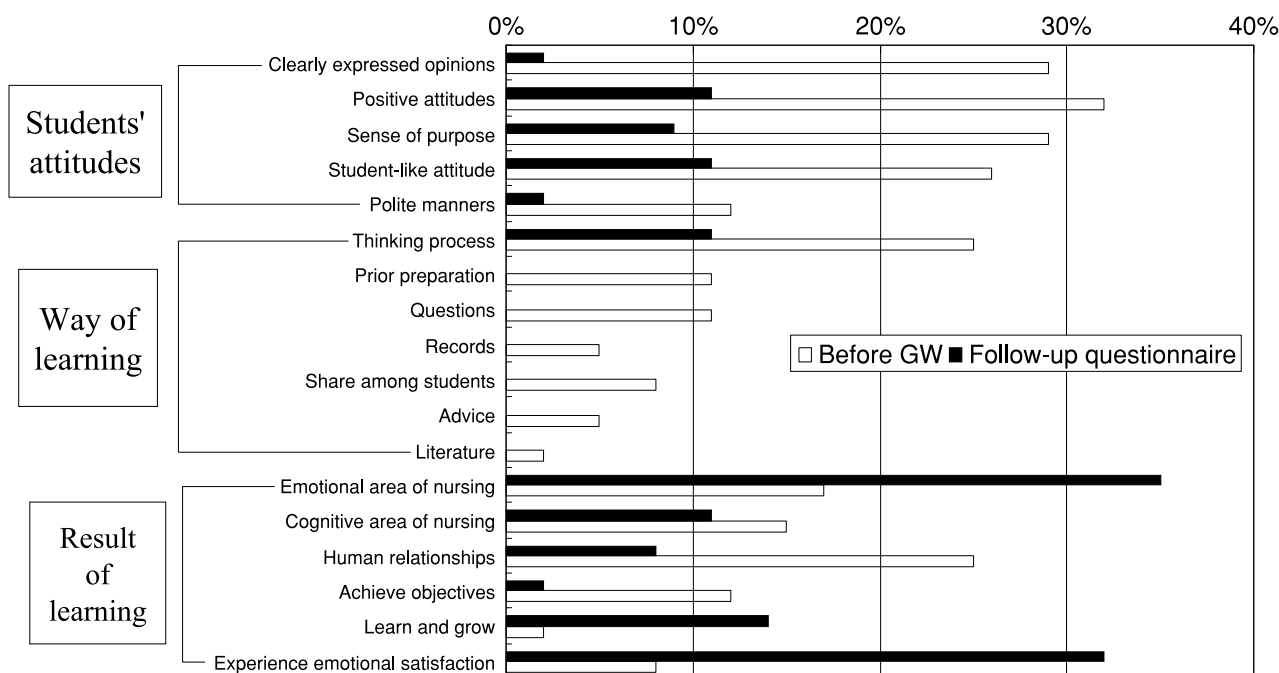


Figure 2 . What the participants expected of students during the practicum

1) Participants' attitudes seen from the viewpoint of their "psychological distance" from students

When we consider "what the participants expected of students," the data before the seminar (Data(2)) and those after the seminar (Data(6)) showed a remarkable difference. This was a reflection of the change in the "participants' psychological distance from students."

There are various methods for measuring psychological distance. In studying the relationship between a mother and a child, for example, the physical distance between the mother and the child is measured by observation⁶⁾, or the mother is asked to draw a picture indicating the physical relationship between the mother and the child under a certain situation⁷⁻¹⁰⁾. Among other methods, there is also a concept called "personal space" to measure physical distances to judge a person's relationship with the society¹¹⁻¹³⁾.

In this study, the "participants' psychological distance from students" is indicated not by physical measurements but by concept. The psychological distance means how far the participant's mindset is from students in the practicum. "Set" is usually used to indicate muscular readiness of motor function¹⁴⁾. In this study, "set" means "mindset" or readiness of mind, which shows the direction of one's judgment and thought. If the distance is close, the participant's mindset is directed toward students and close to them. This means that the participant understands the students' viewpoints or that the participant thinks he/she has the responsibility to support students. On the other hand, if the participant thinks that it is not his/her responsibility and says that students must be eager in their practicum, or if the participant has a fixed belief that students should act in a certain way, we consider that he/she is distant from students.

Let us examine the categories under "what the participants expected of students" (Data(2) and (6)) from this viewpoint in order to determine the participants' psychological distance from students. The category students' attitudes during the practicum had the largest number of responses before seminar. Many of the comments manifested the participants' stereotypic view of their students. Among the subcategories,

"positive attitudes" and "clearly expressed opinions" particularly indicate that they thought students must demonstrate their willingness. Many comments in the category way of learning also showed that the participants had a fixed idea of what students must do. One example is the subcategory "prior preparation." Other examples are "not ask questions without thinking" under the subcategory of "questions," and the subcategory of "records." The subcategory of "advice" is considered distant from students because in this subcategory, the participants did not mean that they should improve their own way of giving advice or the content of their advice but that students should make the best of the preceptors' advice. However, there were also a few comments that said they wanted students to "feel free to ask questions" (under the subcategory "questions"). In this case, it is considered that they were close to students.

After the seminar, however, there were many respondents under the category results of learning, particularly under the subcategories, "learn the emotional area of learning" and "experience emotional satisfaction." These subcategories show the participants were looking at the practicum from the viewpoint of students. Therefore this category basically shows that the participants' psychological distance is closer to students than the category students' attitudes during the practicum.

When we look at the participants' psychological distance from students in different subcategories/sub-subcategories, generally speaking, the participants were psychologically distant from students before the seminar, as many of the comments were related to the students' attitudes during the practicum, whereas their psychological distance clearly became closer to students after the seminar.

Similarly, the three sets of data—the pre-seminar report (Data(1)), the impressions of the GW and of the lectures (Data(3)) and the follow-up questionnaire (Data(4) and (5))—were put in chronological order and compared from the viewpoint of the "psychological distance from students." The category "students' problems" (students' temperaments, etc.) is considered distant from students because the participants thought

they could not understand students. The “preceptors’ problems” and the “problems with giving advice” are also considered distant from students because they show the participants’ feelings of weakness regarding teaching students. Similarly, the subcategory “negative impressions of the GW” is also considered distant from students. The “problems with the teaching system” was about the environment of preceptors and students, and thus this category is considered at a neutral position. Similarly, when the participants reflected on themselves as indicated in the subcategories of “I was able to exchange opinions,” “I was able to reflect on what I did” and “I understood/learned,” it is considered that they were at a neutral distance because these comments did not address students. As a result, the participants’ psychological distance from students can be illustrated as in Figure 3, which also shows that their psychological distance became closer to students after the seminar.

2) Changes in the participants from the viewpoint of self-efficacy

Self-efficacy is a theory advocated by Albert Bandura.

Self-efficacy means a person’s beliefs concerning his/her ability to successfully perform a given task or behavior¹⁵⁾. People with self-efficacy believe in their ability to effectively accomplish tasks and feel confident that they can actually make use of their skills. Those with high self-efficacy are willing to take on difficult tasks (cognitive process), think they can cope with them and expect favorable results (motivational process) and actually try to take actions (selective process). Through all these processes, they have emotional stability including an appropriate level of tension (emotional process)^{16,17)}. Various studies have been carried out on self-efficacy of all sorts of people including patients^{18–21)}, nurses²²⁾, and teachers^{23–25)}. In the nursing practicum too, it can be said that self-efficacy is imperative for both preceptors and students¹⁶⁾, and there are studies that have investigated students’ self-efficacy^{26–28)}. Many of these studies, however, are cross-sectional studies using self-efficacy scales under certain conditions.

We thought that the participants’ enhanced self-efficacy might have affected their psychological distance

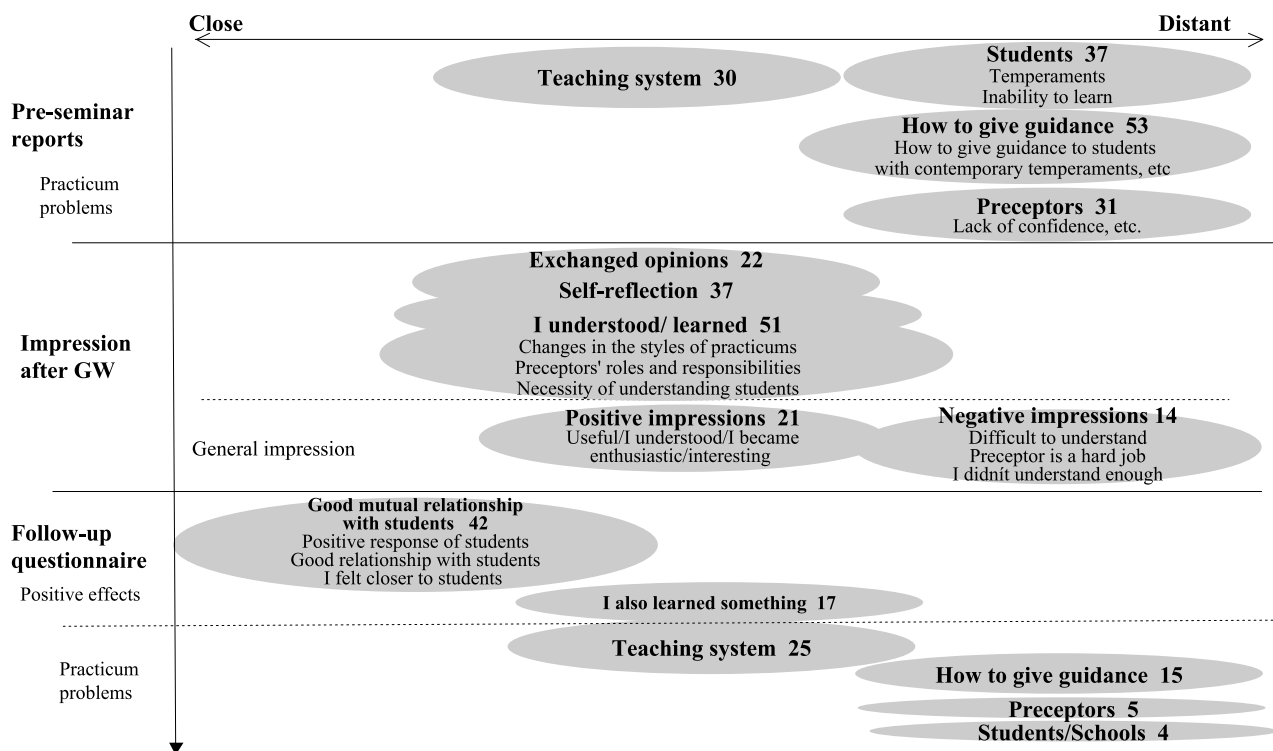


Figure 3 . Participants’ psychological distance from students Analysis the three sets of data in chronological order

from students and made them feel closer to students after the seminar. In order to investigate this, we extracted data that seem to indicate the participants' self-efficacy as preceptors. We used the following data: the pre-seminar report (Data(1)), the impressions of the GW and of the lectures (Data(2)), positive effects of the practicum and the practicum problems from the follow-up questionnaire (Data(4) and (5)). From these data, we extracted expressions that indicate self-efficacy itself, the participants' growth, and those relating to the four influencing factors of Bandura and summarized them in Table 1. Based on this table, we discuss the participants' self-efficacy.

It is natural that the pre-seminar reports (Data(1)) should include many expressions of low self-efficacy, as

we had requested the participants to write about practicum problems. We, however, found expressions that directly indicate the participants' lack of confidence in the practicum and that they lacked in "enactive mastery experience" or "vicarious experience" in order to have confidence. This means that their self-efficacy was in fact low. As for their "physiological and affective states," there were many participants who said in the GW, as they discussed why they were attending the seminar, that they did not have any choice because they were told to attend the seminar. This shows that they did not have positive feelings regarding practicums before the seminar and that their self-efficacy was low.

In the impressions of the GW and of the lectures (Data(2)), there were many emotional expressions

Table 1 Participants' self-efficacy and contributing factors

		Self-efficacy/ self-growth	Four factors contributing to self-efficacy _negative factors			
			Enactive mastery experience	Vicarious experience	Verbal persuasion	Physiological and affective states
Pre-seminar reports		-Lack of confidence in conducting practicums.	-Cannot keep up with changes. -No improvement after giving advice. -Lack of knowledge of nursing theory, etc.	-Have not received any training to be a preceptor.		
Impressions of GW/lectures		-I understood/learned. -I was able to reflect on what I did.		-I learned teaching methods from the lecturer.		-Sympathy/sharing/encouragement. -I enjoyed it. -It was useful. I was able to understand well. It was good. I became more enthusiastic. -Easy to understand/interesting.
Follow-up questionnaire	Positive effects of the practicum	-I felt a sense of achievement as a preceptor. -I also learned something.	Positive response of students (positive attitudes in the practicum, students' achievements in the practicum) -I maintained a good relationship with students. -I reflected on nursing.		-Positive response of students (positive evaluation for the practicum and preceptors).	-I felt closer to students
	Practicum problems		-Problems about giving guidance (students do not fully understand my instructions, etc.).		-Problems with the teaching system (difficult to coordinate with staff members, etc.).	-I could not make the most of what I had learned at the seminar.

that were related to the subcategories of “sympathy/sharing/encouragement” and “I enjoyed it.” These expressions relate to physiological and affective states. It seems that the GW and the lectures helped them to foster self-efficacy. As there were not many clear expressions related to the physiological and affective states cited by Bandura, another framework was employed to investigate this aspect. In the Society of Humanistic Psychology (Ningen Shigi Sinri Gakkai), they use the expression “the ability of self-affirmation.” The feeling of self-efficacy means that the person feels that he/she can accomplish a task or handle a situation, but the ability of self-affirmation is an affirmative feeling of the whole self. It means that a person feels that he/she is capable. In order to enhance the ability of self-affirmation, it is important for people to accept themselves as they are, as a whole. The ability of self-affirmation is said to have a profound effect on enhancing the motivation to learn²⁹⁾. When one’s ability of self-affirmation is enhanced, we can assume that one’s self-efficacy is enhanced too. The initial purpose of the GW discussion was to enable the participants to understand themselves better, but it was also effective for making them feel reassured. The participants said they enjoyed exchanging opinions and that they were encouraged. This means that they recognized that they were not alone but have many fellow colleagues who share similar issues. This process empowered them and enabled them to accept themselves, and in turn, was effective in enhancing their motivation in the seminar, as they thought the lectures were useful, and they became eager to attend the seminar.

In their impressions of the lectures, the participants said that they learned from the teaching method of the lectures. We considered that the lectures served as an appropriate vicarious experience.

In the positive effects of practicum in the follow-up questionnaire, there were many expressions indicating their enactive mastery experience (Table 1). The participants wrote that when they actually conducted practicums, they were glad that students responded favorably. By experiencing students’ favorable responses, the participants had the best mastery experi-

ence and verbal persuasion that they could ever have to enhance their self-efficacy.

3) Relationship between participants’ “psychological distance from students” and their “self-efficacy”—A model of participants with good results

Here the relationship between the two will be discussed.

The pre-seminar reports show that the participants were psychologically distant from students before the seminar and that their self-efficacy was low. When they had the GW in this class of “The Principles of Practicum,” they sympathized with other participants, and they were reassured. This probably enhanced their self-acceptance and self-affirmation. In terms of their self-efficacy, it seems that their negative image was allayed. This process made it easier for them to reflect on themselves during the lectures after the GW, and their self-reflection reduced their psychological distance from the students. After the participants wrote their impressions of the lectures, there were no data to see the participants’ attitudes until the follow-up questionnaire, but when they conducted a practicum during the period of the seminar and/or after the seminar at their workplaces, they evidently tried to be closer to their students. This in turn brought about good responses from students. The students’ responses to the practicum gave great pleasure to the participants, which again enhanced the participants’ self-efficacy. In this way, there was a virtuous circle: as their self-efficacy was enhanced through the GW, they felt closer to students; as a result, the students responded better to the practicum, which in turn enhanced the participants’ self-efficacy (Figure 4).

This model shows that the initial relationship with the participants is most important to close the participants’ psychological distance from students. To be able to enhance their motivation and especially their self-efficacy is the key to bringing about a successful result. And the effectiveness of this model will need to be examined and confirmed by many chance forward.

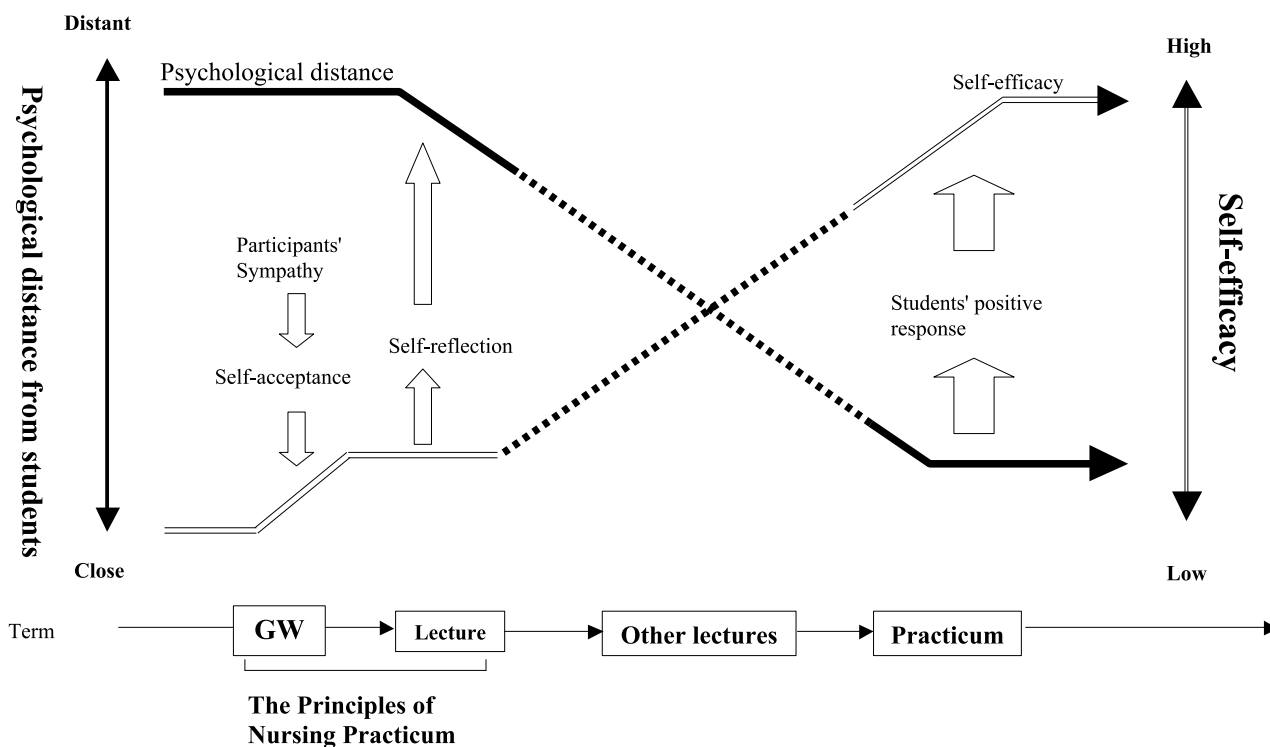


Figure 4 . Relationship between “participants’ psychological distance from students” and their “self-efficacy”-Model of participants with good results

Conclusion

By analyzing the six sets of data, we saw that the participants’ attitude toward the nursing practicum had clearly changed. We analyzed these data from two viewpoints: the “participants’ psychological distance from students” and “participants’ self-efficacy.” These two factors were closely related and play important roles in affecting the participants’ attitudes. From this finding, we abstracted a model that shows the relationship between “participants’ psychological distance from students” and their “self-efficacy.”

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