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Outcomes of Peer Mentoring at an Associate Degree Nursing Program

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Outcomes of Peer Mentoring at an Associate Degree Nursing Program

by

Melissa B. Harper

A thesis submitted to the faculty of
Gardner-Webb University Hunt School of Nursing
in partial fulfillment of the requirements for the
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Abstract

Nursing students have described clinical experiences as being stressful, yet the application of classroom knowledge to the clinical health care setting is a requirement. The purpose of this mixed-method study is to compare students' perceptions of the peer mentoring leadership experience (PMLE) and the student charge nurse experience (SCNE). The PMLE was piloted at a southeastern community college's associate degree nursing (ADN) program. Hand-selected PMLE second-year nursing students (n=5) were paired with hand-selected PMLE first-year nursing students (n=5) for medical/surgical clinical rotations. The ADN program's purpose for these clinical rotations was to provide a mutually beneficial mentoring experience. The remaining second-year nursing students (n=25) registered in the health system concepts course participated in the SCNE in which one-on-one time was spent with an on-duty designated floor charge nurse during medical/surgical clinical rotations. These second-year student participants spent additional time in a student charge nurse role meeting course management and leadership objectives while overseeing first-year students' (n=37) patient care with clinical faculty as resources. Students voluntarily completed a survey indicating their perceptions of how learning objectives for the clinical experience were met for client advocate, educator, and caregiver, prioritization of client care, time management, communicator, leader, multi-disciplinary team relationship builder and self-confidence. Descriptive analysis was completed for the quantitative data and qualitative data was reviewed with grouping of themes. Results from the study indicated that the PMLE respondents perceived their experience met the individual course objectives more than the compared SCNE respondents. *Keywords:* Peer mentoring, student charge nurse

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CHAPTER I

Introduction

Nursing students have expressed one aspect of the nursing program that causes the most apprehension is the clinical experience (Sharif & Masoumi, 2005). Clinical experience involves nursing students taking academically learned knowledge from the classroom and putting it into practice within a health care setting. One strategy utilized to aid nursing students in the clinical experience has been peer mentoring, also called peer mentored learning. Peer mentored learning can be strategically planned, but often times it happens spontaneously (Henning, Weidner, & Marty, 2008). A study conducted during a nursing clinical experience found that nursing students reported feeling less anxious and were able to increase interactions and collaboration more when taught by peers (Iwasiw & Goldenberg, 1993). Whitman and Fife (1988) found another benefit to peer mentored learning was the mentor's knowledge was reinforced through the process of teaching to a peer. A third benefit to peer mentored learning was relief from faculty burden (Zentz, Kurtz, & Alverson, 2014; Peer, 2015).

Significance

The National League for Nursing's (NLN) Annual Survey of Schools of Nursing Academic Year 2011-2012 indicated nursing programs continue to be impeded by the shortage of nursing faculty, and this continues to compound the shortage of nurses. In the fall of 2012, associate degree nursing (ADN) programs rejected 45% of qualified applications (NLN, 2013). While the nursing faculty shortage remains burdensome, the nursing program instructors are expected to provide clinical experiences to enhance learners' education by bringing health concepts and professional roles out of the

classroom and into the clinical environment. Ammon and Schroll (1988) found peer assisted learning (PAL) reduces the workload on clinical instructors, and improves the overall clinical experience for students.

Problem Statement

The problem remains that there is little research on the outcomes of peer mentoring, specifically in ADN programs. Many authors have presented studies of the implementation of peer mentoring in undergraduate or graduate degree nursing programs (Aston & Molassiotis, 2003; Isaacson & Stacy, 2004; Peer, 2015; Li, Wang, Lin, & Lee, 2011; Zentz et al., 2014; Sims-Giddens, Helton, & Hope, 2010; Rapaport, 2014; Christiansen & Bell, 2010; Jacobs, Atack, Ng, Haghiri-Vjeh, & Dell'Elce, 2015; Joseph, 2009; Riley & Fearing, 2009; Roberts, Vignato, Moore, & Madden, 2009; Joubert & de Villers, 2015; Iwasiw, Goldenberg & Andrusyszyn, 2009; Sprengel & Job, 2004). These studies include the implementation of peer mentoring as resources to enhance the learning experience of both the mentor and mentee, but none of them focus on peer mentoring of ADN students.

Purpose

The purpose of this study was to compare students' perceptions of the peer mentoring leadership experience (PMLE) and the student charge nurse experience (SCNE). Findings from this *Outcomes of Peer Mentoring Study* could assist nurse educators in ADN programs to determine whether to include PMLE and/or SCNE as part of the curriculum.

Theoretical or Conceptual Framework

The framework for this study was based on Kirkham and Ringelstein's (2008) conceptual framework of the student peer assisted mentoring (SPAM) model. The researchers used the SPAM model as an approach for supplemental instruction with students involved as the peer mentors. The SPAM model's main objectives were to increase student performance and to increase retention rates. The objectives were accomplished through developing a feeling of community through participation in networking leading to the creation of study groups; providing a non-intimidating atmosphere which was advantageous to learning; providing study and erudition strategies that could be utilized in other areas of learning; and avoiding the formation of a remedial program that might produce negative implications.

Requirements for Mentoring

The student mentors were chosen based on the individuals' proficiency in several areas. Requirements for student mentors included being able to demonstrate an understanding of the academic course content and being able to communicate problem-solving skills. The student mentors were also chosen based on having a commitment to the concept of mentoring, a positive academic standing, strong relational abilities, strong computer knowledge, ability to teach knowledge, patience and reverence for the educational needs of another person, willingness to promote the development of another person's educational advancement, being an active member of the mentoring network team, and having effective communication skills (Kirkham & Ringelstein, 2008).

Benefits

The SPAM program was beneficial not only to the student mentee, but also to the student mentor. For the student mentee, the program was focused on the individual's learning needs and encouraged active problem solving. A benefit for the mentor included reinforcement of nursing education through teaching peers strategies for problem solving. Mentors also learned to develop skills for communicating, leadership, and multi-disciplinary team relationship building (Kirkham & Ringelstein, 2008).

Principles

SPAM's program had four main principles that were helpful in determining the success. These principles were described as the four 'Cs' because they included commitment, clarity of purpose, communication, and confidentiality. The first 'C', commitment, referred to the student mentor being willing to take on the role of assisting another student so that the academic leader who has time constraints involved with aspects of the program could be less burdened. The second 'C', clarity of purpose, referred to making sure the outcomes were identified so the objectives could be well developed and evaluated. The third 'C', communication, referred to the information being provided for both the mentor and mentee about what to expect throughout the program's process. The fourth 'C', confidentiality, referred to a clear understanding of the importance to safeguard the mentor-mentee relationship (Kirkham & Ringelstein, 2008).

Objectives

Objectives gave structure to the SPAM program. In order to develop the objectives, there was a pre-evaluation administered that was intended to identify specific

needs of the individual student prior to beginning the student peer assisted mentoring program. The objectives were created with three specific goals in mind: (1) Direction to provide guidance of where learning was to be directed and to develop a clear understanding of what the mentee wanted to achieve, (2) Motivation to provide both student mentor and student mentee with goals to aim at accomplishing, and (3) Reinforcement was accomplished during development of feelings of success. In order to determine that the SPAM program was proceeding appropriately in order that it allowed for objectives to be met there were feedback and evaluation processes in place throughout the semester. The feedback and evaluations were required to be completed by both the mentor and mentees (Kirkham & Ringelstein, 2008).

Measurement of Success

Success of the SPAM program was demonstrated with the mentee passing the course while developing deep learning and problem solving skills all the while increasing self-confidence. The peer mentor's success was demonstrated by the recognition they gained by being an active participant, developing deep learning skills, and expanding on their skills of communication, leadership and relational abilities. The SPAM program was created to increase student performance and indirectly to have a positive influence on student retention by increasing motivation (Kirkham & Ringelstein, 2008).

Utilization of Concepts

The key concepts from the SPAM model that were relevant to the *Outcomes of Peer Mentoring* Study included the utilization of peer mentoring to increase the first-year student mentee's deep learning of being a client advocate, educator and caregiver; problem solving skills defined as prioritizing client care and time management; and self-

confidence. Key concepts from the SPAM model that peer mentoring benefited the second-year student mentor included reinforcement of nursing education through teaching peers strategies for problem solving defined as prioritizing client care and time management. They also learned to develop skills for communicating, leadership, and multi-disciplinary team relationship building. Key concepts of the peer mentoring are outlined through a Conceptual-Theoretical-Empirical (CTE) structure in Figure 1.

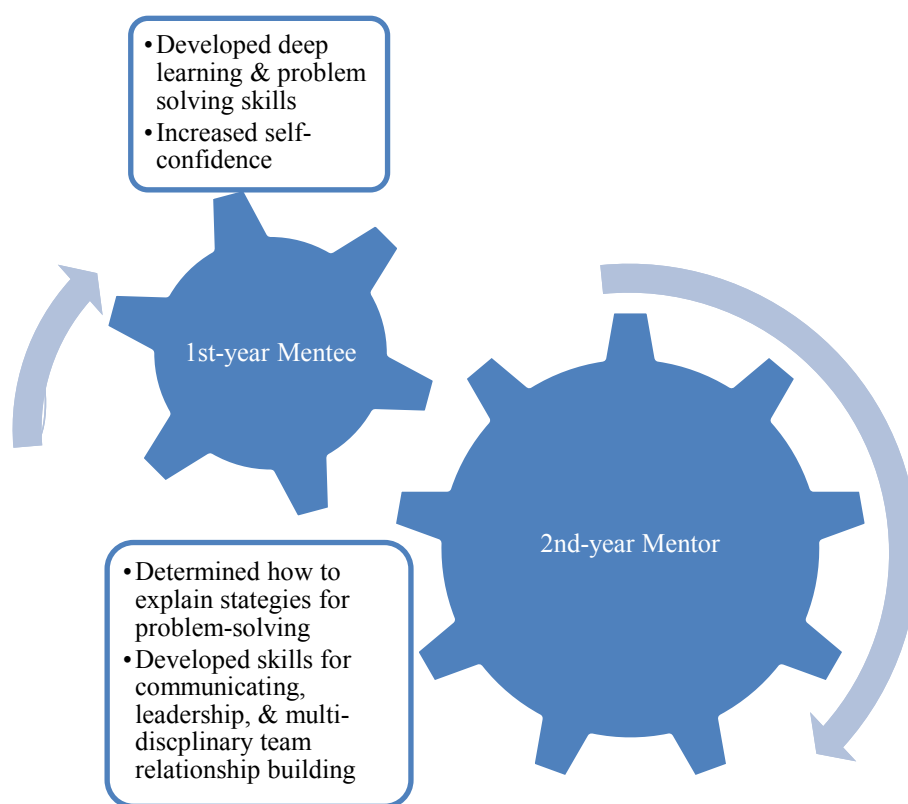


Figure 1: Key Concepts for Peer Mentoring. CTE diagram of Kirkham & Ringelsteins' SPAM model key concepts related to peer mentoring.

Research Questions

- What advantages did the participating students report concerning the PMLE?
- What advantages did the participating students report concerning the SCNE?
- What disadvantages did the participating students report concerning the PMLE?
- What disadvantages did the participating students report concerning the SCNE?
- What suggestions did the participating students report for a possible future student PMLE?
- What suggestions did the participating students report for future SCNE?
- What are the students' perceptions of the outcomes of a peer mentoring leadership experience compared to a student charge nurse experience?

Definition of Terms

Throughout this thesis, specific terms were used in describing Kirkham and Ringelstein's (2008) conceptual framework of the SPAM model. The key concepts from the SPAM model that were relevant to the peer mentoring pilot study included the utilization of peer mentoring to increase student performance and was a supplemental instruction strategy with students actively involved as the mentors. Additional terms utilized in this thesis to describe important aspects of this study are health care setting and student charge nurse.

- **Peer mentor** The noun 'peer' was stated as "one of the same rank, quality, endowments, character, etc.; an equal; a match; a mate" ("Peer," n.d.).
 "Mentoring is just-in-time help, insight into issues, and the sharing of expertise, values, skills, and perspectives" (Educause, 2016). The terms mentor and mentee were also utilized throughout this thesis. Mentee was defined as "one who is

being mentored” (“Mentee,” n.d.). Mentor was defined as “someone who teaches or gives help and advice to a less experienced and often younger person” (“Mentor,” n.d.).

- **Performance** The word “performance” was derived from the Late Middle English-Middle French *parfourmaunce* (“Performance,” 2016). Performance was defined as “the act of performing; of doing something successfully; using knowledge as distinguished from merely possessing it” (“Performance,” 2016).
- **Supplemental** The word “supplemental” was derived from “supplement” which was from the 1350-1400; Middle English and Latin *supplēmentum*, which meant, “that by which anything is made full” (“Supplement,” 2015). “Supplemental” is defined as “added to something else to make it complete” (“Supplemental,” 2016).
- **Strategy** The word “strategy” derived from the Greek word *stratēgos*; which derived from two words “stratos” which meant army and the word “ago” which was ancient Greek for leading, guiding, or moving. Strategy was the means by which outcomes were deliberately and methodically pursued and obtained over time. (El-Kadi, n.d.). The SPAM model was a strategy put into place specifically as a supplemental instruction to increase student performance. The SPAM model was beneficial not only to the student mentee, but also to the student mentor. Mentors’ benefits included reinforcement of learning through teaching mentees strategies for problem solving. Mentors also learned to develop skills for communicating, leadership, and multi-disciplinary team relationship building. SPAM worked on two distinct levels, one for the student mentees and the other

for the student mentors. For the student mentees, success was translated into (a) achieved passing grade (or better); (b) developed deep learning and problem solving skills; and (c) increased levels of confidence and motivation. The peer mentor's success was demonstrated by the recognition they gained by being an active participant, by the development of deep learning skills, and by expansion on their skills as a communicator, leader and interpersonal skills.

- **Health care setting** Another specific term utilized throughout this thesis included “health care setting”. René Dubos stated, “Health is primarily a measure of each person's ability to do and become what he wants to become” (as cited in *The Free Dictionary*, 2016). Care referred to “the services rendered by members of health professions for the benefit of a patient” (“Care,” 2016). Setting was defined as the place and conditions in which something happens or exists (“Setting,” n.d.).
- **Student charge nurse** The last term utilized throughout this thesis was “student charge nurse”. Student was defined as “a person who studies something” (“Student,” n.d.). Strategies for Nurse Managers (2016) described the skills the charge nurse must possess included being technically proficient, knowing other staff and looking out for their welfare, being proficient in communication toward staff, ensuring staff understand tasks and accomplish them while being supervised. The charge nurse also must make sound and time conscious decisions, be a good role model and help the nursing staff develop a sense of responsibility (Strategies for Nurse Managers, 2016).

Conducting this pilot study on the outcomes of peer mentoring at an ADN program was focused on utilization of key concepts from Kirkham and Ringelstein's (2008) conceptual framework of the SPAM model to identify students' perceptions of a PMLE in comparison to students' perceptions of a SCNE. Findings from this study could assist nurse educators in ADN programs to determine whether to include PMLE and/or SCNE as part of the future curriculum, modify or discontinue the experience(s).

CHAPTER II

Research Based Evidence

Literature Related to Statement of Purpose

The requirements of nursing programs have been described as stressful by students. The clinical aspect of the nursing program is no exception to this anxiety-producing time in nursing students' education. Studies have shown that peer mentoring has been one strategy to benefit both mentors and mentees. Studies have also shown student charge nurse experiences to be beneficial, while providing opportunities to apply leadership and management theory in the clinical health care setting.

A systematic literature review of health-related electronic databases was conducted including Cumulative Index for Nursing and Allied Health Literature (CINAHL) Plus, ProQuest, ProQuest Educational Journals, ProQuest Dissertations & Theses, and Science Direct College Edition-Health & Life Sciences Collection to obtain articles. Peer mentoring had similar terminology used by other authors such as peer assisted learning (Zentz et al., 2014), peer coaching (Peer, 2015), peer tutoring (Joseph, 2009) or peer teaching (Secomb, 2008). Single words, phrases or a combination of the key words 'peer assisted learning', 'peer learning', 'peer mentoring', 'peer coaching', 'clinical', 'clinical setting', 'clinical teaching', 'nursing students', 'student nurse clinical experience', 'student charge nurse', and 'nursing student leadership' were utilized to search the literature. Inclusion criteria required the articles to be published between 2004-2016 in full-text English and from peer-reviewed articles. Twenty-four peer reviewed journal articles were retrieved from the literature review. Twelve articles were selected for the purpose of this study. Seven articles related to peer mentoring strategy,

yet there was no specific literature on PMLEs for ADN programs. Two articles related to SCNEs for undergraduate nursing degree programs. One article related to a clinical experience that included peer mentoring and student charge nurse leadership. Two systematic review journal articles were also utilized. Review of written nursing instructional textbook indexes was conducted searching for sections related to this study's defined research terminology and two were used for the purpose of this literature review.

Peer Mentoring

Li et al. (2011) explored the advantages of peer mentoring strategy on reducing students' stress level by having mentors guide peer students at the same grade level during medical/surgical clinical practice. This quasi-experimental study was conducted in southern Taiwan at a university's undergraduate program and involved 66 junior level nursing students, with 34 of those students in the experimental group (17 mentors and 17 mentees), and 32 students in the control group that were all enrolled in the same medical/surgical nursing class. The mentors each held a junior nursing college degree and a registered nurse (RN) license with prior clinical experience. The purpose of the study was to have mentors guide peer students at the same grade level during medical/surgical clinical practice to explore the advantages of the peer mentoring strategy on reducing the students' stress level. Two clinical teachers involved as participants were individually assigned to a clinical group of eight to ten students. The clinical course was three days per week for four weeks. In the experimental group, the mentors and mentees were allowed to pair themselves during the first week of clinical orientation. The following weeks of clinical experiences involved the mentor and mentee being assigned

one patient each. Mentor and mentee had to learn each other's patients through discussions about care issues and sharing their experiences. The mentors could assist mentees in basic skills and nursing skills such as tube or mouth care. There were further objectives required such as having conversations at least once a week during the clinical rotation and then communicating with each other after rotation via telephone or e-mail. Researchers met with the mentors and mentees once a week also. The Perceived Stress Scale (PSS) for nursing students in clinical practice was used to collect data at, before, and after clinical practice. The PSS included 29 items, six scales, ranked on a 6-point rating scale for stress levels. Mentors and mentees alike provided advantages and disadvantages as part of the feedback. Advantages mentioned by mentees included feeling supported with an increased sense of security when working with a mentor. Mentors also expressed advantages of the experience such as while observing mentees the mentors themselves learned foundational nursing techniques. Disadvantages expressed included from a mentor that the mentee displayed a lack of initiative and motivation to problem solve. Results from the study showed there were no significant differences in the stress scores between the experimental and control group. Limitations mentioned in this study included not having enough students with prior clinical practice experience (each class had five to ten students with the experience) and having students from only one nursing school restricted the sample size. Cross-school collaboration is suggested for further studies. Another limitation mentioned was the personal characteristics such as motivation, self-confidence, enthusiasm, and openness may have been possessed by all the students and could have skewed the results. A suggestion in the conclusion is to have a clinical instructor with experience to support and encourage

mentor and mentee students. Review of this study showed use of peer mentoring by the same year level of students in an undergraduate degree nursing program and revealed no significant difference in anxiety between the control and experimental groups.

Zentz et al. (2014) evaluated the effectiveness of peer assisted learning (PAL) in the clinical health care setting and determined students' perceptions of fulfilling the roles of professional nurse and perceived effect related to anxiety. Over a two-year time frame, 342 students participated in a PAL model at a private university. Senior Bachelor of Science in Nursing (BSN) students were paired to assist sophomore BSN students during their fundamentals clinical experience. During this mixed-method study that was conducted during several semesters over a two-year period, all senior students registered in the capstone course and all sophomore students involved in the clinical portion of the fundamentals course were invited to participate. The mentoring experience included the senior mentors assisting for two sessions: one being in the virtual nursing learning center and one being in the clinical health care setting. The virtual nursing learning center session consisted of two senior mentors assisting a group of approximately 25 sophomore mentees. During the clinical health care setting, one to two senior mentors were assigned to each clinical group, which contained eight to 10 sophomore mentees. The senior mentoring objectives included for them to journal about their experience. They were also to help sophomore students with physical assessments, hygiene care, and procedures plus attend pre- and post-conferences. The survey conducted included items rated using a 5-point Likert-type scale, and items requiring an open-ended response. Quantitative data was analyzed using Statistical Package for Social Sciences (SPSS) software version 18 while experts in the field of nursing education reviewed qualitative data. Advantages

provided by the majority of sophomore mentees were a reduction in anxiety (79.6%), increased self-confidence (78.1%), and increased learning (74.2%). Additional feedback from the sophomore mentees included their perceptions that senior mentors demonstrated the professional roles of caregiver (82%), teacher (79.1%) lifelong learner (68.4%), manager (56.8%), and research consumer (48.5%). Advantages provided by the senior mentors included the PAL experience allowed them to demonstrate their professional roles of teacher (94.8%), lifelong learner (86%), caregiver (85.3%), manager (69.1%), and research consumer (46.3%). Sophomore student mentees (80%) perceived that senior student mentors were given an opportunity to act as caregivers and teachers through the PAL experience. The student senior mentors (95%) perceived that during the PAL experience they were demonstrating teaching role, which reinforced their own knowledge. The study supported PAL as an operative teaching strategy for learning nursing skills and applying the roles of the professional nurse. Weakness of preparation of the students and faculty for the PAL program was pointed out through the sophomore and senior students' reflection comments. Recommendations from the researchers of this study included examination of diversity and learning styles on the PAL model. They also suggested examination of faculty perception of PAL as to whether the model achieved learning objectives and relieved faculty burden. Research was focused on peer mentoring in an undergraduate degree nursing program with a lack of attention on ADN programs.

Sims-Giddens et al. (2010) assessed the outcomes from a pilot project that included using student peer mentoring as one strategy to provide a network of support to students placed in community-based agencies to work with vulnerable populations. This was a 16-week student-to-student peer mentoring teaching project with nursing students

from three different levels of education participating. The first level involved a Master of Science in Nursing (MSN) student that worked in collaboration with the second level of student, which included Registered Nurse-to-Bachelor of Science in Nursing (RN-to-BSN) students in a grant-funded community-based agency. This agency was staffed with social workers and counselors, but not RNs due to a lack of funds. The agency had a long-standing collaboration with the department of nursing to provide nursing needs for the agency, for example home visits to supply health education and assessments of the family members. There were no policies and procedures in place for the nurses providing these services in the agency, but nursing faculty were serving as clinical supervisors for those students. The graduate student in the MSN nurse educator program was hired by the university (via an internal grant) to serve as facilitator for the peer mentoring group and as liaison between the community-based clinical agency and the nursing faculty. The MSN student's objectives included to increase knowledge about mentoring and to gain insight into the mentoring method. There were two RN-to-BSN students completing their capstone leadership/management course involved in this project. These two RN-to-BSN students designed and implemented organizational policies and procedures for nursing care of clients served by the community agency. There were two additional RN-to-BSN students completing their community health course involved in this project. These two RN-to-BSN students were tasked with performing community assessments for an at-risk population and their health care needs. They also made home visits that included implementing health care interventions, teaching, and making referrals to other health care providers when deemed appropriate. Advantages and disadvantages of this model were discussed based on feedback from student journals, reflective comments, and

pre- and post-test evaluations. Quantitative and qualitative methods were used to evaluate the project. A peer mentoring evaluation tool was developed by a researcher and administered as pre- and post-project experience. The evaluation tool contained 26 statements, with a Likert scale format, related to mentoring and mentoring experiences. In addition, the course instructors conducted qualitative interviews of the group post experience. The interview notes were recorded by the researchers and examined for similar themes. The graduate student provided feedback through a reflective journal with the major take-away being that mentoring was mutually supportive, mutually educational, and provided a nurturing relationship that included respect, role modeling, commitment, collegiality, and encouragement. The outcomes were positive for this peer mentoring project and led the faculty to expand the project to include an additional agency servicing the high-risk homeless population and lacking a nursing presence. They have expanded the level of students involved in the project to include fourth-year baccalaureate students in addition to the RN-to-BSN and master's students. Suggestions for future examinations were to evaluate the student-to-student peer-mentoring process with a study including the difference between self-selected and hand-selected assigned mentoring groups. A longitudinal study for examining the outcomes of peer-mentoring relationships on students' professional nursing careers was also suggested. They also suggested a refinement of tools for the effective measurement of mentoring outcomes. This study was focused on a variety of student degree levels, but did not include ADN level students.

Rapaport (2014) evaluated the outcomes from peer mentoring in a nursing program that consisted of licensed practical nursing (PN1) students and RN students at a

community college. The faculty randomly paired first semester PN1 students with RN students. The pairs met for the first time at a social event hosted with the objective to allow time for interaction and becoming familiar with one another prior to clinical or lab experiences. The RN student mentors had objectives to meet for leadership skills classes such as having designated time with the mentee in fundamentals skills lab, gerontology clinical, and also one-on-one meetings periodically throughout the semester.

Confidential surveys were given to both the mentors and mentees to evaluate the peer mentoring experience. There were both advantages and disadvantages provided as feedback. An advantage mentioned by 70% (17 of 24) of the RN student mentors was the benefit from working with a novice student and over 80% (20 of 24) stated they would probably utilize their mentoring experiences in future career experiences. 'Time and scheduling' was the biggest issue listed as a disadvantage. Suggested modifications to the peer mentoring program included using social media tools to increase student engagement and interactions along with development of biweekly mentoring gatherings to support collaboration and open dialogue. This study's peer mentoring focused on randomly paired PN1 students with RN students, but did not research ADN peer mentoring.

Christiansen and Bell (2010) examined the outcomes of a peer learning initiative created to facilitate mutually supportive learning relationships between undergraduate student nurses in the practice setting. In this interpretive qualitative designed study conducted in the United Kingdom, focus group interviews were utilized to collect interactive and situated discourse from nursing students who had recently participated in peer learning partnerships (n=54) within the past six months. Data was collected over an

18-month time frame. The participants were assigned to a focus group of between nine to 16 participants and were facilitated to focus on their experience of acting as a senior mentor or junior mentee. Findings suggested active support from peer senior student mentors reduced the feelings of social isolation for the novice junior student mentees involved with first time clinical rotation experiences. The results also indicated the experience with peer mentors assisted the mentees to cope more effectively with the challenges faced and reduced the factors that have an impact on attrition. This study pointed out some limitations as being the fact that the participants had self-selected for participation in the peer learning partnership initiative and were invested in the experience. Additional limitations of this study included a lack of seeking the perceptions of the mentors and mentees. This study focused on undergraduate degree nursing students that were self-selected for participation, but not ADN nursing students.

Joubert and de Villers (2015) conducted a qualitative descriptive design study using the nominal-group technique for data collection with a facilitator and 67 members interested in or involved with a specific section of the problem being examined. The mentoring program was conducted for a year, involved 12 undergraduate post-basic critical care mentors along with 55 third-year undergraduate nursing students in the critical care clinical setting. The final participants included in the research study were five (5 of 12) mentors and fourteen (14 of 55) mentees that were placed in separate nominal groups, but participants could choose an Afrikaans or English group.

Participants were given time to contemplate and transcribe their responses as the facilitator asked the questions which included transcribing the participants' experience of the mentoring program along with how it could be improved. Using MindManager

Software from Mindjet, a consensus method to obtain feedback from the participants was obtained regarding the learning experiences. The five categories the mentors expressed as important were allocation, correlation and application of theory in practice, mentee attitude, learning experience, and reassurance and trust. The five categories the mentees expressed as important were availability, knowledge and competency, mentor attitude, mentor support, along with theory and practice integration. Findings included that mentors, mentees, critical care nursing staff, and managers should be prepared and oriented to the mentoring program. Other feedback gleaned included mentees requesting the ratio of mentors to mentees be changed to two mentors per mentee, yet mentors had suggested one mentor to three mentees per month per critical care unit. Mentees also requested a change for full-time mentoring for a week. In addition, both the groups of mentors and mentees provided feedback that they benefited from the mentoring program. Limitations were related to the number of topics and problems that could be included in the feedback session; the restricted opportunity for participants to contemplate the problems; and the absence of anonymity. Historically, research has focused on peer mentoring involving undergraduate or graduate degree nursing programs with either randomly selected or self-selected participants.

Another study focused on peer mentoring was Roberts et al. (2009) examination of the perceived results reported by nursing students after review of skills and practice in a simulation laboratory with peer mentors. Freshman nursing student mentees were mentored by senior nursing student mentors in four-hour "Skills-a-Thon" sessions conducted in the simulation laboratory at an ADN nursing program at a community college in southern California the first week of return from summer or winter breaks.

The purpose was to facilitate skill-building reacquisition and to boost confidence in mentees while assessing and improving the skills of mentors over three sessions. The mentees had learned the skills in the first semester during the beginning four weeks of school and were able to apply this training to actual patients in a health care setting during the following 12 weeks. Prior to beginning the “Skills-a-Thon”, seniors were instructed on mentoring and skill competencies with review from a course textbook that utilized evidence-based practice criteria. Skill examples included in the “Skills-a-Thon” were indwelling catheterization, nasogastric tube insertion and feedings, injectable medications, physical assessments, and sterile dressing changes. After the first two sessions of the “Skills-a-Thon”, faculty designed the third simulation differently for inclusion of more difficult skills to recall. Mock health care setting stations were prepared with hospital beds, Manikins for patients, supplies, and physician order sheets. Since this was not a testing of skills format the mentees were accustomed to, they were allowed to refer to textbooks for procedure clarifications. Each station had one faculty member as a facilitator and one of ten senior mentors while allowing a maximum of 20 mentees to rotate through with allowance of 20 minutes per station. The skills mock sessions took an estimated three of the four allotted hours. Mentors assisted the mentees to work through the procedures and to use critical concepts while being checked off on the skills. The mentees and mentors completed an evaluation at the end of the mock skills session that included focus on available time, helpfulness of seniors, and conduciveness of the environment to learning. Positive feedback from participants included improved performance and increased confidence with the hands-on application provided in a non-threatening environment. Senior mentors’ feedback for improvement

included a more in-depth training prior to mentoring. Negative feedback included environmental issues, specifically the noise level and crowded space. Peer mentoring was shown as helpful in the simulation setting. Further investigation into the effects of peer mentoring in both the clinical health care setting and simulation setting would help nurse educators to determine direction of modifications needed to the curriculum.

Sprenkel and Job (2004) conducted a study with the purpose of examining the perceived effects of peer mentoring on stress in an undergraduate degree nursing program. Thirty sophomore mentors were paired with 30 freshmen mentees in their first clinical course and all were oriented to their respective roles and responsibilities for working together in the clinical health care setting. Prior to the first clinical experience, the mentees were administered the Kleehammer, Hart, and Keck Clinical Experience Assessment which included 16 items, eight of which were related to anxiety. After the clinical experience, both mentors and mentees completed an evaluation that the researcher prepared. Positive feedback was gleaned from both groups. In particular, the mentees' positive feedback included feeling at ease and the mentors' feedback included having gained self-confidence.

Iwasiw et al. (2009) referred to peer teaching briefly as a contemporary teaching-learning strategy. The authors stated that group size should be small and that the cost was low for this teaching strategy. Instructor preparation time was medium with a learning curve of moderate for students. Learning curve referred to the rate that learning should occur to reach the desired outcome. Learner engagement was defined as the extent to which students are required to participate in the learning process for a particular teaching strategy. The learner engagement was considered active with a learning curve

of steep. A steep learning curve was described as possibly needing a different teaching strategy to be considered under certain circumstances. The intent of peer teaching was described to help students develop understanding. Peer teaching has been just one strategy for helping students during their education.

Student Charge Nurse

Isaacson and Stacy (2004) conducted a study examining management curriculum with junior and senior undergraduate nursing students involved in a medical/surgical clinical rotation. The seniors' curriculum included a 90-hour management-focused clinical course. The senior nursing students performed expanded charge nurse duties and responsibilities while during the same clinical experience the junior baccalaureate students functioned as the medical/surgical floor staff. The senior nursing students were overseeing the junior nursing students with a ratio of one to four. Clinical instructors functioned in a supervisory role with faculty-to-student ratio being one to 10. The senior nursing students' duties included creating an orientation plan and patient assignments for the junior nursing students. The seniors would create the client assignments by following instructions to keep the junior students' individual specific clinical needs and abilities in mind, reviewing client charts, having discussions with the nursing staff and the instructor, and including multiple medication, procedures and co-morbidities. The juniors were instructed to pose any questions regarding client assignments directly to the senior nursing students. During the medical/surgical clinical rotations, Benner's concepts of novice to advanced beginner were utilized. The junior nursing students were novice as they were exposed to nurse management theory and practice when the seniors mentored them. Once these same juniors become seniors, and thus advanced beginners, they could

apply management theory as they themselves performed the senior expanded charge nurse role. The seniors were required to participate in an extensive project that the hospital's department of continuous quality improvement could utilize. Another part of the curriculum included the seniors being assessed on their ability to evaluate the junior nursing students' clinical performance. Requirements included weekly write-ups related to the management process, the clinical experience with case studies on particular clients, observations about nursing staff and students during clinical with problem-solving critique along with constructive feedback, and evidence-based research and management journals to support management concepts. As part of the curriculum, the seniors were responsible for determining nursing staff education needs and creating in-service education. They presented this education to the nursing staff with junior nursing students in the audience, too. The seniors also were required to present evidence-based clinical research to the juniors. A benefit to this curriculum noted by the faculty was that students learned various leadership styles. Those students who became most proficient in the role of manager learned that assessing situations, learning staffs' individual abilities and their own leadership skills were instrumental in their leadership success. Other benefits to this clinical experience included junior/senior collaboration prepared the junior students to communicate with the instructor without feeling as intimidated. Seniors expressed benefits such as more confidence, increased self-esteem, improved time management, and reciprocal relationship development with medical/surgical staff along with clinical instructors. Instructors voiced being able to provide more time to assist juniors with educational dispensation, and stated non-benefits were basically non-existent. Due to the requirement of supervising two levels of students, there was a

suggestion to not place new faculty in this clinical role. This study revealed the use of another teaching strategy that focused on undergraduate degree nursing programs.

Gore, Johnson and Wang (2015) conducted a comparison study of senior level BSN nursing students' perceptions of learned nursing leadership in a simulation setting versus traditional acute-care inpatient clinical setting. A descriptive, correlational study was conducted using a convenience sample of nursing students in leadership classes over three semesters. The participants included fifth clinical semester BSN students at a southeastern university who were in a leadership instructional and clinical course. All nursing students enrolled in the course were required to participate in both the leadership simulation setting and traditional clinical experiences held in a medical/surgical health care setting. The order in which the students participated in either setting was randomly selected. All the students that consented to participate in the study completed Leighton's (2015) Clinical Learning Environments Comparison Survey (CLECS) that examined students' perceived learning effectiveness at the end of each clinical course and the completion of curriculum for each group for simulation as clinical time. The CLECS is a 29-item self-report survey that utilized a Likert scale of 1-4 and a not applicable choice. Data analysis was completed using SPSS version 22.0 to determine students' perceptions of how well their learning needs were met in both settings. There was no statistically significant difference between demographics of gender and age amongst the groups of participants. The findings of this study were linked to the objectives for delegation, prioritization, time management, and conflict resolution. There was not a significant statistical difference in the overall scores between settings. However, there was a perceived statistical preference in teaching-learning strategy for simulation. Both settings

were noted as being necessary for students to participate to have the students' learning needs met. Limitations recognized for this study included a need for multiple sites with more diversity and a larger sample size. Potential for bias amongst participants' responses could have been related to the order in which the students participated in the simulation setting and clinical setting. Furthermore, research was suggested to objectively measure both clinical settings. Participants were seniors from an undergraduate degree nursing program and randomly selected to groups. Research on utilization of simulation and clinical settings focusing on perceived learning about time management and prioritization in ADN programs was not part of this study.

Kling (2010) examined the results of a senior-sophomore student curriculum that included a clinical component with dual strategies as part of the leadership and management course in a BSN program. Three hours of classroom and six hours of clinical per week were required. The project experience involved 20% of the senior students' clinical hours, with participants completing the remaining clinical hours with a preceptor nurse manager in a health care setting. The project experience involved senior students in the role of charge nurse and nurse educator, directing client care for hospitalized clients and overseeing sophomore nursing students. The senior student nurses worked for two clinical days as peer mentors and leaders assisting sophomore student nurses with time management, prioritization, skill technique, task completion, and necessary documentation. Additional roles the senior student nurses performed were making client assignments for the sophomore student nurses; leading pre-and post-briefing; and guiding, instructing, correcting, and assessing sophomore students' client care. Thirty-four of the 36 senior nursing students completed the three broad question

category evaluation surveys that included each category having four Likert-type scale statements. The three broad question categories included students' perception of the project in general; project meeting course objectives such as delegation, problem solving, and time management; and the encouragement to demonstrate the role of nurse educator. Of the senior student nurses that participated in the survey (n = 34), a few questions were not completed. By the end of the clinical project, 91.2% of respondents (n = 34) reported the overall perception as *somewhat positive* or *extremely positive*, with 8.8% reported as being *unsure* about their feelings regarding the clinical experience. Regarding the question about whether the clinical project met course objectives, respondents perceived this to be true *at least a little bit*, with 50% rating this as *very much so*. Respondents perceived the experience improved their problem-solving ability *at least a little bit*, with 64.7% rating it as *very much so*. Respondents perceived their critical thinking skills improved *at least a little bit* (93.8%), with 71.9% rating *very much so*. After the clinical experience, respondents stated having *at least some* (85.2%) interest in the role of nurse educator, with 35.2% having *extreme interest*. The researcher stated the clinical leadership project exceeded expectations. Historically, research on the perception of utilization of leadership and management theory is not focused on results from ADN programs.

Systematic Review

Secomb (2008) conducted a systematic review for providing the framework of peer mentoring and learning in the clinical setting in an undergraduate nursing program along with providing advantages and disadvantages to such an educational strategy. A review search of health science and educational databases with the inclusion of the terms

‘peer’, ‘clinical education’, and ‘undergraduate’ was conducted. Publication dates after 1980 (2005 inclusive), English language and research papers were the set limitations. Twelve articles met the inclusion criteria which were from five countries and four allied health disciplines with research revealing mostly positive feedback about peer teaching and learning (Aston & Molassiotis, 2003; Bos, 1998; Cortazzi, Jin, Wall & Brunel, 2001; Currens & Bithell, 2003; DeClute & Ladyshevsky, 1993; Erikson, 1987; Faure, Unger & Burger, 2002; Iwasiw & Goldenber, 1993; Ladyshevsky, 1995; Martin & Edwards, 1998; Schwab & Robinson, 1991; Yates, Cunningham, Moyle, & Wollin, 1997). Advantages reported included an increase of student’s confidence in the clinical setting and improvement in learning psychomotor skills and cognitive skills. A disadvantage reported included poor student learning if personalities or learning styles clashed between mentee and mentor. An additional disadvantage reported was mentees not having individualized time with the clinical instructor. The articles hosted various forms of methodology that included quantitative studies, but the majority used descriptive and qualitative methods. Limitations discussed in many of the articles included sample and design issues.

Stone, Cooper, and Cant (2013) conducted a systematic literature review also related to peer learning in undergraduate nursing programs. Healthcare databases were strategically searched for peer-reviewed articles, with research that involved peer learning and students in BSN courses (in both clinical and theoretical settings) with the defining terms of, a variation of, or a combination of ‘student nurse’, ‘undergraduate nurse’, ‘peer learning’, ‘peer tutoring’, ‘peer mentoring’, ‘education’, and ‘opinion leaders’. Set limitations included English language and the dates of 2000-2010.

Eighteen studies with various research methodologies were included (Broscious & Saunders, 2001; Christiansen & Bell, 2010; Christiansen & Jensen, 2008; Cooke and Moyle, 2002; Daley, Menke, Kirkpatrick & Sheets, 2008; Feingold, Cobb, Givens, Arnold, Joslin & Keller, 2008; Goldsmith, Stewart, & Ferguson, 2006; Higgins, 2004; Hughes, 2004; Hughes, Romick, Sandor et al., 2003; Horne, Woodhead Morgan, Smithies, Megson & Lyte, 2007; Lin, Lu, Chung & Yang, 2010; Loke & Chow, 2007; Morris & Turnbull, 2004; Ozturk, Muslu & Dicle, 2008; Rideout, England-Oxford, Brown et al., 2002; Roberts, 2008; Siu, Spence Laschinger & Vingilis, 2005; Tiwari, Lai, So & Yuen, 2006). The number of term variations affected reliability of the study for peer learning and the various study methodologies. The articles included for review had studied first to final year undergraduate nursing students with the majority of participants being of the female gender and ranged from having 15 participants over a three-year study to 365 participants over two-years. Methodologies ranged from eight being qualitative, six quantitative, and four mixed methods. A comparison group was used by eight of the studies. Sixteen of the 18 studies resulted in positive findings for peer learning that included objectives being met; encouragement of critical thinking and problem solving along with autonomous study; increased communication skills; improvement of cognitive and motor skills; and mutually beneficial interactions. There was a difference noted for the interacting benefits for the mentors, which included an increase in experience of leadership, reinforcement of prior knowledge, and recognition of capabilities to be able to mentor or teach. Conclusion from the systematic review included that supervision from faculty was stressed as an absolute for academic and clinical learning. Recommendations for future research included larger sample sizes, and

more versatile curricula, courses, and settings to allow for an increase in the validity. Through review of prior research, investigators can determine what changes are needed to peer learning to advance students' experiences and education.

Strengths and Limitations of Literature

Strengths

The literature review presented strengths of the peer mentoring strategy that included a reduction in mentee's anxiety and an increase in confidence (Zentz et al., 2014; Roberts et al., 2009; Secomb, 2008), a reduction of feeling social isolation expressed by the mentees (Christiansen & Bell, 2010), and mentors had confidence strengthened and facilitation of transition into the role of professional nurse including developing the role of manager (Zentz et al., 2014). Both mentors and mentees expressed mutual support and increased education (Li et al., 2011; Sims-Giddens, et al., 2010). Nurturing of relationships was noted as a result of peer mentoring (Sims-Giddens, et al., 2010). The literature review presented strengths of the student charge nurse strategy that included perception of more confidence, increased self-esteem, improved time management, and reciprocal relationship development with medical/surgical staff along with instructors, and exposure to various leadership styles.

Limitations

The literature review presented limitations related to a lack of hand-selection and pairing of students for the peer mentoring experience (Li et al., 2011; Rapaport, 2014; Christiansen & Bell, 2010), an examination of diversity and learning styles on PAL along with faculty perception of PAL as to whether the model achieved learning objectives and relieving faculty burden (Zentz et al., 2014), evaluation of student-to-student peer-

mentoring process with inclusion of the difference between self-selection and hand-selected assigned mentoring groups (Sims-Giddens et al., 2010), and a lack of seeking the participants' perceptions related to the peer mentoring experience (Christiansen & Bell, 2010). Other limitations included not having enough students with clinical practice experience (Li et al., 2011) and lack of study on the outcomes of ADN programs implementing peer-mentoring strategies (Li et al., 2011; Zentz et al., 2014; Sims-Giddens et al., 2010; Rapaport, 2014; Christiansen & Bell, 2010). The limitations the literature review presented of the student charge nurse strategy included the need for multiple sites for health care settings along with a more diverse and larger sample size. Gore et al. (2015) suggested further research was needed for objective measurement in both simulation and clinical settings.

Summary

Peer mentoring and student charge nurse experience strategies have been presented in the literature review. Seven articles have presented studies conducted on peer mentoring experiences and two articles on student charge nurse experiences with summarization of strengths and weaknesses. One article presented a study for both strategies; two articles were systematic reviews, and two were written textbook reviews. Further research ideas were suggested such as hand-selection and pairing of participants in peer mentoring, examining diversity and learning styles on PAL, examining sample size and design issues, examining faculty perception of PAL in regards to achievement of objectives, assessment of faculty perception of PAL in relieving faculty burden and examination of participants' perceptions of peer mentoring experience. Further research into peer mentoring and student charge nurse experiences could assist nurse educators

particularly in ADN programs to produce more advantageous outcomes.

CHAPTER III

Methodology

Nursing students have expressed that both the academic and clinical aspects of the nursing program are mentally strenuous and anxiety producing. Literature has shown peer-assisted learning (PAL) to be perceived as beneficial to mentors and mentees alike. Literature has also shown student charge nurse experiences to be a beneficial strategy for clinical education. The purpose of this study is to examine the post-clinical experience perceptions of participants in an ADN program following a peer mentoring leadership experience (PMLE) compared to the participants' perceptions following a student charge nurse experience (SCNE).

Study Design

The study was a mixed-method design and compared second-year PMLE (n = 3) and first-year PMLE (n = 4) perceptions to second-year SCNE (n = 10) and first-year SCNE (n = 24) perceptions of respective clinical experiences. The quantitative data was analyzed with a descriptive analysis. Copies of the course objectives and instructions related to the PMLE and the SCNE were obtained.

Setting and Sample

A PMLE, funded by a grant, was piloted at a southeastern United States community college's ADN program. The participants for the PMLE were hand-selected by four nursing instructors and approved by the Dean of Nursing, Natural, and Health Sciences. The nursing instructors chose to pair second-year nursing students (n=5) that were registered in a health system concepts course with first-year nursing students (n=5) that were registered in a health illness concepts course. The second-year students were

chosen based on personalities and whether the second-year students had leadership skills. The five pairs were also chosen based on specific, individual rationales. The specific rationale for one of the pair chosen was because both were English as second language students. The second pair was specifically chosen based on gender; a male paired with a male. The third pair was specifically chosen based on one of the students having a strong clinical basis, but not as strong with academics and the one paired with this student was strong academically, but weaker clinically. The fourth pair was chosen based on the second-year student having an outgoing manner during client interactions and the first-year student having a reserved manner during client interactions. The fifth pair was chosen based on the second-year student's academic and personal situation being comparable to the first-year student's academic and personal situation. This fifth pair both had additional classes they took congruently outside of the ADN program and they both started the nursing program the fall of the same year they graduated high school. The peer mentoring leadership experience was carried out during medical/surgical clinical rotations. All ten of the students completed six medical/surgical clinical experiences for the PMLE. Three of the experiences were on a health care medical/surgical unit and three were spent in the simulation laboratory at the community college. The ADN program's purpose for the clinical rotations was to provide a mutually beneficial mentoring experience. The PMLE objectives were to provide students with an understanding of the course concepts, assessment, documentation, communication, delegation, collaboration, prioritization, and time management. These 10 participants were the ones invited to participate in the survey for the outcomes of the PMLE.

The comparison group for the *Outcomes of Peer Mentoring Study* was comprised of the non-PMLE remaining students in the nursing program. The comparison group invitees consisted of the remaining second-year nursing students (n=25) registered in the health system concepts course who participated in a charge nurse experience in which they spent one-on-one time for eight hours with an on-duty designated health care unit charge nurse during medical/surgical clinical rotations. These second-year student participants spent five hours in a student charge nurse role meeting course management and leadership objectives while overseeing first-year students' patient care with clinical faculty as resources. Another portion of the comparison group to be invited to participate in the survey were the ones the second-year students oversaw during their charge nurse role, the first-year students not involved in the PMLE (n=37).

Demographics

A total of 72 students were recruited for this study, which were five second-year students and five first-year students in the PMLE along with 25 second-year students and 37 first-year students in the SCNE. The mean age of second-year students in the PMLE was 26.4 years and of the first-year students was 26.8 years. The mean age of the first- and second-year students in the PMLE was 26.6 years. The mean age of the second-year students in the SCNE was 30.16 years and of the first-year students was 34.89 years. The mean age of the first- and second-year students in the SCNE was 32.53. Students in the PMLE included eight females and two males. All 62 students in the SCNE were females. The race of the students in the PMLE included Hispanic (n = 2), Russian (n = 1), and white (n = 7). The race of the students in the SCNE included African-American (n = 4) and white (n = 58).

Design for Data Collection

Data collection was conducted by preparing envelopes with a copy of the informed consent for participants, the appropriate confidential survey tool based on participants' clinical experience, and a return pre-addressed stamped envelope. The data collection prepared envelope was mailed to the students with a statement included on the informed consent requesting the survey be returned within one week.

The appropriate confidential survey tool to deliver was based first on whether the participant was a mentor or a mentee, then second on whether the participant was involved in the PMLE or the SCNE. Zentz et al. (2014) granted permission to utilize and modify the original student mentor experience survey tool. Three nursing education content experts reviewed the tool for face validity. The five mentors involved in the PMLE received a modified confidential survey tool titled Peer Mentoring Experience Survey NUR 212: Health System Concepts, the informed consent, and a return pre-addressed stamped envelope. The five mentees involved in the PMLE received a modified confidential survey tool titled Peer Mentoring Experience Survey NURS 112: Health Illness Concepts, the informed consent, and a return pre-addressed stamped envelope. Items addressed the experience from either the mentor or mentee perspective. The 25 second-year students involved in the SCNE received a modified confidential survey tool titled Student Charge Nurse Experience Survey NURS 212: Health System Concepts, the informed consent, and a return pre-addressed stamped envelope. The 37 first-year students involved in the charge nurse experience received a modified survey titled Student Charge Nurse Experience Survey NURS 112: Health Illness Concepts, the informed consent, and a return pre-addressed stamped envelope. Items addressed the

experience from either the first or second year perspective.

Measurement Methods

The data collection tools were confidential modified surveys. The modifications included having four survey tools adapted from the two original ones. Each survey tool contained a 5-point Likert-type scale with 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree and 5 = strongly agree as well as items requiring open-ended responses. There was one specific survey for each group of participants. The data was collected within months of the completion of all respective clinical experiences of the PMLE and SCNE.

Data Collection Procedure

The researcher conducted the data collection for the *Outcomes of Peer Mentoring Study*. The data collection procedure included the researcher mailing via the United States postal service the envelopes containing the informed consent and the confidential survey tool based on clinical learning experience to the applicable participant of the PMLE or the SCNE. The informed consent included a request to return the survey tool within one week.

Protection of Human Subjects

Ethical consideration included obtaining approval from the Dean of Nursing, Natural, and Health Sciences from the designated college and Institutional Review Board approval. The participants of this study were provided an informed consent form. The participants were protected throughout the implementation of the study. Included on the informed consent was information that explained their participation in the study was voluntary and they were under no obligation to participate. The completion and return of the survey implied the participant's consent to participate. The participants were

informed they had the right to withdraw at any time from the study and the decision would not affect their current or future relationship with the community college. Explanation on the informed consent also included information stating the study data would not include the participant's name and their identity would not be revealed while the study was being conducted or when the study results were reported or published. The demographics of age, gender and race were obtained from the community college and were reported as aggregate data, with no individual information shared. All study data was stored in a locked area with data entered into a password-protected computer. At the completion of the study, all surveys were turned into Gardner-Webb University where they are stored in a locked area for three years and then destroyed.

Data Analysis

Quantitative Data

Quantitative data was entered into International Business Machines (IBM)® SPSS software version 24 for descriptive analysis to obtain mean scores as well as the individual item scores.

Qualitative Data

The researcher reviewed qualitative data from the open-ended responses and identified common themes.

Second-year Students' PMLE Open-ended Responses

Second-year students that responded to the PMLE open-ended response portion of the survey completed the following statements:

The most positive part of being a second-year student peer mentor was...

The most difficult part of being a second-year student peer mentor was...

Suggestions for future student peer mentoring experiences...

First-year Students' PMLE Open-ended Responses

First-year students that responded to the PMLE open-ended response portion of the survey completed the following statements:

The most helpful part of interacting with the second-year student peer mentor was...

The least helpful part of interacting with the second-year student peer mentor was...

Suggestions for future student peer mentoring experiences...

Second-year Students' SCNE Open-ended Responses

Second-year students that responded to the SCNE open-ended response portion of the survey completed the following statements:

The most positive part of being a second-year student charge nurse was...

The most difficult part of being a second-year student charge nurse was...

Suggestions for future student charge nurse experiences...

First-year Students' SCNE Open-ended Responses

First-year students that responded to the SCNE open-ended response portion of the survey completed the following statements:

The most positive part of interacting with a second-year student charge nurse was...

The most difficult part of interacting with a second-year student charge nurse was...

Suggestions for future student charge nurse experiences...

CHAPTER IV

Results

The stressful and demanding aspects of nursing programs have been expressed by nursing students to include not only the classroom, but also the clinical experiences. Finding strategies to decrease threatening aspects of learning to allow for a perceived improvement in the learning process has been described in the literature to include peer mentoring. The purpose of the *Outcomes of Peer Mentoring Study* was to examine the perceptions of second- and first-year nursing students in an ADN program in regards to the peer mentoring leadership experience (PMLE) in comparison to those participants involved in the student charge nurse experience (SCNE).

Sample Characteristics

A total of 72 surveys were distributed with a total of 41 participants completing the questionnaires for a return rate of 57% with a total of 31 unexplained non-responses for a non-participation rate of 43%. Table 1 presents survey distribution and return data. The participants that returned questionnaires included second-year PMLE participants (n = 3 out of 5, 60%); first-year PMLE participants (n = 4 out of 5, 80%); second-year SCNE participants (n = 10 out of 25, 40%); and first-year SCNE participants (n = 24 out of 37, 65%).

Table 1

Survey Distribution and Return Data

# Surveys	# Respondents	% Rate	# Non-respondents	% Rate
72	41	57%	31	43%

Table 2 presents participation numbers per student year level and clinical experience.

Table 2

Participation Numbers per Student Year Level and Clinical Experience

Year Level & Type of Experience	# Invited	# Respondents	% Rate
Second-year PMLE	n = 5	3	60%
First-year PMLE	n = 5	4	80%
Second-year SCNE	n = 25	10	40%
First-year SCNE	n = 37	24	65%

Major Findings

Quantitative data analysis revealed the second-year respondents in the PMLE *strongly agreed* it was an effective way to demonstrate the roles of client advocate (93%, $M = 4.67$, $SD = .577$), educator (93%, $M = 4.67$, $SD = .577$), caregiver (100%, $M = 5.0$, $SD = .000$), prioritization of client care (100%, $M = 5.0$, $SD = .000$), and communicator (86.6%, $M = 4.33$, $SD = .577$). In addition, 100% ($M = 5.0$, $SD = .000$) of respondents *strongly agreed* that the PMLE experience increased their confidence in the clinical setting and 100% also *strongly agreed* that it was an effective way to demonstrate time management ($M = 5.0$, $SD = .000$). Furthermore, 100% of respondents *strongly agreed* it was an effective way to demonstrate the professional role of leader ($M = 5.0$, $SD = .000$). In regards to the experience being an effective way to demonstrate the professional role

of multi-disciplinary team relationship builder, 86.6% ($M = 4.33$, $SD = .577$) *strongly agreed*. Overall mean scale score was 4.74. Descriptive statistics for this group are reported in Table 3.

Table 3

Second-year PMLE Individual Item Mean Scores and Overall Mean Score

	Descriptive Statistics				
	N	Minimum	Maximum	Mean	Std. Deviation
Demonstrate Role of Client Advocate	3	4	5	4.67	.577
Demonstrate Role of Educator	3	4	5	4.67	.577
Demonstrate Role of Caregiver	3	5	5	5.00	.000
Demonstrate Role of Prioritization of Client Care	3	4	5	4.67	.577
Demonstrate Role of Communicator	3	4	5	4.33	.577
Increased Confidence	3	5	5	5.00	.000
Demonstrate Time Management	3	5	5	5.00	.000
Demonstrate Role of Leader	3	5	5	5.00	.000
Demonstrate Role of Multi-Disciplinary Team Relationship Builder	3	4	5	4.33	.577
Overall Mean Scale Score				4.74	
Valid N (list wise)	3				

Quantitative data analysis revealed the first-year participants in the PMLE *strongly agreed* the experience was an effective way to demonstrate the roles of client advocate (90%, $M = 4.50$, $SD = .577$), educator (95%, $M = 4.75$, $SD = .500$), caregiver (90%, $M = 4.50$, $SD = .577$), prioritization of client care (85%, $M = 4.25$, $SD = .957$), and communicator (90%, $M = 4.50$, $SD = .577$). In addition, first-year participants *strongly agreed* with the statement of *interacting with the second-year peer mentor increased my self-confidence in the clinical setting* (85%, $M = 4.25$, $SD = .957$) and *increased my learning to time manage* (80%, $M = 4.00$, $SD = 1.155$). Furthermore, first-year participants in the PMLE *strongly agreed* with *the second-year peer mentor demonstrated the professional role of leader* (90%, $M = 4.50$, $SD = 1.00$) and *multi-disciplinary team relationship builder* (85%, $M = 4.25$, $SD = .957$). Overall mean scale score was 4.39. Descriptive statistics for this group are reported in Table 4.

Table 4

First-year PMLE Individual Item Mean Scores and Overall Mean Score

	Descriptive Statistics				
	N	Minimum	Maximum	Mean	Std. Deviation
Increased Learning to be Client Advocate	4	4	5	4.50	.577
Increased Learning to be Educator	4	4	5	4.75	.500
Increased Learning to be Caregiver	4	4	5	4.50	.577
Increased Learning to Prioritize Client Care	4	3	5	4.25	.957
Demonstrated Role of Communicator	4	4	5	4.50	.577
Increased Confidence in Clinical Setting	4	3	5	4.25	.957
Increased Learning to Time Manage	4	3	5	4.00	1.155
Demonstrated Professional Role of Leader	4	3	5	4.50	1.000
Demonstrated Professional Role of Multi-Disciplinary Team Relationship Builder	4	3	5	4.25	.957
Overall Mean Scale Score				4.39	
Valid N (list wise)	4				

Quantitative data analysis of both the first- and second-year PMLE aggregate mean scores further assisted in providing answers to the research questions. The combined respondents ($n = 7$) *strongly agreed* with the individual item questions as follows: client advocate (91.4%, $M = 4.57$, $SD = .535$), educator (94.2%, $M = 4.71$, $SD = .488$), caregiver (94.2%, $M = 4.71$, $SD = .488$), prioritize client care (88.6%, $M = 4.43$, $SD = .787$), communicator (88.6%, $M = 4.43$, $SD = .535$). The combined students *strongly agreed* that self-confidence was increased in the clinical setting (91.4%, $M = 4.57$, $SD = .787$) and time management improved (88.6%, $M = 4.43$, $SD = .976$). Furthermore, 94.2% *strongly agreed* it was an effective way to demonstrate the professional role of leader ($M = 4.71$, $SD = .756$) and 85.5% *strongly agreed* it was an effective way to demonstrate the role of multi-disciplinary team relationship builder ($M = 4.29$, $SD = .756$). Overall mean scale score was 4.54. Descriptive statistics for the aggregate PMLE group are reported in Table 5.

Table 5

First- and Second-year PMLE Aggregate Mean Scores and Overall Mean Score

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
Client Advocate	7	4	5	4.57	.535
Educator	7	4	5	4.71	.488
Caregiver	7	4	5	4.71	.488
Prioritize Client Care	7	3	5	4.43	.787
Communicator	7	4	5	4.43	.535
Self-Confidence	7	3	5	4.57	.787
Time Manage	7	3	5	4.43	.976
Leader	7	3	5	4.71	.756
Multi-Disciplinary Team Relationship Builder	7	3	5	4.29	.756
Overall Mean Scale Score				4.54	
Valid N (list wise)	7				

Quantitative data analysis revealed the second-year participants in the SCNE *strongly agreed* that the experience was an effective way to demonstrate the roles of client advocate (68%, $M = 3.40$, $SD = .843$), educator (84%, $M = 4.20$, $SD = .789$), caregiver (74%, $M = 3.70$, $SD = .483$), prioritization of client care (84%, $M = 4.20$, $SD = .919$), and communicator (90%, $M = 4.50$, $SD = .527$). In addition, the second-year participants *strongly agreed* that acting as a second-year student charge nurse increased the respondents' self-confidence in the clinical setting (82%, $M = 4.10$, $SD = .876$) and was an effective way to demonstrate time management (78%, $M = 3.90$, $SD = .876$). Furthermore, 82% of the second-year student charge nurse participants *strongly agreed* the experience was an effective way to demonstrate the professional roles of leader ($M = 4.10$, $SD = 1.197$) and 74% *strongly agreed* it was an effective way to demonstrate the role of multi-disciplinary team relationship builder ($M = 3.70$, $SD = 1.160$). Overall mean scale score was 3.98. Descriptive statistics for this group are reported in Table 6.

Table 6

Second-year SCNE Individual Item Mean Scores and Overall Mean Score

	Descriptive Statistics				
	N	Minimum	Maximum	Mean	Std. Deviation
Demonstrate Role of Client Advocate	10	2	5	3.40	.843
Demonstrate Role of Educator	10	3	5	4.20	.789
Demonstrate Role of Caregiver	10	3	4	3.70	.483
Demonstrate Role of Prioritization of Client Care	10	3	5	4.20	.919
Demonstrate Role of Communicator	10	4	5	4.50	.527
Increased Confidence in Clinical Setting	10	3	5	4.10	.876
Demonstrate Time Management	10	2	5	3.90	.876
Demonstrate Professional Role of Leader	10	2	5	4.10	1.197
Demonstrate Role of Multi-Disciplinary Team Relationship Builder	10	2	5	3.70	1.160
Overall Mean Scale Score				3.98	
Valid N (list wise)	10				

Quantitative data analysis revealed the advantages the first-year participants in the SCNE *strongly agreed* that interacting with the second-year student charge nurse increased the respondents' learning to be a client advocate (74.2%, $M = 3.71$, $SD = 1.083$), educator (71.6%, $M = 3.58$, $SD = 1.060$), caregiver (77.6%, $M = 3.88$, $SD = .947$), and to prioritize client care (82.6%, $M = 4.13$, $SD = .947$). Respondents *strongly agreed* that the second-year student charge nurse demonstrated the professional role of communicator (84.2%, $M = 4.21$, $SD = .779$). In addition, 76.6% of first-year participants *strongly agreed* that the SCNE increased the respondents' self-confidence in the clinical setting ($M = 3.83$, $SD = 1.204$) and 75.8% *strongly agreed* the experience increased the respondents' learning to time manage ($M = 3.79$, $SD = .977$). Furthermore, respondents *strongly agreed* the second-year student charge nurse demonstrated the professional roles of leader (82.6%, $M = 4.13$, $SD = .900$) and multi-disciplinary team relationship builder (78.4%, $M = 3.92$, $SD = .830$). Overall mean scale score was 3.91. Descriptive statistics for this group are presented in Table 7.

Table 7

First-year SCNE Individual Item Mean Scores and Overall Mean Score

	Descriptive Statistics				
	N	Minimum	Maximum	Mean	Std. Deviation
Role of Client Advocate	24	1	5	3.71	1.083
Role of Educator	24	2	5	3.58	1.060
Role of Caregiver	24	2	5	3.88	.947
Role of Prioritization of Client Care	24	2	5	4.13	.947
Role of Communicator	24	2	5	4.21	.779
Increased Confidence	24	2	5	3.83	1.204
Time Management	24	2	5	3.79	.977
Role of Leader	24	2	5	4.13	.900
Role of Multi-Disciplinary Team Relationship Builder	24	2	5	3.92	.830
Overall Mean Scale Score				3.91	
Valid N (list wise)	24				

Quantitative data analysis of both the first- and second-year SCNE aggregate mean scores further assisted in providing answers to the research questions. The combined respondents ($n = 34$) *strongly agreed* with the individual item questions as follows: client advocate (72.4%, $M = 3.62$, $SD = 1.015$), educator (75.2%, $M = 3.76$, $SD = 1.017$), caregiver (76.4%, $M = 3.82$, $SD = .834$), prioritize client care (83%, $M = 4.15$, $SD = .925$), and communicator (85.8%, $M = 4.29$, $SD = .719$). For the combined students, 78.2% *strongly agreed* the experience increased self-confidence ($M = 3.91$, $SD = 1.111$) and 76.4% *strongly agreed* that time management improved ($M = 3.82$, $SD = .936$). Furthermore, 82.4% of the students *strongly agreed* the experience was an effective way to demonstrate the role of leader ($M = 4.12$, $SD = .977$) and 77% *strongly agreed* it was an effective way to demonstrate the role of multi-disciplinary team relationship builder ($M = 3.85$, $SD = .925$). Overall mean scale score was 3.93. Descriptive statistics for the aggregate SCNE group are reported in Table 8.

Table 8

First- and second-year SCNE Aggregate Mean Scores and Overall Mean Score

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
Client Advocate	34	1	5	3.62	1.015
Educator	34	2	5	3.76	1.017
Caregiver	34	2	5	3.82	.834
Prioritization of Client Care	34	2	5	4.15	.925
Communicator	34	2	5	4.29	.719
Confidence	34	2	5	3.91	1.111
Time Management	34	2	5	3.82	.936
Leader	34	2	5	4.12	.977
Multi-Disciplinary Team Relationship Builder	34	2	5	3.85	.925
Overall Mean Scale Score				3.93	
Valid N (list wise)	34				

Second-year Students' PMLE Open-ended Responses

Advantages, disadvantages, and suggestions are revealed through the qualitative data responses to assist in answering the research questions. The most predominant themes noted from the responses for each statement are described. Factual results and supporting respondent quotes are included.

The most positive part of being a second-year student peer mentor. Two major themes were prevalent during the analysis of responses; the first was being a role model and the second was assisting with education. One student stated, “Sharing my experience and knowledge with the first-year student was very rewarding. I feel that I gained as much if not more from the experience as the first-year student.” Another student stated, “Educating them on how to improve skills/time management based on past experience.”

The most difficult part of being a second-year student peer mentor. Three separate topics emerged from the responses for this statement. The first was having patience for the learning process to occur. The second was the mentor did not know role expectations. The last theme was meeting mentors’ required written objectives for the clinical aspect of the course. The first mentor wrote, “It was hard to watch and let them (mentees) figure things out for themselves.” The second mentor wrote, “Learning what was expected of me as the second-year student.” The third student wrote, “Managing paperwork. Each week there was some kind of issue with getting the first-year student’s paperwork back so I could review it.”

Suggestions for future student peer mentoring experiences. Three major themes emerged during analysis of these responses. The first theme was related to changing the timeframe to a whole shift rather than just four hours. Another suggestion was to set expectations for the experience. The last suggestion was to have a mentor’s check-off sheet. A student stated, “Make it a full day, so that the senior student can see the first year student’s progress throughout the day.” A second student shared, “I did not enjoy coming in at 11 am because the students had already received report and done their head to toe assessments. Most of the students had already prioritized patient care and done

medication administration.” Another student shared, “Have a more detailed list of things for them to do”. A respondent stated, “Explain the experience to everyone as a whole during orientation and again prior to the clinical experience so that everyone is on the same page.” One respondent shared, “Make the best of the experience. For first-year students, the second year students are not trying to be bossy, etc.; they just reiterate parts that were difficult for them.” Another student stated, “Instead of second-years having to review paperwork each week, maybe having a ‘review/check-off’ sheet or list that we could go over with them (first-year students) each week, that we could reinforce for improvement.”

First-year Students’ PMLE Open-ended Responses

Advantages and disadvantages to this particular clinical strategy helped to answer more of the research questions along with additional suggestions. The comments noted from the responses for each statement follow. Supporting quotes from students are included also.

The most helpful part of interacting with the second-year student peer mentor.

Tips on organizing, prioritizing or time management; being able to ask second-year student questions; and the benefit of having a second person available to teach were prominent themes noted. A respondent stated, “I was most benefited by the student charge nurse with completing my care plans which was a struggle for me in the beginning.” Another respondent shared, “She guided me with time management regarding obtaining blood sugar levels. She provided supporting rationale. She explained and supported prioritization of client care and encouraged behavior for client advocacy. She remained professional and evoked respect in her role.” Another student

stated, “It allowed me to ask questions that I was not comfortable asking my instructor. Also, the student was more available than my instructor because she wasn’t being pulled in as many directions.” One student shared, “The teacher was ‘spread so thin’ with a group of students; we got to actually learn about more.”

The least helpful part of interacting with the second-year student peer mentor.

Themes that emerged from responses included: feeling rushed and given orders, need for role expectations, and disagreement on prioritization. One respondent stated, “I was being rush(ed), and sometimes it was like I was being ordered instead of being guided.” One student shared, “The peer mentors seemed to not have enough to do and mine would get in my way or just disappear. I feel like my peer mentor could have handled two students to help keep busy.” Another respondent answered, “The least helpful part was with time management. There were times I felt I needed to do certain things before doing other(s), but she felt the others were important.” One student shared, “I didn’t have a least helpful part interacting with the second-year student peer mentor.”

Suggestions for future student peer mentoring experiences. One major theme emerged to provide orientation for the peer mentoring program with expectations. One student shared, “I think that the second year students should be explained that we are still not in their level, and we need more time to do our job.” A second student stated, “Off site time to get to know my mentor. Maybe 30-60 minutes talking about the peer mentoring program, expectations, and sometime doing ice breakers to facilitate a bond or rapport would help.” Two students responded to keep the peer mentor program. One such respondent shared, “I think this year went great! I loved it! Just having that one-on-one with someone really helped with confidence and knowledge!”

Second-year Students' SCNE Open-ended Responses

Positive and negative aspects of this clinical teaching strategy were revealed along with suggestions to provide answers to the research questions. The most predominant themes noted from the responses for each statement are described. Relevant supporting quotes from the students are provided.

The most positive part of being a second-year student charge nurse. Four major themes were prevalent during analysis of responses: helping, teaching, providing feedback, and sharing experiences. One student stated, "I was able to help first year students use their critical thinking skills to come up with answers to their questions. The experience helped me to realize how much information I knew myself." A second student stated, "It helped me to refresh my skills through teaching the freshman as well as build my prioritization and delegation skills." Another respondent stated, "Empathizing with and helping students and patients. It was rewarding to know that my help and input was appreciated." Yet another student stated, "I was able to give feedback and offer any help to the freshman."

The most difficult part of being a second-year student charge nurse. The most prevalent responses included: splitting time between students; not having role expectations; noting that some first-year mentees appeared intimidated by mentors; and managing more patients than mentor was accustomed to. Of the responses to this statement, the most predominant one was not having role expectations. One respondent stated, "Not knowing what to do at times." Another respondent on this same theme shared, "The students' understanding of our role as a student charge nurse versus their instructor's role; along with the instructors' understanding of our role." One student

stated, “Not really understanding exactly what the expectations were for us, not very clear. I worked with two different instructors who each expressed different goals for the outcome of the experience.” In regards to the theme of intimidation, a second-year student stated, “Students (not all) seemed intimidated.” In regards to the theme of managing more patients, one student stated, “Managing six plus patients when I had been used to having only two to four patients.”

Suggestions for future student charge nurse experiences. Several themes prevailed for this statement that included: make the experience a full shift; increase the number of days and make them consecutive for the experience; clearly define roles and set expectations; encourage first-year students to utilize the second-year student in this role. Of the suggestions, the most predominant one mentioned was to clearly define and set expectations. One respondent stated, “Make it a full day, so that the senior student can see the first year student’s progress throughout the day.” Another student stated, “Having more than one day would be beneficial.” In regards to the expectations theme, one student stated, “Explain the experience to everyone as a whole during orientation and again prior to the clinical experience so that everyone is on the same page.”

First-year Students’ SCNE Open-ended Responses

Further answers are provided for the research questions related to advantages and disadvantages of this specific clinical strategy along with suggestions for potential future SCNE. The most predominant themes noted from the responses for each statement are described. The most relevant respondents’ statements are included for support.

The most positive part of interacting with a second-year student charge nurse.

The major themes emerging from this statement included: being able to ask questions

without feeling intimidated; increased mentees' confidence; mentor was more readily available; gaining insight and perspective; encouragement and positive reinforcement; roles were relatable; and gaining "tips and advice" on time management, prioritization and care plan creations while providing supporting rationale. One student stated, "Overall advice on continuing the program." One respondent stated, "Seeing how much a second-year charge nurse could do, helped first-year student realize what she/he could achieve." Another respondent stated, "The environment seemed more relaxed." The most predominant statement was the role as student nurses were relatable.

The most difficult part of interacting with a second-year student charge nurse.

Three major themes for this statement were related to timeframe, role expectations, and mentor-mentee ratio: the four hour timeframe for student charge nurses being in clinical was not long enough; having to give report to two different student charge nurses (because of timeframe); mentors did not know their role expectations; and too many mentees per mentor. One student stated, "There was very little time with her. Having four or more students per mentor left little time with each of us." Another student stated, "It was also hard to find the charge at times between all of the other students needing advice, etc." Other frequent responses included: mentors were intimidating; mentors did not take initiative; and mentors did not know how to perform certain tasks or patient care. One student stated there was no contact with the student charge nurse. Another stated, "I didn't feel it was beneficial for the first-years, but did understand the benefit for the second-years." The opposite was seen when five respondents stated there was not anything difficult about interacting with the second-year student charge nurse.

Suggestions for future student charge nurse experiences. Major themes that emerged during analysis of this statement included: timeframe be extended to a full shift and extend to two consecutive days; reduce student charge nurse and first-year student ratio; set expectations including how to provide feedback, what to include such as tips and advice, how to spread time between all mentees; student charge nurse to plan on introducing themselves to the assigned patients; and have a debriefing meeting at end of clinical day with student charge nurse. The most predominant theme was timeframe. Four respondents did not have any suggestions and said the SCNE was a good experience and should be continued. One student stated, “Having them stay the whole day instead of just half of the day. When just staying half of the day it seems rushed and just when you get started with them, they are leaving.” Another statement in regards to timeframe was, “I think it would be nice to have one senior student charge nurse per student per clinical day. Sometime we had two and it took more time to bring them up to speed and repeating things over.” A third student continued the time frame theme, “Extend the time frame to one to two days with the same clinical group in the same week.”

Summary

This research study obtained quantitative and qualitative data from respondents that chose to answer nine Likert-type scale survey questions along with three open-ended response statements. Aggregate scores as well as individual item scores were analyzed from the 5-point Likert-type scale responses to obtain appropriate data to answer the research questions that are further discussed in Chapter V. Statistical analysis was performed per item on the survey for each specific student level per each clinical

experience group. The open-ended response statements were reviewed and clustered according to themes that emerged.

CHAPTER V

Discussion

The purpose of this study was to compare students' perceptions of the peer mentoring leadership experience (PMLE) and the student charge nurse experience (SCNE) to provide nurse educators in ADN programs with information to assist in determining whether to include one, both or none of the strategies as part of the future curriculum. Through respondents' answers to the nine Likert-type survey questions, quantitative data was analyzed using IBM® SPSS® software version 24 for descriptive analysis. Answers to the three open-ended response statements on the survey were reviewed for emerging themes and clustered. Discussion of the results of the statistical analyses related to the research questions follows.

Implication of Findings

Implications of findings from the quantitative analysis indicated the PMLE respondents perceived the experience as more advantageous than the respondents of the SCNE based on their answers to the surveys. Second-year respondents of the PMLE individual items scored a mean of 4.33-5.00 to the nine 5-point Likert-type scale survey questions compared to the second-year respondents of the SCNE that scored a mean of 3.40-4.50. The first-year respondents of the PMLE individual items scored a mean of 4.25-4.75 to the nine 5-point Likert-type scale survey questions compared to the first-year respondents of the SCNE that scored a mean of 3.58-4.21. The aggregate mean scores of the PMLE respondents were 4.29-4.71 compared to the SCNE aggregate mean scores of 3.62-4.29. This information is important to provide nurse educators of ADN programs with data to determine which clinical teaching strategy was perceived more positively.

The articles described in the literature review provided advantages and disadvantages that were similar to ones revealed in this study. An advantage discussed in the literature that was also found in the study included mentors and mentees *strongly agreed* the peer mentoring experience provided an effective way to demonstrate the role of educator (Zentz et al., 2014) 94.8%; *Outcomes of Peer Mentoring Study*, 94.2%). Other similarities included PMLE first-year respondents *strongly agreed* that the clinical experience *increased my self-confidence in the clinical setting* (85%) and *increased my learning to time manage* (80%) compared to Zentz et al. (2014) finding the answers to be 78.1% and 74.2% respectively, while Sprengel and Job (2004) stated the peer mentoring experience allowed for gained self-confidence. Differences noted were first-year student PMLE respondents *strongly agreed* the experience was an effective way to demonstrate the role of educator (95%) compared to Zentz et al. (2014) finding 79.1% from sophomore BSN respondents.

Respondents from both the PMLE and SCNE were found to have some similar themes to the open-ended response statements as were found in the literature review studies. Some of these included similar responses to advantageous aspects of being a student peer mentor such as the mentor learning or realizing how much they themselves knew while helping or teaching the mentee (Li et al., 2011; Sims-Giddens et al., 2010; Joubert & de Villers, 2015). On the other hand, SCNE advantageous aspects from the open-ended statements that were similar to the ones found in the literature review included being able to help, teach, provide feedback and share experiences, but note the difference from PMLE in that the peer mentors realized how much they themselves knew through helping or teaching the mentee. Another similarity noted from the literature

review to the PMLE included role modeling (Sims-Giddens et al., 2010). One theme that was found in the PMLE, SCNE and literature review was increased self-confidence (Roberts et al., 2009). A disadvantage that was found in the literature review and also the PMLE included time frame issues (Rapaport, 2014). Two suggestions from the PMLE respondents that were also noted during the review of the literature included having an orientation to set expectations and training (Joubert & de Villers, 2015; Roberts et al., 2009) and a decreased ratio of mentor to mentee (Joubert & de Villers, 2015).

Application to Conceptual Framework

The key concepts from the conceptual framework of SPAM were appropriate for this study and overall the study findings were congruent. Results from this study that relate to the conceptual framework of SPAM included that peer mentoring would increase first-year mentees' deep learning of being a client advocate, educator, and caregiver; problem solving skills defined as prioritizing client care and time management, and increase self-confidence with respondents having affirmed this by having answered 80-95% *strongly agree*. Other results from the MSN thesis study that relate to key concepts from SPAM included reinforcement of second-year mentors' nursing education through teaching peers strategies for problem solving defined as prioritizing client care and time management. The second-year mentors affirmed these key concepts from SPAM by having answered *strongly agree* 100% to the questions specifically related to prioritizing client care and time management. Open-ended responses also affirmed that by teaching peers, the mentors would have nursing education reinforced. Key concepts from SPAM also included the second-year mentors would have improved skills for communicating, leadership, and multi-disciplinary team relationship building. The

second-year PMLE respondents affirmed that the experience was an effective way to demonstrate the professional roles of leader and multi-disciplinary team relationship builder along with the demonstration of the role of communicator (86.6-100%).

Limitations

A limitation of this study is that it was conducted at one community college and the numbers in the different types of experiences were small. The PMLE survey created for the first-year students had inconsistent wording on the first statement for the open-ended response and was written with the word 'positive' instead of 'helpful' as was on the other three surveys. The surveys were mailed weeks to months after the experiences.

Implications for Nursing

The results of this study have implications for nurse educators' teaching strategies. These findings are linked to the objectives for leadership experience of client advocate, caregiver, and prioritization of client care, time management, communicator, leader, multi-disciplinary team relationship builder, and self-confidence. As the shortage of nursing faculty continues to compound the nursing shortage, there is still a great need for those graduating nursing students to have appropriate leadership skills for the nursing workforce. Having adequate clinical leadership experiences provided in ADN programs is essential for novice post-graduate nurses to begin their nursing careers.

Recommendations

Recommendations that could be beneficial in similar research would be conducting a longitudinal study with a larger sample size to provide a larger quantity of data for perhaps more accurate results. Distributing the post-experience surveys prior to the course semester end would possibly facilitate a larger response number. The study

instrument was a self-report survey and as such, the results were self-reported perceptions. Conducting a study after suggestions for improvement have been reviewed and potentially implemented to compare if students' perceptions of the clinical strategies change would be another idea.

Conclusion

The purpose of this study was to compare students' perceptions of the PMLE and the SCNE to provide nurse educators in ADN programs with information to assist in determining teaching strategies to implement. The pilot study demonstrated that students perceived the PMLE was a more beneficial teaching strategy than SCNE. Further research is required for objective measurement in both leadership experiences. The findings of this study support using PMLE as a beneficial teaching strategy.

References

- Aston, L., & Molassiotis, A. (2003, April). Supervising and supporting student nurses in clinical placements: The peer support initiative. *Nurse Education Today*, 23(3), 202-210. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/12672388>
- Care. (2016). In *The Free Dictionary*. Retrieved from <http://medical-dictionary.thefreedictionary.com/health+care>
- Christiansen, A., & Bell, A. (2010, March). Peer learning partnerships: Exploring the experience of pre-registration nursing students. *Journal of Clinical Nursing*, 19, 803-810. <http://dx.doi.org/10.1111/j.1365-2702.2009.02981.x>
- Educause. (2016). <http://www.educause.edu/careers/special-topic-programs/mentoring>
- El-Kadi, O. (n.d.). Strategy definition & fundamentals: Plus origin of the word. Retrieved from <http://www.easy-strategy.com/strategy-definition.html>
- Gore, T. N., Johnson, T. L., & Wang, C. (2015). Teaching nursing leadership: Comparison of simulation versus traditional inpatient clinical. *International Journal of Nursing Education Scholarship*, 12(1), 55-63. <http://dx.doi.org/10.1515/ijnes-2014-0054>
- Henning, J. M., Weidner, T. G., & Marty, M. C. (2008, July-September). Peer assisted learning in clinical education: Literature review. *Athletic Training Education Journal*, 3, 84-90. Retrieved from www.nataej.org

- Isaacson, J. J., & Stacy, A. S. (2004, November/December). Nursing students in an expanded charge nurse role: A real clinical management experience. *Nursing Education Perspectives*, 25(6), 292-296. Retrieved from <http://www.freepatentsonline.com/article/Nursing-Education-Perspectives/126491483.html>
- Iwasiw, C. L., & Goldenberg, D. (1993, April 1). Peer teaching among nursing students in the clinical area: Effects on student learning. *Journal of Advanced Nursing*, 18(4), 659-668. Retrieved from <http://eds.b.ebscohost.com.ezproxy.gardnerwebb.edu/ehost/pdfviewer/pdfviewer?vid=18&sid=a076332c-3a14-4682-86d8-8c68ac6fd544%40sessionmgr198&hid=104>
- Iwasiw, C. L., Goldenberg, D., & Andrusyszyn, M. A. (2009). *Curriculum development in nursing education* (2nd ed.). Sudbury, MA: Jones and Bartlett.
- Jacobs, S., Atack, L., Ng, S., Haghiri-Vijeh, R., & Dell'Elce, C. (2015, September). A peer mentorship program boosts student retention. *Nursing 2015*, 45(9), 19-22. <http://dx.doi.org/10.1097/01.NURSE.0000470424.40180.a0>
- Joseph, J. K. (2009). *The impact of peer tutoring of nursing students in a community college setting as measured by changes in learning and study strategies and grades* (Doctoral dissertation, Capella University). Retrieved from <http://search.proquest.com.ezproxy.gardnerwebb.edu/pqdthss/docview/305160128/fulltextPDF/E56712386954429APQ/1?accountid=11041>

- Joubert, A., & de Villers, J. (2015). The learning experiences of nursing school's mentoring programme. *Journal of the Democratic Nursing Organisation of South Africa*, 38(1). <http://dx.doi.org/10.4102/curationis.v38i1.1145>
- Kirkham, R., & Ringelstein, D. (2008). Student peer assisted mentoring (SPAM): A conceptual framework. *e-Journal of Business Education & Scholarship of Teaching*, 2(2), 39-49. Retrieved from http://ejbest.org/upload/Kirkham,_Ross.pdf
- Kling, V. G. (2010, November). Clinical leadership project. *Journal of Nursing Education*, 49(11), 640-643. <http://dx.doi.org/10.3928/01484834-20100831-02>
- Li, H. C., Wang, L. S., Lin, Y. H., & Lee, I. (2011, June). The effect of a peer-mentoring strategy on student nurse stress reduction in clinical practice. *International Nursing Review*, 58(2), 203-210. [http://dx.doi.org/DOI: 10.1111/j.1466-7657.2010.00839.x](http://dx.doi.org/DOI:10.1111/j.1466-7657.2010.00839.x)
- Mentee. (n.d.). In *Merriam-Webster Dictionary*. Retrieved from <http://www.merriam-webster.com/dictionary/mentee>
- Mentor. (n.d.). In *Merriam-Webster Dictionary*. Retrieved from <http://www.merriam-webster.com/dictionary/mentor>
- National League for Nursing (NLN). (2013). *Annual survey of schools of nursing: Academic year 2011-2012*. Retrieved from NLN website: www.nln.org/research/slides/index.htm
- Peer, N. (2015). The peer assist model: Leadership for clinical teaching. *Nursing 2015*, 45(11), 16-19. <http://dx.doi.org/10.1097/01.NURSE.0000472571.31621.b7>
- Peer. (n.d.). In *Webster Dictionary* online. Retrieved from <http://www.webster-dictionary.org/definition/peer>

- Performance. (2016). In *The Free Dictionary*. Retrieved from <http://www.thefreedictionary.com/performance>
- Performance. (2016). In *Your Dictionary online*. Retrieved from <http://www.yourdictionary.com/performance>
- Rapaport, D. (2014, August). Peer mentoring in a community college nursing program. *Montana Nurses Association Pulse*, 1-16. Retrieved from <http://nursingald.com/publications/1069>
- Riley, M., & Fearing, A. D. (2009, July/August). Mentoring as a teaching-learning strategy in nursing. *MEDSURG Nursing*, 18(4), 228-233. Retrieved from find it
- Roberts, S. T., Vignato, J. A., Moore, J. L., & Madden, C. A. (2009, August). Promoting skill building and confidence in freshman nursing students with a “Skills-a-Thon”. *Journal of Nursing Education*, 48(8), 460-464. <http://dx.doi.org/10.3928/01484834-20090518-05>
- Secomb, J. (2008). A systematic review of peer teaching and learning in clinical education. *Journal of Clinical Nursing*, 17, 703-716. <http://dx.doi.org/10.1111/j.1365-2702.2007.01954.x>
- Setting. (n.d.). In *Merriam-Webster Dictionary*. Retrieved from <http://www.merriam-webster.com/dictionary/setting>
- Sharif, F., & Masoumi, S. (2005, November 9). A qualitative study of nursing student experiences of clinical practice. *BMC Nursing*, 4(6). Retrieved from <http://www.biomedcentral.com/1472-6955/4/6>

- Sims-Giddens, S., Helton, C., & Hope, K. L. (2010, January/February). Student peer mentoring in a community-based nursing clinical experience. *Nursing Education Perspectives, 31*(1), 23-27. Retrieved from <http://eds.a.ebscohost.com.ezproxy.gardner-webb.edu/ehost/pdfviewer/pdfviewer?vid=3&sid=b1173c56-afeb-41fd-9990-1031e76ddf8c%40sessionmgr4005&hid=4102>
- Sprengel, A. D., & Job, L. (2004). Reducing anxiety by clinical peer mentoring with beginning nursing students. *Nurse Educator, 29*(6), 246-250.
- Stone, R., Cooper, S., & Cant, R. (2013). The value of peer learning in undergraduate nursing education: A systematic review. *International Scholarly Research Notices Nursing*. <http://dx.doi.org/10.1155/2013/930901>
- Strategies for Nurse Managers. (2016). Helping charge nurses understand their leadership role (part 3 of 3). Retrieved from http://www.strategiesfornursemanagers.com/ce_detail/245100.cfm
- Student. (n.d.). In *Merriam-Webster Dictionary*. Retrieved from <http://www.merriam-webster.com/dictionary/student>
- Supplement. (2015). In *Dictionary online*. Retrieved from <http://www.dictionary.com/browse/supplement?s=t>
- Supplemental. (2016). In *Merriam-Webster*. Retrieved from <http://www.merriam-webster.com/dictionary/supplemental>
- The Free Dictionary*. (2016). Health. Retrieved from <http://medical-dictionary.thefreedictionary.com/health>

Whitman, N. A., & Fife, J. D. (1988). *Peer teaching: To teach is to learn twice* (ASHE-ERIC Higher Education Report No. 4). Retrieved from ERIC Clearing House on Higher Education: Washington, DC:

<http://files.eric.ed.gov/fulltext/ED305016.pdf>

Zentz, S. E., Kurtz, C. P., & Alverson, E. M. (2014). Undergraduate peer-assisted learning in the clinical setting [Supplemental material]. *Journal of Nursing Education*, 53(3). <http://dx.doi.org/10.3928/01484834-20140211-01>