



An exploration of peer-assisted learning in undergraduate nursing students in paediatric clinical settings: An ethnographic study



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A B S T R A C T

Background: Peer-assisted learning relates to the acquisition of knowledge and skills through shared learning of matched equals. The concept has been explored within the field of nurse education across a range of learning environments, but its impact in practice is still relatively unknown. This paper reports on findings when observing paediatric undergraduate nursing students who engage in PAL within the clinical practice setting.

Objectives: The aim of this paper is to report the findings of a study undertaken to explore peer-assisted learning in undergraduate nursing students, studying children's health, in the clinical practice setting.

Design: A qualitative ethnographic study using non-participant observations.

Settings: A range of inpatient paediatric clinical settings across two teaching hospitals.

Participants: First, second and third year paediatric student nurses enrolled on a Bachelor of Nursing Programme.

Methods: Non-participant observations were used to observe a range of interactions between the participants when engaging in peer-assisted learning within the same clinical area. A total of 67 h of raw data collected across all observations was analysed using framework analysis to draw together key themes.

Results: Of the 20 identified students across two hospitals, 17 agreed to take part in the study. Findings were aggregated into three key themes; 1. Peers as facilitators to develop learning when engaging in peer-assisted learning, 2. Working together to develop clinical practice and deliver care, 3. Positive support and interaction from peers to enhance networking and develop working structure.

Conclusions: Peer-assisted learning in undergraduate children's nursing students stimulates students in becoming engaged in their learning experiences in clinical practice and enhance collaborative support within the working environment. The benefits of peer-assisted learning in current clinical practice settings can be challenging. Therefore, education and practice need to be aware of the benefits and their contribution towards future strategies and models of learning.

1. Introduction

In recent years, more studies have begun to explore peer-centred learning methods to encourage student participation in education and promote critical thinking (Baeten et al., 2010). One such approach is peer-assisted learning (PAL), in which students acquire skills and knowledge through the active help provided by status equals or matched companions (Topping, 2005). The concept of PAL has been around for many years (Williams and Reddy, 2016); however, its advancement in nurse education has been affected by definition and lack of consistency (Secomb, 2008). There are many aspects of terminology that are associated with PAL, including “peer teaching” (Brannagan et al., 2013) “peer support” (Aston and Molassiotis, 2003) and “peer mentoring” (Li et al., 2010), which creates confusion.

Peer-assisted learning in the context of nurse education has been widely used within the simulated clinical skills environment, utilising junior and senior student nurses. Peer learning supported the acquisition of new clinical skills for junior students, whilst senior students consolidated teaching skills (Stables, 2012, Dumas et al., 2015). Increases in clinical knowledge and skills as well as clinical competence were seen by medical students within the context of clinical simulation (Seifert et al., 2016). Furthermore, PAL in undergraduate nursing education has resulted in enhancements in student's skills of communication, critical thinking and self-confidence particularly in theoretical settings (Christiansen and Jensen, 2008, Williams and Reddy, 2016).

Despite nursing students spending significant amounts of time learning in clinical settings, there appears to have been minimal exploration of PAL in the context of the clinical practice setting (Carey

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<https://doi.org/10.1016/j.nedt.2018.03.014>

Received 2 October 2017; Received in revised form 11 February 2018; Accepted 15 March 2018

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et al., 2016). Within the UK's Higher Education Institutes (HEIs) 50% of student learning takes place within the clinical practice environment, as outlined in standards for practice by the national Nursing and Midwifery Council (NMC, 2009). Currently, mentors who are registered nurses take on the role of supporting learning and assessing the competence of undergraduate nurses whilst in clinical practice (NMC, 2009, Casey and Clark, 2011). However, the perceptions of the quality of mentorship are variable as pressures on clinical workload limit the opportunities for students to work together with nurse mentors (Omansky, 2010; Kalischuk et al., 2013). At such times, undergraduate student nurses seek out each other for support (Carey et al., 2016). A report by the UK's Council of Deans of Health (2016) on educating the nurse of the future noted that students need to be equipped to teach others not just through mentorship, but informally in the clinical environment. They determined that this recommendation should be explored within undergraduate education and acknowledged PAL as an area for consideration (Council of Deans of Health, 2016). Therefore, with the gaps identified in the evidence-base for exploring PAL in practice, the challenges of current mentorship systems and the pressures facing learners and clinicians in clinical practice, there was a need to explore the contribution of PAL within the clinical setting on student learning.

2. Objectives

The aim of this paper is to report the findings of a study undertaken to explore peer-assisted learning (PAL) in undergraduate nursing students, studying children's health, in paediatric clinical settings.

The objectives were:

- To explore the extent of learning development across different year groups of child health nursing students when engaging in PAL.
- To identify if PAL provides opportunities for optimising education in clinical practice.
- To identify the types of interactions that occurred as part of PAL in the clinical setting.

3. Methodology

The philosophical underpinning of the study were taken from of an interpretivist research paradigm, in which reality needs to be interpreted as it is seen by the subjective experiences of individuals (Guba and Lincoln, 1994). Within this paradigm, a qualitative ethnographic approach was utilised in order to explore the impact of PAL on students learning within the clinical setting across two sites. One of the main benefits of an ethnographic approach is that it encourages the researcher to enter the environment of the participant to watch, listen and collect data where it is available (LoBiondo-Wood and Haber, 2014). Non-participant observations were identified as the most appropriate method for answering the research questions.

3.1. Settings

The study was conducted in two different teaching hospitals located within one region, in England. PAL has been implemented amongst nursing students since 2014. The process of PAL starts within the theoretical setting linked to clinical skills facilitation in the simulated environment. In the clinical settings registered nurse mentors of the students have been regularly updated about the PAL during monthly mentor updates with university lecturers.

3.2. Ethics

This study formed part of a larger project exploring PAL on enhancing the learning of undergraduate student nurses across multiple fields of nursing across different sites. Ethics for both sites of the study

was granted by the university's students ethics committee and by the NHS. The study was conducted over two years between 2015 and 2016. Following ethical approval, students were given a participant information sheet outlining; the purpose of the study, its methods and how information would be kept confidential. Those agreeing to take part in the study met with the researcher within the practice environment to ask any further questions prior to obtaining written consent.

3.3. Sample Selection

The students were purposefully selected from a range of first, second and third-year paediatric nursing students enrolled on a three-year undergraduate nursing degree programme, according their location and timing of placements across the two sites. Although the literature suggests PAL is provided amongst matched equals, in our study we defined matched equals as nursing students within the same programme and not by the same year of study. A sample size of 20 students were identified as having a placement across the two sites, with 17 agreeing to take part in the study. As the researcher was known to the participants, the students were approached by a third-party academic to avoid coercion and intimidation when seeking consent (Edens et al., 2011).

3.4. Data Collection

Student participants were observed by the primary researcher over a period of two weeks at each site. Both sites included a range of paediatric inpatient environments according to student placement allocation. Interactions between groups of students from all levels of study were recorded using audio recordings and field notes between periods of 1–5 h within the working shift patterns of student nurses. Before starting data collection, the ward staff and managers made in-patients and their families aware of the study and the observations.

3.5. Data Analysis

To promote anonymity, students were designated a code to represent their identity when collecting and referring to field notes. This was to ensure that no personal details were used as outlined within the participant information sheet. As a non-participant observer, the researcher was aware of the fact that they were known to the students. For this reason, the first hour of initial data recordings were not included within final analysis in consideration of the Hawthorne effect linked to participants observed (Sedgwick, 2012). It was noted that after this initial time students appeared to be less aware of the researcher and focused themselves upon engaging with their peers. Interestingly Monahan and Fisher (2010) argue that the performance of the participants, whether staged or influenced by the observer can often reveal profound truths about social and cultural phenomena.

Framework analysis was used to analyse the data, based upon the tool created by Ritchie and Spencer (1994). A defining feature of the framework methods through its step by step stages is to use a matrix output (rows and columns) of summarised data (codes) to provide a structure for the researcher to systematically reduce data for analysis by case and code (Ritchie et al., 2013). Normally associated with interviews, the principles for this method of data analysis can be utilised for other textual data such as field notes and recorded data from observations (Gale et al., 2013). A seven step process was utilised to analyse over 35 h of raw data to draw together key themes (Fig. 1). These steps were undertaken by the primary researcher, with a second coder utilised to ensure systematicity, clarity and transparency when analysing data (Hall et al., 2005). Visitation of key stages was discussed between the researcher and second coder to develop and compare themes. These findings were developed into a working framework model that could be utilised to analyse the data from site two and synthesised into a more trustworthy framework model. At site two, another 32 h of observations were collected. Within the findings, the

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