"Nursing Tree Time": An inter-professional team approach to supporting student nurse learning at a regional university campus

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ABSTRACT

Providing academic and pastoral support to nursing students is important not only for ensuring success and achievement in their studies, but also to provide an inclusive environment where students have a sense of purpose and a sense of belonging. Such support is used extensively in other countries such as the United Kingdom, it is often not provided in some cases like Australia because of student cohort sizes and academic resistance to the pastoral role. The aim of this exploratory study was to evaluate the effectiveness of an inter-professional team approach to support nursing student learning. Nursing Tree Time was an academic pastoral support programme that encompassed a nursing academic, an academic skills advisor and a student welfare counsellor. For 2 h per day over two thirteen-week semesters, a nursing academic was available in the campus library to provide support and advice for any undergraduate nursing student present. Additional support was provided from an academic skills advisor and a student counsellor. A fifteen item Likert scale (1 = strongly disagree; 5 = strongly agree) with six open-ended questions was developed and administered to a convenience sample of 38 nursing students who accessed Nursing Tree Time. The results demonstrate that 80% of students were highly in favour of this type of support, 60% of students made these sessions a priority and 73% of students felt these sessions influenced them continuing with their studies. Importantly, over 94% of students agreed that the collaborative approach and access and availability this type of input improved confidence and success. A Cronbach's Alpha of 0.81 demonstrated good internal consistency. It is evident from these results that students felt there was an overwhelming need for continued academic pastoral support; however, this can prove challenging given the competing demands experienced by most nursing academics – research, teaching and governance responsibilities.

1. Introduction

Student success in higher education is determined by both individual psycho-social factors and institutional practices. Widening participation strategies have increased the number of students who are from low socio-economic areas, and the first in their family to attend university. Consequently, the current student population brings with them a complex diversity of life experiences, competing demands and varied educational backgrounds (Devlin, 2013; O'Shea, 2015). Devlin (2013) conceptualises these challenges as a socio-cultural incompatibility between the expectations of university life and home life which can be bridged by supporting student integration in to higher education, normalising help-seeking behaviour and a creating sense of belonging as opposed to feelings of isolation and exclusion. Consideration to factors such as the promotion of social and academic integration into university life (Fergy et al., 2011), the cultural transition from high school pupil to university student (Morlaix and Suchaut, 2014) and improving student success through ongoing academic and pastoral support (Cahill et al., 2014) may lessen the sense of isolation students often feel when first starting university (Devlin, 2013). Key to achieving student success is the provision of academic and pastoral support in a manner that promotes student assistance. This paper presents the findings from an exploratory study in evaluating an inter-professional team approach to providing nursing students with access to academic and pastoral support at an Australian regional university campus. The overall aim was to integrate social and academic support in an informal and accessible programme, not only for first year nursing students, but across all years of the three-year nursing degree programme.

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2. Background

Providing a sustained programme of academic and pastoral support which is highly visible and accessible is seen as being key to student success at university, as the hallmark to improving students' sense of belonging (i.e. their psychosocial and academic needs) and reducing attrition. However, pastoral support is often difficult to define (Watts, 2011). It has been likened to supporting scholarly activities in the form of study plans or student progression, along-side personal welfare services such as counselling. For instance, Grove (2004; 34) defines pastoral care as being: "…*all measures to assist an individual person or community reach their full potential*" or an early definition suggests that "*pastoral care is developing empathic relationships so that…people are nurtured* [to] *maturity*" (Treston, 1989; 5). Therefore, pastoral care could be viewed as an integrated and inclusive function to ensure that students' psychosocial and academic needs are met (Chittenden, 2002).

In some instances, this integration can be seen in the personal tutor role, especially where personal tutor groups play an integral part in supporting professional and academic practice throughout the pre-registration nursing programme. Even being able to articulate the role of the personal tutor is open to interpretation. Earwaker's (1992; 45) early definition of the term indicates that the personal tutor is "*a lecturer who is responsible for keeping a watchful eye on the students work and progress on an individual basis*", which indicates that this role would be the responsibility of the academic staff. Watts (2011) in offering some reflections of the personal tutor role suggests that the role allows for the scaffolding of learning, optimises scholarly endeavour in a safe environment, and as a result promotes a sense of belonging. It is this sense of belonging that was evident in Ross et al.'s (2014) thematic analysis of the personal tutor role, which incorporated creating a sense of security, a sense of community and a sense of purpose. Braine and Parnell (2011), for example consider the personal tutor role as not only being important in maximising student achievement, but they also identify the complexities of the multi-layer environment nursing has in meeting the requirements for academia, registration and practice, for which the pastoral role is ideally suited in managing and supporting.

The personal tutor role aside, it is the notion of pastoral care for which Laws and Fiedler (2012) suggest is espoused within either an amateur or professional role – a finding from Earwaker's (1992) work, when translated into higher education, identifies the role of the lecturer in supporting learning and how they should behave within this context. This differentiation of the role is steeped in determining which aspects of pastoral care are the domain of the academic, or the skills advisory or counselling teams. Triangulating the findings from a content analysis of the literature as well as semi structured interviews, the authors found that despite the overlap in the roles, academic staff were quick to set boundaries with regard to counselling, suggesting they were not suitably qualified to undertake this role. Por and Barriball (2008) found similar results in their study of the personal tutor role, where the role was more encompassed with academic development, as opposed to mental health wellbeing as would be seen with counselling services. However, Laws and Fiedler (2012) also warn that some academics actively alienate and resist attempts to become involved with pastoral care, not only because they feel unqualified to commit to the counselling role but because of competing challenges and expectations of the university, their own personal motivation and equally not wanting to engage with students empathetically. This is similar in many respects to Watts' (2011) reflections, where it was suggested that academics/personal tutors may not be the best person to deal with complex student issues. Worthy of note is that the participants in Laws and Fiedler's (2012) study consider the pastoral role as 'empty work' if not seen as part of the allocated workload, which may support the decision of some academics to disengage with this role. However, this approach is of concern, considering that nursing is the "caring profession", and for which nursing students require nursing role models to understand and integrate the professional knowledge and behaviours of the registered nurse.

3. The provision of student academic support – Nursing Tree Time

The delivery of academic skills advice at this campus is not dissimilar to most university campuses in Australia. The central focus to providing academic skills advice is a centralised system, whereby students access support through academic skills advisors who are able to provide guidance on almost all aspects of academic literacy from academic writing to referencing and information searching. However, the academic skills advisors are not content experts, and therefore can only offer advice on assignment development, sentence construction and interpreting the task words associated with the assessment questions. This limitation can prove challenging for many students, including nursing students, who are required to apply nursing specific content knowledge within an academic context. Even more problematic is the potential provision of support from a nursing academic, who is often engaged in research and other aspects of academic life that can preclude them from being available for student advice or much support outside of class time. This can be further compounded by university policy and procedures, which in some cases limits the time nursing academics are allowed to spend with students on a one-to-one basis. Together, this can potentially hinder student learning if additional academic support is not available. Therefore, in the current study, a more informal yet structured approach to supporting student learning was trialled, and given that nursing can be viewed as a vocational and experiential programme, the notion of Nursing Tree Time served to promote modelling of the nursing role in providing additional academic support.

Given the differences between academic and pastoral support it was important to derive a working definition that would encompass both aspects and therefore, it was decided that the focus of Nursing Tree Time would be seen as academic-pastoral support based on some aspects of the personal tutor role. We defined Nursing Tree Time as 'the provision of academic support which considers the socio-cultural differences in student learning and provides an empathic learning environment to support student success'. Nursing Tree Time, was therefore designed to support student learning in a semi-structured approach, using the library space where members of the Nursing Tree Time team would be available and easily accessible to nursing students. The Nursing Tree Time team included a delegated nursing academic, an academic skills advisor, and the student counsellor. The nursing academic was present in the library for 2 h every morning during semester time for any nursing student to access and seek support with nursing-specific assignment and assessment content interpretation. This also included subjects associated with the biosciences, for example pathophysiology and pharmacology. The academic skills advisor was available for advice on study skills and academic literacy, and in most cases engaged alongside the nursing academic to support nursing students to integrate nursing theory and knowledge within an academic context. The student counsellor was present one day per week offering students generalised counselling support around financial advice, developing time management and goal setting skills, as well as offering guidance and support on how to manage the competing demands of supporting a family while studying. The nursing academic was also part of this generalised counselling support, and in addition to supporting the student counsellor, offered advice on general academic and professional issues, course progression and study plans. If students preferred to discuss their issues in private, then these were accommodated accordingly.

4. Method

4.1. Aim

The aim of this exploratory study was to evaluate the effectiveness

of an inter-professional team approach to support nursing student learning. The objectives of this study were to answer the following questions:

1. What services do nursing students access to support them with their studies?
2. Is having a nursing academic accessible in the library seen as being beneficial to student learning?

4.2. Setting

The study was conducted at a regional university campus in southeast Queensland, Australia, during two semesters. Nursing Tree Time was held for 2 h every day, 9 am–11 am, Monday to Friday during two 13-week teaching semester periods; however, the time was semi-flexible and dependent on student need and other academic teaching and research commitments. The structure and content of Tree Time was down to the discretion of the students and dependent on what they were studying at that particular time. For example, the first-year students' main focus was passing the bioscience units which encompassed worksheets set each week, and this meant applying and integrating bioscience knowledge to a clinical case study often with connections associated within a nursing context. For the second-year students', they were commencing their first hospital-based clinical placement experience, and therefore the content being studied centred around acute care nursing with the corresponding pharmacology and pathophysiology units to support the nursing theory. These students also experienced varying levels of apprehension and enthusiasm towards their hospital placement. For the third-year nursing students, a large proportion of their year was clinical placement and therefore the academic support they required was preparing for registration and as such they required information and support around securing employment, the registration process and post-graduate study. Accessing the Nursing Tree Time team either took place in the library or a designated outdoor area (hence the name Tree Time) where students would be free to approach for help individually or in small groups. Times were also allocated when the academic skills advisor would see individual students or small groups of students often in conjunction with the nursing academic to provide a consensual approach to student support – academic literacy with content expertise.

4.3. Sample

A convenience sample of first ($n = 14$), second ($n = 14$) and third ($n = 10$) year nursing students who had accessed Nursing Tree Time were invited to complete a 15 item Likert scale questionnaire (strongly agree to strongly disagree) and six open ended questions.

4.4. Ethics

Institutional policy permits a waiver of ethics approval for evaluation of teaching practice as being low risk, and therefore ethics approval was waived based on this premise.

4.5. Tool development

The Likert scale used in this study was adapted from a previously used Teaching and Learning Assessment Survey which was originally designed to collate student feedback regarding their evaluation of unit/course teaching delivery, material and content. This information was then used for monitoring and future unit/course development. This approach allowed us to redefine some of the Likert scale statements to meet the requirements of this study. The open-ended questions were gleaned from the literature. To ensure face validity the completed questionnaire was sent to four nursing academics with experience and expertise in survey and questionnaire design to check for consistency.

This process was completed three times until such time that consensus was reached. To assess for internal reliability at the completion of data collection and as part of data analysis a Cronbach's Alpha was performed.

4.6. Data collection

Data was collected over a one-week period and those undergraduate nursing students who had accessed Nursing Tree Time were asked to complete a mixed style survey questionnaire. Once completed, the questionnaires were given to a member of the library team not associated with the study. They were then placed in a sealed envelope and given to the research team. The questionnaire contained 15 Likert scale statements that required a strongly agree (score of 5) to strongly disagree (score of 1) response. The Likert statements were separated into two sections each asking the student to comment on support offered for (1) developing academic skills and (2) personal support from the Nursing Tree Time team. For example, statements pertaining to library support included: *I have a better understanding of assessment requirements; I have a better understanding of academic writing conventions* and *My intention to continue university study has been influenced by access to these sessions*. Nursing Tree Time personal support statements included: *I feel a nursing academic presence in the library is important for my success; I feel having a nursing academic and the study solutions team increases my confidence* and *I feel additional nursing academic support in the library only adds to my confusion of answering assessment items*. The students were asked to offer their comments to six open ended questions about their learning experiences and other avenues that helped them succeed in their studies, for example: *Have there been particular aspects of your experiences at University that have helped you to get through units of study in the nursing programme; Can you tell us about some of the things that have helped you learn while you have been a nursing student at the campus* and *Are there students or other services that have assisted you to succeed at University*.

4.7. Data analysis

Inferential statistics were used along with measures of central tendency to analyse the Likert scale responses. A one-way Analysis of Variance was used to ascertain differences between age, gender and undergraduate year groups as to the effectiveness of Nursing Tree Time. Analysing the open-ended questions involved using Krippendorff's (2013) sign-vehicle analysis. The responses to all open-ended questions were amalgamated for this analysis. This approach allows specific text to be classified according to the number of times specific words appear. Therefore, students' comments were coded based on word frequency that best described their experiences of Nursing Tree Time.

5. Results

Demographically, the female students were the most predominate (74%). which would be expected given that the nursing profession is a female dominated profession. The average age of the students was 31; there were no students in the age range 41–45 years (Table 1). There was a relatively even distribution of students across the three-year levels of the undergraduate course.

It is evident from the results of this study that the students valued the input from both the academic skills advisor and the nursing academic in supporting learning. Overall, $> 80\%$ of students felt positively to the support offered by Nursing Tree Time (Table 2). Interestingly, only 60% of students made these sessions a priority, although 73% of students felt these sessions influenced them continuing with their studies (Table 2). Students also indicated that other systems, processes or individuals played a significant part in supporting their studies (Fig. 1). When the students were asked to rank their responses to input from the nursing academic and the academic skills advisor, both question one

Table 1
Student demographics.

	1st year (*n* = 14)	2nd year (*n* = 14)	3rd year (*n* = 10)	Total (%)
Gender				
Female	14	13	7	34 (89%)
Male	0	1	3	4 (11%)
Age				
17–25	2	2	5	9 (24%)
26–30	3	0	2	5 (13%)
31–35	2	3	1	6 (16%)
36–40	4	5	0	9 (24%)
> 45	3	4	2	9 (24%)

and question two ranked highly (Table 3) with over 94% of students agreeing that this input improved their confidence and success. Of note, a small proportion of the students felt that their grades had suffered because of input from the nursing academic (15%), and likewise the collaborative approach of both the academic and skills advisor did not work well (18%). However, when the open-ended questions were analysed for word frequency 70% of students made note of the nursing academic's presence along with the academic skills advisor as being important in promoting confidence and helping the student to succeed. Importantly, friends, family and fellow students also played an integral role in ensuring study success.

When a one-way ANOVA was conducted to compare the effect of age, gender and year group there was no significant statistical difference at the $p < .05$ level [$F(1, 36) = 1.080$, $p = .306$; $(2, 35) = 2.141$, $p = .133$]. However, when a Cronbach's Alpha was performed, internal reliability of the nursing tree time evaluation scale reported a.81, indicating a good level of internal consistency (Cohen and Swerdlik, 2017).

When the open-ended questions were analysed three main themes emerged that identified the strategies students used to ensure success in their studies – Academic Pastoral Support; Library Support Services; Family and Friends. For many of the students having a nursing academic present and easily accessible in particular the one on one and small group work allowed the students to focus on key areas of learning as one second year student stated "*having the nursing staff wandering through the library and available for chats and content clarification helps greatly*" others felt as this student did that the nursing academic "*is very supportive, enthusiastic and encourages me to get through, never discourages me*"; one first year student stated that flexibility and adaptability of the nursing academic in breaking down the assessment items was key for her in achieving success. For the first-year nursing students this tended to be understanding and applying the biosciences within a nursing context and likewise for the second-year students it was applying pathophysiological principles to their nursing care; the latter was particularly important as many of the second years were about to start a clinical placement rotation and therefore being able to recognise disease processes was integral for them in understanding, applying and implementing appropriate nursing care. The library supports services such as the academic skills advisor or the subject librarians were seen as integral for supporting the students in effectively managing,

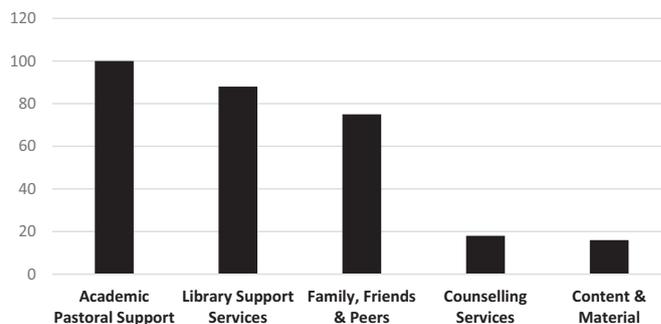**Word Frequency of Student Responses**
(n=297)

Fig. 1. Frequency of collective student responses to open ended questions: The opened ended questions included: Can you tell us about some of the things that have helped you learn while you have been a student? Have there been particular aspects of your experiences at Uni that have helped you to get through units in the Nursing programme? What else has helped you succeed at university? What has helped you do well in assessment tasks? Are there people in your life that have been helpful? Who? How have they been helpful? Are there students or other services that have assisted you to succeed at University?

understanding and interpreting the academic language that comes with degree study. For many it was help with academic writing, referencing and finding resources. Sometimes it was simply "*being able to just sit down and talk with a librarian at any time* [which] *was very helpful*". Many students spoke of feeling supported and helped despite them (the library staff) not being content experts and this is where the students were grateful for the nursing academic working in collaboration with the academic skills advisor simplified assessment items into 'meaningful chunks' which improved understanding. Family and friends were seen by the majority of the students as being key to their success, less so from an academic perspective but simply being there as an emotional sounding board, being supportive and a caretaker/child minder. For most of the students and this include all year groups, their partner was the person that "*helped* [them] *emotionally get through university by being a shoulder to cry on and ear to listen and help* [them] *make sense of everything*" others spoke of their partner adopting a more active childcare role in "*taking the kids out on weekends so I can study*" or simply taking care of the house, more so than they would normally and being respectful of their efforts and endeavours by allowing them time to study.

6. Discussion

The aim of this small-scale study was to evaluate the effectiveness of a student-centred inter-professional pastoral role programme to support student learning. It was evident from these results that the nursing students found having easy access to a nursing academic beneficial in helping them to meet and understand assessment tasks, as well as supporting the bioscience principles into a nursing context. Most felt that the support offered to them in this format from both the nursing academic and the academic skills advisor as being complementary, one

Table 2
Results for the statements: *Thinking about the support that is offered in the library from the nursing academic/s and the academic skills advisor/s.*

		Percentage (%)	Median (Mean)	Std Dev
Q1	I feel that my personal learning needs are supported	92.1	5 (4.66)	0.708
Q2	I have a better understanding of assessment requirements	92.1	4 (4.37)	0.633
Q3	I have a better understanding of academic writing conventions	81.5	4 (4.18)	0.730
Q4	I believe the sessions contribute to better assessment results	89.5	5 (4.37)	0.913
Q5	My intention to continue university study has been influenced by access to these sessions	73.6	4 (4.08)	1.05
Q6	I make participation in these study sessions a priority	60.5	4 (3.74)	1.10

Note: The higher the mean the more positively the students responded; Percentage indicates those that responded either "Agree" or "Strongly Agree"; Std Dev = Standard Deviation.

Table 3
Results for the statements: *Thinking about input from the nursing academic/s and the academic skills advisor/s in the library*.

		Percentage %	Median (Mean)	Std Dev
Q1	I feel a nursing academic presence in the library is important for my success	94.7	5 (4.71)	0.654
Q2	I feel having a nursing academic and the study solutions team increases my confidence	97.4	5 (4.74)	0.724
Q3	I feel additional nursing academic support in the library only adds to my confusion of answering assessment items	23.7	1 (2.08)	1.58
Q4	I feel a study solutions expert with a nursing academic presence does not work well	18.4	1 (1.84)	1.51
Q5	I feel my grades have suffered because of input by the nursing academic	15.8	1 (1.71)	1.43
Q6	I feel a nursing academic presence in the library helps with my emotional well-being	76.3	4 (4.13)	0.935
Q7	I feel apprehensive or frightened approaching the nursing academic	21.1	1 (2.08)	1.51
Q8	I feel more comfortable approaching a study skills expert instead of the nursing academic	18.5	2 (2.50)	1.33
Q9	I feel a study solutions expert presence in the library is important for my success	86.9	5 (4.50)	0.726

Note: The higher the mean the more positively the students responded; Percentage indicates those that responded either "Agree" or "Strongly Agree"; Std Dev = Standard Deviation.

student commenting that "*they* [the nursing academic and academic skills advisor] *go over the assessments and give me perspective involving my course*" or "*…who help clarify in their words certain tasks that guide us through the assessment*"; others commented that they "*offered advice and support whenever needed and helped me extend my learning*". Like Ross et al.'s (2014) study, the students in this study who were accessing Nursing Tree Time expressed a sense of achievement, a sense of purpose and a sense of security. There are some similarities between this study and that of Jackiln and Le Riche (2009) who suggested that adopting a proactive approach to student support actually moves the dynamic from offering support seen within the traditional culture of higher education to being more supportive.

One interesting facet identified from this study is that offering pastoral care, whether it is academic- or counselling-based, is difficult especially within an Australian context where this study was undertaken. Unlike other countries where undergraduate nursing student numbers are small in comparison, the average undergraduate nursing student cohort in Australia can be in excess of 2000 students; some of the larger schools of nursing can have > 5000 students. This is evident in Cahill et al.'s (2014) study, where nursing and midwifery students made up over 39% of the cohort under investigation, and found that this group had lower levels of satisfaction of academic support when compared with psychology, pharmacy, life science, and paramedicine, which in most cases had < 50% of the student numbers when compared with nursing alone. Though Cahill's study was based in the UK, it highlights the assertion made above about nursing student numbers, that offering this type of support has its challenges; in some instances, one is reminded of Jackiln and Le Riche (2009) contention that currently there exists a mind-set in higher education that suggests most academics believe "*students will learn best when left to their own devices*". Given the numbers mentioned above and the heavy reliance on sessional teaching staff who are only employed for set hours based on class times, attempting to provide pastoral support let alone the personal tutor role would be extremely difficult. Therefore, the role of pastoral support falls to those specialist teams who provide academic literacy and counselling support without, in most instances, a nursing academic.

7. Limitations

We were conscious that sample size was the major limiting factor in this study with approximately 10% of the total nursing student population at this campus responding to the survey. Therefore, it would be difficult to generalise the results of this study to a wider nursing student population. Anecdotally, it was evident that a number of students do not always use the library as a place of study, instead opting to study independently or, as is more often the case, off-site. We also acknowledged that for many students, the competing demands on work and home life balance often meant that coming to university on days outside of timetabled classes was not always seen as a priority. However, we also later discovered that many students were not aware of Nursing

Tree Time and the work that was being undertaken to support learning. The only feasible answer that we could conclude from this is that despite being informed during lecture and tutorial times along with 'word of mouth'; some students opted not to be present at university regardless of timetabled classes and therefore did not engage with this service. We were also cognisant of some timetabled classes clashing with Nursing Tree Time, and therefore adopted a flexible approach when the nursing academic especially would be available so that all nursing students had the opportunity to seek help and support if required.

8. Implications for further nursing research

The literature is resplendent with reviews and studies of the personal tutor role in supporting academic development, albeit from an international perspective and mainly UK based. When considered within the context of this study in Australia where nursing student numbers are large in comparison, the implications for nursing education are challenging. However, being situated at a regional university campus, the smaller student numbers present facilitated this pilot approach to supporting the students. Therefore, further research could:

- Establish the nature and type of extra-curricular pastoral support currently offered by nursing academics outside the expected 'normal' university modes of academic support;
- Explore the experiences of nursing academics in providing extra-curricular pastoral support;
- Because there is a heavy reliance on sessional staff, to explore their experiences of providing extra-curricular pastoral support.

9. Conclusion

The provision of pastoral support is often challenging especially where the competing demands of research, teaching and governance makes the nursing academic inaccessible to students. This then means that other support mechanisms such as the academic skill advisors or friends and family take on the main role of academic and pastoral support. This creates a divide between nursing students and nursing academics, inasmuch that the academic is not best placed to offer professional role-modelling (Ross et al., 2014) and as Dobinson-Harrington (2006) suggests creates an environment of learning isolation. More importantly, Laws and Fiedler (2012) recognise that more and more students are entering programmes of nursing with complex psychosocial issues which impact significantly on their studies and therefore the need for clarification around the academics nursing role is paramount.

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