



# The personal development tutor role: An exploration of student and lecturer experiences and perceptions of that relationship



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## SUMMARY

This exploratory study formed part of the Leadership in Compassionate Care Programme (LCCP) that considered embedding the principles of person-centred compassionate care within an undergraduate nursing curriculum. Currently, there is a lack of literature regarding compassionate care in relation to the student–personal development tutor (PDT) relationship. The aim of the study was to explore the current personal development tutor role, within a pre-registration adult nursing programme, in relation to the support provided to students by PDTs and from this, establish what was important in the role from the student and lecturer perspectives, within the context of the LCCP. A qualitative approach utilising participant interviews was employed. Six undergraduate nursing students on a Bachelor of Nursing adult programme and five PDTs participated in the study and Emotional Touchpoint technique was used to elicit participant experiences. Data were analysed using an adapted version of the Senses Framework, originally proposed by Nolan et al. (2006). The results demonstrate the importance that students and their PDTs attach to the relationship and how elements of care arising from the Senses Framework are fundamental to developing and sustaining this relationship. Further, it is apparent that role modelling in relation to care is considered an important element of the PDT role which has relevance to nurse education and practice. In light of these findings a range of strategies are proposed to enhance the PDT relationship by utilising a modified version of the Senses Framework as a model for PDT and student interaction.

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## Introduction

Higher Education Institutions (HEIs) in the United Kingdom (UK) provide a personal tutoring system for pre-registration students, as required by the professional regulatory body for nurses, the [Nursing and Midwifery Council \(NMC\)](#), (2004). The purpose of this is to support student nurse and midwife learning in academic and practice settings for the duration of their programme ([Braine and Parnell, 2011](#)). A personal development tutor (PDT) system, involving all students and academic staff, has been operational at Edinburgh Napier University since 2006/07, with the overall aim of enhancing the student experience ([Edinburgh Napier University, 2009](#)) and involves reviews of academic

progress and performance. The role of the PDT is broadly defined as advising on academic matters; sign-posting relevant sources of support; active engagement in supporting students with personal development planning (PDP) and in working with students to write mutually agreed references ([Lambert and Johnston, 2010](#)). Whilst activities undertaken within the PDT role are well documented, less is known of the student and lecturer experiences and perceptions of the role ([Braine and Parnell, 2011](#)). This was explored through a qualitative approach, using the Emotional Touchpoint method ([Bate and Robert, 2007](#)) as a data collection tool and a modified version of the Senses Framework ([Nolan et al., 2006](#)) for data analysis.

## Background

Since 2007 Edinburgh Napier University in conjunction with NHS Lothian has collaborated on a programme entitled, the Leadership in Compassionate Care Programme (LCCP) ([Edinburgh Napier University and Lothian, 2012](#)). The programme used an action research approach to embed compassionate care in healthcare practice and education. One of the programme action strands considered embedding the principles of person-centred compassionate care within the undergraduate nursing curriculum. The study was undertaken as part of this action strand.

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On the basis of data analysis and subsequent findings, consideration would be given to the values underpinning the PDT role and the strategies identified to enhance the student–lecturer relationship.

### Literature Review

The PDT role has existed in higher education for over a decade and is recognised as a valued mechanism of support for student nurses (Knight et al., 2012; Braine and Parnell, 2011; Strivens, 2009). The role is diverse, encompasses academic, clinical and pastoral needs of students, is perceived as challenging (Millwood, 2009; Griscti et al., 2005) and is often poorly defined (Braine and Parnell, 2011). More positively, a sense of belonging and the establishment of a positive relationship with the institution can be enhanced by the PDT (Thomas, 2006). The personal development tutor–student relationship is seen as a concurrent process that evolves alongside the student nurses' experience (Gardner and Lane, 2010). Experience of learning and support, according to Dobinson-Harrington (2006), is instrumental in helping student nurses gain the necessary skills to work effectively in the clinical environment and provide high quality care. So developing and supporting students requires enabling them to feel secure and valued, and emerges from the expression of genuine interest and care (Aasen and Naden, 2008). Such care relates to noticing and attending to the vulnerabilities of others, a concept which resonates with Dewar et al.'s (2011) notion of compassion.

Relationships are seen as pivotal to providing care and are core to therapeutic and restorative activity (Tresolini and the Pew-Fetzer Task Force, 1994; Nolan et al., 2006). Research about care that is based on relational principles is gaining momentum and is increasingly being espoused in the literature (Wasserman and McNamee, 2010). Relationship centred care based on the Senses Framework by Nolan et al. (2006) was a key theoretical underpinning in the Lothian Compassionate Care Programme (Edinburgh Napier University and Lothian, 2012). The Senses Framework has at its core relationship-centred care and has been used to gain perspectives of those involved in caring interactions within healthcare settings, aiding investigation of what compassionate care practices look like in context, so that these principles can be feasibly applied in practice to meet the needs of all parties (Nolan et al., 2006; Smith et al., 2010; Edinburgh Napier University and Lothian, 2012).

The PDT role involves building and maintaining an effective interpersonal relationship with students for the duration of the three year nursing programme; it is an influential role that impacts on the student experience (Knight et al., 2012; Bowden, 2008 and Sheldon, 2003). Student satisfaction and retention of students are of prime importance to higher education institutions, and within these, faculties perceived as more caring are more highly rated by students (Hall, 2010; Bowden, 2008).

Although it has been acknowledged that the PDT role is an important function of the nurse tutor role there is no real consensus as to the most appropriate approach or framework for providing this (Gidman, 2001). Indeed, a study by Coyle-Rogers and Cramer (2005) identified that student and tutor perceptions of the role and responsibilities were not necessarily congruent. Personal development tutors' roles are often adopted by convenience rather than by design and experiences of role responsibilities are multifaceted (Gidman et al., 2000). The role, although viewed by lecturers as providing an important support mechanism for students, is judged as demanding, requiring a substantial commitment of time (Por and Barriball, 2008; Rhodes and Jinks, 2005). Students meanwhile have highlighted a need for greater personal development tutor support, with increased contact time and clearer, structured support (Braine and Parnell, 2011).

The overarching priority for pre-registration nursing education in the UK is to prepare nurses who can provide safe, competent, confident and compassionate care in clinical practice (Nursing and Midwifery Council, 2010). Compassion is firmly at the forefront of national and

international policy, practice and educational discourse (DOH, 2012; Edinburgh Napier University and Lothian, 2012; Lown and Manning, 2010). Developing the humanistic aspects of caring, such as being able to provide comfort, show concern, develop trust, empathy, and sensitivity, is a national and international priority for nursing (DOH, 2012; Youngson, 2011; NMC, 2010).

The concept of caring within nurse education is influenced by role modelling and positive student–teacher interactions and these caring experiences are mirrored in clinical practice with patients (Hall, 2010; McKee, 2005). Dobinson-Harrington (2006) states that student nurses need to develop caring skills alongside the experience of being cared for. Van Wagoner (2004) suggests that sensitizing nursing students to the faculty's perception of caring enables students to experience and learn about the essence of caring. Students and lecturers relate favourably to each other where there is a mutual understanding of needs, trust, respect and responsibility (Dobinson-Harrington, 2006). Cook and Cullen (2003) reinforced a correlation between nurses' professional caring ability and the caring faculty environment. A common theme from the literature was the connection between students' feeling cared for and their ability to care for others, importantly; caring practices experienced within nurse education were perceived as enabling this (Beck, 2001, 1991). This suggests that learning to care encompasses a series of caring practices and experiences and is not just solely a concept that is embedded and specifically learnt; essentially the literature suggests that a wide range of factors within nursing education influences students' caring behaviours.

There is a scarcity of studies that explore students' perceptions and experiences of the PDT role (Braine and Parnell, 2011). This study has provided the authors the opportunity to examine the PDT role from the perspective of students and lecturers and will be of relevance to nursing education within the UK and internationally.

### Methods

The aim of this qualitative study was to explore the current PDT role, within a pre-registration adult nursing programme, in relation to the kind of support provided to students by PDTs and, from this, establish what was important in the role from the student and lecturer perspective.

### Sample

The purposive sample comprised undergraduate nursing students ( $n = 6$ ) and nurse lecturers ( $n = 5$ ). Students and lecturers were accepted into the study on the basis of interest and availability and all participants volunteered. The students were undergraduate students from 1st to 3rd year of the adult nursing programme and the lecturers were experienced in the PDT role, having undertaken this since its inception.

An email outlining the study, inviting participation, and including the participant information sheet and consent form, was sent out to all student representatives, who distributed the information to the adult nursing students. The first 6 students to respond were selected. A similar process was applied to select personal development tutors, and five responded and agreed to share their experiences.

### Ethics

The University Ethics Committee was approached regarding ethical approval for the study. However, the study was one of the research strands emanating from the Leadership in Compassionate Care Programme and these were collectively regarded as evaluative in nature by local ethics committees, negating the need for formal presentation for ethical approval. Ethical processes were adhered to, taking cognisance of research participants' rights, particularly in relation to informed consent and confidentiality. Assurances were given that personal information would remain confidential and be anonymised.

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