PEER TUTORING OF JUNIOR NURSING STUDENTS:
STUDENT EXPERIENCES AND PERCEPTIONS OF
SELF-EFFICACY AND BENEFIT

by
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Liberty University

A Dissertation Presented in Partial Fulfillment
Of the Requirements for the Degree
Doctor of Education

Liberty University
2016
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2016

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ABSTRACT

The purpose of this phenomenological study is to understand the experiences of peer tutoring in junior-level nursing students, as well as the perceptions of increased self-efficacy and overall benefit to student learning. The proposed study included 10 nursing students enrolled in the residential Bachelor of Science in Nursing (BSN) program at a large private university in the Southeast United States. The theoretical framework guiding this study included both developmental constructivism (Piaget, 1953) and social cognitive theory (Bandura, 1994), as they work in a reciprocal relationship within a conceptual framework. Knowledge is constructed, and as students learn concepts from experiences, they build on them to further constructs, moving from concrete thinking to abstract. As perceived self-efficacy increases, and the ability to construct clinical skills and competency in practice increases, the result should be the building of theoretical to clinical tie-in construction. Social cognitive theory describes learning that is affected by cognitive, behavioral, and environmental factors, which are intricately and reciprocally connected, to bring about the conscious desire to self-regulate future behavior (Bandura, 1994). The Central Question stated, “What are the shared, lived experiences with peer-tutoring among junior nursing students in the residential BSN program?” Data collection included interviews, a focus group, and video taping of the peer-tutoring sessions. Data analysis followed with a structured step-wise approach following the modified Stevick-Colaizzi-Keen method (Moustakas, 1994). The study provided in depth insight into the shared lived experience. Three main themes that emerged including peer connections and sense of community, student perspectives with two years immersion, and intended and unintended practice implications.

Keywords: constructivism, nursing students, peer-tutoring, phenomenology, self-efficacy, social cognitive theory
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List of Abbreviations

Academic Year (AY)

American Association of Colleges of Nursing – Commission on Collegiate Nursing Education (ACCN-CCNE)

Assess, Diagnose, Plan, Intervene, and Evaluate (ADPIE)

Bachelor of Science Nursing (BSN)

IER Rating: I – introduce the concept only;
   E – great emphasis on the objective;
   R – reinforce the previously taught objective

National Council Licensure Examination-Registered Nurse (NCLEX-RN)

Problem-based learning (PBL)

Program learning objectives (PLO)

Social cognitive Theory (SCT)
CHAPTER ONE: INTRODUCTION

Overview

Peer tutoring within baccalaureate nursing education has been successfully implemented in many programs and research has shown increases in academic achievement (Robinson & Niemer, 2010). During the junior year in Bachelor of Science in Nursing (BSN) education, the theoretical knowledge base must be successfully linked to clinical practice. This is necessary in order for students to meet clinical competencies and enter practice as safe clinicians. Clinical competencies within BSN programs exist to help develop students who demonstrate these constructs, and the resulting ability to practice safely.

Additionally, the junior level curriculum moves the student from learning concretely, with knowledge and comprehension level constructs, to thinking abstractly, and critically, with application and analysis style learning. Peer tutoring includes problem-based learning (PBL) with patient scenarios given where students must take the theory presented in the classroom, and apply it to a patient case. The ability to apply and analyze results in prioritizing care, for intended optimal clinical outcomes.

The phenomenon of peer tutoring, as well as the perceived increases in self-efficacy and benefit to learning, were studied to understand the role each plays in this theory-to-practice construction (Shin & Kim, 2013). This is evidenced by clinical competence and the ability to move to abstract thinking (Oldenburg & Hung, 2010).

This chapter serves as an introduction to the proposed research study. Subsections including background, purpose statement, problem statement, significance of the student, research questions, and the research plan are also included. These subsections provide an
overview regarding the importance of the study and along with its need, and the significance and implications for baccalaureate nursing education programs.

**Background**

The use of peer-tutoring systems within courses is widespread in post-secondary education. Universities have used peer tutoring to facilitate learning, across many different disciplines, for many years (Colvin & Ashman, 2010). Potential advantages include increased learning, and reduced student anxiety (Lin, Lu, Chung, & Yang, 2010; Shin & Kim, 2013). Students tend to feel less anxious with peers than they do with faculty-led tutoring. The collegial nature of the tutoring lends to students having this reduced anxiety, leaving them more able to receive instruction (Shin & Kim, 2013). The teaching load and responsibilities of nursing faculty make availability for tutoring an issue, and many institutions see the peer-led mode as a cost effective, time effective means of preparing students (Colvin & Ashman, 2010).

When reviewing the nursing literature, high attrition rates in nursing programs continues to be a concern for nursing faculty (Bryer, 2012). Studies on peer tutoring within nursing research have shown it to be an important factor in academic success (Bryer, 2012; Robinson & Niemer, 2010). Further research is needed involving peer tutoring and problem-solving strategies in nursing students (Oldenburg & Hung, 2010). Understanding peer tutoring and student perceptions of the lived experience is an identified gap in the nursing literature. Further research is needed to understand how self-efficacy relates to student learning in nursing programs (Shin & Kim, 2013). Further research is needed on perceived benefits as well (Watts, 2011).
The theoretical framework used illustrates Piaget’s developmental constructivism and Bandura’s social cognitive theory in a conceptual framework of reciprocity. The two theories combine in this conceptual framework in a reciprocal, back and forth manner. Within peer tutoring if knowledge is constructed and as self-efficacy (intrinsic motivational factor) increases, ability to construct clinical skills and competency in practice increases, which should result in building of theoretical-clinical tie in construction (Bandura, 1994; Ultanir, 2012).

**Situation to Self**

I teach in a residential BSN program as assistant professor of nursing, a position I have held for almost 10 years. Every year, I co-teach Strategies in Adult Healthcare I & II (NURS 301/302), a 10 credit hour, yearlong course with a weekly eight hour clinical component every Friday. Within most baccalaureate level education, the junior year is the most difficult academically, and this is also true within nursing education. BSN programs are often ranked and compared using first-time pass rates on NCLEX-RN licensure exams. Up to 80% of this material is taught during the junior year, and up to 80% is covered within the NURS 301/302 curriculum. The exam questions are typically written at the level of application and analysis reasoning. Additionally, the bulk of clinical hours/rotations occur during the junior year, and clinical safety and competence are established during this year.

When looking at the BSN program learning objectives (PLO’s), which are tied to the accreditation standards set forth by our accreditation body, the American Association of Colleges of Nursing- Commission on Collegiate Nursing Education (AACN-CCNE), nursing faculty rate the level of commitment to each PLO with an IER rating system. (I- introduce the concept only, E- great emphasis on the objective, and R- reinforce the previously taught objective). A recent
cross-curriculum evaluation revealed that all program PLO’s set forth in our BSN curriculum are heavily emphasized within NURS 301/302.

Several processes that are currently in place to assist students after gaining facts, information, concepts, and knowledge as freshman and sophomores, to transition from theoretical understanding to practical application in the clinical setting, need to be researched and developed further. Peer tutoring programs allow students to meet with peers who are typically one year ahead in their education. Within this scenario, for instance, juniors in “Med-Surg I & II” are tutored by seniors. As an educator, I want to give students access to the best student resources for success. Research regarding the phenomenon and perceptions of self-efficacy and benefit helps broaden understanding and help educators further this process in the future.

The philosophical assumption is constructivist (ontological). Multiple views of reality exist from different participants. Epistemologically, knowledge must be bridged from theory to practice and the reciprocal nature and interaction between developmental constructivism and social cognitive theory should facilitate this bridge (Ultanir, 2012; Bandura, 1994). Axiologically, certain values and universal virtues are ascribed to within the profession of nursing. Universal values tend to transcend worldview and philosophy. Values or constructs are further built upon throughout baccalaureate education. The theme behind the research is construction of theoretical to clinical tie in mechanisms needed to be better understood for the provision of the best physical, emotional, and spiritual care for patients, by providing students with an education that best facilitates clinical readiness and the safest possible care for their patients.
Problem Statement

The problem is a lack of understanding of the shared lived experiences of junior-level nursing students in peer tutoring programs. Additionally, student perceptions of both self-efficacy and benefit to student learning need to be understood, within the context of the phenomenon.

In a recent meta-analysis, problem-based learning in nursing education demonstrated an overall effect size of 0.70 standard deviation (medium-to large effect), however, all findings were quantitative in nature (Shin & Kim, 2013). Therefore, qualitative research is needed to identify nursing students’ experiences with peer tutoring and perceptions of self-efficacy, along with benefits. There is a gap in the nursing literature in qualitative studies, understanding the phenomenon and relationship to self-confidence (Brannagan, Dellinger, Thomas, Mitchell, Lewis-Tableaux, & Dupre, 2013).

This identified gap is of interest because understanding of student perceptions of the peer tutoring experiences, along with perceived self-efficacy and learning, place perspective on the role of the peer tutoring system in clinical competency, and as a theory-to-practice mechanism. Stakeholders affected by the problem include: nursing faculty, peer tutors, students, future employers, future colleagues, and perhaps most importantly, future patients.

The quantitative studies within nursing research show correlation with peer tutoring and academic success (Niemer & Robinson, 2010), but the research on the phenomenon itself, and its contribution to perceptions of self-efficacy and benefit is greatly lacking (Oldenburg & Hung, 2010). The body of knowledge within nursing will be expanded with an understanding of the phenomenon (Shin & Kim, 2013). This study specifically researched student’s perceptions of the shared, lived experience of peer tutoring, and impact on student learning.
Purpose Statement

The purpose of this transcendental, phenomenological study was to describe the lived experience of 10 senior level nursing students who were participants in the junior-level peer tutoring system within a residential BSN program in the state of Virginia. “Gaining a better understanding of how meaningfulness and self-efficacy relates to student learning could improve learning experiences and skill level” (Brannagan et al, p. 1446). At this stage of the research, perceptions of the peer tutoring process, and perceived self-efficacy after peer-tutoring were explored. Insight was gained into these student experiences. When looking at a working definition of self efficacy, “Perceived self-efficacy is defined as people’s beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives” (Bandura, 1994). Further research was needed to understand how self-efficacy relates to student learning in nursing programs (Shin & Kim, 2013). Further research was needed on perceived benefits as well. “There is a pressing need for further theoretical and empirical investigation into the concept, practice, and student experiences of personal tutoring in higher education, to inform practice” (Watts, 2011, p. 218). The study was framed theoretically by Piaget’s developmental constructivism and Bandura’s social cognitive theory.

Significance of the Study

Nursing literature shows many studies on the impact of peer tutoring programs on academic success (Bryer, 2012; El-Sayed, Metwally, & Abdeen, 2013; Ferreira & Trudel, 2012; Fontaine, 2014; Martin & Seguire, 2013; McDowell, 2008; Shin & Ki, 2013; Robinson & Niemer, 2010; and Watts, 2011). The proposed research study impacts the body of research
within nursing by furthering the understanding of the phenomenon of peer-tutoring programs, as well as gaining understanding of perceived self-efficacy and student learning with nursing students within peer tutoring. Insight within the discipline can be gained as to whether the link between theory and clinical practice is perceived to be strengthened, as theorized with the conceptual framework, based in constructivist and social cognitive theories. The study benefits students for the above listed reasons. The study helps the peer tutors gain insight into their relationships and roles within the phenomenon. The faculty, both clinical and academic instructors, will have a deeper understanding of the student perceptions and perspectives about their learning experiences. Future employers will receive employee, new graduate nurses who are better prepared to enter practice. This will also benefit the patients who will be receiving nursing care from these students, as these research gains should strengthen student competency in the realms of self-efficacy and theoretical-clinical construct linking. The following questions guide the research and help add to the understanding of peer tutoring, as a delivery mechanism to the tie-in construction.

**Research Questions**

**Central Question**

What are the shared, lived experiences with peer-tutoring among junior nursing students in the residential BSN program? Current literature describes the need for theoretical and empirical investigation into student experiences with peer tutoring in nursing education. Watts calls for better understanding of how the phenomenon informs practice (Watts, 2011). Learning happens with reciprocating interactions between one’s environment, personal characteristics, and behaviors. The question is rooted in the chosen theoretical framework and sought to understand the phenomenon and how the process is perceived within the junior year, as well as the role of
the phenomenon within in theoretical- to-clinical transition. The sub questions address benefit, self-efficacy, and typing curricular goals to clinical goals.

**Sub Questions**

Sub question 1: How does the experience of peer tutoring enrich student’s understanding of their roles as a future nurses, particularly in the clinical setting?

Bryer writes about academic gains, but there is noticeable lack of rich description to help with understanding of the phenomenon (Bryer, 2012). The perceived benefits students tie to the phenomenon can be described with the question. Descriptions can help with understanding of how peer tutoring benefits in the clinical setting may help tutors and supervisors gain a more in depth understanding of this.

Sub question 2: How are student perceptions of self-efficacy shaped after participating in peer tutoring? (Bandura, 1994). Self-efficacy is an important intrinsic motivational force. Student perceptions are influenced by the student’s self-efficacy beliefs. Motivational factors drive change; however, it is not guaranteed that conceptual structures will be developed as a result of motivation (Patterson, 2011).

Sub question 3: How do participants in the peer tutoring articulate their personal experiences with theoretical to clinical practice tie in?

The literature describes a need for more in depth studies regarding peer-tutoring and specifically expands the theoretical-clinical-tie in construction (Brannagan et al., 2013).

**Research Plan**

The study was qualitative in design. The design was chosen after identifying the research problem and research purpose. It is then proposed with the identified gap in the current nursing literature (Shin & Kim, 2013).
Phenomenological research focuses on the phenomenon (peer tutoring) and the shared, lived experiences of junior nursing students, to include perceived self-efficacy and benefits of the program. Specifically, the transcendental approach was utilized where the researcher bracketed out his/her lived experiences and experiences the phenomenon, almost for the first time, through the research and lived experiences of participants (Creswell, 2013).

Senior nursing students who participated in junior-level peer tutoring program the previous (academic year) AY were chosen using inclusion criterion sampling. Participants were chosen from seniors in the BSN program who were scheduled to graduate in May, 2016.

This population had actively participated in peer-tutoring for the entire previous AY, and were currently serving as senior tutors as well. These candidates are more deeply immersed in the phenomenon than non-tutoring senior students.

**Delimitations**

The site and student selection were delimitations as not every student has a chance to be chosen. Participation in the phenomenon is also delimitation. The site was specifically chosen because the peer tutoring system in the selected nursing department is quite extensive. The students were chosen, those who had been involved in the peer tutoring program as juniors, and who were also involved as senior tutors. The rationale was that selected participants have a more thorough understanding of the peer tutoring system. The program has December and May graduation tracks. Seniors must be on the May, 2016 graduation track to have been immersed in the peer-tutoring program for two full years, the junior year as a student, and the entire senior year, as a tutor. The rationale was that longer the participant has been immersed in the peer tutoring system, the better the capacity to research and gain understanding of the phenomenon.
Limitations

The sample size of 10 may be considered, somewhat limiting. It is generally recommended that 5-25 participants be used in phenomenological studies. However, the peer tutoring system being studied involves approximately 100-150 of the 200 juniors in the BSN program. Utilizing 10-15 participants means 10-15% of the potential population was utilized, and falls within the typical recommendations.

The generalizability of the findings may also be limited (Creswell, 2013). The rationale here includes the understood differences in structure, content, and delivery systems of current peer tutoring programs across different nursing programs. Truthfulness in interviews and focus groups may also be a limitation.

Definitions

1. **Constructivism** – Knowledge is constructed and as students learns concepts from experiences, and, they build on them to further knowledge. The four criteria essential to identifying and assessing constructivism are as follows: eliciting prior knowledge, creating cognitive dissonance, applying new knowledge with feedback, and reflecting on learning (metacognition) (Hartle, Baviskar, & Smith, 2012).

2. **Self-efficacy** – People’s beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives (Bandura, 1994).

3. **Social Cognitive Theory** – Social cognitive theory describes learning that is affected by cognitive, behavioral, and environmental factors, which are intricately and reciprocally connected, to bring about the conscious desire to self-regulate future behavior (Bandura, 1991).
4. **Peer tutoring** – the teaching of one pupil by another one, who has expressed adequate competency in a subject to help another pupil acquire a trade or idea. Peer tutors frequently receive little training or help from the instructor.

**Summary**

The first chapter presented an overview of the proposed research study with review of current relevant literature and identification of gaps in the literature. The main research question, and three sub questions were posed with rationale supporting each. The theoretical framework that grounds the study was detailed as well. Further research was needed to understand the further phenomenon of peer tutoring of juniors within the residential BSN program. Implications of self-efficacy and benefit perceptions helps the researcher understand this phenomenon and implications for future peer student experiences and overall student learning.
CHAPTER TWO: LITERATURE REVIEW

Overview

The purpose of this chapter was a review of the current literature regarding the phenomenon of student perceptions of peer tutoring, and for provision of the theoretical framework underpinning the study. A thorough topical review of the literature enlightens the researcher and helps narrow the foci for his study. The education and nursing literature were both reviewed for depth.

The theoretical framework that guided this study includes both developmental constructivism (Piaget) and social cognitive theory (Bandura), as they work in a reciprocal relationship within a conceptual framework. Knowledge is constructed, and as students learn concepts from experiences, they build on them to further constructs, moving from concrete thinking to abstract. “In Piaget’s contribution to the constructivist theory, during a child’s process of cognitive development, they rely on their perceptions” (Ultanir, 2012, p. 202). As perceived self-efficacy increases, and the ability to construct clinical skills and competency in practice increases, the result should be the building of theoretical to clinical tie-in construction, within Piaget’s formal operational developmental stage. The ability to bridge the theoretical to the clinical setting within undergraduate nursing education, and the mechanisms toward this end, is critical to preparing clinically safe and competent practitioners.

Nursing faculty seek to discover to utilize a variety of mechanisms within the curriculum, and supportive extra-curricular mechanisms to facilitate clinically prepared practitioners as they enter practice. The delivery mechanisms currently in place within Bachelor of Science Nursing (BSN) studies including peer tutoring, are poorly described and require further research for a better understanding.
The chosen theoretical framework illustrates both theories involved in a dynamic, reciprocal relationship. Social cognitive theory (SCT) describes learning that is affected by cognitive, behavioral, and environmental factors, which are intricately and reciprocally connected, to bring about the conscious desire to self-regulate future behavior (Bandura, 1994). This self-regulation is essential for critical thinking, prioritizing care, and safe clinical practice.

**Theoretical Framework**

**Developmental Constructivism**

There are four essential criteria in true constructivism-based teaching theory (Piaget, 1971). The first of these involves eliciting prior knowledge. Within this theory, existing constructs or prior knowledge is contributed to, or enhanced (Piaget, 1971). Within baccalaureate nursing education, the primary focus in both freshman and sophomore curriculum is theoretical. It is both the body of knowledge that is foundational within health sciences, and the body of knowledge that is specific to the discipline of nursing, along with fundamental nursing skills, that typically comprise the first two years in BSN education. It is this “prior knowledge” that is built upon within the junior year, in both classroom and clinical settings. When utilizing Bloom’s taxonomy (Figure 1), test questions during the first two years in nursing education tend to be written at the knowledge or comprehension level (Bloom, Englehart, Furst, Hill, & Krathwoh, 1956). Introduction to the clinical setting occurs, but is introductory, and not a main focus. Knowledge acquisition occurs here, and the elicitation of this knowledge for further construction.

The second criterion is creating cognitive dissonance (Piaget, 1971). This means the students recognize that prior knowledge does not suffice to help understand new concepts, and modification is needed. If there is too much cognitive dissonance, the student does not cope, so
teaching must strive for a level of cognitive dissonance that is ideal for learning (Hartle et al., 2012). Mechanisms for creating this cognitive dissonance include peer tutoring, and the inclusion of problem-based learning (PBL) scenarios within the classroom and tutoring settings. In his final developmental stage, the formal operational stage, which includes ages 11 through adulthood, Piaget theorizes that the student’s assimilation and accommodation has to do largely with cognitive construction and problem-solving (resolution of conflicts) (Piaget, 1953.)

The third criterion, application of new knowledge, is accomplished when the problem does not match prior misconception and the created cognitive dissonance is analyzed with previous construction applied to the situation. Bloom’s Taxonomy, and the application/analysis level, to include critical thinking questions, comprises the majority of NCLEX-RN licensure exam questions. This level of exam question, applied to patient problems, is the basis of the peer tutoring system, in preparation for both success on junior-level exams, and successful completion of the nursing licensure exam. Application and analysis questions are introduced in all junior-level exams. In the fall semester, they are mixed in with knowledge-level questions and the tests are gradually made more difficult during the fall, in terms of the percentage of these higher-level questions found on each exam.

The fourth and final criterion is metacognition, or self-reflection (Piaget, 1971). Piaget stated “My main purpose is to continually research biological adaptation mechanisms. These are the epistemological interpretations and analysis of higher adaptation format that can be clearly seen in scientific thinking” (Piaget, 1971, p. 21.) These higher adaptations in application and analysis level thinking, and the ability to bridge the theoretical to clinical (real life) setting, is not completely understood within nursing education. The phenomenon or mechanisms whereby this is facilitated are not well researched or documented. Assimilation and accommodation vehicles
for junior-level nursing students are expanding, and the research identifies gaps in several of these recently implemented facilitating mechanisms.

**Figure 1.** Application of Bloom’s Taxonomy to BSN Testing and program learning objectives (PLOs)

Figure 1 illustrates Blooms’ Taxonomy in relationship to BSN testing within the curriculum. Freshman and sophomore courses (100-200s) utilize knowledge and comprehension-based test questions. Junior courses (300s) utilize application and analysis level test questions. The senior synthesis course is Nursing Leadership, NURS 490. As knowledge is constructed, using Piaget’s ordered steps, we create cognitive dissonance within junior level exam questions.
This is a graduated process. These questions are interspersed with lower-level knowledge and comprehension questions, and become more prevalent throughout testing within the junior year. American Association of Colleges of Nursing – Commission on Collegiate Nursing Education (AACN-CCNE) accrediting essentials drive PLO’. We see how they are integrated within the curriculum: I (introduced), E (heavily emphasized), and R (reinforced), in this illustration.

Patterson (2011) explained his ideas regarding both effective practice within constructivism and which aspects of student’s experiences are contributors to this approach in their own learning. “Motivation can be considered as the driving force for conceptual change; however, motivation does not guarantee development of appropriate conceptual structures” (Patterson, 2011, p. 71). Understanding that self-efficacy is an intrinsic factor in student motivation and learning, the perceived self-efficacy and the relevancy of the learning activity both affect the learner’s motivation. (Patterson, 2011, p.71). This means perceptions of the lived experience (for effective practice) as well as perceptions of student’s self-efficacy (within motivation) must be better understood.

Social Cognitive Theory

Bandura (1981) described within his social cognitive theory that learning is affected by cognitive, behavioral, and environmental factors, which are intricately and dynamically connected to bring about the conscious desire to self-regulate future behavior. Patient-based problem-based learning scenarios offered in peer tutoring, also known as “mastery experiences” according to Bandura, show the student how efficient he/she is at organization and execution of a plan of action based on problematic patient-related situations. Personal lived experiences in these tutoring scenarios conceivably would influence the student’s perception of his/her own self-efficacy. Learning is a result of reciprocating interactions between one’s environment, personal
characteristics, and behaviors, learner’s perceptions are influenced by the student’s self-efficacy beliefs. Brannagan et al. (2013) wrote about this belief in the ability to succeed with particular tasks in particular situations. “It is important to understand that intrinsic motivation (cognition, self-efficacy) and external incentives (environment factors) both affect attentiveness to the learning environment.” (Burke & Mancuso, 2012, p.543).

Bandura’s evolving ideas blended the cognitive and social learning theories with evolution to SCT (social cognitive theory) where self-reflection, self-regulation, adaptation, and cognitive processes result in learning or adaptation. Bandura believed in human agency. In contrast to the behaviorist mindset, the agentic mindset includes the view that human beings can adjust based on consequences after actions. This is intrinsically driven (as opposed to the extrinsic behaviorist perspective).

According to Bandura, there are four fundamental guiding principles that support the agentic standpoint. These include intentionality, forethought, self-reactiveness, and self-reflectiveness (Bandura, 2001). Intentionality means a commitment towards and end result. In learning, students demonstrate behaviors and formulate goals to bring an intended outcome. The outcome depends on motivational factors including self-efficacy (Burke & Mancuso, 2012).

The consequences of actions to self, others, and the environment are factors of forethought according to Bandura. This includes both goal-setting and behavior modification (Bandura, 1991). The level of self-efficacy determines how ambitious the goal-setting will be, and how likely the student will adhere to the goals that he/she has set. Perception of self-efficacy itself, affects self-efficacy (Bandura, 1991).

Self-reactiveness behavior means students look at personal performance in light of class performance, and regulate or adjust actions accordingly. Forethought includes actions being
chosen based on consequences of previous actions. Self-esteem and level of personal importance of the learning to the student are both factors here. The student must feel he/she can make the necessary adjustment and also the end result must be worth this effort of adjustment (Bandura, 2001).

Learning is both external (observation and modeling) and internal (self-regulatory, self-efficacy) both in feedback cycles (Bandura, 1993, Bandura 1997). “Bandura emphasizes that although observation starts the learning process and expertise is developed through practice with external and internal (self-regulatory) feedbacks” (Rutherford-Hemming, 2012, p.132). Behavior is continually modified and “self-regulated” based on consequences of action. These concepts become critical in understanding peer-tutoring that includes problem-based learning patient scenarios.

Bandura theorized that people are neither simply products of their environment, nor are they solely controlled by internal feedback. Social factors are also a critical component. The perceptions and dynamics of the social learning aspect of peer tutoring is a critical missing piece to understanding best mechanisms for self-efficacy and overall learning benefit. Self-reactiveness is affected by not only self-esteem and personal value attached to the effort, but also my perceived difficulty and resources available (Bandura, 2001).

Lastly, self-reflectiveness means the learner reflects upon his/her actions in the context of motivational factors, and results of the efforts. Action is again adjusted based on reflection of past consequences and adjustments are aimed at better outcomes. The social system or supportive mechanisms available at this point conceivably could affect the learning greatly.
Self-Efficacy in Nursing Education

Self-efficacy originally emerged from Bandura’s educational theories and their evolvement over the years. In 1994, Bandura defined self-efficacy as an individual’s perception of his/her capabilities to produce designated levels of performance. The perceived self-efficacy level a learner has impacts performance, because learner’s intrinsic motivators are more powerful than extrinsic or environmental ones. (Human agency vs behaviorist mindset). How a student thinks about ability, effort, and reward is critical toward academic outcome. If the learner has a lower perceived self-efficacy he/she will seek lower academic success by seeking easier challenges, but with higher self-efficacy, higher academic challenges will be undertaken. The relationship between learning and self-efficacy is dynamic, with each affecting the other.

The nursing literature clearly shows the relationship to academic success nursing to perceived self-efficacy with many studies including those from Shin & Kim (2012), Choi (2005). Less is researched about self-efficacy and clinical performance among nursing students, but there are links to clinical simulation, and the mastery of those experiences, and a few studies suggesting increased perceptions of self-efficacy. The theoretical to clinical gap has been bridged with clinical simulations that result in intrinsic motivational factors increasing.

According to Robb (2012), self-efficacy is a basic foundational concept within nursing education. Increased self-efficacy is thought to bridge the gap between theoretical knowledge base and clinical performance and competence. Educational vehicles such as classroom instruction, instructor evaluations, lab simulations, and clinical experiences affect student’s perception of self-efficacy, the nursing literature does not well describe many other self-efficacy enhancing educational experiences such a peer tutoring and efficacy on narrowing the practice to theory to practice gap.
In their 2013 meta-analysis, Shin and Kim discussed the importance or promotion of the transfer of the body of knowledge specific to nursing to clinical practice. Problem-based learning has been found to increase communication skills and collaboration, but the critical reasoning and self-reflection outcomes are part of the constructivist framework (forethought, self-reactiveness, and self-reflectiveness, specifically) and work nicely within nursing peer tutoring programs as a mechanism for theoretical-clinical tie in construction. Self-efficacy, and how it is perceived, should be reinforced when confidence is gained through peer-led problem based learning.

Within Bandura’s social cognitive theory model, self-efficacy is a factor within all three domains. Cognitive ability or the perception of can be influential in a student’s success. Self-efficacy mediators include early developmental factors, as well. The very earliest experiences as a learner, and gender-role socialization experiences are self-efficacy shaping. These environmental factors within self-efficacy become even more important in nursing education when research shows that males are more successful in the science-based degrees. This is a factor, understanding that the ratio of females to males in nursing education is about 10:1 currently.

Bandura wrote about outcome experiences and that relationship with self-efficacy. The anticipated outcome of a behavior and result will be shaped by the level of self-efficacy, and the desired result will reinforce this motivational factor (Bandura, 1997). Positive cognitive, behavior, and environmental factors all go hand in hand with increased perception of self-efficacy. Understanding peer tutoring perceptions becomes critically important within the outcome experiences theory.
A study from DeBenedetto (2013) looked at self-efficacy among college students within a science-based course. The research questions sought to know if students’ motivational beliefs and self-regulatory learning strategies change as they go through science-based courses. They wondered if student’s previous (childhood and adolescent) science experiences relate to motivation and self-regulation strategies within a science course. They also looked at final grades in relation to these factors. The results concluded that motivational beliefs and self-regulatory strategies did change over the course. The course affected confidence and use of strategies. This reinforces Bandura’s outcomes experiences theory. It is critical to have effective mechanisms for success built within science-based curriculum.

The nursing literature has looked at nursing simulation, clinical experiences, faculty mentoring of students, problem-based learning in the classroom, and many other delivery mechanisms for success that have been built within nursing curriculum. These include both required intra-curricular mechanisms, such as nursing simulation lab experiences, or recommended, non-required extra-curricular mechanisms, such as peer tutoring. Peer tutoring and specifically student perceptions of the lived experience of junior-level nursing students has not yet been well researched.

Additionally, student perceptions of self-efficacy and overall benefit associated with peer tutoring has not been well described within the current nursing literature. There is a pressing need for further research to gain insight into these poorly understood phenomena to more effectively employ this delivery mechanism within BSN program studies.
Theoretical Application: Peer Tutoring in Baccalaureate Level Nursing Education

Figure 2. Theoretical/Conceptual Framework: The two theories combine in this conceptual framework in a reciprocal, back and forth manner. Within peer tutoring, if knowledge is constructed and as self-efficacy (intrinsic motivational factor) increases, ability to construct clinical skills and competency in practice within should result in building of theoretical-clinical tie-in construction. Mechanisms or delivery systems for this tie-in construction include peer tutoring.

The theoretical framework chosen illustrates both Piaget’s developmental constructivism and Bandura’s social cognitive theory in reciprocity with a desired better understanding of perceptions of the lived experience with peer tutoring, and perceptions of self-efficacy and increased theoretical to clinical tie-in construction also better described (Figure 2). The participants in the study, for the most part, would be in Piaget’s formal operational stage developmentally, and as juniors have the prior knowledge base needed. The creation of the cognitive dissonance needed to solve application and analysis scenarios and thrive in real-world nursing is integral. Self-efficacy, which is affected by all three learning domains (cognitive,
developmental, and environmental) with the peer tutoring mechanism, will be described in terms of perceptions, and the developmental and social environment researched.

The social structures or mechanisms available for learning within are key within the human agentic perspective held by Bandura. “Human functioning is rooted in social systems. Therefore, personal agency operates within a broad network of sociostructural influences.” (Bandura, 1991, p. 14). Early experiences can be shaping of life-long intrinsic factors, but peer-related experiences within the educational years has been influential as well. It is to what extent, that remains in need of investigation.

**Related Literature**

**PBL and Peer Tutoring within Baccalaureate Education**

Across the different disciplines in post-secondary education, the success of peer tutoring programs has been well documented (Robinson & Niemer, 2010). Peer tutoring was found to be important to the academic success of nursing students in BSN programs (Robinson & Niemer, 2010) High attrition rates in nursing programs continue to be a concern for nursing faculty. Similar research by Bryer reiterates previous findings by Robinson & Niemer, with peer tutoring benefiting nursing students academically (Bryer, 2012).

Peer tutoring may be defined as “the acquisition of knowledge and skill through active helping and supporting among status equals or matched companions” (Brannagan et al., 2013, p. 1441). Piaget’s assimilation and accommodation within the formal operational stage both occur within the peer tutoring session, ideally. Bandura wrote about a learning environment where modeling helps with attaining skills, and also gaining knowledge. He stated that this type of modeling environment would work to “build a sense of personal efficacy as well as to convey knowledge about rules and strategies” (Bandura, 1991, p. 1441).
Brannagan et al. (2013) also stated that there is limited research with nursing students (and peer tutoring) in the existing literature and suggested that there is some conflict about student response to peer tutoring with regard to both anxiety and self-efficacy. “Due to a lack of evidenced based research, many schools of nursing have not (effectively) used peer tutoring/mentoring in their programs. Research in this area is imperative to assist schools of nursing in designing the most effective learning environment for their students” (Brannagan et al., 2013, p. 1445).

Townsend and Scanlan (2011) stated that “gaining a better understanding of how self-efficacy elates to student learning in a clinical setting could be a foundation to initiate positive changes to nursing curricula that would have a significant impact on the future of nursing education” (p.12).

Higgins (2004) researched efficacy of peer tutoring on retention and academic scores in medical-surgical nursing course and found attrition rates that dropped from 12 to 3 percent with the intervention. Robinson and Niemer (2010) discussed the potential impact of tutoring within nursing programs “Mentoring and tutoring activities can be valuable for cultivating the development of nursing students” (p. 289).

Palese, Sainia, Brugmolli, and Regattin, studied the impact of tutoring on nursing student’s diagnostic reasoning and critical thinking skills. “The ability to solve problems with few errors is invaluable. In fact, it is only by doing this that nurses can decide on the best nursing strategies. Developing this ability efficiently and effectively allows more emphasis on decision making which is still given too little attention in the academic curriculum.” (Palese, Sainia, Brugmolli & Regattin, 2008, p. 1297).
Self-confidence is also affected by the peer tutoring process, but in-depth research is lacking. Oldenburg and Hung (2010) studied problem based strategies within a nursing program and concluded that further research is needed regarding the (lived) experiences of students in nursing programs (Oldenburg and Hung, 2010). Specifically, what is the human agentic efficacy?

**Problem-Based Learning-Nursing: Student Satisfaction**

According to Lin et al., 2010 study on problem-based learning in nursing education, PBL in nursing education encourages deep approaches to learning through engaging students in self-directed research to address real world problems, including analysis of contextualized data applied to authentic discipline specific artefacts. The authors here write that “problem-based learning is a highly structured and learner-centered teaching method” (Lin et al., 2010, p. 374). This learning approach with both structure and self-directedness makes the learning directly relevant to (clinical) practice” (Lin et al., p. 374). This type of learning can be fulfilling for the student.

The principal features the authors assert, include the following: (a) problems are the starting point for learning; (b) real problems are used; (c) thinking must be in terms of problems, not disciplines; (d) orientated knowledge is acquired; (e) learning is student initiated, and finally, (f) there is an emphasis on group discussion. In this process, tutors merely facilitate learning. (Lin et al., 2010, p. 374). The authors describe five generally-occurring steps in the problem-based learning process: analysis of problems, establishment of learning objectives, collection of information, summarizing, and reflection” (Lin et al., 2010, p. 374) These align with Piaget’s previously described developmental-constructivist stages well, as well as Bandura’s factors influencing nursing within the SCT.
According to this group of authors, there is a significant difference in learning outcomes with peer led problem-based learning in nursing education. In a study with 142 nursing students in a nursing ethics course, although knowledge was gained with conventional teaching methods (control group), the amount of ethical discrimination ability gained in a group of nursing students taught nursing ethic curriculum with PBL methods (experimental group), was statistically significant from the control group. Ethical discrimination ability scores rose within both groups, but the P score was <0.05 in the group that had peer led problem-based learning teaching methods.

Not only was this method more effective, learner satisfaction surveys were administered post-semester, and as mentioned above, students were also more satisfied with this learning style, and these scores were also statistically significant when compared to the control group. Students taking part in the problem-based learning expressed higher satisfaction with self-motivated learning and critical thinking compared with the control group. This finding is consistent with the characteristics of problem-based learning described elsewhere in the literature (Lin et al., 2010). Other studies have also shown that the problem-based learning format improves self-directed learning, critical thinking, communication, and the ability to work in a team. Academic gains and student satisfaction have been clearly documented in the literature.

The article summarized research on expert vs. non-expert (peer) tutors, and student attitudes towards both. Nursing students prefer tutors who are non-directive, and less calculated than the classroom setting, where experts have curriculum objectives and learning outcomes that must drive each lecture.” At times, non-expert tutors can concentrate more easily on facilitating the group discussion process rather than controlling the academic content of learning, and learners often prefer tutors to be non-directive (Lin et al., 2010, p 375.)
Palese et al. (2008) studied the impact of tutoring on nursing student’s diagnostic reasoning and critical thinking skills. In a double-blind pragmatic experimental study of 144 first-year nursing students in Italy, students were divided into control and study groups. The study looked at some previously researched concepts to include the idea that tutoring was established as an enhancement tool for critical thinking. Currently, little evidence is documented in the literature about its efficacy on the accuracy of diagnostic reasoning skill, due in part to the complexity of the concept of “tutorial strategies”.

This study contributes to the existing literature by documenting better choices and fewer errors in the diagnostic reasoning process for nursing students with tutoring in place. Percent of clinical errors committed was measured in the control group (without tutoring) and the study group (with tutoring strategies actively in place), with a significant difference between the two groups being studied.

This article describes the diagnostic reasoning expectations patients have for nurses providing care. The nursing process utilizes the acronym ADPIE (Assess, Diagnose, Plan, Intervene, and Evaluate the interventions) within the nursing diagnostic reasoning process. The more developed the clinical diagnostic process is, the more efficient the nursing student will be at best care, and optimal patient outcomes. Expert nurses are able to instinctively arrive at the best patient interventions very quickly, and usually very accurately. On the continuum of experience for nurses, novice nurses and students are still bridging theory to practice.
Figure 3. ADPIE – The acronym for the standard nursing process for diagnostic reasoning (Assess, Diagnose, Plan, Intervene, and Evaluate). At the sophomore level, typically, these steps are taught for ordering reasoning at the bedside. This is introduced in NURS 200, and heavily emphasized in NURS 301 and 302. Built in delivery mechanisms such as peer tutoring, are offered to students as means to facilitate furthering the development of this ordered reasoning.

The curricular goals in BSN programs focus on readiness for clinical practice, and research is needed to understand be best ways to develop the process in young, or novice nursing students/nurses at the bedside. According to this article, tutorial strategies that encourage meta-cognitive development repeatedly should increase accuracy in the diagnostic reasoning process.

The clinical diagnostic reasoning process is more complex than just ADPIE. ADPIE provides the framework for organizing the stepwise approach, but not the understanding of each step within the diagnostic reasoning process. It is important that student nurses are able to verify the data collected as accurate, learn to discern and discard the extraneous or unimportant data from the critical data, and lastly to focus in on the most important details to properly prioritize care. The beginner, or novice, will sometimes find themselves following up on an aspect of the
assessment process that is irrelevant at the present moment, while ignoring or looking passed a critical data piece that needs immediate nursing intervention.

This study intervened with the control group being involved in tutorial strategies to include: laboratory tutorials, intensive tutorial sessions, weekly tutorials, and routinely scheduled tutoring sessions. The rationale here is that varying tutoring delivery modes and intensives could affect students differently. Certain students respond more positively to certain delivery modes. Overall, students participating in laboratory sessions and intensive clinical tutorials demonstrated fewer errors compared to the control group (OR 3.75; IC 95% 1.77=7.88) (Palese et al., 2008, p. 1285).

Although quantitative in nature, the aforementioned study was one of the very few found in the literature that addressed student’s perceptions of their own clinical diagnostic reasoning. It was found that the perception is that they lacked clinical tie-in with pathophysiology and that perhaps anxiety and uncertainness may indeed affect short-term memory and recall of knowledge needed to reason diagnostically. Students felt that after six months of tutoring sessions they had a greater comfort level with reasoning skills, and more self-confidence. Over-confidence in students, can make the student prone to greater incidence of mistakes. Confident students are naturally given more clinical independence by their clinical faculty in patient clinical rotations. Over-confidence can be as problematic as lack of self-confidence, according to the perceptions of the student’s studied.

“The ability to solve problems with few errors is invaluable. In fact, it is only by doing this that nurses can decide on the best nursing strategies. Developing this ability efficiently and effectively allows more emphasis on decision making which is still given too little attention in the academic curriculum.” (Palese et al., 2008, p. 1297).
In a 2007 study, Murray and Summerlee looked at the impact of problem based learning in a year-long freshman undergraduate course at a Canadian university. The study begins with explanation for the need for engagement strategies to improve student learning, as well as of the financial constraints that most post-secondary institutions are faced with. It is well documented within the education literature that several different active learning pedagogical methods of teaching have been effective to student engagement and learning (Murray & Summerlee, 2007).

This study looked specifically at closed-loop reiterative PBL. The authors warn that attempting “PBL-assistive learning” or dabbling in a hybrid manner within the class can lead to student dissatisfaction and therefore studied this course taught with closed-loop reiterative approach. “The value of this method of problem-based learning is that it slows down the problem-solving process and articulates its various stages so that all participants understand the process and their role in the process, and focuses understanding of the students at the sophisticated levels identified in Bloom’s taxonomy of educational objectives (Murray & Summerlee, 2007, p. 91). This specific approach helps with assimilation of knowledge after exploration of the issue and contextual facets.

There are three things the student’s must identify with this specific approach used in nursing: (a) what do they know?, (b) What do they not know?, and (c) what is the best way to find the information they need? In the study involving groups of 15 students (n=15), ANOVA analysis showed a statistically significant gain for students in perception of processing skills, reasoning skills, and expectations for this type of learning experience, before and after a year-long exposure to closed-circuit reiterative PBL.
Transferability and persistence of skills developed the first year were each explored two years down the road, in senior-year students. Groups of 15 students (N=15) were surveyed and overall, surveys indicated that senior students thought that in general, students who participated in the problem-based course reported a greater sense of awareness that process and that reasoning skills learned in the course were transferrable to learning experiences in other courses, and that these skills persisted throughout their university careers.” (Murray & Summerlee, 2007, p. 96). This is an argument that this type of learning experience would help with theoretical to clinical tie in construction within nursing curriculum. More research is needed here, with regard to these perceptions.

In a recent exploratory-descriptive study, the role of the nursing staff and tutoring in basic healthcare was described and explored utilizing Minayo’s theme analysis (Cosme & Valente, 2012). Fifteen nurses (N=15) who had been carrying out tutoring duties for a minimum of two months were chosen as participants. The Brazilian-based study was initiated after looking at the Brazilian National Curricular Directives (DCN, in Portuguese) of the Nursing Undergraduate Program. The initiative desires that nursing students are developed into professionals who are constantly critical-reflexive within (clinical/patient care) routines” (Cosme & Valente, 2012). The study sought to know more about competencies would best help nursing tutors to be most effective in their roles. It has been concluded that there has not been enough discussion, exploration, or description about nursing tutor competencies or limitations described, to date, within the nursing literature.

In their 2012 study, Yoo and Park looked at the effects of problem-based learning on the communication skills, problem-solving skills, and learning motivation of sophomore nursing students. In the research, 143 nursing students were divided into control and experimental
groups. The control group had traditional lectures, while the experimental group had 5 problem-based case studies over the course of the semester. The learning objectives were aimed at communication, problem solving, and increasing student motivation. Three separate pre and post tests were administered for communication, problem solving, and motivation using Likert-type scales. Although the two groups had very similar pre-test scores (no statistically significant difference), the post test scores rose dramatically in the experimental group in all three categories measured.

The communication skills in the experimental group grew significantly statistically ($t=18.33, P<0.001$), and additionally the problem-solving skills gain difference between the experimental and control groups as also statistically significant ($t= 10.116, P<0.001$). The learning motivation score for the intervention group gain was +7.41 ($t=5.49, P<0.001$) and interestingly, learning motivation scores were somewhat decreased in the control group with traditional classroom lectures. Perhaps the most interesting thing about this study was this significant gain in learning motivation with PBL. “Self-directed individual problem-solving prior to group discussion stimulates individual’s interest, curiosity, and intrinsic attention, thus encouraging active participation and improving self-efficacy” (Yoo & Park, 2014, p. 171).

Safe practice includes gathering patient data through observation, measurement and assessment and critically thinking about that data to inform clinical decision making through clinical reasoning (Pitt, Powis, Levett-Jones, & Hunter, 2012). The theoretical-to-clinical tie in construction method of PBL has been quantitatively measured. The general consensus in the nursing literature is that this process of being presented with a patient problem, reflectiveness on prior constructs, and construction of new knowledge, results in better decisions within the dynamic process of nurses giving best patient care.
“PBL can bridge the theory–practice gap in nursing through the collaborative nature of the tutor–student relationship while respecting the student as ‘more than an empty vessel needing informational cargo’ and preparing them to ‘hit the ground running’ (Wells et al., 2009, p. 199). These facets of problem-based learning within quantitative studies have been well researched. After an extensive review of the literature, nursing student perceptions with problem-based learning with peer tutors has not been well documented with regard to the intrinsic motivational factor of self-efficacy and to overall student benefit, as well as perceptions of the lived experience.

In the group setting, tutoring involving problem-based learning traditionally involves four distinct phases. In the initial phase, typically the tutor introduces a problem and the group learning needs are discovered here. Self-directedness is the hallmark of phase two, where learners search for answers. In phase three, the group then processes and puts individual findings together and constructs based on previous concepts. Phase four is known as summary and integration, according to Zubaidah (2005). Seven steps within the four phases tend to occur and involve “Identification and clarifying unfamiliar terms, defining the problem, brainstorming and arranging explanations and solutions, formulating learning objectives, private study, and lastly, sharing of results of self-study (Zubaidah, 2005, p. 1).

Along with the phases and steps within PBL, several desired outcomes have also been described by Amos and White (1998), to include: critical thinking after reflective processing, learning how to learn, sense of community, better teamwork, increased research skills, and personal growth (Zubaidah, 2005, p. 1) This delivery mechanism within peer tutoring is important for nursing students, as research shows that this method increases understanding of multi-disciplinary approach, as is utilized in hospital settings.
Because problem-based learning is constructivist, third and fourth year nursing students, looking for theoretical-to-clinical construction tie in are better candidates for this learning strategy. In the first two years of BSN studies, the body of knowledge that is foundational for health sciences, and the body of the knowledge that is specific to nursing must be constructed. There is argument that foundational learning does not best occur with PBL methods, within the nursing curriculum, specifically. This is in direct conflict with the previously mentioned study that looked at freshman classes and PBL.

The evidence seems to point towards the development of positive attitude and in taking responsibility both for one’s own learning as well as in managing patients. Further research is needed in understanding the individual specific processes within PBL, and the perceptions of student-led PBL for juniors in BSN programs.

**Peer Tutoring within Nursing Courses**

A 2013 study from El-Sayad, Metwally, and Abdeen utilized 338 undergraduate nursing students enrolled in a nursing administration course, divided into study and control groups. The study group was taught with peer teaching methods, while the control group was taught nursing curriculum with traditional means.

The group having peer-led tutoring had a statistically significant academic gain in the nursing course, and benefits were outlined in the study. Performance grades were significantly higher with a reported p value of p <0.001. Multivariate analysis confirmed the Mann Whitney findings. Benefits were reported to include the majority of students reporting that peer tutoring increased problem-solving skills acquisition, sense of personal responsibility, and overall learning in general. “The study findings add to the literature supporting the use of peer teaching approach in nursing education practical training. The approach is beneficial for enhancing
student’s acquisition of skills with better performance, in addition to building-up their teaching abilities, which are integral part of their future nursing role” (El Sayad et al., 2013, p 160).

**Reflections from a Qualitative Study in Peer Tutoring within Nursing Education**

Although the majority of the current nursing literature highlights quantitative research efforts with peer tutoring in nursing, back in 2007, Loke and Chow interviewed focus groups and individuals who had participated in peer tutoring within BSN studies. The following themes emerged: enhancement of deep learning, problem-solving and critical thinking, and a more systematic approach to learning after tutoring, cooperative learning, communication skills, confidence, and social gain.

Enhancement of deep learning occurred when nursing students were peer tutored, students felt, because they were asked to be systematic about their learning approach, as well as reflective. Students in this environment were forced to attempt integration of theory with practice within the tutoring sessions. Nursing peer tutors asked students to use a systematic approach to learning including being more organized, leading to intellectual gain. “We shared our clinical experiences, then I asked myself if I would have the same judgment, and how I would have handled the situation. We do reflect on our clinical encounters” (Loke & Chow, 2007, p. 239).

Problem solving and critical thinking student reflections included understanding how to begin to study in a step-by-step approach, and not just try rote memorization. “My tutor taught me how to think from the basic and to go logically step-by-step, and not to memorize the information in our textbook or lecture notes. This helped me to relearn my study approach” (Loke & Chow, 2007, p. 239).
Intellectual gains were reported from students. “My thinking has become more systematic and organized. Studying was unstructured for me in the past, but now that I have to present to another person clearly and have him/her understand, I have changed. This has trained me to be more organized and systematic” (Loke & Chow, 2007, p. 240).

Cooperative learning occurred regularly according to the participants. This is important with the nursing profession, as on-the-unit care of patients consists of regular cooperative learning experiences, to include nursing staff, and the multidisciplinary team caring for the patient. One stated, “Sometimes I thought I understood, but when the tutee/tutor asked me more questions, I realized that I didn’t. This helped me to realize my own inadequacies. We searched for information together from a variety of sources, and we both learned” (Loke & Chow, 2007, p. 240).

Students reported better self-confidence, communication skill improvement, and social gain as well after participating in the tutoring methods. “I learned many communication skills. When I’d faced difficult patients in the past, I would escape from the situation. But in the peer-tutoring process, I had to face the difficulties and try to talk to the tutee. Now, when I meet patients who don’t cooperate, I’ll try my best to talk to them. I won’t escape now” (Loke & Chow, 2007, p. 241). While this qualitative study provided many insights into the gains and benefits that result from peer tutoring, it highlighted for us some of the pitfalls that need further consideration and deliberation.

Although this study contributes greatly to a thin body of qualitative research, it does not specifically address self-efficacy when bridging the theory-to-practice gap, and many other facets of overall program benefit clearly.
Self-Efficacy Applied to Nursing Education

In a 2012 analysis, author Megan Robb looked at the relationship between the concept of self-efficacy and nursing education. The research postulated that if student’s perception of self-efficacy is increased, the theory-to-practice gap can be lessened. The author postulates that sequelae that follows an increase in student self-efficacy includes confidence, perceived capability, and perseverance. She writes that limited discussion most currently in the literature addressing the link between self-efficacy and classroom knowledge acquisition (Robb, 2012). Theory-to-practice gap should be narrowed with better theoretical background, more up to date research is needed.

The concept of self-efficacy was analyzed utilizing the Walker and Avant (2005) methodology. Bandura had defined self-efficacy several ways, including this highly quoted definition which stated “Self efficacy is an individual’s perception of his/her capabilities to produce designated levels of performance” (Bandura, 1994). It is critical to understand that the learner’s perception of self-efficacy shapes the performance, and that unlike self-esteem or self-confidence, which have a steady effect on student performance, self-efficacy is multifactorial, and situational (Robb, 2012).

If a student perceives his self-efficacy to be such that an academic task may be accomplished, he is likely to attempt to attain the task. Conversely, if the student perceives he may not be successful, he may not attempt the challenge. Therefore, self-efficacy as a personal perception results in higher goals on the end of the student. The more personal successes attained, the higher the personal goals that are set, and the higher self-efficacy perception is.

Bandura writes about “mastery experiences” verses “vicarious learning experiences”. Within peer tutoring and mentoring, seeing peers within the same program of study being
successful with academic and clinical goals, and tutoring with those who have been successful, will raise the student’s idea that he/she can attain similar success or mastery experiences (Bandura, 1994).

As stated earlier, the nursing literature has some documentation of perceived self-efficacy and academic performance. Problem-based learning and peer tutoring programs have shown academic gains, and a few have shown gaining some theory-to-practice confidence gains. The literature further outlines what Walker and Avant (2005) call defining attributes of a concept. When analyzing the concept of self-efficacy, and what defines it, perception of capability, confidence, and perseverance are all defined (Robb, 2012).

The concept of self-efficacy affects both cognitive and affective domains in nursing education. Robb writes “Knowledge of the consequences of self-efficacy may enable the nurse educator to focus attention on the effects of student’s perceptions when developing the classroom structure” (Robb, 2012, p. 170). More research is needed about student-centered learning environments and active learning strategies (to include peer tutoring) to raise perception of self-efficacy (Robb, 2012). “Identification of the mechanisms by which self-efficacy perceptions are formulated within millennial generation students deserves further attention” (Robb, 2012, p. 171).

Shin and Kim (2013) did a thorough review of the available literature, including 22 studies, regarding problem-based learning within nursing education (as is used in nursing peer tutoring programs). It was found that the overall effect size of problem-based learning in nursing education is 0.70 standard deviations, which is significant, and represents a medium-to-large effect size (Shin & Kim, 2010).
Because higher level cognitive skills are important in a clinical practice environment of high-acuity patients, with demanding patient to nurse ratios or assignments, nurses are challenged regularly with dynamic and unresolved patient scenarios that could not possibly be all addressed in a four year curriculum (Shin & Kim, 2013). If the perceived self-efficacy is high, then the integration of theory to practice with new scenarios should theoretically gap the knowledge to the most practical prioritized nursing interventions for the situation (Shin & Kim, 2013).

“Further research is needed to evaluate higher levels of the cognitive domain, such as application, analysis, and transfer . . . the higher cognitive domains” (Shin & Kim, 2013, p. 1106). “An important goal in nursing education is to promote the transfer of theory to practice” (Shin & Kim, 2013, p. 1103). New graduate nurses are placed in clinical situations that are complex, and dynamic with regard to patient’s health status and critical thinking with prioritizing of care and interventions. “Problem-based learning has been identified as an approach to improve the application of lesson-based theory to clinical practice” (Shin & Kim, 2013, p. 1104). “The development of high level cognitive skills is an important piece in clinical practice. Problem based learning . . . defines gaps in their knowledge and allows them (students) to pursue and acquire this missing knowledge during clinical practice (Shin & Kim, 2013, p 1116).

The academic success of PBL within nursing, to include cognitive, affective, and psychomotor domains is well researched. Research shows that PBL is more effective in undergraduate nursing education in a student population who has not yet practiced clinically, as opposed to graduate level nursing courses. Quantitative studies show that of the three learning domains, the psychomotor domain was most largely positively affected, followed by affective, then cognitive (Shin & Kim, 2013). Gains in the cognitive domain allow students to make the best clinical judgments.
Summary

As outlined in chapter two, an in-depth review of both nursing and education literature shows numerous quantitative studies evidencing effectiveness of peer tutoring programs at the baccalaureate level, and a significant gain in academic achievement, specifically with decreased attrition rates, overall academic success including, decreased anxiety, increased grades, all from the academic standpoint. These gains are well documented in both educational and nursing literature. There are numerous studies about problem-based learning, motivation, clinical lab days, and other delivery mechanisms for success within BSN studies. These are all well documented over the past decades, however, according to Robb (2012), the most recent nursing literature lacks discussion about the phenomenon of peer tutoring within BSN studies.

Regarding clinical competency, and preparing BSN students for safe entrance into clinical practice, there are many studies that show that clinical simulation education in the lab affects clinical confidence and clinical skills acquisition. There are a few on peer mentoring, and peer tutoring and few towards bettering the understanding of the correlation with theoretical-to-clinical tie in. Self-confidence is positively affected with mentoring and tutoring in nursing education. There is a lack of depth in understanding perceptions and the lived experience, as well as delivery mechanisms within tutoring, to this end. The delivery mechanism for theoretical-to-clinical tie in construction of clinical simulation labs has been pretty well studied, but the delivery mechanisms and student perceptions of peer tutoring within nursing has not been well studied.

Specifically, the theoretical framework utilized within the study outlines Piaget’s four criteria. Understanding the perceptions of students of the lived experience, and looking at those perceptions within the context of eliciting prior knowledge, creating cognitive dissonance,
application of new knowledge, and (meta cognition) self-reflection, would give educators insight into the most effective delivery mechanisms within peer-tutoring. Bandura’s social cognitive theory describes cognitive, behavioral, and environmental factors, all of which can be drawn into the research here, in terms of their reciprocating 3-way relationship, and themes that would emerge to help educators understand best tutoring practices. These require further study in relationship to the peer tutoring experience, specifically.

There is a well identified gap in the nursing literature regarding student perceptions of the lived experience of peer tutoring, and perceived self-efficacy and overall benefit as well. According to nursing researcher Watts, “There is a pressing need for further theoretical and empirical investigation into the concept, practice, and student experiences of personal tutoring in higher education, to inform practice” (Watts, 2011, p. 217). Understanding and informing practice are key here.

Further studies are needed researching the phenomenon. These help educators by gaining much needed insight into the phenomenon and links to self-efficacy and overall benefit to learning. Currently, within baccalaureate nursing education there are acronyms taught to help students organize the steps of the nursing process. ADPIE helps students with a step-wise approach within the daily plan of care. When nursing students and new nurses must adapt to constantly changing dynamic of patient care, how is this clinical tie-in construction most effectively taught to juniors? This is where the poorly understood role of peer tutoring needs further investigation. How do junior-level students perceive the delivery mechanism in relation to this construction? How does the phenomenon affect the perceptions of self-efficacy over the course studies? What are the perceived overall benefits for students?
This research can be utilized to help understand the phenomenon and to perceive best built-in mechanisms for theoretical-to-clinical tie in construction within the junior level nursing curriculum. These best delivery systems are needed to facilitate the graduated advancement methodology of thinking, and testing, following Bloom’s taxonomy (see Figure 1).

The junior year is the most significant for this transformation. Intra-curricular, required methods such as classroom PBL are in place and have been studied. Extra-curricular, recommended but not required mechanisms such as peer tutoring, are currently not as well known.

How is perceived self-efficacy affected within this experience, specifically? This question facilitates furthering the researcher’s understanding, within the chosen theoretical framework. As perception of self-efficacy rises, the ability to build theoretical to clinical tie in construction increases. After this occurs, self-efficacy rises again, and there is a cyclic growth and reciprocity between construction and self-efficacy. This back and forth cycle and the facilitation mechanisms need to be further understood.

Lastly, the research study is used to gain understanding of the perceived overall student benefit, as well, as currently insight is lacking within the nursing literature. It is poorly understood the benefits that students ascribe to the peer tutoring program within BSN studies. What are student’s perceptions of benefits received? How impactful are they in regard to the BSN program, and also in regard to implications for entry into the profession of nursing. What is the benefit? What are the implications for clinical practice?
CHAPTER THREE: METHODS

Overview

In this chapter, an outline of the utilized research design will be presented, as well as the role of the researcher, the setting, participants, research questions, data collection and analysis. A summary of ethical consideration and trustworthiness will also be given.

As mentioned in the previous chapters, student perceptions within nursing peer-tutoring systems, impact on self-efficacy and overall student benefit are all currently not well understood. Academic gains have been documented, but student self-efficacy and theoretical-to-clinical construction tie-in needs to be researched. The junior level within Bachelor of Science Nursing (BSN) studies is the most critical and demanding. Program learning objectives are greatly emphasized at this level. Development of the ability to analyze and apply and connect the knowledge base to patient safety and optimal outcomes is critical, developing clinical competency.

Delivery mechanisms to this end within BSN studies are poorly understand, specifically the perceptions of these phenomena, and overall student benefit. Peer tutoring may be the most critical delivery system for junior students. Details of the nature of the study with proposed methodology will be detailed.

Design

The research study was a qualitative research design. Using a phenomenological approach describes the “common meaning for several individuals of their lived experiences of a concept of a phenomenon” (Creswell, 2013, p. 76). “The inquirer then collects data from persons who have experienced the phenomenon, and develops a composite description of the essence of the experience for all of the individuals” (Moustakas, 1994).
Phenomenology was chosen for this study because the research does not explain or analyze, but describes the essence of these shared, lived experiences (Creswell, 2013). Transcendental phenomenology was utilized within this research study because it is less interpretive, and richer in the description of the phenomenon. Transcendental approach is one “in which everything is perceived freshly, as if for the first time” (Moustakas, 1994, p.34). This involves the bracketing personal experiences of the researcher out, to gain this fresh perspective. Understanding perceptions of peer tutoring is a critical gap in the nursing literature, as a deeper understanding will help shape future practice thereof.

According to Moustakas (1994), there are seven essential steps within the research process. Step one involves isolating a topic and questions that are grounded in both autobiographical and social meanings. Phenomenological research stems from a strong personal interest and excitement on behalf of the researcher. The aim is to understand the human experience and does not address causality or numerical quantification (Moustakas, 1994).

Step two includes full topical review of the current literature. For the purposes of this study, both the nursing literature and education literature were reviewed. The review of the literature utilizes multiple databases for a thorough review. Sources that are less than eight years old were the primary focus. The conceptual framework requires utilization of primary sources that go back to the original publication date.

The third step requires finding participants using inclusionary criteria. Within the transcendental phenomenological approach, it is essential that all participants have experienced the phenomenon. Ideally, participants who are also excited about the research, or have the ability to dedicate time to the data collection phase.
Fourthly, explanation of both the nature and purpose of the investigation, obtaining informed consent, and ensuring both confidentiality and ethical soundness, while explaining the role of the researcher is essential. Participants must feel that they are contributing to something that is worthy of their time and effort. They should feel confident in the anonymity and ethics and have clear understanding that each will happen. The nature of the study should be explained carefully and thoroughly to assure buy-in from the participants.

Fifthly, a set of interviewing questions is written that should be broad in nature. This will best facilitate detail rich descriptions of the lived experience. Beginning with a broad open-ended approach gives the participant more freedom with answers.

Step six data collection in the form of detailed person-to-person interviews (and other) that focus on bracketed topic and question. Follow-up interviews may also be required.

Lastly, data analysis to develop find individual textural and structural descriptions, a composite textural description, a composite structural description, and a synthesis of textural and structural meanings and essences (Moustakas, 1994, p.103).

Interview questions are outlined in Appendix C, focus group questions in Appendix D, and the observation protocol for the videotaped tutoring sessions is included in Appendix E.

**Research Questions**

**Central Question**

What are the shared, lived experiences with peer-tutoring among junior nursing students in the residential BSN program?

**Sub Questions**

**Sub question 1:** How does the experience of peer tutoring enrich student’s understanding of their roles as a future nurses, particularly in the clinical setting?
**Sub question 2:** How are student perceptions of self-efficacy shaped after participating in peer tutoring?

**Sub question 3:** How do participants in the peer tutoring articulate their personal experiences with theoretical to clinical practice tie in?

**Site**

The site for the research study was a private university in the state of Virginia. Specifically, the site is within central Virginia. The site was chosen because of the extensive peer tutoring program currently in place within the undergraduate nursing program, as well as the access granted to the site, by the Dean of the School of Nursing. Verbal permission had been obtained for the proposed research, and the institution was convenient in location for the researcher, as it is in close proximity to the researcher’s personal residence.

Specifically, the individual, one-on-one interviewing took place within the nursing department offices, and the focus group meeting was conducted in an unused nursing classroom. The video-taped sessions happened in the tutoring rooms at the university’s library, and also within the classrooms scheduled for tutoring, within the nursing department. Multiple days were used within the month of April, 2016, to collect data at this site, and these dates will all be scheduled one within this one month, which kept the proposed timeline within the data collection process. The administration within the School of Nursing is interested in the research and the purpose of this study, which had resulted in the verbal pre-approval for use of the site.

**Participants**

For this phenomenological research study, only primary participants have been chosen. Both inclusion criteria and convenience sampling had been used as well (Creswell, 2013). For this study, primary participants were defined as senior nursing students who have are currently
enrolled in the residential BSN program, and who have participated in the peer tutoring system built within the junior year are selected. Each participant must have participated in the shared, lived experience as a junior. Additionally, these seniors were currently serving as tutors to the current juniors, within the peer tutoring program. The rationale for these students being chosen is that they have broadened perceptions as both tutees and tutors, and thus have been immersed in the phenomenon for at least one full academic year, and in both roles within the program. There will be no secondary or ancillary participants utilized within the study. The final sample size was 10 primary participants (Moustakas, 1994). At the beginning of the spring semester, an email was sent to the senior class, outlining the research and asking for volunteer participants. The first 10 senior tutors who responded via email reply were enrolled in the study.

**Procedures**

The Institutional Review Board at the chosen University was contacted and application for approval for study was promptly obtained (Appendix A). The senior student tutors were then emailed via a group distribution email with an email explaining the proposed research and outlining the role of the researcher and the primary participants. This correspondence also included explanation of the data collection process. Participants then replied to enroll, and each received a confirmation of enrollment email back from the researcher. Consent forms were all signed just prior to the interviews, and covered the focus group sessions, and videotaped sessions as well (Appendix B). These data collection methods were recommended, building on primarily the first and second research questions (Moustakas, 1994).

The research procedures involved signing of voluntary consent forms, after full explanation of the study and its purpose (see Appendix B). The open-ended interviews were scheduled as the first step in the data collection phase. The participants initially consented to
potential follow up interviews, as deemed necessary by the primary researcher. Focus group sessions for all participants was scheduled shortly thereafter, and concurrently, tutoring sessions were videotaped during the same month, to include multiple sessions, with several observations of the tutoring groups.

The Researcher’s Role

The role of the researcher in phenomenological research is to understand the participants lived experiences with peer tutoring. An understanding can better tutoring program policy or structure, for enrichment of the student experience. I am the human instrument through which the data was collected and analyzed. As an assistant professor of nursing teaching juniors, I understand the program learning objectives within the junior-level curriculum. I understand the vital importance of the transition from theory to clinical application, and concrete to abstract application/analysis thinking process necessary during this year, to enter practice as a safe, competent novice registered nurse. None of the research participants are current students of mine.

As a current member of the BSN curriculum committee, honor council, recent long term member of the admission/retention committee, current junior-level clinical instructor, and most importantly, medical-surgical co-lead professor, narrowing the theoretical-to-clinical gap is vitally important to me. I have spent the past decade teaching junior-level curriculum, and introducing application and analysis. I have sought to understand effective mechanisms to narrow the theory-to-practice gap. Vehicles to this end, and their efficacy, are not all well understood at present. Peer tutoring is one mechanism to this end, with a noticeable lack of research in the nursing literature.
I have set aside any biases, preconceptions, or past experiences related to peer tutoring to understand the student’s view. “In the Epoche, the everyday understandings, judgments, and knowings are set aside, and phenomena are revisited, freshly, naively, in a wide open sense, from the vantage point of a pure or transcendental ego” (Moustakas, 1994, p. 33). The epoche is the first step within the transcendental phenomenological research method. Step two involves transcendental-phenomenon reduction. This step sees the lived experience (peer tutoring) being reduced, and considered as a single entity. The researcher’s role involves finding that meaning and existence within the experience (Moustakas, 1994). The third and final step within this approach, is the imaginative- variation. The researcher aims to derive the essences of the experience within this step that requires looking at the innumerable cognitions and blending these into unity (Moustakas, 1994).

Within this research design, after bracketing myself, I went through the data and look for ‘significant statements’ that helped me to know the student perceptions of peer tutoring. After horizontalization, these statements were aligned into meaning clusters, or codes. These clusters of meaning are then organized into themes, with the aforementioned essences described (Moustakas, 1994). My philosophical assumptions (ontological, epistemological, and axiological) shaped my role and the developmental constructivist-social cognitive theory framework shapes the study.

**Data Collection**

There were three methods of data collection that were used in this research study. Interviews, focus groups, and videotaping were all be utilized. The interviews were depth and sometimes multiple interviews were necessitated. The process of data collection according to
Moustakas (1994) should include broad, generalized questions about (a) experiencing the phenomenon, and (b) contexts or situations that have had an effect on the experience.

**Open-Ended Individual Interview Questions**

Other open ended questions added to the inquiry, but the two main questions posed addressed the experience and any situation or context that affected the experiences. These two main questions led to the process of horizonalization and clusters of meanings (Creswell, 2013). The researcher bracketed and tried to avoid both presupposition and prejudgment (Moustakas, 1994). The goal here was provide questions to help the students self-reflect on the phenomenon as the act of consciousness and the object of consciousness are purposely related.

“What appears in consciousness is an absolute reality while what appears to the world is a product of learning” (Moustakas, 1994, p. 27). Unification of noema (external perception) and noesis (internal perception) helps with getting to the “essence.” The open ended questions follow:

**The experience of peer tutoring**

1. Please explain your personal experiences with the peer tutoring program within the junior year.
2. Please explain any individual circumstances or situations that may have affected your peer tutoring experiences.

**Perceived self-efficacy**

3. Please explain if and how peer tutoring has affected your ability to think like a nurse?
4. Please explain if and how peer tutoring affected personal motivation?
5. Please explain if and how peer tutoring affected your application an analyzing abilities in terms of linking theory to practice?
Benefit

6. Please describe any benefits gained from the peer tutoring program toward student learning?

7. Please explain your perception of yourself as a student nurse both before and after the peer tutoring experiences.

8. Please explain if and how peer tutoring affected your overall approach to clinical/patient problems?

Questions 1 and 2 were the generalized questions formed from Moustakas’ framework that explanations of the lived experiences of the central phenomenon, and situations or contexts that affected these experiences are the two most important questions to ask (Moustakas, 1994).

Questions 1 and 2 aimed to reveal the general perceptions of this shared, lived experiences (Creswell, 2013) and from those two leading questions, sub questions did arise. The processes of horizontalization and theme identification can be gleaned largely from these two questions (Creswell, 2013). These questions will answer the unanswered in the nursing literature (Brannagan et al., 2012, Watts, 2011).

Questions 3, 4, 5 were geared to perception of self-efficacy within the central phenomenon being researched (Bandura, 1994 & Ultinar, 2012). Within the theoretical framework, are the lived experience and its nature moving student thinking from concrete to abstract and building links within the theoretical-clinical construction? (Bandura, 1991, Staver, 1986).

Questions 6, 7, 8 were geared to glean understanding of perceived benefit to overall student learning and development as a nursing student (Arco-Tirado, Fernandez-Martin,
Fernandez-Balboa, 2011). All interviewing questions underwent pilot testing prior to use in the study, for purposes of refinement (Creswell, 2013) (See Appendix D).

Focus Groups

Focus group method was chosen and used to foster interaction between those that have shared the same experience of peer tutoring, to specifically reap further details and disclosure data that may not be brought forth as readily in individual interviews. There was actually an opportunity within the senior schedule to have one, all participant focus group, with all 10 participants slated to be on campus at the same time. These same participants had already had one on one interviews. Additional questions that needed to be addressed that have arisen from the individual interviews and require further inquiry were brought forth in the focus group. Open-endedness and interaction were key components for success. (Creswell, 2013). Members of the focus groups were encouraged to participate and the role of the researcher was one of facilitator of further data. The individual questions resulted in need for deeper probing and investigation into the phenomenon. Some of the questions did not arise until after the individual interviews, but some were be constructed during the pre-individual interview phase, and were used in both settings.

Focus group questions. Focus group questions began with expansion of individual interview questions, and focused on answers amongst peers. Then, synthesis questions were posed during the second half of the session. Expansion of initial concepts brought forth in interviews resulted in use of these questions:

1. Please explain the group experiences with peer tutoring as a junior?
2. Please explain any circumstances within your specific tutoring group that many have affected your experiences with peer tutoring?
3. Please discuss how you feel application and analysis and critical thinking has been affected after experiences with peer tutoring?

4. How did your experiences with tutoring affect personal motivation? Specifically, how did they affect your ability to consider your performance in the program and self-regulate (or make self-adjustments)?

5. Did peer tutoring affect clinical performance throughout the course of the junior year? If so, in what way(s)?

6. Specifically, did tutoring affect your theory-to-practice bridge? Where did peer tutoring rank with other delivery systems for this (i.e. clinical stories/examples given in class, patient-based questions on exams, clinical simulation labs, and hospital clinical every Friday).

7. What would you name as the biggest overall positive benefits or outcomes with tutoring?

8. What would you name as any negative perceptions of peer tutoring?

Synthesis questions were also used and expanded upon after the individual interviews (See Appendix C).

**Videotaped Sessions**

Videotaped sessions of the peer tutoring program was a third data collection method. These sessions allowed the researcher to view participants within the shared, lived experiences. During these sessions, the researcher used the “complete observer” subtype of video observation. In this type of observation, the researcher is not present with the participants (Creswell, 2013). The senior tutors had set up the video equipment on a tripod and videotape sessions they, themselves were holding. Approval for equipment sign out had been previously obtained through the media services department within the building that houses the school of nursing and
classrooms. Four separate sessions were videotaped over the course of the month of April 2016, with four separate tutoring groups of tutors and students. The sessions included the majority primary participants. Informed consent for the study obtained from the seniors has covered the videoing of the tutoring sessions. An observational protocol was utilized to write notes on the observations (Creswell, 2013). The observational protocol was developed to include sections for both descriptive notes and reflective notes (See Appendix F).

**Data Analysis**

The data analysis for the study utilized the steps of the modified Stevick-Colaizzi-Keen method. The researcher began by detailing her personal experiences with peer tutoring. This was then bracketed out, or set aside. This is so emphasis was placed entirely on the participants. Each statement was then considered for its individual significance. Significance statements were then detailed and listed out. Each statement attained equal merit, and statements did not overlap in content. All statements that are deemed relevant were then recorded. Each statement was listed. This includes non-repetitive, non-overlapping statements. Horizontalization, according to Moustakas, happens when key statements show how the phenomenon was lived. Clusters of meaning were then developed. These groups of clustered meaning or codes were synthesized. These are known as the “meaning units” of the experience according to Stevick, Colaizzi, and Keen (Moustakas, 1994). Data is then written into individual textural and structural descriptions; then composite descriptions, and then textural and structural meanings are synthesized to describe the essences of the experience (Moustakas, 1994). Themes emerge as a result of the process. Three main themes emerged as a result of this process.

For each of the participants, the researcher goes through these steps, constructing an “individual textural-structural description” and then all individual descriptions are combined into
a “composite textural -structural description” including the meanings and essences into a description that describe the lived experience of the group members, as an entire unit (Moustakas, 1994).

**Trustworthiness**

Certain steps were taken within the data collection and analysis processes to increase the trustworthiness of the study. These steps were categorized within subtitles below and outline triangulation, member checking, and external peer processes.

**Credibility**

The use of Piaget’s developmental constructivist theory along with Bandura’s social cognitive theory, with dynamic reciprocity, builds credibility and grounds the research. Triangulation was employed to ensure at least three separate sources of data collection were used to increase the reliability of the study. In general, credibility means the data has been accurately collected. Member checking can be utilized where participant’s views on the credibility of the findings and the researcher’s interpretations are gathered. The participants have the data returned to them and credibility can be checked. This technique is considered by Lincoln and Guba (1985) to be the most critical technique for establishing credibility” (Creswell, 2013, p. 252). A focus group has met and critically analyzed and judged the data.

**Dependability**

The data coding process and its stability ensures dependability. Using along the primary researcher as self-transcriptionist, and one coder as well increases dependability. The interviews and focus group were tape recorded, along with detailed written notes, and the peer tutoring sessions were videotaped. Dependability is important because it makes the study more easily replicated (Lincoln & Guba, 1985).
Confirrmability

An external peer-review process was included where peers reviewed the research process from an external perspective. For this study, a panel of two nursing faculty peers, not involved in the research, were chosen because they are both currently or recently involved in personal dissertation work, to view the research process and give external feedback (Creswell, 2013).

Transferability

Using descriptions that are thick and deep helps with transferability. Thick, rich deep descriptions are characteristic of the transcendental approach. The aforementioned validation techniques increase transferability, which in this context is defined as the ability of the research study to be applied to other settings (Lincoln & Guba, 1985).

Ethical Considerations

When using human subjects within research, it is important to detail all ethical considerations relevant to the study. With this study, approval was obtained from the Institutional Review Board at the university (Appendix A). Informed consent was obtained from all participants (Appendix B). Confidentiality was offered with each participant being assigned a pseudo name.

Recorded data is locked in a cabinet, and transcriptions pass-word protected with computer storage. Participants were treated professionally and respectfully. With the transcendental approach, the researcher employs epoche, or bracketing of personal experiences out of the research, to view “as if for the first time” (Moustakas, 1994).

The researcher must disclose potential any potential bias. As the researcher, I am also a junior level nursing faculty member within a BSN program and have promoted peer tutoring
within my classroom. I have not been directly involved in the hands-on operation, as it is strictly peer-led.

**Summary**

In summary, an outline of methodology used has been given to include research design, a phenomenological study, using transcendental approach. The site was detailed and the participants described explaining inclusion criteria, and sampling method. Ethical considerations were addressed, including the different methods of data collection for triangulation. Analysis of the data was overviewed as well (Moustakas, 1994).
CHAPTER FOUR: FINDINGS

Overview

The purpose of this transcendental phenomenological study was to explore the shared lived experiences of peer tutoring among junior nursing students, as well as the perceptions of self-efficacy and benefit associated with the phenomenon. The study aimed to detail a rich and descriptive account of junior’s experiences with peer tutoring, uncovering feelings and experiences of the experience, along with feelings about perceived self-efficacy and overall benefit. The research approach utilized here explores how junior nursing students make sense of the experience of peer tutoring. It is descriptive, and not analytical (Moustakas, 1994).

The study’s central research question was: What are the shared, lived experiences with peer-tutoring among junior nursing students in the residential Bachelor of Science Nursing (BSN) program? The three sub-questions also being studied were:

1) How does the experience of peer tutoring enrich student’s understanding of their roles as future nurses, particularly in the clinical setting?

2) How are student perceptions of self-efficacy shaped after participating in peer tutoring?

3) How do participants in the peer tutoring program articulate their personal experiences with theoretical to clinical to clinical practice tie-in, and overall student benefit?

In Chapters One - Three, the research problem was identified. Student perceptions of peer tutoring within nursing studies is not currently well described in the nursing literature. There is lack of understanding and perceptions of self-efficacy and overall benefit of the phenomenon to students needs to be researched further. A thorough review of the literature was outlined with method of data collection and data analysis detailed. Chapter Four describes the
findings. Specifically, the transcendental approach within phenomenology was used as it focuses on reflection on the subjective, and aims to find meaning of an experiences shared by the group. (Moustakas, 1994). The researcher must employ Epoche, and disclose any personal experiences, followed by setting them aside for a fresh look. Transcendental approach means that a fresh look and open mind are used, and deeper understanding is reached from the essence of the phenomenon that was studied. Data collection methods included individual interviews, focus group methods, and videotaped sessions with observational protocols. Rich descriptions of the experience are detailed in this chapter. Gaining insight into the phenomenon is critical with the identified gap in the nursing literature regarding peer tutoring of junior nursing students.

**Participants**

Participants for the student were chosen from the group of senior peer tutors within a residential BSN program in the southeastern United States. Only primary participants were selected. For this study, primary participants will be defined as senior nursing students who have participated in the peer tutoring system built within the junior BSN year. These students have both participated in the experience as juniors being tutored, and as senior tutors. The rationale here is that they have broadened perceptions as both tutees and tutors, being immersed in the phenomenon for two academic years, and in both roles within the program. After IRB approval for the study and consent forms involved were both received, an email was sent to those meeting criteria, and the first 10 students that responded were enrolled in the study. Nine females and one male were enrolled in the study. Participants were all in their 20s, and all Caucasian, which is reflective of the female/male ratio and largely Caucasian nursing student body in this particular class.
All ten participants participated in the one-on-one interviews. The focus group included nine of the ten participants, and the four videotaped sessions featured eight of the 10 participants, as two of the tutors had concluded their sessions for the academic year when the data was collected in April of 2016. Each tutoring group has identified individual teaching/tutoring styles and approaches to learning that they find most helpful to employ in their tutoring groups.

Pseudo names were assigned to each participant in the study. A participant outline is included below in Table 1.

Table 1

*Overview of Participants*

<table>
<thead>
<tr>
<th>Participant</th>
<th>Gender</th>
<th>Age/ Race</th>
<th>Number of years involved in junior-senior tutoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kathy</td>
<td>Female</td>
<td>20s/ Caucasian</td>
<td>2</td>
</tr>
<tr>
<td>Purple</td>
<td>Female</td>
<td>20s/ Caucasian</td>
<td>2</td>
</tr>
<tr>
<td>Violet</td>
<td>Female</td>
<td>20s/ Caucasian</td>
<td>2</td>
</tr>
<tr>
<td>Pink</td>
<td>Female</td>
<td>20s/ Caucasian</td>
<td>2</td>
</tr>
<tr>
<td>Belle</td>
<td>Female</td>
<td>20s/ Caucasian</td>
<td>2</td>
</tr>
<tr>
<td>Lucy</td>
<td>Female</td>
<td>20s/ Caucasian</td>
<td>2</td>
</tr>
<tr>
<td>Rikki</td>
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<td>2</td>
</tr>
<tr>
<td>Amanda</td>
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<td>20s/ Caucasian</td>
<td>2</td>
</tr>
<tr>
<td>Fred</td>
<td>Male</td>
<td>20s/ Caucasian</td>
<td>2</td>
</tr>
<tr>
<td>Star</td>
<td>Female</td>
<td>20s/ Caucasian</td>
<td>2</td>
</tr>
</tbody>
</table>
Kathy

Kathy is a graduating senior in May, 2016, who maintained at 4.0 GPA throughout the BSN studies. She participated in tutoring as a junior, but had to juggle her time and schedule with responsibilities as a college athlete, along with required meetings, classes, and clinicals during part of the program. She went to two tutoring groups as a junior, finding groups that were conducive to her learning style and schedule. She felt it was a vital part of her junior year. She readily volunteered to tutor as a senior after junior year tutoring experiences. She has also received some clinical recognition as a second semester junior, working with very complex patients on a medical pulmonary unit. She was praised repeatedly for her clinical performance by floor RN’s and her clinical faculty. Kathy is self-assured both academically and clinically as a senior. She is very serious about her tutoring duties during her final program year. She credits being a tutor as helping her self-confidence. She is a student advocate and team player. She is detail oriented and thorough in everything she attempts. She involves the BSN faculty in her personal decision making (career options, licensure exam scheduling, and the like).

Teaching/tutoring philosophy and style: Non-threatening, serious about the use of time and it being best utilized. Used creative teaching (i.e., jeopardy style game and other) to appeal to different learning styles

Purple

Purple has maintained an impressive academic and clinical performance throughout her course of students, and is also part of the graduating class of May, 2016. Purple participated in peer tutoring as a junior, and even though she is soft spoken, eagerly agreed to tutor as a senior after her own participation as a junior. She states she was a bit inconsistent as a junior at first, but found out quickly that locking herself away in her room with these large, science-based
course textbooks was not the most effective way to learn the material or prepare for testing. She is not as outgoing as some in crowds, so Purple would attend peer tutoring and quietly glean from others and their participation and questions during her junior year. She said the seniors would come up with ways to help the juniors remember the material. She is not naturally as large a voice or personality as some of the other senior tutors. She also felt her confidence grew when she tutored juniors. She is introspective and thinks everything through. She is not only thoughtful in her tutoring, but also intelligent. She would be considered the type of student that does not require too much of the professor’s time. She would involve the teacher’s for important questions only. She has a weekly session that attracts a regular, steady group of juniors.

Teaching and tutoring style: Non-threatening, serious business, time well utilized, approachable. She employs various teaching aids.

Violet

Violet is also a member of the graduating class of May 2016, and also remains in good program standing throughout her course of studies in the BSN program. Violet did participate in junior level tutoring, and readily volunteered as a senior afterwards. Violet says tutoring availability was great in terms of time slots that worked around the known schedules of the juniors (classroom and days the program has clinical privileges at the hospital). She knew her tutors outside of the junior year, and thus felt comfortable with them. They helped her a lot and she enjoyed being around them which made things easier. She is not as communicative about her clinical experiences as some of the other students. She was primarily focused on the academics within tutoring, but began to see the broader picture within the experience. She is very dedicated and giving. Teaching style: focused first on the material. “Fundamentals first”
would sum up her teaching style. This tutoring pair purposely aimed to have students become more independent as the year went on.

**Pink**

Pink has had a solid academic performance throughout BSN studies and graduated in May 2016. She participated as a junior and tutored both semesters of the senior year as well. She claims her class came into junior year “freaked out” about everything required and happening that year. She sought out tutoring as a junior because she did not know how to study the overwhelming amount of material, and she thought knowing some seniors would be a good resource. She is an athlete and has to manage her time wisely throughout the course of her studies. Athletes have to attend “the mandatory” first and “the recommended” as they can, but she made the peer tutoring program a priority and states that that was very wise on her half. Pink felt comfortable because when she got to tutoring she knew one of the girls from high school who had been a cross country teammate of hers. This helped with comfort and trust. They became a close friend group, and this was maintained throughout the junior and senior years. She is quietly confident, thorough and meticulous in detail. Teaching style: foundational, learning the “must knows” first, fluff later. Her overall goal was to promote independence as the year went on. She kept a consistent group of juniors in her tutoring.

**Belle**

Belle is also part of the May 2016 graduating class. She has been a very strong performer academically and clinically. She is a spiritual leader and well-liked by peers and respected by nursing faculty as well. Belle was a very popular tutor among the underclassmen. She participated in tutoring as a junior for not just academic enhancement, but for fun, friendships, trust and support between peers, and general navigation throughout the last two years in the BSN
program. She liked the support and the consistency of supportive peers. She had a large group that followed her within senior peer tutoring, attending the whole academic year. She had visuals, hands on materials that could be touched and passed around. She used critical thinking as a teaching strategy (i.e. “OK, so you know this material, but what does this mean for your patient . . . how can we apply this to patient teaching or patient care?). Belle has a big personality and is well liked by nursing faculty. She is mature and engaging. Teaching/tutoring style: application and critical thinking. She likes to rework the material and present it to students in a “fresh way” and feels another look from a peer, helps students get on a different level of understanding with the material. No question is silly, and peers can work through things together without being intimidated.

Lucy

Lucy is a May graduate, in very high academic standing and is respected clinically. Lucy is dedicated, thorough, intelligent, and thoughtful. She utilized junior tutoring describing her tutors as excellent. She attended two different groups that complimented each other. She liked peers explaining the concepts in a second and different approach that she could grasp. She liked the connection and availability of her tutors via text or email outside of formal tutoring, and enrolled willingly as a senior tutor. She is well respected by faculty and had a group of students join her who responded to her tutoring style. Lucy was a strong academic and clinical performer in the program. She wanted to “pour back into the juniors, as I was poured into as a junior”. She feels peers need to see others who have lived and survived the demanding junior year. Teaching style: very consistently emphasized the “must knows.” Feels accessibility (text, email) to tutoring help 24/7 is a good strategy for juniors. Mature beyond years.
Rikki

Rikki has had extra responsibilities academically with a minor in biomedical sciences. She is in very good standing in the class academically. She is solid clinically as well. She is a graduating senior in the class of May, 2016. She saw importance of participating in the peer tutoring program as both a junior as scheduled permitted, and a senior. Time is at a premium with her additional academic load, so she definitely buys into the peer tutoring philosophy finds benefit worth the time commitment. She liked the independence her tutoring built over the year. She loved the wisdom and clinical pearls passed down, and around. All levels of nursing students are learning clinically and so was excited to hear stories from the juniors as a senior about a clinical condition or disease treatment she had not yet seen. Most of the time the seniors passed the pearls down, but it was a two-way street at times. She felt rewarded when clinical groups dwindled after a long year. She saw that as a sign of independence. Rikki has a calm composed demeanor and is thoughtful and particular in her work and responsibilities. Her teaching philosophy encourages peer support, being available outside of tutoring sessions for questions, and giving back after being tutored as a junior.

Amanda

Amanda is a May 2016. She is well spoken and kind hearted. She has been involved in the peer tutoring program for two years, both as a junior being tutored and as a senior co-teaching a group. She first became involved in junior level tutoring because she was unsure what the junior year might bring forth, and wanted another overall comb through of the unit material with peers. She knew her peer tutors before junior year, which brought comfort. They helped her know how to prioritize and how to know what the most important concepts were to know well. Amanda is a good academic and clinical student. She is well liked by peers and
popular with the juniors. Some tutors have a more approachable personality and students gravitate to this character trait as they begin the junior year. It is well known as “crunch year “and widely described as “overwhelming”. Teaching style: approachable, peer oriented, “we can look it up together” as needed philosophy. She has a regular group that has been with her the entire junior year. This was considered to have ended up a “close group” with an incredible connection.

**Fred**

Fred enjoyed the professors at both schools, but prefers the student body at his current school. Fred’s personal worldview and philosophy are in better alignment with this BSN program, he states. He attended tutoring as a junior, and has tutored his senior year as well. He stated that it took him time “trying a couple of tutoring groups” to find a groove. He is scheduled to graduate December, 2016. This may be in part about transferring in and credits required for degree completion. Additionally, sometimes junior level courses are repeated, or spaced out over three semesters, not two. When he began tutoring the juniors, he stated that he took more time to prepare because he felt he had not retained as much as the typical student. He had to almost relearn or self-remediate to give his best effort as a tutor. He took comfort in being able to “pass the baton” to his partner, if he had a particularly busy week she would prepare and they would share the preparation efforts. Philosophy of teaching/tutoring: Fred takes pride in strong preparation for tutoring sessions, and feels if students can have a strong understanding of the pathophysiology behind any condition or disease process, they can reason through nursing care and best patient outcomes. Feels the comfort of peer teaching and students learning from each other is very important.
Star

Star is a member of the graduation class of May, 2016. She is a very dedicated student academically, and has sought out extra clinical experiences despite a rigorous total of somewhere between 800-1,000 required hands-on clinical hours within the BSN program. She drove one summer to the major medical center and teaching hospital about two hours round-trip, for unpaid clinical experiences one summer. She then did an unpaid preceptorship on the busy medical pulmonary unit at the local hospital this past summer. She has seen the peer tutoring opportunities as another venue for enhancing herself and her education. “I didn’t just do it for the academics for sure, I wanted to connect with someone who had lived it.” Confidence that I could make it, time management tips, how to focus my studies with the insane amount of material to learn . . . these were reasons she joined peer tutoring as a junior.” Star decided to co-lead a tutoring group as a senior allowed her to dig into the important material one more time. It gave her confidence in herself. She stated that the peer environment was a “calm environment that helps us learn.” Teaching/tutoring philosophy and style: This tutoring group focused on patho and deep understanding of disease processes to guide clinical practice and prioritizing of nursing care. They were non-threatening and enjoyed the calmness of their environment. She co-led with a partner, and they bounced back on forth on who would teach what, and were flexible with each other on heavy weeks to balance the tutoring duties to suit personal needs.

Results

The study examined the perceptions of 10 nursing students who participated in junior level peer tutoring for two academic years, both as the tutee and the tutor. The perceptions of the lived experience as juniors, along with the perceptions of self-efficacy and overall program benefit were studied as well. The results detail the data collected from individual interviews, a focus
group, and observational protocols from videotaped tutoring sessions. All data collection occurred in April of 2016. Data saturation was attained after the three sources of data were collected, a thorough analysis occurred, and no new themes were identified. The data was analyzed using horizontalizing of the data (with relevance or significance statements), and listing meaning units. These units were then clustered and themes were identified (Moustakas, 1994). From the data, there was development of the individual textural and structural descriptions. Finally these were synthesized into group descriptions and meaning and essences (Moustakas, 1994). Specifically, the modified Stevick-Colaizzi-Keen method has been employed. To understand exactly how the data analysis occurred, the steps are followed with the verbatim transcripts and completed in this order:

**Modified Stevick-Colaizzi-Keen Steps:**

1. Consider each statement with respect to significance for description of the experience.
2. Record all relevant statements
3. List each non-repetitive, non-overlapping statement (meaning units)
4. Relate and cluster the invariant meaning units into themes (meaning units →themes)
5. Synthesize the invariant meaning units and themes into a description of the textures of the experiences. Use verbatim examples.
6. Reflect on your own textural description. Construct a description of the structures of the experience.
7. Construct a textural-structural description of the meanings and essences of the experiences.
8. From the verbatim transcript of the experience of each of the other co-researchers (participants) complete steps a-g.
9. From the verbatim transcript of the experience of each of the other co-researchers experiences, construct a composite textural-structural description of the meanings and essences of the experience, integrating all individual textural-structural descriptions into a universal description of the experiences representing the group as a whole. (Moustakas, p. 122, 1994)

The practical application of this meant printing out the entire data transcription file including individual interviews, focus group, and observational protocols. The significant statements were highlighted with 10 different colors for 10 participants. Steps a-g above resulted in meaning units and then individual textural and structural descriptions, followed by composites of both. Lastly, synthesis of composite textural and structural description describes the essence of the shared lived experience (Moustakas, 1994).

**Individual Interviews**

The primary data collection method used was individual interviewing of the 10 research participants. Piloting of the interview questions took place with recent graduates from Duke University hospital, via skype. These candidates were no longer students and thus not eligible to participate in the actual data collection, as they were out in clinical practice, and no longer met the participant criteria. The piloting of the questions validated that the chosen questions would be appropriate for the intended purpose. Piloting revealed that questions were not only appropriate, but also could facilitate the gaining valuable insight. The researcher was able to keep all questions, and original sequencing, after the piloting was completed.

The individual interviews were conducted on the university’s campus. Specifically, these interviews took place in a neutral office room setting, not in the faculty office of the principle researcher. All interviews took place during business hours, from 0800 to 1700. Each senior
tutor was asked a set of eight questions. The questions stemmed from the literature review and corresponded to the theoretical framework being used. Informed consent was obtained and questions were audiotaped and transcribed verbatim. At the end of the eight questions, elaboration was encouraged. Data was transcribed by the principle researcher herself, to better immerse herself and know the data. Data was analyzed using the modified Stevick-Colaizzi-Keen method, as outlined above. Individual interview questions are included in Appendix C. The consent form is included in Appendix B.

Organization of the data analysis is presented in the table below, to include segments of meaning and number of themes that emerged. Number of codes (units of meanings), and identified themes are all outlined. From the data analysis, a total of three themes surfaced:

1. Peer Connection and Sense of Community
2. Student Perceptions after Two Years of Immersion
3. Intentional and Unintentional Practice Implications

The codes are linked to themes in the data table summary, attached as Individual Interview Codes, Appendix F. The theme with the greatest number of codes attached to it is 46, which was theme 1. It should be noted that theme two had 45 codes associate with it, so themes one and two were very close with code occurrences. Most commonly developed codes were: peer connection/ peer advising (9), peer or different presentation material (9), Clinical tie ins/examples (9), confidence building (9), calm, non-threatening environment (6), key concepts/structuring studying (5), motivation(5), clinical preparation/connections(5),more prepared for boards(5), giving back to others (5),Individual learning styles(4),social structure/community building( 4), and help establishing a routine as junior(4).
**Focus Group Interview**

The senior tutors were all required to be on campus at their normally weekly scheduled NURS 490 senior leadership class time, and had informed the principal researcher that class was going to be 90 minutes later starting, on this one particular week only, so it was agreed upon that one large focus group would occur within this very convenient time slot. The critical care senior classroom/lab was available and provided a nice environment for semi-structured interviews with these research participants. Focus groups are utilized as a method of data collection to aim to discuss the phenomenon as a group, and bring forth additional ideas. The data transcription was analyzed in the same fashion as that of the individual interviews, for continuity (Moustakas, 1994). Appendix G, titled Focus Group Codes, ascribes identified codes to the corresponding themes.

**Video Taped Sessions**

The research participants all team taught in groups of two to three tutors. Four videotaped tutoring sessions, lasting approximately 120 minutes in length each were videotaped. The principal researcher was not in attendance. The senior tutors were able to secure their normal tutoring rooms in the campus library, or within the school of nursing classrooms, and recorded the sessions using cameras and tripod stands from the media services/IT department at the college. Observational protocols were used for this third method of data collection. Video Taped Session Coding (Appendix H) summarizes codes and themes from observational descriptions of the four videotaped sessions. Significance statements were also written out and coded, and observational descriptions were used as well.
Themes

Three themes were identified from the data collection and data analysis steps employed from Stevick-Colaizzi-Keen. To summarize, significance statements were highlighted and these led to the emergence of the themes. These themes embody the essence of the shared lived experiences of junior BSN students in peer tutoring. As stated previously, the following themes surfaced during the research process: peer connection and sense of community, student perceptions after two years of immersion, and intentional/unintentional practice implications.

Peer Connection and Sense of Community

Throughout the process of data collection and analysis, the first theme strongly surfaced as so much of the coding was related to peer connection and community that it became quite prevalent. The theme contributes to a greater understanding of the perceptions students have with peer tutoring in BSN studies. Research participants richly described the concepts within this theme. The students explain that this specific vehicle, peer tutoring, is thought to be the main delivery mechanism within program studies both community building and peer connection. Sense of community and connection with peers is described as vitally important, invaluable within the infrastructure of the program. Per the narratives, the weekly connection over the course of the junior year, helped facilitate the ability for juniors become more independent, and develop the ability to be more successful on their own, through these experiences. Here are some narratives that relate to the theme from the participants.

Kathy:

I thought it was a lot more helpful to me than just trying to go over the PowerPoints and notes myself. Definitely vital part of junior year. Peer tutoring helped with accountability, and hearing peer experiences definitely helped me as well. Tutoring
helped with academic advising, scheduling advise, answering the general questions, and prayer. Asking them if it was going to be OK, because they have gone there and been through this before, and they were successful though junior year, and yes, they encourage you that it is going to be ok. It really made me want to tutor and give back, to give these same things to my students. When you see peers displaying these things, it can have a positive benefit.

Purple:

I stayed with my original peer study group pretty consistently. As a (junior) student, peer tutoring was definitely beneficial for me. Knowing it was there when I needed it. It was very helpful in helping me do my best. Then on the (senior) tutoring end, it was rewarding. Before I started peer tutoring, I was kind of intimidated, but now I feel more confident and prepared. In the fall, the students really needed help from peers to self-regulate, but in the spring they had developed that ability (through peer program).

Violet:

In my junior year I was really happy to be able to have a tutoring group to go to. I was really glad for that help. I just liked being around them! It helped me to realize there are other people going through the same thing. It was nice to have that same common group. Knowing that we were all going through it together. And we can do it! It helped build the confidence that we can do it! I needed the group more in the fall. I had gained all these strategies and skills and was more self-confident and self-assured in the spring. In the spring, it’s like “Hey I can make this happen for myself now.” We definitely learned strategies for success. Having the support of others was so helpful. Then being able to be more independent and how to regulate myself, I know what needed to happen to do
well. I think it was all very helpful. My group went from 10 to 5 as they learned how to be successful in the program. It all builds, so I had that junior year experience and it set me up for success.

Pink:

I remember the first time we got involved in peer tutoring. It was very helpful. We came into the junior year very “freaked out” about everything. The seniors sat us down and said “What do you need to know about?” We said, “We don’t even know what we need to know about!” They sat us down and talked to us about everything related to the junior year. They said “We will tell you everything you need to know.” Like the weekly schedule (for instance). When we should be going to the hospital to get our patient information, and when we should be writing our patho profiles, and how we should fix our class schedules? Not just med surg, but peds, OB, pharm, anything we needed information on. Junior year in general. I continued on with them all year long! Second semester we kind of knew what we were doing but it was nice to know they were still there as our resource! They were a whole friend group that travelled around together and I knew they would be a good group to be tutored under. It’s so nice to hear it from another perspective in tutoring. Like the not so technical or professional take like ADH (the no-pee-hormone). Helps solidify the material to see it delivered another way, and from the peer tutor’s perspective, specifically. It helped to calm! Sophomore year is like “make your own way.” Junior year is more like “Ok, we are giving you a support system and these options to help you!” My tutors talked about making mistakes or a way to do something better. We needed tutoring to understand what was required and how to study. Spring came and we felt more confident.
Belle:

Not only has it been a time where we can highlight the things that are most important in the slides and the material, but it’s also a time where we can sit down and talk. We do self-researching and answering questions. I’ve made a schedule of it. I have made it the same day, same time every week, almost like a class you’d attend weekly. We get to talk about it (together). Students return to be in your same group, and they are already familiar with you, so familiarity has a lot to do with it too! The girls enjoyed coming for the material, discussing clinical and decompressing for the week. The attendance went down some in the spring as confidence rose. Everyone comes together to talk. We also see a lot of group friends. Friend groups come together. They may be a clinical group coming together to tutor. It’s not just a bunch of random people. I think they get tired of the studies. Junior year is so hard and just so demanding. When you go to the library and meet with your tutors, then they make you review it again. It’s like, I am so tired, but someone is going to make me review. Someone is going to review the slides, explain the things I didn’t get to me, and then read them to me. It’s a break for me, and a study time at the same time, for all. I think then that’s the motivation for them. The emotional support you get from your tutors and peers, like questions you can confide in with the tutors and feel comfortable asking. You are sitting down with someone who knows a little bit more than you do. It’s not like you are sitting down with the professors, so there is a comfort level there. It’s kind of like a peer mentorship thing. It really works. As a student nurse, I think tutoring had a huge impact on my confidence. Knowing what I know, knowing what I didn’t know, and then helping other people along. It is so much fun, you know sitting there being able to explain something and “bing” the lightbulb and
they get it. Huge community and all of that. Those that did not attend tutoring missed out on all of that.

Lucy:

I had excellent tutors throughout my junior year. I went to a group with two tutors who were very different, but they complimented each other well. It was a good experience. They presented the material in a different way, and it might be a way for the material to stick for you. I also think it helps a lot because you have someone tutoring you who has been through it and who is pouring back into you. It gives you a connection with someone who has already lived it. I have girls now that I tutor that connect with me on Facebook or text me. I think it’s (availability) very important. I felt very comfortable within the environment under those tutors. You are now thinking about it from a different perspective when you are trying to tutor it. It’s that “see one, do one, teach one” effect where now I am teaching it. It has helped me immensely. I think one of the things is you come into the junior year thinking it’s impossible and that’s just the kind of perception this program has, so assuring them it’s possible. I know people who have had panic attacks in the middle of their tests throughout the junior year, just with the fear factor that is associated with this year, so when you are able to explain “Look, you can do this, even though it is hard.” Then giving them feasible ways to get it done. Not just “Hey, it’s hard and you are on your own”. Instead,” This is what works for me, and it may work for you!” Tutoring allows you to interact with people and see their plan of attack and the find your way, based on your own learning style. Tutoring allows you that interaction and exposure. If you allow seniors with more perspective to talk to rising juniors, it may alleviate some of that fearful perception. And one thing we are really
pushing for in the peer tutoring program is “Look we want you to have our cell numbers, or we will put you in a group text. One of us will get back with you, whoever has time at that particular moment.” It made me feel more comfortable in program, as a junior. As a senior, I was able to be in that role for somebody else. I had someone to pour into me who gave me guidelines of how maybe I was going to get through the program and then I was able to pour into someone else. Just having that person to bounce things off of! In the grand scheme of things you just have someone on the same playing field as you. Low intimidation because they are your peers, yet they help you clarify the small things. As someone involved in peer tutoring, I definitely think it gives you a backing.

Rikki:

Yeah, the juniors really enjoyed it (tutoring) and seniors got a lot out of making that personal connection with the juniors. I feel like I became close with so many in our tutoring group which was just awesome. There were multiple times when they would call or text me about general questions like how do we fix our senior class schedules? It kept me accountable for the material from junior year into the senior year.

Amanda:

You do not know what you are getting into the junior year and I found that med surg tutoring was really good. If you had questions it was more like a conversation instead of a classroom setting. It was peer led. It benefitted me a lot to be able explain back to someone and then later apply. I knew them (my tutors) and they knew my learning style so they were a great fit. I had classmates that had to shop around to find the best tutoring group to meet their learning preferences though. When you are being tutored, your tutors know what’s important to know. It has helped me prioritize because your tutors are one
year ahead of you, and there are a lot of things that are not well explained as you go through the program. Even as a senior, I still text my tutor from last year for advice on like what classes to sign up for. I have personally had students in my tutoring group ask about what senior classes look like? What classes have clinical hours? What does the distance clinical program look like? Just those type of things. What do I need to know about senior year? Basic questions answered takes some of the stressors out of the way. It also just gives you a very good review of material you tend to forget heading into your senior year.

Fred:

They listen to us more attentively than maybe a professor who may not have had the student experiences from that end, or rather not quite as recently. You have to be able to put the material in a way that they would be able to comprehend it. The experience has been wonderful. It’s really nice when someone says “Thank you for explaining this to me” or “This was really helpful!” The experience has been so gratifying. Going over the material again with tutoring, second time, you pick it up a lot faster and solidify it for further tests. It’s ritualistic as well. They do learn. They appreciate our (peer) styles I feel respected by the junior students. They see you through a different lens, a different level… the amount of trust they put in you. They rely on you and believe in you!

Star:

I was able to connect with someone who has been through the junior year, and who understands the stress I was going through and that in and of itself helped me a lot. I did not know how to study, and I did not know how to manage my time. They helped me structure my studying and gave tips to help manage my time. It’s so much less stressful
when you get to hear it a second time, from another (peer) view. I benefitted greatly as a junior on the receiving end of tutoring.

Research participants stated structural aspects including: This sense of community, provision of reassurance, comfort, peer advising, friendship, and peer mentors, as well as the giving back to others. In summary of structural description, these students cited that the experience of peer tutoring was a main vehicle for community building and connections with peers. In a program with 200 juniors who are taught in lecture halls of 40 each and divided into clinical groups of eight each, this was viewed as THE way to form connections with both those in the junior class, and with students in the senior class, in the role of peer advisor and mentor.

**Student Perceptions after Two Years of Immersion**

The second theme that emerged was the strong voice these participants have with deep description of their personal perceptions of the phenomenon, after two years of immersion. Utilizing senior participants allows that ability to step back, and have a look at their (full) junior year, and also articulate the phenomenon as it relates to the juniors currently living these experiences. They are tutoring juniors, and are thus best positioned as seniors to best process these events and add powerful detailed descriptions. According to seniors, two full years of immersion in peer tutoring has made for the best research participants. The descriptions are rich as are the perceived benefits outlined in student narratives. The students ascribe to the phenomenon an overall increase in confidence and motivation. They greatly benefited from another perspective, that of a peer, with the material and clinical situations. They articulated how tutoring addressed the different learning styles, and promoted accountability. They explain how helpful the experience was for application and analysis development. Below are narratives from the research participants regarding theme two.
Kathy:

I went to a few different tutoring groups at first, trying to figure out which one worked best for me, and trying to figure out which style of teaching was most conducive to my learning style. One of my groups went over the material and did a lot of practice questions and games, and that really helped me. Another one went over key points (concepts) and what I needed to remember for the exam, and helped answer any questions. It also helped focus my studies on the important concepts. When you are going through practice questions sometimes you think “Oh, I have no idea what this question is talking about”, so tutoring helped clarify the material and present it another way. It helps the juniors succeed. Well, you definitely have to have the motivation to go to the weekly groups and to know what is you are talking about as well before you attend. Because if you at least haven’t done some studying beforehand, you are going to look kind of dumb walking in there are not knowing what they are talking about It helped me with my test grades for sure. I can tell a difference in how confident I felt with my overall confidence for sure, whether I went to peer tutoring that week or not. Clearly, you have to be self-sufficient on your own, but I know peer tutoring helped with that I felt more confident. I felt I understood the material more when it was presented in a different way than in class. And when you are challenged by your tutors to look at new questions and think critically . . . then be able process it, and apply it on your own. It’s so helpful!

Purple:

As the year went on, being around my peers, attending sessions with the seniors, they pointed out aspects from the study material that I would not have known to really focus
on. They came at it with approaches they had ways to help the material stick in my break. They popped off the textbook especially if they had stories or study tips as well that helped a lot. The study groups helped identify study gaps and where to focus my studies. Tutoring helped to refocus my brain to what was important to study further. It has definitely helped me boil down all the stuff we learned in class to the essentials, and to figure out how to communicate that to other people. It was another layer in my brain to understand the important concepts and then communicate the essentials.

Violet:

In my junior year I was really happy to be able to have a tutoring group to go to. And so I was really glad for that help. I went into the tutoring session and found it was really helpful. As in, they were very great at explaining and answering questions. But they were thorough and I did feel very prepared for those first (application and analysis level) tests.

Pink:

Well, the tutoring (as a junior) helped me think more towards how I could better study and do well in the class, but they did have some tips they shared and things they had learned. “I definitely gained a lot of confidence. Feeling like I knew a little more, and was a little more prepared for nursing. I think that was helpful. Well, it all builds, so I had that junior year experience and it set me up for success as a senior.

Belle:

You know how when you start something and you do not realize what it is going to be like? The first round of tests of everything, the first clinicals, are the most fun and exciting but also the most difficult. And then once you get into the routine, and you get
to know your professors and their teaching styles you get to know your study schedule within your crazy busy week. Then it all starts to flow. We need tutoring to understand what was required and how to study. Spring, we come back and we feel more confident like “I know what to do to pass” but they still came, and especially for the more difficult material. Peer tutoring specifically, you would help in group things week by week. You are going over conditions or disease processes in the body week by week. So you go over it over and over again with other students, it’s really solidifies my compartmental in my brain. Then I can make sense of these processes.

Lucy:

There are definitely some things that are “nursing school things” that you have to know for nursing school yet you might not do it that way in practice. They would tell us this is what you need to know for now. When you have that extra year behind you, and that “back look”, especially after leadership clinicals in the last semester, you can say “Look this is what is actually happening in clinical practice.” You can apply specific things to specific patients. Even just having a story. . . . “Look I had a patient and this is how we cared for him”, instead of just regurging facts from the textbook page. You might have a junior text you and say “Hey, I am writing a patho paper on my patient and I go to your tutoring group, I know there’s a connection here, but I cannot find it. . . do you have any perspective?” I can say “yeah, I had this seen . . . “ and it helps them make that connection. You come into the junior year, and as much as you might think you understand things, you don’t. And as you gain that knowledge, and you gain the clinical experiences, you work with people in and outside of your program, you just start to feel more confident in your role. And then, now as a senior, doing my leadership rotations in
the unit that I have actually received a job in, has been extraordinary because I have
gotten to apply my classroom knowledge into the clinical setting. One of my job
interview questions was actually “How do you feel you have been prepared for this role?”
Saying “I understand that classroom experience doesn’t necessarily make a great nurse.
But I have done very well, and understanding that these mechanisms that I have applied
will help me as I go into my career as a nurse. Understanding the tie-ins there. I realize
when you get out there, it’s a whole other world after you graduate, but you are building
that foundation and you are feeling more and more comfortable with other people. Peer
tutoring has helped me with is that having more confidence.

Rikki:

Med surg has so much and nursing is not like other majors where you can take classes in
any order and you get to know so many people from all levels in your major. Our classes
are ordered (hard to connect outside your class/year). I felt like beforehand I had an
understanding of the knowledge but it was more superficial before tutoring. Whereas
after tutoring, I felt more solidified.

Amanda:

Being tutored on the receiving end, and on the giving end as a tutor has helped me, on
both ends! It has helped me prioritize. Because when you are a tutor, you already know
now what is important for that class. When you are being tutored, your tutors know
what’s important to know and remember. Between the two years, it helped web the
material in my mind. So I remember what I needed to know first, and then remember
smaller details. It helped me prioritize so much! I think that sometimes when we see
increased motivation because they are not as overwhelmed by the material when the go
through peer tutoring. So a lot of times in class you are going thought a lot of material and you sort of understand it. Then when you are going back over the information you are very overwhelmed by the information. This coursework does help you become better at completing a task when your plate is so full, so that’s good, but I would say increased motivation because of two things: Less overwhelmed by the material, and this peer review all the way down to the pathophysiology of the diseases for me to tutor the information has been so helpful. I have also had things that have been discussed in our tutoring to come up on senior year exams. I am like “Oh, I remember this because we just covered this in tutoring” I would suggest tutoring to anyone because it gives you a very good review of material you tend to forget heading into your senior year. Also, a feeling of being more able to conquer the material and knowing how to be successful on a test.

Fred:

Me and my tutoring partner will talk about things. We will sit down and say, if this were made into a question (we don’t know that it will be), this will likely be the answer. Telling them not to overthink. This is the main concept here, period. I think it’s a motivator for the juniors attending, because if they can ask questions and clarify concepts they were having issues with . . . sometimes it is hard in studying to go beyond in the material if you are stuck on a concept along the way. You can get caught up in a single question you are not sure about, and have difficulty moving on, if something basic is not understood first. That has happened a little bit. Those students who attended were able to resolve that stuff. “Don’t think too much into this . . . . In the real world we may do this, but the priority concept is this.” I can talk to seniors who don’t tutor, and have
forgotten a lot of aspects from junior year. They are now learning critical care which is the same (med-surg) information expanded with new tests, numbers, interventions, and these disease processes, and the med surg base has been looked at twice.

Star:

Well I would say senior year, being a tutor, actually having to both learn the information and then teach it to someone, has allowed me to dig more into the information and understand ok so why is this the nursing education for this patient?, or why is this the priority of care? I really had to dig myself to understand the material to teach it. This has helped me in my clinical practice as well, so I know it really well. This make application so much easier (in the hospital). Even the though the professors are amazing, it’s nice to have someone our age, like our peers, break it down to our level.

Along with textural synthesis, the research participants isolated structural components highly linked within this theme to include: individual learning styles, additional perspective with teaching the material, non-threatening environment, focus on key concepts, clinical preparedness and best use of study time, and application and analysis of the material. Students attach many important benefits to the experience. The study provides phenomenal description, which had been greatly lacking in current nursing literature.

**Intentional and Unintentional Practice Implications**

The third theme emerged quite readily with analysis and coding of the data. They are richly detailed and paint a picture answering many questions. Some of the implications include a better clinical preparation. Another look at the material gives the students an ability to go past just conquering the tests, but the quest for higher level application. Common questions arising in the video sessions from students include “So how would my care of this patient look from a
practical perspective in the hospital setting?” “What would the main clinical focus be here?” Students outside of the peer tutoring process do not have these weekly resources. Students actively inquired about application of theory to clinical. They said they could communicate patient and family teaching more effectively on the diseases and conditions. They felt they learned they should also form peer connections with nurses on the floor, as new grads. The following narratives echo the data analysis and meaning units related to theme three.

Kathy:

Not only did it give me these clinical experiences from my tutors that I can relate to the material for those I now tutor, but it also helped me be accountable for myself. It was helpful for time management and organizing myself in the hospital. You may not think or realize that this affected that, but when you hear from the experiences talked about at peer tutoring, it definitely helps with how you manage your patients and time in the hospital. We talked about what did help other students in the hospital as well as what was not helpful for them in clinical situations. Well, just hearing my tutor’s experiences with their patients. Hearing about their love and compassion for their patients, despite some weird difficult situations. Hearing how they treated them as patients as persons, not problems. I learned to treat my patients with respect and compassion. That was really helpful. It helped cement this in my mind. Treat the patient with respect and dignity. Even if you don’t see this with other nurses. I think this is important because when peers see you displaying these things it can have a positive benefit.

Purple:

Yeah, I guess focusing tutoring on clinicals, I did my clinicals in an ICU, so reviewing all the material from med-surg and all of that material, helped solidify the basis for all
that clinical rotation. So when I was applying the critical care concepts on top of the med surg and pathophys concepts, it really deepened my understanding. And just more confident in the clinical role, going forward, in the clinical environment. I feel more confident and more prepared. Well, the fact that I was going back and reviewing all the things I learned in med surg. I picked up more on symptoms or treatments that I had not completely stored in my brain. And so reviewing those made them fresher in my mind. When I was faced with a patient problem after going over tutoring stuff, I had that information in my brain and it made clinical more manageable.

Violet:

Yes, stories from their clinicals that helped me learn, and connect to clinical. Well, they would explain certain concepts in the context of the clinical setting. This helped us get the bigger picture with the disease, condition, or material. We had so much clinical time, it’s hard to directly remember. I did come to my tutors with clinical questions and felt I could come to them and get helpful tips for clinical problems. That was always helpful. I would remember the clinical tidbits and apply them to clinical.

Pink:

My tutors talked about making mistakes or a better way to do something in clinical. They talked about the opportunity to minister to the patient. They did a lot of stories and did really good about giving practical examples of what it was and going beyond just what was on the pages.

Belle:

We can talk about our clinical experiences. We can trouble shoot situations in the hospital. One of the things that we talk about a lot in tutoring, is that an important way to
be thinking about a disease process or certain nursing consideration, so when you are in there when A then ABC or when B, then A, B, or C? . . . this or that (in the clinical setting). Because when you are in class you do not have the time to answer those detailed clinical questions so this part of tutoring helps a lot! And I have a lot more clinical experience that the students I now tutor. And then when I was being tutored, the seniors did the same for me. So it seems to be very generational. So the things the seniors gave me, the important stuff, I too passed down to my students. And also, for the senior year, for my NCLEX RN review, tutoring has greatly helped with that gate exam into clinical practice as an RN. Oh, someone thinking of something someone else didn’t and then me having more clinical experience, tying it into the material, so then of course that is also all good prep for boards (NCLEX-RN). It all transitions into better thought processes in clinical and on tests. The link from classroom material to clinical from just understanding, then the thought processing of what do we do with the information as a nurse! All the time I would be tutoring and then I would see it on my next test as a senior, or in my NCLEX review question so really it’s really been huge collectively for me for future preparation. Then, I can make sense of these processes in the hospital on clinical with patients. It really helps with this!

Lucy:

Studying for things like NCLEX and even now in job interviews, having that ability to answer questions that involves multiple components, and to answer it clearly with thought, has all been helped a lot from this experience! I definitely think it helps with the clinical thinking aspect. Especially as a senior, explaining it to the juniors. You can say “Look this is what is actually happening in clinical practice.” You can apply specific
things to specific patients. Even just having a story . . . “Look I had a patient, and this is how we cared for them” instead of just regurgiting facts from the textbook page . . . and feeling confident in a hospital setting. Now, as a senior, doing my leadership rotations in the unit that I have actually received a job in, has been extraordinary because I have gotten to apply my classroom knowledge into the clinical setting. One of my job interview questions was actually “How do you feel you have been prepared for this role?” Saying “I understand that classroom experience doesn’t necessarily make a great nurse. But I have done very well, and understanding that these mechanisms that I have applied will help me as I go into my career as a nurse.” Understanding the tie-ins there. I realize when you get out there, it’s a whole other world after you graduate, but you are building that foundation and you are feeling more and more comfortable with other people. Peer tutoring has helped me with having more confidence speaking in front of an audience, and working with a group and teach them something so that’s something I might not have had as much confidence in. Then, as a senior, it has given me such a greater level of confidence going into situations. I know what this is, and I know why I am doing these things (for the patient). And as a senior, given the opportunity to look at all this material one more time, has helped me so much as I prepare for NCLEX. I have had that solid foundation. I have seen everything one more time. I have reviewed the material one more time before boards. That has given me so much confidence. That has been reflected on my ability to answer NCLEX prep questions. Even just translating factual knowledge into clinical questions, and seeing factual knowledge one more time. The other week we tutored the night before, and I had 4 leadership questions the very next day in class.
Things like butterfly rash with lupus and other. I knew, but I may not have remembered.

Four questions!

Rikki:

Yeah, I think tutoring has helped me connect classroom knowledge, especially in my leadership clinicals. Like I will see something and say “Oh we just re-went over this condition when we tutored the juniors.” It helped me with clinical choices and NCLEX questions. Definitely doing those NLCEX questions every week. I see med surg and pharm questions. So helpful. And it was helpful like talking to my preceptor about a situation regarding something we had just tutored on, helped with deeper clinical connections and to solidify the material. Made me feel so confident. It helps connect the knowledge. It lets you have a better personal relationship with the patient. You can spend more time walking the patient through the diagnosis if you understand it. And just being with the patient, presencing. You feel confident about the care of the patient, not insecure.

Amanda:

Also, as a senior, one of the major benefits I have seen as a tutor, is that is helps me remember things I need to know for my NCLEX RN exam. It helped me prioritize so much! When you are in the nursing setting, you are prioritizing doctor’s orders and patient care and patient conditions, so it really helped with that! I felt like the tutors that I personally had would tell me stories of their clinical experiences and that would help me link what I now know from the textbook to conditions that I have not yet seen. Now, as a senior tutor, I am able to do the same thing. Now that I have two years in clinical, I am able to the same thing for the girls and guys that I tutors. However, I do find that I find
that sometimes students under me sometimes still see conditions that I have still not seen
so still benefits me as a senior. Like, “This is Steven-Johnsons’ syndrome and this is how
it really looks on a patient.” My junior student said that, and I have never seen that in a
patient yet. I have found this has greatly benefitted me for prepping for the NLCEX. We
are doing NCLEX questions in senior class. This review all the way down to the
pathophysiology of the diseases for me to tutor the information has been so helpful. I
have also had things that have been discussed in our tutoring to come up on senior year
exams. And then I am like “Oh I remember this because we just covered this in
tutoring.” I would suggest tutoring to anyone because it gives you a very good review of
material you tend to forget heading into your senior year.” Yes, so as a student you often
walk into the hospital for the first time, and you are so terrified that you are going to do
something ridiculously stupid and you are going to feel like a complete idiot because you
are not going to know the itsy bitsy details that are assumed and my tutors helped with
that too. They would say, “Hey, if you are ever in the hospital never, never do whatever
(fill in the blank) so when you get in that situation, you know to never, and you don’t
have to guess do I, or do I not? Do I throw this away? No, they said “Never do that!” so
that helped me say, “I know to never do that!” It really calms your nerves for clinical.
Hearing what your tutors have been through and what to never do or forget! The clinical
pearls you have been handed down. On breast cancer, so like for blood pressure post-
mastectomy, I know to never put the blood pressure cuff on the post-surgery side. Little
reminders calmed those nerves, and gave me the clinical mindset even more than class
does. Put it to reality and clinical setting.”
Fred:

Learning the knowledge and understanding like the medications and what they are used for, so the slides will list medication side effects and nursing interventions and me and my partner will give examples or visuals on what nursing would look like with these side effects. Not only a list of “this is what you would do” but also to show how you would actually do it. My partner and I give a demonstration as opposed to reading a step by step list. In order to apply, not only do you need the list, but practically how you would do it. The small words included to tell you how! I think that part does help with tutoring. I know a lot of things are assumed that the student knows. Tutors assume the students don’t know, and explain it. I work with the Red Cross for clinicals in community right now. You think about the communicable diseases we learned in the respiratory unit for instance. Just that understanding. I have not been in most of the senior clinicals yet. Re-learning the symptoms, nursing procedures, and knowing that is valuable to clinical. If you have the nurse teaching you the steps in clinical, you may not get the rationale as to why. The classroom piece gave you the nursing rationale, lingo, acronyms, etc. for the most part. I talk to seniors who don’t tutor, and they have forgotten a lot of aspects from junior year. They are now learning crit care which is the same information expanded with new tests, numbers, interventions, and these disease processes, the med surg base has been looked at twice. Another example, people randomly doing leadership questions (non-tutoring seniors) and I just heard this from the professor’s med surg lecture because I re-listened to my taped lectures when preparing to tutor my juniors.”
Star:

I really had to dig myself to understand the material to teach it. This has helped me in my clinical practice as well, so I know it really well. This makes application really so much easier (in the hospital). I know the nursing material exceptionally well, as opposed to other senior students who heard it once and tested on it last year. I have dug through the material so much. I feel like I can apply it better. I am confident when I apply it. I have read through the information, I have taught it, and I have answered questions about it. I can now apply this in the clinical setting. My leadership questions have been benefited. It helps me stay ahead. I am tutoring various topics each week and these pop up on my leadership quizzes. Because everything is so fresh from tutoring, I am ahead. I have taught it myself. I am better educated on the topic. This will help me on boards, on my NCLEX exam as well. I guess this is repeating but again, I just feel so much more confident in my practice. I have dug into the material. I am a better critical thinker because I know so much more. I can connect and put things together for my patient. It’s a different perspective, and re-reading gives me more perspective too. Many looks at the material makes me a deeper thinking, and I connect the clinical dots. Some things in class resonate and other things need a second explanation, and a breakdown, to the student level, so the students can have it make sense for them, and grasp the concepts better. My tutor broke down things for me and quiz me and her style of teaching was very practical instead of technical. Very applicable and stuck with me.”

Research participants detailed both intentional and unintentional practice implications from the peer tutoring experience. Structural highlights included better communication, importance of peer networks, clinical competence, passing boards, and increased retention of material. As they
felt more confident with a second look at the material, they are able to broaden their thinking and the process continues when more material conquered means more self-motivation to say “Let’s help me apply this to my patient.” Theoretical-to-clinical construction tie-in as described in the theoretical framework. It was overwhelming to see these things as common conversations and interactions within the various videotaped sessions. Also, students felt they were better communicators.

**Research Questions**

Four research questions guided this study. They are listed and addressed below:

**Central Research Question**

What are the shared, lived experiences with peer-tutoring among junior nursing students in the residential BSN program?

Student’s provided descriptions of their experiences of the peer tutoring experience as strongly one of forming bonding connections with peers. The first theme discussed richly describes the social structure and peer connections formed within this student delivery mechanism. Each student tutor discussed the development of this peer network, a resource for so much more that the tutoring. Individual interviews revealed significance statements, and many codes (meaning units), and focus groups reiterated the same. Observational protocols outlined this connection as the principle investigator observed and described the many levels of connection on the videotaped sessions as well. Additionally, senior tutors are able to understand the phenomenon best and describe detail. They have lived it as a junior, and then have given back their final program year, while tutoring as seniors. Two years of immersion provides insight, and richly detailed description. Further uncovering of the shared lived experience and practice implications ascribed to this phenomenon are uncovered in themes 2 and 3. Theme
three looks at practice implications resulting from immersion in the experience. The participants additionally describe increased confidence motivation as well, and perceptions (self-efficacy is an intrinsic factor).

The research is rich in student descriptions of their experiences of juniors within peer tutoring as those that formed these strong connections and as the vehicle for peer community building. The connection and sense of community happens in the weekly experiences when juniors connect with each other and seniors while tutoring. Along with the academic gains, there is a sense of comradery, accountability, and the described calm, “no threat” environment nicely facilitates these things. Research participants (all seniors) describe their experiences as juniors and have the ability to reflect on themselves as juniors, and on the juniors they are currently tutoring. They describe motivation, confidence, and friendships. The explain growth of the student over the year, comparing fall semester to spring semester. Specific growth goals and patterns are outlined as well. They also detail intentional and unintentional practice implications.

Here are some excerpts from focus group narratives:

Lucy:

Being able to ask any question of someone who has already lived it and another resource at the peer level was great. Questions that the professor doesn’t need to be bothered with and just that resource that you can text questions to, to relieve anxiety. A comfortable resource for anything, including clinical questions and tough academic questions.

Belle:

It was so was helpful. I loved being able to talk with a senior who had already completed the junior year and was successful at it and I could just glean from them. It was great to find to spend time with people who “get it” (what you are going through). They had
already done it. They knew what to say to get us straight and keep up motivated. Going into a role where you were a mentoring-mentoree relationship was just awesome! I definitely saw when we were being tutored together like the juniors were all very reliant on one another especially in the fall. And then heading towards the spring, they are flying from the nest. They have had the majority of their med surg clinicals and class in. It’s a developmental thing for them. Sort of like ‘Hey, I think we’ve got this now” It’s like they are coming of age and we have helped greatly facilitate this with them and for them. We knew what to say to get them straight and keep up motivated.

Violet:
I remember being really encouraged by my peer tutors. Even in email and such, other correspondence. Just they would encourage us throughout the semester and that was helpful too. They still text for clarification questions, the ones that don’t come in late spring. We all see the growth which means we are doing our jobs as tutors. My roommate has a different major and she is literally in her room with the textbook trying to teach herself.

Fred:
I could usually count on my tutors to relate the information to a funny story or funny experience which helped me remember it. This made it more memorable. They always had encouragement in their email to us as well.

Amanda:
I would also say that when students ask me questions in tutoring, it forces me to think about how body systems relate, and disease processes relate. It forces me to critically think as well, so it’s a two-way street, and beneficial for both. There are times when we
have to look things up as a team. We work through the difficult stuff together as a team, no tutor and student. We look things up. Its team work. We both benefit. There is no way to know everything in a field so vast. We are working through it together until we get resolution, critically and analytically.

**Research Sub Question 1:**

How does the experience of peer tutoring enrich student’s understanding of their roles as a future nurses, particularly in the clinical setting?

In response to the first sub-question, student’s understanding of their future roles in the clinical setting is firstly deepened with greater understanding of what is required for success on NCLEX-RN as the ticket to clinical practice. Additionally, from the shared clinical stories from peers after immersion in tutoring, there is an enrichment of the clinical picture, or day to day experiences as a nurse. As theory is reinforced, students feel less overwhelmed with the material, and more able to begin thinking about application to their patients. As self-efficacy arises over the year (as mentioned in many narratives), the ability to think outside the linear (material), and construct these ties to clinical practice strengthen the self-efficacy further. Students can now visualize their roles at the bedside, as practitioners, tied in with the disease processes and conditions being taught and tutored

Theme three is the most prevalent here. Theme three, intentional and unintentional practice implications arises from many codes that show that the understanding here is deepened. There is rich detail of the experiences of sharing clinical stories between peers, demonstration of clinical skills by senior tutors, help with clinical papers that focus on prioritizing of care, preparation for RN licensure testing (NCLEX-RN), and sharing of what must happen, as well as what must never happen in the clinical setting. The clinical pearls exchanged between these
peers in formalized settings seem invaluable to students. Students love the clinical applications, after they feel comfortable understanding the material. They enjoy the ability to have a “go to” person for demonstration or skills or clinical scenario advising. They feel all these things increase clinical readiness and confidence. They view the tutors as a non-threatening peer mentors preparing them by handing down advice. The following narratives from interviews and case studies strongly reiterate this.

Kathy:

Some of the tutors did practice questions from boards prep, some worked on the white board writing things out, some people went through the slides pointing out the pertinent stuff. Some would relate the material to their clinical experiences and tie stories into the material.

Lucy:

Being able to think this new way on my NCLEX review questions, and then on job interviews. They ask us critical thinking questions, and tutoring helps come up with good answers on the spot.

Belle:

I think the other thing we address too is critically and analytically, is “Ok now what do we do with all this information we have learned?” So as the nurse, what should I do? Then we all work together on this: Ok, this is what the slides say, this is what our professor says, so what can we glean from this? So if this were to happen in real life, what would we do and what would our steps 1, 2, and 3 be for our patient?
Lucy:

I see a direct correlation sometimes. Just the other day I saw a patient in the emergency department who had a less common diagnosis, but we had just tutored it and I felt like I knew more about it than the nurses I was working with. Being the nursing student, I felt so confident.

Belle:

With our NCLEX questions and clinical hours, and then also we will have family members call us and say “I have these symptoms and signs and the doctor says . . . “and you are thinking like, I literally just tutored that and know this condition or disease in detail. The confidence and clinical practice are enhanced.

**Research Sub question 2:**

How are student perceptions of self-efficacy shaped after participating in peer tutoring?

This question is answered directly and indirectly through the data collection and analysis. Students used the words “ability to self-regulate” when describing the growth of students, likely completely unaware that Bandura (1994) defines self-efficacy this way. The researcher wanted to uncover perceptions of this intrinsic motivational factor, without asking leading questions. The sub question was described and answered using indirect questioning to facilitate the truth. The following narratives from participants echo similarity and cohesiveness on this. Self-efficacy is shaped when students feel good about the material first. Theory is taught with a different, peer perspective. They like a second, different look. This makes the material more relatable, and when the material is less overwhelming, they can then feel better able adapt for success. Adaption for success summarizes Bandura’s working definition of self-efficacy.
Developmentally, according to Piaget, formal operational stage means that junior students who are typically around age 21, (in late adolescence), have moved to abstract thinking and can analyze and apply theory to clinical, with adaptation for patient-specific signs or symptoms they are presented with. Self-efficacy is a motivational factor, so narratives regarding motivation help with answering this question. Junior year descriptions of motivation and the ability to regulate themselves for success over the year are outlined the following narratives and speak to the perceptions of how the year shapes these things.

Kathy:

Clearly you have to be self-sufficient on your own, but I know peer tutoring helped with that. I felt more confident. I felt I understood the material more when it was presented in a different way than in class. We had a lot less students in the spring than the fall. Students do figure it out over the year. You figure out what works for you over the course of the year, and become more independent of the group in the spring. Fall semester would be a big freak out if a session was missed, the two hours of tutoring to bounce ideas off on another and study the material together.

Purple:

This spring semester in tutoring we had less attendance. In the fall we had more attend. I needed the groups more in the fall. I had gained all these strategies and skills and felt more confident and self-assured in the spring. In my group we had quite a few in the fall, way less this current spring. In the spring it’s like “Hey, I can make this happen for myself now.” The fall the students needed help to self-regulate, in the spring they had developed that ability.
Violet:

Well definitely learned strategies for success. Having the support of others was also very helpful. Being able to be more independent and how to regulate myself. I knew what needed to happen to do well. I think it was all very helpful. I would remember the clinical tidbits and apply them to clinical. My group went from 10 to 5 as they learned how be successful in the program without as much help. We definitely had more last fall than this spring, like many have them have felt like they have definitely figured it out. In the fall it’s a panic, and lack of confidence thing. Now in the spring, it’s more of a comradery thing. We are going to still show up and do the work.

Pink:

In the fall, we are very freaked out. We need tutoring to understand what was required and how to study. Then in spring, we come back and we feel more confident like “I know what to do to pass” but they still came, and especially for the more difficult material.”

Belle:

So, second semester again is so much easier. Already in the groove. Students returned to the group in the groove, and they are already familiar with you. So yes, familiarity has a lot to do with it too! I definitely saw when we were being tutored together like they’re all very reliant on one another especially in the fall. And then heading towards the spring, they are flying from the nest. They have had the majority of their med surg clinicals and classes in. It’s a developmental thing for them. Sort of like ‘Hey, I think we’ve got this now.” It’s like they are coming of age and we have helped greatly facilitate this with them and for them. I would say the ability to get this done for themselves in the spring
went up. I started out in the fall with a very large group. The girls enjoyed coming for the material, discussing clinical and decompressing for the week. They stayed with us. The group went down some in the spring, as confidence rose.

Amanda:

I would say, there’s increased motivation because of 2 things: less overwhelmed by the material, and a feeling of more able to conquer the material and know how to be successful on a test.

Research Sub Question 3:

How do participants in the peer tutoring articulate their personal experiences with theoretical -to -clinical practice tie in?

Themes two and three greatly answer this question, but all three identified themes related to answering this question. Participants articulated these descriptions with detail and examples. Clinical stories, specifics and detailed accounts of this are thoroughly described. Narratives directly address this and the description is rich. There is reciprocity here. Not only do seniors describe clinical scenarios to juniors, but juniors also bring their experiences back to group for the seniors to absorb. Clinical stories are regularly exchanged and skills may be demonstrated as seen in the “real life” setting, at the bedside. Tutors articulate what helped them in clinical as well as what did not help them. They describe more advanced critical clinical thinking, as well as the experience of peer tutoring helping them with knowing how to prioritize care. This is a concept that is introduced in sophomore year (I), and (E) heavily emphasized in the junior year. Clinical competence includes most efficient prioritizing of care. There is also description of moving from being very task oriented in the clinical setting, to better clinical decision making.
Rich discussion happens in tutoring about these things. Narrative excerpts below speak to the research question and provide rich detail about these things.

Kathy:

We talked about what did help other students in the hospital as well as what was not helpful for them in clinical situations. They also definitely gave us examples from their practice, the things they learned from tutoring and then applied on their own, to their clinical practice. Good things they learned in clinical and passed on to us! So hearing those experiences definitely helped me as well. And I definitely seeing links. We will tutor something and then the next week we have patients that have the same conditions and things we tutored. Or I’ll be thinking back to what I tutored when people ask me about questions about certain diseases or conditions and I will think back on those things and be able to answer questions about the disease or condition. Like “Oh I actually just tutored on this, so I can now give you a pretty good explanation.” So yeah, it’s very, very helpful. The juniors will come back and say, “Hey, I saw this in clinical after we talked about it last week, and here is what my nurse and I did for the patient.” It helps me in my clinical practice. It’s like “Yay, you are applying what you are learning!” You run into this stuff all the time, in the patients, or just families or friends seeking advice. You are giving good advice to people because you have already been tutored, and then also have tutored the information.

Purple:

It was really good because it motivated me to review what I learned. And when I that stuff in order to tutor other students, I noticed things would stick in my head, and I would be able to apply it to my clinicals or something in class, like in a critical care lecture like
“Oh we are studying neuro, and oh, yeah, now that makes sense.” The more this happened, it really motivated me to dive back into the material again.

Pink:

Well, they would explain certain concepts in the context of the clinical setting. This helped us get the bigger picture with the disease, condition, or material. That was always helpful. I think I remember them giving a lot of situations of their own clinical experiences. We would be going over the med surg study guide and they would be going over like AIDS or something or a bone fracture or something and they would bring in their own clinical experiences like “Oh, I saw this in the ED” or “My nurse and I had this experience with an AIDS patient and this is what you should NOT do. Or this is what you should be careful about.” These kinds of things stick with you more than just facts on a page do. I really enjoyed that part of peer tutoring.

Belle:

What I have definitely seen, you tend to be so task oriented in the hospital. Then when you are involved in tutoring and you are constantly teaching and problem solving, I would not be surprised to see a poll show tutors are way better at clinical scenarios, so that going from task oriented to critical thinking is way more advanced for those who have tutored and been tutored.

Amanda:

Something clicks when you get to clinical about everything you are learning, but the gateway between knowledge and classroom setting and clinical competence in the hospital setting happens in peer tutoring! Because your knowledge is coming in two different in two different aspects here. As in, you have the knowledge base you are
learning in class, as in the disease processes and the pathophysiology basis behind them, and then you take those and reiterate those in peer tutoring and relate them to the clinical setting and how you might apply them. Then you get to the actual clinical setting and you know the disease processes and what you are supposed to do to treat these things. Between the two years, it helped web the material in my mind. So, I remember what I needed to know first, and then remembered the smaller details. It helped me prioritize so much! When you are in the nursing setting, you are prioritizing doctor’s orders and patient care and patient conditions, so it really helped with my prioritizing care.

Star:

I just feel so much more confident in my practice. I have dug into the material. I am a better critical thinker because I know so much more, I can connect and put things together for my patient. It’s a different perspective, reading gives me more perspective too. Many looks at the material makes me a deeper thinking, and I connect the clinical dots. I find another thing is when I do family or patient education, because I have taught juniors all year, I am a better teacher, well versed in teaching. I have had to stand up in a group and teach these things, so when I go to teach a family I am able to kind of extract the medical knowledge and explain it in a way you can understand.

Lucy:

For those that we are tutoring, we said give us your phone numbers, and email addresses and we will put you in a group chat and you can ask us any questions. Especially at the beginning of the year, we got questions you know like, “I am writing a patho and I cannot find a connection here, do you know about any?” Just having another year of
tutoring helps. Maybe look in this direction, or maybe look at side effects from this medication” explanations are better found.

Rikki:

And it was cool to see the juniors and their progression. Weak with the clinical tie-ins at the beginning of the year, to super excited to tie in things for themselves and have you validate this for them near the end of the year.

**Summary**

The purpose of Chapter Four was to provide a rich description of the shared lived experiences of junior-level nursing students in peer tutoring within BSN studies. Data was collected using individual interviews, focus group method, and videotaped sessions with observational protocols. Significance statements were highlighted, meaning units or codes were isolated and themes emerged. These themes answered the research questions that had been developed after an extensive research of the literature, from the voice of the research participants. Ultimately, the essences were discovered and great understanding was gained about these student perceptions of peer tutoring. Answers to the research questions were provided with narrative detail as well.
CHAPTER FIVE: DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

Overview

The purpose of this transcendental, phenomenological study was to describe the lived experiences of 10 senior level nursing students who participated in the junior-level tutoring system within residential BSN studies. At this stage of the research, perceptions of the experience, perceptions of self-efficacy, and student benefit were studied. The study was conducted after a thorough literature review identified the need to research further peer tutoring within nursing, and how the experience may inform nursing practice (Watts, 2011). These valuable perceptions, after detailed description and understanding of the what (textural) and how (structural), can impact this very important delivery mechanism (peer tutoring), and its future role may be improved for even greater impact on students. Great gains in the student’s transitioning from knowledge-based learning, to application, analysis and the very important concept of theoretical-to-clinical tie-in construction are described. Further, truly meaningful research may expand on these findings, to that end.

This chapter provides a summary of the researcher’s findings as detailed in chapter 4, along with discussion with regard to findings and the chosen theoretical framework and review of the literature, implications, and recommendations of the findings on those impacted, the previously described stakeholders.

Summary of Findings

Research participants provided lengthy descriptions about their peer tutoring experiences as juniors including feelings, thoughts, reflections, and great detail about the phenomenon. Main themes emerged after thorough data analysis to include: peer connection, sense of community, student perceptions after two years of immersion self-regulation, and intentional and
unintentional practice implications. Commonly seen codes that were noteworthy also included peer perspective, comfort friendship, motivation, accountability, confidence, clinical stories, and seniors pouring into junior students. The participants all perceived peer tutoring of juniors as an incredibly positive, beneficial delivery mechanism for success within the BSN program. They described the sense of community being built between peers who did participate. The peer connection resulted from sharing the phenomenon together, friendships established that encouraged accountability, the quest for finding answers, the comfort level of having a “go to” person to ask “stupid questions” from class or clinical about, and a general mentor to ask any program-related question about, even as simple as class schedules, ordering of classes, weekly planning, clinical preparing advice, and so on. Data transcription and analysis revealed lengthy detailed descriptions of the shared lived experience and perceived self–efficacy and overall benefit.

For the research, the phenomenological approach was used. Specifically, the transcendental approach was used, which involved bracketing out previous experiences and use of epoche. All biases are placed aside for a fresh look. Three main themes emerged to include:

1. Peer Connection and Sense of Community
2. Student Perceptions after Two Years of Immersion
3. Intentional and Unintentional Practice Implications

These themes are utilized to help find answers to the four main research questions that guided the study. The research questions are grounded in gaps identified after a review of the current literature. They are listed below.
Central Question

What are the shared, lived experiences with peer-tutoring among junior nursing students in the residential BSN program?

The research data is very detailed with student descriptions of their experiences of juniors within peer tutoring. The descriptions detail the strongly formed peer connections and peer tutoring as the main vehicle for peer community building. These connections and a sense of community occur in these weekly experiences when juniors connect with each other and seniors, while tutoring. Along with the academic gains, there is a sense of comradery, accountability, and the described calm, “no threat” environment nicely facilitates these things. Research participants describe their experiences as juniors and have the ability to reflect on themselves as juniors, and on the juniors they are currently tutoring. They describe motivation, confidence, and friendships. They also detail intentional and unintentional practice implications. These include prioritizing of care, sharing of clinical stories, and clinical pearls. The explain growth of the student over the year, comparing fall semester to spring semester. Specific growth goals and patterns are outlined as well.

Sub Questions

**Research sub question 1**: How does the experience of peer tutoring enrich student’s understanding of their roles as a future nurses, particularly in the clinical setting?

There is great detail of the weekly exchanges including the sharing of clinical stories between peers, the demonstration of clinical skills by senior tutors, the help with clinical papers that focus on prioritizing of care, the preparation for RN licensure (NCLEX-RN), and the sharing of what must happen, as well as what must never happen in the clinical setting. The significance statements, meaning units, and individual descriptions that shaped theme three are
heavily drawn upon to answer this question. Students love the clinical applications. They also greatly enjoy the ability to have a “go to” person for demonstration or skills or patient care advising. They feel each of these things increase clinical readiness and confidence. They view the tutors as a non-threatening peer mentors preparing them by handing down advice.

**Research sub question 2:** How are student perceptions of self-efficacy shaped after participating in peer tutoring?

This question is answered directly and indirectly through the data collection and analysis. Students used the words “ability to self-regulate” when describing the growth of students, likely unaware that Bandura defines self-efficacy this way. The researcher desired to uncover perceptions of this intrinsic motivational factor, without asking leading questions. The sub question was described and answered using indirect questioning to discover the truth.

**Research sub question 3:** How do participants in the peer tutoring articulate their personal experiences with theoretical to clinical practice tie in?

Students enjoy being able to revisit the material with peers, and have tutors make clinical application while they are studying for a test and helping them apply the knowledge to the patient. This happens and is thoroughly described even though they are technically in tutoring to better know the material. They understand that peer tutoring is not only is simple clarification of the material, but so application to patients and clinical connection. This is a vital part for shaping future roles. Understanding of peer connection enables students to place value on building connection with nurses in the work environment.

**Discussion**

The research problem identified from the review of the literature was that there is currently a lack of understanding of the shared lived experiences of junior level nursing students
in peer tutoring. There is research showing academic gains and success on NCLEX RN, but a deep understanding of the phenomenon was lacking. “There is a pressing need to further theoretical and empirical investigation into the concept, practice, and student experiences of personal tutoring in higher education to inform practice” (Watts, 2011, p. 218). “Gaining a better understanding of how meaningfulness and self-efficacy relates to student learning could improve learning experiences and skill level” (Brannagan et al., 2013, p. 1447, 2012).

The study provides richly descriptive detail of the phenomenon. It furthers and extends the existing known research with extensive detail of student perceptions. The study overwhelmingly reiterates the importance the student learner places on peer tutoring in nursing. Descriptive detail is given on student perceptions of importance and overall student benefit. Specifically, not placing emphasis on the well-known and well-studied academic gains, but more so on descriptions of development of strong peer connections, a mechanism for peer community building, comfort, and accountability. The collegial nature of tutoring lends students to less anxiety, and more able to leave instruction (Shin & Kim, 2013). The study greatly reiterated these findings. The academic success from peer tutoring previously described by Byer (2012) was also reinforced within this study, including test confidence and success on NLCEX RN prep questions.

The study provides much needed insight into students in peer tutoring actively interested and invested in making clinical connections and clinical confidence. Watts (2011) called for more investigation into student perceptions of self-efficacy. These were explored and uncovering the data revealed that this was actually stated as a learning outcomes objective of many of these senior tutors, holding sessions. The tutors verbalized that they aimed to help students move from uncertainty and reliance on the groups in the fall, to independence with a
gradual development of what participants themselves called the ability to “self-regulate” in the spring. This was very interesting student verbage as the working definition of Bandura’s for self-efficacy speaks of the ability to self-regulate or self-adjust for success. As one participant explained it in narratives it was “as giving them wings and watching them fly.” Narratives repeatedly detailed the tutors desire to see this growth and independence for juniors. Insight is gained regarding the importance both tutors and tutees place on the peer tutoring program, and into the depth of planning, including desired growth outcomes.

Intentional practice implications included: seniors knowingly and willingly demonstrating clinical skills with students, talking about the “thou shalts” and “thou shalt nots” of bedside nursing practice, and the calculated clinical stories to tie theory to practice. Another intentional practice implication included cellular-level pathophysiology review and better in-depth understanding of conditions, diseases and their treatments strengthens their clinical performances as preparation for entry into practice. NCLEX RN and the higher level of questions it contains, is more confidently approached after tutoring, students claim.

Unintentional practice implications include those that are not planned desired out comes. They are unplanned desirable outcomes that occurred without calculated forethought or intention. These were described including better communication skills, better patient and family education teaching skills (better understanding of condition and taught to or among peers previously), understanding of the importance of nursing being a team, and thus the peer connection extending into their practice. These students see the value of community building with peers. Extension of this attained value, from student peers to nursing peers was visualized. These were some pleasantly unexpected findings from the study.
The previous research identified the need to know more about how peer tutoring in nursing informs practice. Specifically, this research contributes to understanding of how perception of self-efficacy is shaped, and also theory to clinical -to -theoretical tie in construction occurs, dynamically. Ultin (2012) discussed the need for bridging theory to practice. The delivery mechanism of peer tutoring was previously not well researched in regard to this facilitation. This research substantially contributes to the existing body of knowledge in these vital areas.

The chosen theoretical framework guiding the study is a conceptual framework enveloping Piaget’s developmental constructivism and Bandura’s social cognitive theory. Within this conceptual framework, we see these two theories working in a reciprocal relationship. This back and forth manner illustrates that as knowledge is constructed and as perceived self-efficacy increases, the ability to further construct clinical skills and competencies within practice results in development of theoretical -to -clinical tie -in construction. This construction further increases self-efficacy perception and cyclically facilitates further tie in construction. Bandura (1997) wrote about outcome experiences and how they are related to self-efficacy. Positive outcomes or results from a behavior (tutoring material with peers) will attain desired results. These will reinforce self-efficacy (critical intrinsic factor) and this research specifically reinforces the idea that deeper understanding of the material fosters ability to self-regulate. Piaget’s developmental constructivism utilizes the formal operational stage (abstract thinking), combined with the four true steps of the constructivist mindset. Within this conceptual framework, the prior knowledge constructed is elicited. Creating cognitive dissonance happens in the form of peer tutoring sessions, with PBL and clinical scenario discussion. The created dissonance provides the ability to just move away from trying to conquer the large amount of
facts and knowledge presented the junior year, into an active quest for deeper learning. Specifically, student’s managing the material well enough with the help of tutoring, to say “OK, hey, now how can I apply this to practice?” “What are the implications for my patients and my future clinical career?” Success (or failure) with application of new knowledge, results in metacognition (self-reflection) and brings back a true story for other peers.

“The ability to solve problems with few errors is invaluable. In fact, it is only by doing this that nurses can decide on the best nursing strategies. Developing this ability efficiently and effectively allows more emphasis on decision making which is still given too little attention in the academic curriculum.” (Palese et al., 2008, p. 1297)

This research also provided insight into peer tutoring as a direct facilitator of problem solving. Students use ADPIE (Figure 3) and their other diagnostic reasoning tools throughout the experience.

Moving a bit from the behavioral aspect, to the agentic perspective, some factors we cannot control, such as early developmental influences in life, and specifically their effects on personal motivation. These may interfere and certainly may make juniors really come to tutoring with different capabilities. This difference in students should be mentioned because unlike intelligence quotient or other fixed differences between students, early experiences may not be fixed or permanent in their effect on internal motivational factors. More research is needed here. This is noted for now, as being a factor that not much research has been done on.

Applying the conceptual framework to the descriptive narratives derived from this study, student’s descriptions of the peer tutoring experiences can be related back to the four essential elements in true constructivism. Many tutors spoke specifically about taking prior knowledge (i.e., freshman pathophysiology, sophomore health assessment or fundamentals curriculum) and
peer initiated creation of cognitive dissonance. Participants explained that in tutoring they would create scenarios and say, “OK, we have A, B, C happening with your patient”. What action first, or what is the top priority of care. The third criterion, the applying of new knowledge happened when juniors take previous construction and are asked to apply it to the created dissonance. After successful application, we see encouragement and self-reflection. Senior tutors utilized these steps intuitively. They have never likely read about the constructivist theory in education, as nursing majors. This was fascinating to the researcher. The current research participants detail in lay terms how peer tutoring is effective as a delivery mechanism for assimilation and accommodation. It is perhaps the most effective as a facilitation means, within extra-curricular mechanisms.

Moving to developmental constructivism and social cognitive theory (SCT) in reciprocity. Learning, according to Bandura (1991), happens when we see interactions that are reciprocal in nature environment, personal characteristics, behaviors and the learner’s perceived self-efficacy as a student. Intrinsic and external factors affect learning, and specifically, if self-efficacy increases, then success happens. The four constructivist steps outlined above, along with the developmental stage of most BSN students, guide the learning cycle.

The agentic mindset is also factored in here. Four principles drive the agentic mindset we also see this in the process of peer tutoring. The current research and narratives outline these principles demonstrated within the system of tutoring. They include intentionality, forethought, self-reactiveness, and self-reflectiveness. Here is an explanation of the findings as they relate. Participants stated one goal of tutoring was to help students progress through the year to feel as if they are more confident and capable of self-regulation for success. This was actually stated in narratives by several tutors. Students show intentionality when they sign up for tutoring.
Forethought, specifically in terms of goal setting and modifying study habits and thought processes is moderated throughout tutoring as well. Self-reactiveness means students adjust based on program performance. Lastly, consequences of actions result in self-reflectiveness. When increases in perceived self-efficacy occurs, through these mechanisms, we see deeper connections between theory and practice. These meaningful theoretical-to-clinical tie in constructions are well described by research participants. We see intentional and unintentional positive implication for the student’s future clinical practice. The research, and specifically the identified themes, argue that the conceptual framework of reciprocity is in fact seen within the peer tutoring system. Senior students describe this repeatedly.

The amount of information presented in NURS 301/302, medical-surgical I and II is overwhelming. The more the four steps of true constructivism are used, with Piaget’s developmental considerations, and then that increased knowledge is then aligned with perceived increases in self-efficacy, the better the confidence and clinical preparation and performance. What is meant by that, is the more the delivery vehicle of peer tutoring is used, the deeper the construction of knowledge, which will increase self-efficacy perceptions and strengthen theory-to-clinical construction as well. The narratives describe repeatedly creating cognitive dissonance and problem solving with clinical application. The framework leaves “the sky as the limit” for learning. The framework at work within peer tutoring helps with transitioning of students to more success on a higher level of exam questions (Bloom et al., 1956) and it also facilitates mastery of the PLO’s take great emphasis (E) during the junior year.

Piaget talks about abstract thinking in the formal operational stage (after early adolescence) and we see this developmentally appropriately displayed with juniors. What has not been understood clearly, is why some nursing students more readily catch on to application
and analysis style of questions and some students remain more linear in their thinking. This is seen with students immersed in the same curriculum and tutoring. This research did not need to address academic gains with tutoring, or success on NCLEX-RN because they are well documented in the previous literature, but even with optimal vehicles for student success in place, some students “catch on” or “get it” more readily than others? Bandura (1991) firmly stands upon the theory that student success results in further success. Why do these delivery mechanisms in place mean success for some students more than others? This remains unanswered within the nursing and education literature.

It was greatly enlightening, to understand how large a role peer tutoring plays in community building and peer connection. There is a deepened understanding of the level of intimidation at the junior year in BSN studies, and the comfort provided by weekly meeting with those who have “been through it.” It was also enlightening to see the sense of community being built, and the great importance the students themselves involved placed on the peer tutoring program. It is now better understood how much student emphasis is placed on the holistic view of junior year development. Students understand the importance of peer connection at all levels, and plan to bring that into nursing careers. “It is important to understand that intrinsic motivation (cognition, self-efficacy) and external factors (environmental factors) both affect . . . the learning environment” (Burke & Mancuso, 2012, p.543). The peer tutoring experience provides an optimal learning environment for nursing students.

**Implications**

The purpose of the research was to gain an understanding of student perceptions of junior-level tutoring experiences, as well as perceptions of self-efficacy and overall benefit. The findings of the study greatly broaden the understanding of the phenomenon. The incredible
emphasis of the importance of peer tutoring of juniors that the participants placed on the experience, along with the long list of descriptive benefits add to the current body of research most notably from this research.

One main theoretical implication is the phenomenon being perceived as a calm, no-threat environment. There is a sense of reliance on tutoring and peer connection and community building as rising juniors navigate the junior year, and this is particularly prevalent in the fall semester. The reliance mode moves gradually to one of self-reliance and self-regulation over the course of the remainder of BSN studies. The chosen theoretical framework is cyclic and reciprocal. The experience, specifically the environment as described, is ideal for learning. Piaget’s assimilation and accommodation within the formal operational stage is well described in peer tutoring. Bandura postulates that peer modeling environments would “build a sense of personal efficacy as well as to convey knowledge” (Bandura, 1991, p. 1441). The theoretical framework is seen effectively in place, with extensive, detailed peer tutor descriptions of desire to have students self-regulate, and bridge theory to their clinical experiences.

Empirically, observational protocols vividly describe peer mentoring, program advising, friendship building, clinical preparation advice, prayer sessions, and other things as outlined as perceived program benefits in chapter four. In general, in the past, faculty members focused mostly of academic gains, and wondered less about the clinical tie-in construction. The research strongly illustrates the active clinical tie-in construction that does in fact occur, and the strategies purposely employed by tutors to help this happen. The peer tutoring program is so much more advanced in student-initiated, clinically-related agenda than had been previously understood.
Practical implications will be outlined with regards to each of the main stakeholders including faculty, students, tutors, and future co-workers.

**Faculty**

Nursing faculty can benefit from understanding the depth of the described phenomenon and many benefits associated with peer tutoring of juniors. The research study may foster initiation of new peer tutoring programs, or greater input with faculty advising within peer-led programs already in place. If faculty members are made aware of the long list of ascribed benefits, then faculty advising and involvement may further the process, leading to a mechanism that decreases attrition rates significantly and increases clinical confidence to an even greater degree, among many other desired outcomes. Faculty need education to perhaps shift thinking from this vehicle as simply a means toward academic gain, to seeing the much larger picture that has been gleaned from this current research.

**Tutors**

Tutors should be offered more faculty backing. Stronger faculty advising can help tutors if they struggle with issues or dynamics within groups. More formal learning agendas may be developed and desired outcomes outlined as well. Teaching aids, materials, and other resources should be offered as well. Senior tutors should be actively involved in the formalized learning objectives and outcomes criteria. This research has provided insight and understanding that senior tutors have very intentional goals and strategies for their students. These goals and desired outcomes are all highly beneficial, but not all have been thought of, implemented our strategized with by each tutoring group. The focus group meeting facilitated many “light bulbs” going off, when peer tutors were brought together, just once, formally. Brain-storming and group meetings, overseen by faculty, would have positive implications for each tutor, and for the
peer program as a whole. Teaching and delivery styles should continue to be varied and different, but overall objectives should become more uniform and encompassing to all junior students being tutored.

**Students**

Students who are unaware of the benefits of peer tutoring must be informed. Faculty can do a better job with promotion of tutoring, and better in class ‘marketing” for tutors and their groups. Students may not be aware of the long list of associate benefits, uncovered within this research, or of the importance of peer connection/community building for success within the program. It would be interesting to see third year attrition rates in relationship to those who did and did not attend peer tutoring. Peer tutors should be invited to all class lecture halls to advertise and actively recruit for peer tutoring. Students claim they do not know what they need to know entering the junior year, but should be asked about their needs and preferences for peer tutoring. This information would not be something used as “final say”, but would guide senior tutors as they prepare tutoring sessions. Seniors have been through the previous year and curriculum, and are in a good position to know much of what should be accomplished, but need guidance to tailor the sessions to best suit needs of the current class of students.

**Future Patients**

Future patients benefit when they have new graduate nurses who have had the strongest opportunity for theoretical-to-clinical- tie ins. They encounter new nurses who are able to communicate well with patient and family education. Nurses who have had many clinical examples and clinical demonstrations within peer tutoring. These patients will benefit by having new practitioners who have done more than understood curriculum and passed NCLEX-RN. They will be patients who see their nurse using peer connections, team nursing, and
collaboration. The will patients who see a confidence, clinical competent nurse upon entrance to practice. The new graduate nurse will not be the typical beginner or novice, but will be noticeably more prepared moving from senior nursing student into the clinical world. They will have the opportunity to have new graduate nurses who are good communicators, and effective teachers of patient and family education. They will have new graduate nurses who can prioritize care and more effectively meet the most critical needs of the patient. Faculty and peers within tutoring need more collaboration for best mechanisms to strengthen clinical tie ins, along with those currently in place within tutoring.

Practical recommendations include but are not limited to the following:

1. Need insight into the current attitudes and understanding of nursing faculty about the phenomenon.
2. Need to investigate the current role of faculty advisors to student tutors within BSN studies
3. Need better collaboration between faculty advisors and student tutors.
4. Program learning objectives and outcomes can be written (formalized), and the program needs to be assessed.
5. Annual assessment of the program should occur with recommendations and modification. What worked? What did not? What issues arose? How are these resolved prior to next academic year?

Limitations

There are some potential weaknesses or limitations to the study. Truthfulness and unknown biases are two potential limitations. Participants may have unknown biases as they are
interviewed. They have been asked to answer the questions truthfully and so there are no known or conscious biases. Researcher and participants could both have unknown biases.

The sample size of 10 may be considered, somewhat limiting. It is generally recommended that 5-25 participants be used in phenomenological studies. However, the peer tutoring system being studied involves approximately 100-150 of the 200 juniors in the BSN program. Utilizing 10 participants’ means 10% of the potential population was utilized, and falls within the typical recommendations.

The generalizability of the findings may also be limited (Creswell, 2013). The rationale here includes the understood differences in structure, content, and delivery systems of current peer tutoring programs across different nursing programs. Additionally, the depth and level of success of this particular peer tutoring program, with all benefits ascribed, is one peer tutoring program within nursing.

When we look at the theoretical framework, it is still unknown within agentic perspective, how early developmental influences play a role within perceptions of self, and specifically self-efficacy. It is also not well understood why some students persist in being “linear” in their thought processes, and despite having solid mechanisms in place for transition to application and analysis thinking, they fail to successfully transition. This results in continued high attrition rates in the fall of the third year of studies.

Transferability could be a potential weakness, to that end. It is possible that the year of current research (AY 2015-16) included a particularly strong field of student tutors, or that tutors at other BSN programs may not have the same level of commitment or buy in.
Recommendations for Future Research

The study was designed and conducted to gain insight regarding student experiences with junior-level peer tutoring within BSN studies. The study posed four main research questions, and provided detailed description and greater of the student perceptions of this phenomenon.

Research identifies the need for further research in a couple of critical areas. The study of nursing faculty, in their roles as faculty advisors to tutors, was not something that came up in over 60 pages of transcribed data. The role is not well understood, and the involvement or lack thereof of faculty seems to be poorly described in the literature. This study helps with better understanding of experiences, perceptions of self-efficacy, and many, many additional positive program benefits were described, benefits not previously described in current literature, but the role of supervisory faculty is largely unstudied.

A study of this nature could be combined with the current study and the two collectively could provide better understanding and potential the basis for development of more formalized goals within peer tutoring, along with outcomes criteria. Senior tutors have many goals and desired outcomes, but they are not faculty approved, supervised or formalized. This can further the impact of peer tutoring for junior BSN students.

Further research, studying the current attitudes of nursing faculty towards peer tutoring programs within undergraduate programs. The design would be qualitative in nature. This research may build upon the most current research that provided depth of understanding of student perceptions of peer tutoring. Research participants would be junior-level faculty, ideally. The research could ultimately lead to greater faculty involvement, more attentive advising, and tutor and faculty co initiation of formalized learning objectives and outcomes criteria. This may also lead to program evaluations, juniors being polled regarding their needs, and the like.
The current research adds to the body of knowledge of nursing by allowing in-depth insight into the phenomenon being studied. Further research, as described, can further this critical delivery mechanism, as a more effective means to an even more productive end.

**Summary**

The goal of this transcendental phenomenological study was to examine the shared lived experiences of junior’s involved in peer tutoring within BSN studies. The study provided detailed descriptions that gave juniors a voice regarding the phenomenon. The students felt the experience a huge part of their junior year and felt peer connections, clinical confidence, deeper connections from theory to clinical are made for those involved in the experiences. Student’s perceptions of self-efficacy revealed they felt an increase over the academic year, fostering ability to self-regulate and be successful. This increase, they felt was also critical to bring students to more self-awareness of the need to not only learn the material, but seek out clinical application. Further research efforts may study the current attitudes of faculty advisors to foster better collaboration with tutors for the betterment of peer tutoring programs within the critical junior year of BSN studies.
REFERENCES


March 29, 2016

Mary Lynn Clarke

IRB Approval 2496.032916: Peer Tutoring of Junior Nursing Students: Student Experiences and Perceptions of Self-Efficacy and Benefit

Dear Mary Lynn,

We are pleased to inform you that your study has been approved by the Liberty IRB. This approval is extended to you for one year from the date provided above with your protocol number. If data collection proceeds past one year, or if you make changes in the methodology as it pertains to human subjects, you must submit an appropriate update form to the IRB. The forms for these cases were attached to your approval email.

Thank you for your cooperation with the IRB, and we wish you well with your research project.

Sincerely,

G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research

The Graduate School

Liberty University | Training Champions for Christ since 1971
APPENDIX B

Consent Form

PEER TUTORING OF JUNIOR NURSING STUDENTS: STUDENT EXPERIENCES AND PERCEPTIONS OF SELF-EFFICACY AND BENEFIT

Mary Lynn Clarke

Liberty University

Liberty University School of Education

You are invited to be in a research study of perceptions of peer tutoring within the BSN program. You were selected as a possible participant because of your two year involvement as a junior student participant and a senior tutor. I ask that you read this form and ask any questions you may have before agreeing to be in the study.

Mary Lynn Clarke, a doctoral candidate in the Liberty University School of Education at Liberty University, is conducting this study.

Background Information:

The purpose of this study is to understand student experiences within the peer tutoring system, and to explore perceptions of perceived student benefit.

Procedures:

If you agree to be in this study, I would ask you to do the following things:

1.) Participate in a one-on-one interview
2.) Participate in one focus group interview
3.) Allow one tutoring session to be videotaped
The one on one interview will take place in a neutral location, in a conference room. There will be 8 questions asked. This interview will be tape recorded and transcribed.

The focus groups will consist of a group of participants, and also take place in a conference room. The same questions will be used as with the one-on-one interview. This session will also be taped and transcribed.

The videotaped session will occur with a dot.cam from media services that will be set up and filmed by the tutor, or tutors in the peer study group.

All participants will be anonymous, and assigned pseudo names for confidentiality.

Risks and Benefits of being in the Study:

The risks involved in this study

There are minimal risks as each participant’s comments will be kept completely anonymous.

The benefits to participation

The students will contribute to research involving bettering BSN studies.

Liberty University will not provide medical treatment or financial compensation if you are injured or become ill as a result of participating in this research project. This does not waive any of your legal rights nor release any claim you might have based on negligence.

Compensation:

There is no financial compensation for participants in the study. Students will participate with hope to contribute to the body of knowledge of nursing, specifically to contribute to the understanding of perceptions of peer tutoring and its benefit.

Confidentiality:
The records of this study will be kept private. In any sort of report I might publish, I will not include any information that will make it possible to identify a subject. Research records will be stored securely and only the researcher will have access to the records.

Recorded data will be stored on the researcher’s laptop with a privacy protected password. After transcription and dissertation defense, recordings will be erased. Transcriptions will be kept for follow-up research efforts. All participants will be given a pseudonym, named in a way that is completely confidential if quoted in the research.

Voluntary Nature of the Study:

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

How to Withdraw from the Study

If you choose to withdraw from the study, please contact the researcher at the email included in the next paragraph. Should you choose to withdraw, data collected from you, apart from focus group data, will be destroyed immediately and will not be included in this study. Focus group data will not be destroyed, but your contributions to the focus group will not be included in the study if you choose to withdraw.

Contacts and Questions:

The researcher conducting this study is Mary Lynn Clarke. You may ask any questions you have now. If you have questions later, you are encouraged to contact her at mlclarke2@liberty.edu or 434-851-1966.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, you are encouraged to contact the Institutional Review Board, 1971 University Blvd, Carter 134, Lynchburg, VA 24515 or email at irb@liberty.edu
Please notify the researcher if you would like a copy of this information to keep for your records.

Statement of Consent:

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

(NOTE: DO NOT AGREE TO PARTICIPATE UNLESS IRB APPROVAL INFORMATION WITH CURRENT DATES HAS BEEN ADDED TO THIS DOCUMENT.)

☐ The researcher has my permission to audio-record/video-record.

Signature:__________________________________________________ Date: ______________

Signature of Investigator: _______________________________ Date: ______________
Interview Questions

The experience of peer tutoring

1. Please explain your experiences with the peer tutoring program within the junior year.
2. Please explain any circumstances or situations that may have affected your peer tutoring experiences.

Perceived self-efficacy

3. Please explain if and how peer tutoring has affected your ability to think like a nurse?
4. Please explain if and how peer tutoring affected personal motivation?
5. Please explain if and how peer tutoring affected your application an analyzing abilities in terms of linking theory to practice?

Benefit

6. Please describe any benefits gained from the peer tutoring program toward student learning?
7. Please explain your perception of yourself as a student nurse both before and after the peer tutoring experiences.
8. Please explain if and how peer tutoring affected your overall approach to clinical/patient problems?
APPENDIX D

Focus Group Questions

(1) Please explain the group experiences with peer tutoring as a junior?

(2) Please explain any circumstances within your specific tutoring group that many have affected your experiences with peer tutoring?

(3) Please discuss how you feel application and analysis and critical thinking has been affected after experiences with peer tutoring?

(4) How did your experiences with tutoring affect personal motivation? Specifically, how did they affect your ability to consider your performance in the program and self-regulate (or make self-adjustments)?

(5) Did peer tutoring affect clinical performance throughout the course of the junior year? If so, in what way(s)?

(6) Specifically, did tutoring affect your theory-to-practice bridge? Where did peer tutoring rank with other delivery systems for this (I.e. Clinical stories/examples given in class, patient-based questions on exams, clinical simulation labs, and hospital clinical every Friday).

(7) What would you name as the biggest overall positive benefits with tutoring?

(8) What would you name as any negative perceptions of peer tutoring?

(9) If you were put in charge of the peer tutoring system, what would your program look like, and offer?

(10) What transitioning methods would you include within the program to help students with theory-to-clinical tie in?
(11) If you were in charge of the peer tutoring program, would motivation be used by as a technique by tutors? Why or why not? If yes, what could be utilized to motivate at this level?

(12) How influential do you think the program is terms of overall benefit to the junior–level student?
APPENDIX E

Observational Protocol for Videotaped Sessions

<table>
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<th>Descriptive Notes</th>
<th>Reflective Notes</th>
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<td>Tutoring setting/physical surroundings</td>
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<td>Time/Opening comments</td>
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<td>Tutoring session (are there distinct structured compartments, free flow Q/A, etc)</td>
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<td>Individual responses and interactions and group responses and interactions</td>
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<td>Descriptive detail of wrap up and conclusion</td>
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### APPENDIX F

**Table 2**

*Individual Interview Codes*

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## APPENDIX G

### Table 3

*Focus Group Codes*

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## APPENDIX H

### Table 4

**Videotaped Sessions Summary of Coding**

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