

Original Research Article

A Qualitative Study for the Review of Opinions from Freshman Nursing Students Regarding Peer Support in Clinical Education

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ABSTRACT

Background: This study was carried out to determine the opinions of freshman nursing students who started clinical practices for the first time regarding peer education applied in the clinical practice.

Methodology: Carried out in qualitative fashion, this study was conducted with freshmen students from Sakarya University Health High School. A semi-structured form of interview was used to collect data. Opinions from the students regarding the peer education method were evaluated by using the Colaizzi's (1978) qualitative research analysis method. Interviews were completed with a total of 25 students in two focus group interviews.

Results: The interviews made with the students were reviewed by the researchers and interviews were classified under four categories and eight sub-themes. These categories were determined as "Education Programme", "Learning Environment", "Educational Exchange", and "Communication". The freshman students highlighted that with the peer education method, they have developed their knowledge and skills during clinical practice, they feel safe in nursing practices, they are braver, they are able to cement their nursing knowledge, and they had an idea of how to use such information in clinical practice. In addition, some students have specified that working with a peer increases their anxieties and that this situation degrades their motivation, adding that they had concerns regarding the sufficiency of the knowledge of their peers.

Conclusion: As a result, it has been determined that the implementation of peer support in clinical practice in the nursing education makes different contributions with regards to the students.

Keywords: Nursing education, clinical education, peer support.

INTRODUCTION

As clinical practice constitutes as a significant part of the nursing education curriculum, the clinical practice environment constitutes as a significant part of nursing education. The purpose of the clinical education is to provide a learning environment in which the student can develop the knowledge, skill, and attitude required for professional development. [1,2]

For this reason, the educators may apply different methods to ensure that the nursing students benefit from the areas of clinical

practice at the highest level possible. It has been highlighted that peer support implementation, which has been used as an educational method in recent years, has many benefits and is recommended as an alternative to the conventional education approaches. [3-5] Peer is an Arabic-rooted word. It means "equivalent in terms of age, coeval, having the same height". [6] In general terms, it is used to refer to people belonging the same social group in terms of age, sex, education, status etc. [7] Peer education is a term that defines the mutual

and cooperative training and education strategy. The students are active, have the same status, guide each other, share during practices, and actively participate in the discussion and feedback process. Various definitions have been made regarding Peer Education. Topping defined peer education as “individuals who are included in a similar social group and who are professionally not teachers helping each other to learn and educate” in 1996. [8] In the peer education model, the social learning that is created by the positive characteristics of the peer group, the identification of peers with each other, and their social interactions is used. In order to establish peer education, the participants shall have a difference of knowledge. Therefore, one side will be able to approach the other as an educator. Various definitions have been made regarding Peer Education. Topping defined peer education as “individuals who are included in a similar social group and who are professionally not teachers helping each other to learn and educate” in 1996. [8]

In the peer education model, the social learning that is created by the positive characteristics of the peer group, the identification of peers with each other, and their social interactions is used. In order to establish peer education, the participants shall have a difference of knowledge. Therefore, one side will be able to approach the other as an educator. Difference of peer education from classical education: Classical education methods include a hierarchical relationship between them and create an imbalance of power for the educators and the students. In classical education, the flow of information tends to be one sided from the educator to the student. [9] In peer education, the fact that the peers are not in a position to grant rewards or penalties to each other, use similar language, and influence each other creates a suitable learning environment. [8,10,11]

The success of peer education is directly related to the peers’ supporting each other, having the opportunity to express

themselves more comfortably, practicing the skills that they cannot practice or have difficulty practicing in front of authority in an easier way, and the creation of a non-stressful learning environment. Therefore, peer education aims to use the peer effect on behavior in a positive way. This study, which has been planned in this direction, has been carried out to determine the opinions of freshman nursing students who started clinical practices for the first time regarding peer education applied in clinical practice.

MATERIALS AND METHODS

This study carried out in qualitative fashion has been carried out with the freshmen students of Sakarya University Health High School. A semi-structured interview technique has been used in the collection of the data. In this study, two focus group interviews were performed with the freshman nursing students. Each group consisted of 11-15 people. Focus group interviews were carried out by the researchers. The interviews are made in a quiet environment in training halls in the clinical area. Each discussion took approximately 45-50 minutes. A semi-structured form of interview that was prepared by the interviewing researcher for the freshmen students was used. During the interviews, while one researcher performed the interviews, the other researcher observed and took notes. The interviews are recorded with a sound recording device. Opinions from the students regarding the peer education method were evaluated by using the Colaizzi’s (1978) qualitative research analysis method. In the Colaizzi analysis method, data analysis steps are gathered under six headings. These are; 1. The opinions of the participants regarding the study are read multiple times, 2. Important statements regarding the subject are determined, 3. Important statements are grouped according to their meanings, 4. Similar statements are collected under specific categories, 5. Similar statements under the categories are collected and sub-

groups are created, 6. The opinions of certain participants regarding the subject are specified. In this study, the analyses are reviewed in line with these steps.

Ethical Issues

The students are provided with an explanation regarding the purpose and implementation method of the study. The students who accept to take part in the study are informed that their names will not be used in the study and that they can leave the study whenever they want. Students who accepted this formed the samples of the study. In addition, the permission of the ethical board has been obtained for the study.

RESULT AND DISCUSSION

The average age of students participating in the research is 19.5. Of these students, 20 are females and 6 are males. The interviews made with the students are reviewed by the researchers and the interviews are classified under four categories and eight sub-themes. These categories are determined as “Education Programme”, “Learning Environment”, “Educational Exchange”, and “Communication” (Table 1).

The freshman students highlighted that with the peer education method, they have developed their knowledge and skills during clinical practice, they feel safe in nursing practices, they are braver, they are able to cement their nursing knowledge, and they had an idea of how to use such information in clinical practice. However, it is specified in literature that the students practicing for the first time generally experience immense anxiety and that they generally present negative feelings. In this study, the presenting of positive feelings by the student is considered a result of peer education. In this study, some students have specified that working with a peer increases their anxieties and that this situation degrades their motivation, and in addition, they had concerns regarding the sufficiency of the knowledge of their peers. These

results were evaluated as important findings that must be considered within the framework of our study. Therefore, the preparatory phases of these types of education models must be carried out in a planned manner. In addition, the selection of students included in peer education and preparing them for the program is very important in terms of the success of the education. In particular, the students who are lacking in terms of knowledge and skill can reflect these anxieties to their peers to a higher degree and therefore cause negative experiences in students receiving peer support.

Table 1: Main Theme and Sub-Themes

Themes	Sub-Themes
Education program	PeersEducation The Difficulties Stem From the Peers
Learning Environment	Feel safe Encourage
Educational Exchange	Acquired Knowledge and Skills Acquired Knowledge and Skills
Communication	Positive Experiences Negative Experiences

Education program

The students taking part in the program have stated that they are content with the program and that their peers made contributions, however they also stated that they encountered difficulties due to the personal characteristics or insufficiency of the level of knowledge of the peer.

Learning Environment

Students taking part in the program stated that peer support made them feel safe and encouraged in the learning environment.

Educational Exchange

The students have stated that working with a peer made negative contributions to the development of knowledge and skill and that incorrect and lacking knowledge of the peer has disadvantages in practice, adding that they experienced the concern of receiving incorrect information.

Communication

The students highlighted that the communication with the peer is affected as a result of mutual individual characteristics and that the contribution of peers with

whom they had positive communication is higher. In addition, it was determined that the satisfaction from peer education of those experiencing a negative communication experience is less than the others.

CONCLUSION

As a result, it has been determined that the implementation of peer support in clinical practice in the nursing education makes different contributions with regards to the students. The structuring of this system in a more planned and systematic manner will positively increase the level of benefits obtained by the students from this method.

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Conflict of Interests: The authors declare that they have no conflict of interests.

REFERENCES

1. Andrew M, Robert D. Supporting Student nurses learning in and through clinical practice: the role of the clinical guide. *Nurse Educ Today* 2003; 23: 474-481.
2. Bensfield L, Solari-Twadell PA, Sommer S. The use of peer leadership to teach fundamental nursing skills. *Nurse Educ* 2008; 33(4): 155-158
3. Mete S, Isbir GG, Tokat MA, Vural F. An investigation of the views of nursing students about peer education in clinical education/Hemsirelikogrencilerinin klinik eğitimde akran eğitimine ilişkin görüşlerinin incelenmesi. *Journal of Education and Research in Nursing*. 2011. 8(3), 16-26.
4. Ünver V, Akbayrak N. Hemşirelik Eğitiminde Akran Eğitim Modeli. *Dokuz Eylül Üniversitesi Hemşirelik Fakültesi Elektronik Dergisi*. 2013; 6(4).
5. Sharif F, Masoumi SA. Qualitative Study of Nursing Student Experiences of Clinical Practice. *Bmc Nurse*. 2005; 4(6): 1-7.
6. Türk Dil Kurumu. [Internet]. 2016. Available from http://www.tdk.gov.tr/index.php?option=com_gts&arama=gts&guid=TDK.GTS.5812ff254bd4b6.35311290
7. Albayrak Kaymak, D. Üniversite Danışmanlığında Akran Desteği: Bir Bölüm Akranlığı Projesi Uygulaması. 2008.
8. Topping K. J. The effectiveness of peer tutoring in further and higher education: a typology and review of the literature. *Higher Education*. 1996; 32(3), 321-345.
9. Wandell DL, Dunn N. Peer coaching: The next step in staff development. *The Journal of Continuing Education in Nursing*. 2005; 36(2), 84-89
10. Gillespie P, Lerner N. *The Allyn and Bacon Guide to Peer Tutoring*, Longman, 2000.
11. Karadağ Ö. Üreme Sağlığı ve HIV/AIDS konusunda Akran Eğitimi Kaynak El Kitabı, UNFPA. 25; 2003.

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