



A peer learning intervention for nursing students in clinical practice education: A quasi-experimental study



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ABSTRACT

Background: Studies of peer learning indicate that the model enables students to practice skills useful in their future profession, such as communication, cooperation, reflection and independence. However, so far most studies have used a qualitative approach and none have used a quasi-experimental design to study effects of nursing students' peer learning in clinical practice.

Objectives: To investigate the effects of peer learning in clinical practice education on nursing students' self-rated performance.

Design: Quasi-experimental.

Setting: The study was conducted during nursing students' clinical practice.

Participants: All undergraduate nursing students ($n = 87$) attending their first clinical practice were approached. Seventy students out of 87 answered the questionnaires at both baseline and follow-up (42 of 46 in the intervention group and 28 of 39 in the comparison group).

Methods: During the first two weeks of the clinical practice period, all students were supervised traditionally. Thereafter, the intervention group received peer learning the last two weeks, and the comparison group received traditional supervision. Questionnaire data were collected on nursing students' self-rated performance during the second (baseline) and last (follow-up) week of their clinical practice.

Results: Self-efficacy was improved in the intervention group and a significant interaction effect was found for changes over time between the two groups. For the other self-rated variables/tests, there were no differences in changes over time between the groups. Studying each group separately, the intervention group significantly improved on thirteen of the twenty variables/tests over time and the comparison group improved on four.

Conclusions: The results indicate that peer learning is a useful method which improves nursing students' self-efficacy to a greater degree than traditional supervision does. Regarding the other self-rated performance variables, no interaction effects were found.

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1. Introduction

Over the past two decades, the learning environment in nursing clinical practice education has received increased attention. Different learning models have been discussed (Henderson et al., 2011), one of which is peer learning. Peer learning, in focus here, entails nursing students supporting and learning from each other while working in pairs, without the immediate influence of the preceptor. Learning together

means that students working in pairs are given the opportunity to practice critical thinking, collaboration, reflection, problem-solving and independence (Carlson, 2012). We report on an intervention study on peer learning in clinical practice education.

2. Background

Peer learning is used as an umbrella concept for a group of approaches that includes group or paired learning, defined by Boud (2001, p. 4) as 'Students learning from and with each other in both formal and informal ways' and by Topping (2005, p. 631) as 'The acquisition of knowledge and skill through active helping and supporting among status equals or matched companions'. It involves people from similar social groupings, who are not professional teachers, helping each other to learn and learning themselves by doing so. Peer learning

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puts the students' own learning in focus and not the preceptors' instruction. It originates from social learning theories, which claim that experience, understanding and knowledge-building are shaped and developed in interactions between humans (Säljö, 2014).

In systematic reviews (Baldry Currens, 2003; Secomb, 2008; Stone et al., 2013), the umbrella concept of peer learning has been depicted as a model that has positive effects. Use of peers in clinical practice education, i.e. clinical practice, is increasing in health professional education, because it gives students opportunities to acquire skills when they learn from the interaction. Previous, primarily qualitative research on nursing students in similar contexts as in the present study, i.e. enrolled in the same course where peer learning is used during clinical practice, has revealed several positive outcomes. Students described improved problem-solving, discussion and reflection (Hellström-Hyson et al., 2012; Morris and Stew, 2007; Stenberg and Carlson, 2015), improved teamwork skills (Chojcecki et al., 2010), and communication comprehension (Chojcecki et al., 2010; Hellström-Hyson et al., 2012). Furthermore, students have expressed that learning with a peer improves the learning process (Stenberg and Carlson, 2015) and enables closer contact with patients (Hellström-Hyson et al., 2012). Other expressed benefits are that the model gives students a sense of independence (Hellström-Hyson et al., 2012), reduces student anxiety (Chojcecki et al., 2010; Stenberg and Carlson, 2015), and increases self-efficacy (Austria et al., 2013; Hellström-Hyson et al., 2012). Self-efficacy can be described as an individual's belief in his/her own ability to succeed in a particular situation. People with high self-efficacy are more likely to view challenging problems as something to be handled rather than something to be avoided (Bandura, 1997). Zhao et al. (2015), for example, found a positive relationship between self-efficacy and the use of problem-solving behavior among nursing students in clinical practice. Expressed disadvantages of peer learning, found in contexts similar to that in the present study, include limited opportunities to perform hands-on skills (Austria et al., 2013; Stenberg and Carlson, 2015), incompatibility in the pair (Austria et al., 2013), and destructive competition (Stenberg and Carlson, 2015). Creating learning environments with structural organizational conditions (i.e., access to structural empowerment) that develop students' knowledge and self-efficacy is important for the process of psychological empowerment during education in the form of meaning, competence, self-determination and impact (Bradbury-Jones et al., 2010). Two complementary perspectives on empowerment are described in the literature. Kanter's (1993) theory of structural empowerment describes access to structural conditions of importance in the environment. Spreitzer's (1995) psychological

empowerment describes how individuals experience their work as well as personal beliefs about their role in relation to the organization. Spreitzer (2006) also argued that employees with high psychological empowerment create working environments with high access to structural empowerment. To our knowledge, there are no intervention studies in the area addressing the effects of peer learning in the context of students enrolled in the same course during clinical practice education. Based on earlier research, our assumptions were that peer learning would stimulate students to solve problems, discuss and reflect together (Hellström-Hyson et al., 2012; Morris and Stew, 2007; Stenberg and Carlson, 2015). By taking care of patients together, students would also report having closer contact with patients (Hellström-Hyson et al., 2012). This, in turn, would influence nursing students' critical thinking, collaborative behavior, learning and development, satisfaction with provided care, perceived self-efficacy, psychological empowerment and, thereby, their access to structural empowerment (Fig. 1).

The aim of the present study was to investigate effects of a peer learning model on nursing students' self-rated performance. We hypothesized that nursing students who are given the opportunity to learn with a peer during their clinical practice education improve significantly, from baseline to follow-up, regarding their critical thinking, collaborative behavior as well as learning and development. We further predicted that they would rate greater satisfaction with provided care, perceived self-efficacy, psychological empowerment and access to structural empowerment over time. Moreover, we hypothesized that students using peer learning would improve more over time compared with nursing students receiving traditional supervision.

3. Methods

3.1. Design

A quasi-experimental design was used, including an intervention and comparison group with baseline and follow-up assessment. During the last two weeks of a four-week period of clinical practice education, the intervention group engaged in peer learning, whereas the comparison group continued to receive traditional supervision (Fig. 2).

3.2. Participants and Setting

All undergraduate nursing students attending their first clinical practice at a university in Sweden ($n = 87$) were invited to participate. The students were in their second semester of a 3-year undergraduate

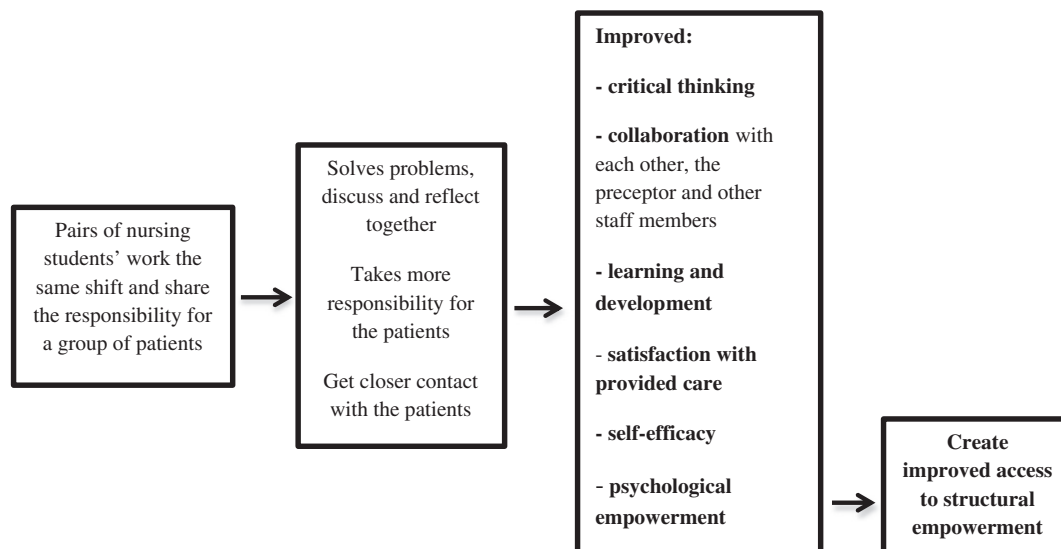


Fig. 1. Program logic assumption with measured outcomes showed in bold.

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