Collective Learning within Nursing Clinical Groups

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Abstract

This qualitative study examined collective learning within nursing clinical groups. Specifically, it explored the influence of the individual on the group and the impact of the group on the individual. The study was organized using the concepts from Debbie Kilgore’s theory of collective learning (1999).

The sample consisted of 18 second-year university nursing students and 3 clinical instructors. Data were collected via individual interviews with each participant and researcher’s observations during a group conference. The interviews were tape-recorded, transcribed, and analyzed using key concepts from Kilgore’s framework. Several interesting findings emerged.

Overall, it appeared that individual components and group components contributed to the quality and quantity of collective learning that occurred in the groups. Individually, each person’s past group experiences, personality, culture, and gender influenced how that individual acted in the group, their roles, and how much influence they had over group decisions. Moreover, the situation which seemed to cause the greatest sense of helplessness and loss of control was when one of their group members was breaking a norm. They were unable to deal with such situations constructively. Also, the amount of sense of worthiness (respect) and sense of agency (control) the member felt within the group had an impact on the person’s role in group decisions. Finally, it seemed that students felt more connected with their peers within the clinical setting when they were close with them on a personal and social level.

With respect to the group elements, it seemed that the instructors’ values and way of being were instrumental in shaping the group’s identity. In group 2, there were clear
examples of group consciousness and the students' need to go along with the majority viewpoint, even when it was contrary to their own beliefs. Finally, the common goal of passing clinical and dealing with the fears of being in the clinical setting brought solidarity among the group members, and there seemed to be a high level of positive interdependence among them. From the discussion and analysis of the findings, recommendations were given on how to improve the learning within clinical groups.
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CHAPTER ONE: THE PROBLEM

Overview

From the time of birth, each person is a unique individual as well as a member of a number of different groups. Initially, the individual’s membership is limited to the family unit. Thereafter, the individual’s membership extends into other groups, predominantly within the realm of friendship and the workplace. Each of these groups is distinct and unique when compared to each other in purpose, composition, norms, and roles.

For my thesis, I explored nursing education, specifically focusing on collective learning within clinical nursing groups. I explored formation, evolution, and culture within these groups, discussing the intricacies of group dynamics. Thereafter, I focused on individuals within the group and the group as a whole.

Background of the Problem

My interest in group processes stems from my role as clinical instructor for a small group of second-year nursing students within an urban university in southern Ontario. This clinical course was a full university credit, and the students received a pass or fail grade on completion. For two semesters, the students and I met twice a week within a hospital setting. I supported and guided the students in learning the skills and knowledge needed to provide effective nursing care to the patients within a clinical setting. The students learned to rely on one another and demonstrated a united front.

Throughout second year, group work was promoted in all courses. As such, most group work in the other year two non-clinical courses was also done within these clinical
Decisions made after an individual has been committed to an institution can have profound effects on both the individual and their family. The rights of individuals under the law should be respected, and the process of commitment should be transparent and fair. It is important to ensure that the rights of individuals are protected at all times, and that the decision-making process is guided by ethical principles. Individual rights should be balanced with the needs of the community, and the law should provide a framework to strike this balance. The protection of individual rights is a fundamental principle of a democratic society, and it is essential that this principle is respected at all times.
groups. As such, the students were together and worked in their groups for an extended period of time.

Learning within a practical setting unleashed intense moments of uncertainty, anxiety, and fear among the students. The anxieties stemmed from being in a hospital environment, nursing very ill patients, and carrying out invasive procedures for the first time.

From my observations, I found that the group evolved and transformed into a cohesive unit whereby the students were supportive of each other. Moreover, the methods of interaction among group members and with other groups were unique and distinct. It appeared that the group developed its own identity and culture. I witnessed moments when the students focused on developing and protecting their own personal identity, whereas, at other times, they focused on preserving group identity instead. At the same time, I noted several occasions when the collective group learned a concept and expanded their understanding to a new level with the involvement of all of the participants. I speculate whether each student would have arrived at the same awareness if they had learned the concept individually.

Overall, from my experience, I became curious to learn more about how student learning is influenced by being a member of a group. Moreover, how the group is shaped by each student’s involvement. When researching this topic, I was disappointed that I discovered only a handful of studies discussing the function of clinical groups and none discussing group learning in clinical teams.
Statement of the Problem Situation

As clinical nursing groups are distinct from other types of groups and appear to be underresearched, further investigation would be useful. The primary purpose of clinical groups within nursing education is to provide student nurses with the structure and support needed to cope and learn from the anxiety-provoking situations confronted within the hospital setting. I would argue that most other groups would not be formed with this as their primary goal. Thus, because of the uniqueness of this group and the limited research that I found in this area, this study focuses on collective learning within nursing clinical groups. Moreover, it explores the influence of the individual on the group and the impact of the group on the individual.

Questions to be Answered

The key questions that this study focused on are:

1. What impact does the clinical group have on individual learning of the members?

2. What impact do individual members have on group learning?

3. How do group dynamics and group identity interact with each other?

Sub-questions:

1. What situations arise within the clinical group where the issue of individual good versus group good is confronted, and how is this dealt with by the group?

2. As the students receive a pass or fail at the completion of this course, what impact does this method of grading have on promoting interdependence among group members?
Purpose of the Study

The purpose of this study is to explore and gain greater understanding of clinical nursing groups within an educational context. More specifically, it is to investigate the group as a team. As such, the purpose is to learn about identity, interdependence, and group culture within nursing clinical groups.

Rationale for the Study

When researching this topic, I reviewed literature exploring collective learning within education, sociology, and psychology. However, with respect to clinical nursing groups, I found no studies that discussed collective learning and group processes within clinical teams. As clinical groups play an important part in the socialization and integration of student nurses in the hospital setting, I feel this area of study has been underresearched and warrants further exploration.

Theoretical Framework

The study is organized using the concepts from the theory of collective learning as discussed by Deborah Kilgore (1999). The following are the key concepts:

- Collective learning involves both the individual and group components.

- *Individual components* include identity, consciousness, sense of agency, sense of worthiness, and sense of connectedness.

- Individual identity answers the question “Who am I?”, seeing oneself unique from the rest of the group.

- Individual consciousness is the awareness that one is an autonomous actor (brings in our experiences).
• Sense of agency enables us to feel that we are able to make things happen in the future.

• Sense of worthiness enables us to feel that we can contribute positively to the rest of the group.

• Sense of connectedness is the extent to which we feel affinity to the rest of the members.

• Group component includes collective identity, group consciousness, solidarity, and organization

• Collective identity answers the question “Who are we?”

• Group consciousness, as defined by Kilgore, is where “the group develops this notion of itself through its experience constructing a collective identity and acting collectively” (p. 197).

• Solidarity is where the group becomes more unified in its collective goals.

• Organization includes technical features of the group.

Overall, Kilgore states that:

Individual development is partially determined by a group’s development, a group’s development is partially determined by any individual member’s development, and all development is partially determined by the group’s collective actions in relation to other groups’ collective actions within a sociocultural context. (p. 197)
Importance of the Study

There are two principal reasons for pursuing this study. First, as this is an identified gap in research, it would be worthy to explore an area that is underinvestigated. More important, by having greater insight into the experiences of student nurses and the nature of learning within clinical groups, the nursing faculty would be better informed when devising the form, function, and facilitation of clinical groups. Thus, this study would be of prime interest to nursing educators, administrators, and researchers.

Scope and Limitations of the Study

As this is a qualitative study, with a purposeful sample of 18 nursing students and 3 clinical instructors arising from one to two clinical groups within the nursing program, the findings cannot be generalized to other groups. As clinical groups are unique from other types of groups, this study will have limited applicability to other areas, such as business, medicine, and corporate organizations.

The study did not, in great detail, explore issues pertaining to the clinical instructors, that is, characteristics of effective instructors. The study discusses the various methods of interactive learning, such as peer tutoring, collaborative, and cooperative learning, but this was not the focus of the study.

Outline of Remainder of the Document

Chapter Two is a review of the related literature. It discusses the pertinent research and is organized under headings: small groups, collective learning, and nursing clinical groups. In each area, there is a critical examination of the key theories and research studies pertinent to the topic under study. Within small groups, the literature
focuses on stages of group formation, characteristics of small groups, and interactions within them. Within collective learning, analysis of key arguments about group power versus individual autonomy is done. Related concepts are discussed, including group development, identity, interdependence, and social learning. The final area investigates research concerning clinical nursing groups and what factors contribute to a positive clinical experience.

Chapter Three discusses the methodology and procedures used to carry out the research study. The chapter begins by explaining the approach taken and rationale for choosing this methodology. Moreover, there is a clear explanation and description of the pilot study, criteria for selection of sample, participant recruitment, methods of data collection, and data analysis. Sample questions used for the participant interviews are outlined. The remainder of the chapter focuses on detailing the methodological assumptions, limitations and ethical considerations that were taken into account when planning this research study.

Chapter Four is a summary of the participants’ responses to the researcher’s questions. At the beginning, there is a brief summary of the participants’ demographics. Thereafter, for each question, there is a summary of findings from the participants’ responses. Also, the interviewer observed the groups during a postclinical conference and these observations are summarized in this chapter.

Chapter Five analyzes the results discussed in the previous chapter. Kilgore's (1999) theoretical framework and the questions presented in Chapter One are used in
guiding the analysis. Thereafter, recommendations stemming from the analysis are presented and discussed in detail. Finally, concluding remarks are made.
Chapter Two: Review of Related Literature

Overview

To discuss the pertinent research for this study, this literature review is organized under three principal areas;

- small groups
- collective learning
- nursing clinical groups.

Small Groups

Small group consists of two or more people who pursue common goals, are interdependent, interact with each other, have common norms and roles, influence each other, find groups rewarding, and define themselves as belonging to the group (p. 11). Thus, a small group is a community which is uniquely defined by its evolving culture and way of being.

Various theories have been postulated regarding the interpersonal behaviours within small groups. In 1958, the FIRO theory was introduced by Schutz (1983). The three key interpersonal needs are inclusion, control, and affection. Inclusion, the IN-OUT dimension, defines the human contact dimension. Human beings’ preference for inclusion varies from being oversocial, whereby the person feels anxious when alone, to undersocial, where a person is anxious in the company of others (p. 479). The second need is control which is a TOP-BOTTOM dimension. A person’s need for control, power, and influence varies from being autocratic, where a person needs to always be in control, to abdicratic, where a person is apprehensive when in control (p. 479). The third
need is for affection, which is the NEAR-FAR dimension. A person's preference for intimacy varies from being overpersonal, such that a person feels anxious when not dealing intimately, to underpersonal, where a person feels anxious when being close to someone (p. 479).

FIRO theory postulates that group development progresses from dealing with the issues of inclusion, then control, and finally affection. Moreover, group compatibility, as stated by Schutz (1983) is "the degree of ability of people to work together by considering their reciprocal role preference" (p. 479). Thus, a high controller is compatible with someone who wants to be controlled. Finally, Schutz presents the term relational continuity, which stipulates that adult patterns of relating with one another are a direct reflection of childhood relations (p. 480).

As the FIRO theory evolved, Schutz replaced affection with openness. Openness discusses the OPEN-CLOSE dimension and is related to self-disclosure and the revealing of one's feelings and thoughts (p. 484). This, again, varies from overopenness to underopenness.

Three additional principles have been added by Schutz (1983). First, most interpersonal issues within groups stem from not telling the truth (p. 485). Often due to competing needs and priorities, being honest and open with one another is challenging for group members and can be a source of conflict. Second, if we assume that everyone is choosing everything that they are doing, then this will reverse our views of many group phenomena. Finally, the unconscious is essentially the part of the person's experience that they choose not to know (p. 485). In essence, from analyzing the above three
principles, it appears that for a group to be functioning effectively, the atmosphere must be open and inviting, promoting trust and open communication among group members. Also, each person needs to take responsibility and accountability for their own actions, and not justifying their own behaviours on other extraneous factors.

Overall, this theory enhances our understanding about group dynamics and the influence that each member's background and personality has on the collective group. However, the theory falls short in presenting ways to structure and facilitate the group such that some of these destructive cycles and issues of power can be tackled in a promotive manner.

Johnson and Johnson (1997) lay out five basic elements of cooperative group effectiveness: positive interdependence, individual accountability, face-to-face interactions, social skills, and group processes. Hence, for a cooperative group to work in a constructive and positive manner, members must be able to rely on one another while being accountable for their own actions. Also, the members must have the necessary skills, such as communication and interpersonal, which promote positive social interactions. Moreover, the group's norms and roles should be explicitly stated (p. 19). Cooperative groups promote collective learning, and these terms are often used interchangeably. Clinical nursing groups function within the cooperative model as members need to be individually accountable for their own action and at the same time, demonstrate interdependence among one another.

All of these elements are needed for members of a group to work well with one another and for them to achieve their common goal. However, for a group to be more
than simply effective, the participant’s experience of being in the group needs to be enlightening, on both an emotional and a cognitive level. Lakin (1983) elaborates on this element when discussing experiential helping groups. Lakin pointed out that the common attributes of experiential helping of groups include facilitating emotional expressiveness, generating feelings of belonging, promoting self-disclosure, and sharing group responsibilities. Thus, the ideal group would be one which would fulfill the emotional and cognitive needs of each member.

Randall and Southgate (1983) argue that the possibility of creativity within a self-managed group is greater as members have greater control over the satisfaction of their aims and desires. Of course, alternately, the possibility of destructiveness also increases. They present the creative cycle, consisting of three phases: nurturing, energizing, and relaxing (p. 472). Initially, during the nurturing phase, the participants learn to feel comfortable with each other and the task. Next, within the energizing phase, the individuals focus on completing the detailed work and gradually work towards the peak event. The peak experience, usually the completion of the task, brings the group feelings of terrific pleasure. The individual’s identity is submerged within the group as a whole (p. 472). Finally, there is the slow relaxing phase, the winding down of the group. Overall, groups that are creative demonstrate phases of this cycle.

Randall and Southgate (1983) warn that “present-day, environmental factors have far greater importance in determining whether or not a creative cycle will take place” (p. 473). Environmental factors, such as having individuals who lack control and display regressive behaviors, can hinder the group from being creative. In summary, the critical
factors needed for group creativity include a shared goal, a safe environment, knowledge, and resources (p. 476).

Not all groups act and behave in a positive manner. Collectively, at times, a group can display destructive and maladaptive behavior. Janis (1983) discussed the phenomenon termed groupthink, which is a concurrence-seeking tendency among moderately or highly cohesive groups. Janis explained that "the members use their collective cognitive resources to develop rationalizations in line with shared illusions about the invulnerability of their organization" (p. 41). Thus, the phenomenon of groupthink usually appears within a cohesive group who are facing a crisis situation. According to Janis and Mann (Janis, 1983) "the striving for unanimity fosters the pattern of defensive avoidance, with characteristic lack of vigilance, unwarranted optimism, sloganistic thinking, and reliance on shared rationalizations that bolster the least objectionable alternative" (p. 44). Consequently, in many instances, groups collectively reach decisions and act in ways which are contrary to individual actions. Being social animals, the need for social acceptance is often more significant for humans when compared to fighting for one's principles and beliefs. From the literature, it appears that the phenomenon of groupthink is widespread and common among many groups.

A second phenomenon observed is group polarization (Burnstein & Schul, 1983). When comparing individual opinions prior to and after group discussions, polarization occurs such that posterior opinions are more extreme than prior ones (p. 57). There are numerous theories on why group polarization occurs, but the most recent theory by
Burnstein and coworkers suggest that moderate members shift to extreme positions due to the persuasive arguments presented in group discussions (p. 57).

**Cooperative Learning**

When reviewing the literature concerning small groups, cooperative learning was a recurrent theme. Cooperative learning, as defined by Ulrich and Glendon (1999), "is an interactive teaching strategy that stimulates critical thinking, fosters a feeling of community within the group and promotes individual responsibility for learning through group process techniques" (p. 8). The focus shifts from individual achievement and abilities to the functioning and the good of the whole group. There are key characteristics of cooperative learning which differentiate it from group learning. For cooperative learning, the groups are purposefully formed so as to assure heterogeneity, they work together for an extended period of time, there is both individual and group accountability, and the use of peer evaluation forms (p. 9). The four major benefits of implementing cooperative learning are greater student participation, enhanced problem-solving ability, improved communication, and greater responsibility for learning (p. 9).

The majority of research studying cooperative learning has shown it to be an effective method of teaching students a variety of skills. Ulrich and Glendon (1999) explained that "research has consistently shown that cooperative learning methods not only produce greater academic achievement than do traditional methods of instruction but also improve student self-esteem, promote positive attitudes about school, and encourage interaction between students of different types" (p. 8). Thus, the interactive and...
interpersonal aspect of cooperative learning promotes the students to have a positive attitude towards school. This may enable the students to excel in their studies.

Peer teaching is another method of interactive learning, focusing on students mentoring other students. Iwasiw and Goldenberg (1993) studied peer teaching among nursing students. They hypothesized that students taught by peers would achieve significantly higher improvement scores and have greater preference for this method of learning when compared to learning solely by instructor (p. 661). The experimental design included 50 subjects on two surgical units, one for peer teaching and one for instructor teaching. Data were collected from pre- and postpsychomotor and cognitive tests of a surgical dressing procedure (p. 662). In the peer teaching group, once a student satisfactorily completed the skill for the instructor, then they could supervise other students completing that skill, whereas in the control group, the instructor solely supervised all the students during the skill (p. 662). Findings of the study showed significantly higher cognitive improvement and moderately higher psychomotor improvement for the students taught by their peer (p. 666). Moreover, students’ preference for peer teaching was rated equal to or higher than their preference for instructor teaching (p. 666). This study gives some credence to adopting peer teaching within the practical setting.

**Collective Learning Theory**

A long-time debate within group learning has centered around group versus individual orientation. Emile Durkheim (1938) and Le Bon (1960) argued that the group is a separate and unique entity. As such, the focus should be on the group as a whole, not
the individual members. Durkheim argued that groups are not merely a sum of individuals; they represent a distinct reality which has its own characteristics (p. 103). Le Bon introduced the notion of collective mind whereby the group thinks, feels, and acts differently from the isolated individuals (p. 27). Thus, within a crowd, the collective consciousness dominates over each member’s personal consciousness (p. 31).

Contrary to this, Allport (1924) argued that groups do not have a separate mind of their own. He argued that “there is no psychology of groups which is not essentially and entirely a psychology of individual” (p. 4). Thus, when studying the functioning of a group, we need to focus on the attitudes, cognition, and personalities of the individual members (p. 9). Solomon Asch (1952) adopted a middle ground by advocating that when studying groups, one must focus on the characteristics of the individuals and the interrelations among the group members (p. 223). Thus, the group must be studied as a distinct entity, taking into account the characteristics of the individual members (p. 257). Asch used the example of the water molecules (H₂O) to explain his theory. He illustrated that at varying temperatures, water will turn into either steam or ice. The chemical properties of the structures remain unchanged, whereas the relations between the molecules differ. Similarly, when discussing group dynamics, it is vital to analyze the individuals within the group and the group in totality. Thus, opinions regarding group versus individual focus lie all across the continuum.

Several theorists have discussed group development. Worchel’s model of group formation and development lays out a series of stages, each stage having a specific theme and focus (1996, p. 261). Stage one is termed Discontent, where the foundation of the
group is formed. These are highly aggressive times, and the group has minimal influence on individual identity (p. 261). The next stage is the Precipitating Event, where an incident, which represents dissatisfaction within the group, initiates contact between the members. Thereafter, the third stage, the Group Identification, is distinct as there is greater belonging and conformity to the group identity and less emphasis on the individual’s social identity. Thereafter, the Group Productivity stage is when distinction among members initiates, and the need to prove each to the other is a priority. The fifth stage is the Individuation, where there is greater discrimination between members based on skills and ability, and members demand recognition for their efforts. The group is still the focal point, but there is a slow shift towards the individual’s relations with the group. The final stage, Decay, is where attention focuses on personal needs and less on the group as a whole. This stage may lead to stage one again (p. 265). When reviewing the various stages within the theory, it can be seen that certain stages focus on group identity and orientation, whereas within other stages individual identity is a priority.

A group’s ability to achieve their goals successfully is dependent on a variety of factors. Zander (1983), followed up on the research done by Atkinson and Feather on the individual achiever. They propose that when a group has a strong desire to succeed, they will choose realistic goals and work hard towards them. On the contrary, a group who has a strong desire to avoid failure will either choose very easy or very hard goals and may not work as hard towards those goals (p. 465). A group that has failed numerous times in the past will have a fear of failure (p. 465). For this fear to be lessened, the group needs to have control over setting their own goals.
Zander (1983), following up on studies conducted by John Forward on individual's personality versus the group's motives, found that "a strong sense of group involvement can overcome personal fear of failure or lack of achievement motivation" (p. 468). Thus, many times, the group as a whole can achieve what some members were unable to achieve individually.

Haslam, McGarty, and Turner (1996) also discussed the positive influence of group membership on the individual. They argue that "people are more likely to be persuaded and positively influenced by others with whom they recognize a shared identity" (p. 30). Therefore, we believe what others tell us when we see them as being similar to us. Haslam and coworkers termed this self-categorization (p. 30). Thus, group membership and self-categorization enable the individual to validate or invalidate their own cognition and strengthen group consensus (p. 36).

**Identity**

When discussing the effects of groups on the individual, the concept of identity is paramount. Oyserman and Packer (1996) argue that "although a sense of self is universal, its definition is shaped according to cultural values and perspectives" (p. 176). Thus, one's self-identity is socially constructed. Hence, a person's upbringing, family, cultural background, and other socialization practices will have a significant impact on the person's selfhood. Moreover, they argue that identity is established within small group processes (p. 176). When discussing the formation of self-identity, Oyserman and Packer maintain that the development of identity is influenced by three levels: the specific here-and-now situations, social context within which the situation is embedded, and the
political-historical epoch and cultural milieu (p. 179). The first level focuses on how one’s identity is influenced by the current situation and moreover, the situational constraints and how one copes with these restraints. The next level concentrates on understanding the context in which the situation occurs. Finally, the third level gives a wider historical context and cultural background (p. 180). Thus, it is a combination of these factors which contribute to one’s self-identity. Oyserman and Packer concluded that “identity is both highly personal, an individually crafted achievement, and also a social construction or culturally assigned social representation” (p. 200). Thus, identity is both how we see ourselves and how others see us.

**Interdependence**

Interdependence is another essential element of learning. Johnson and Johnson (1997) defined social interdependence as existing “when individuals share common goals and the individual’s outcomes are affected by the actions of the others” (p. 100). There are two types of interdependence: cooperative and competitive. Within a cooperative environment, people work together towards a goal, whereas within the competitive goal structure, one achieves his/her goal and the others will fail to meet their goals (p. 100). The third type of goal structure is termed social independence, where there is no correlation among participant goals achievement and each acts independently. The key premise of Johnson and Johnson’s argument is that “the type of interdependence structured in a situation determines how individuals interact with each other which, in turn, determines outcomes” (p. 100). Thus, positive interdependence encourages
promotive interactions, whereas negative interdependence promotes oppositional interactions.

When discussing social interdependence, Thibaut and Kelley (1959) use the term mutual fate control, where each member’s behavior influences not only their own outcome but also the other person’s outcome (p.102). Thus, both individuals must take into consideration the outcome of their behavior on each other. Furthermore, Harrison and McCallum’s research showed that the single most important property of any interdependent relationship is the degree of correspondence between the two persons’ outcomes (1983).

Theories on group dynamics have evolved from a cognitive-developmental, behavioural, and social interdependence perspective. From the cognitive-developmental position, the principal theorists are Piaget and Vygotsky (Johnson & Johnson, 1997). Piaget and related theorists stipulate that when individuals interact with their environment, sociocognitive conflicts occur, resulting in cognitive disequilibrium, resulting in intellectual development (p. 97). Vygotsky and allied theorists proposed that knowledge is socially constructed from cooperative efforts to learn and understand (p. 97). The next branch is the behavioral theorists, namely Skinner and Bandura, focused on the impact of group reinforcers and rewards on productivity (p. 97).

Theories on social interdependence started in the 1900s when Kurt Koffka (1962) proposed that “the strength of a group depends on the degree of interdependence of the parts” (p. 650). Thus, the relations among members will influence the strength of the group. In the 1930s, Kurt Lewin (1948) furthered this notion by stating that "a group is
best defined as a dynamic whole based on interdependence rather than on similarity” (p. 184). Thus, commonality among members is less important that the mutual reliance among members towards a common goal. Moreover, the group is a dynamic whole, such that a change in one member will effect the other members (p. 17).

In the late 1940s, Morton Deutsch (1949a) proposed the theory of cooperative versus competitive goal structure and how each either promotes or discourages interdependence. He tested his theory by studying 50 introductory psychology students. He divided the students into small groups, and some of the groups were given cooperative situations whereas the other groups were given competitive situations (1949b). Within the cooperative situation, the group would be compared to the other groups, and all of the members would receive the same mark. Within the competitive situation, the members would be rated in comparison to the efforts of the other members in the group such that all of the members' marks would be different. Deutsch did find that a cooperative environment promoted interdependence, whereas a competitive environment discouraged interdependence (1949b). His research study has been influential in the understanding of social interdependence.

**Elements of Social Learning**

Wenger (1998) introduced the term communities of practice, “theory of learning that starts with this assumption: engagement in social practice is the fundamental process by which we learn and so become who we are” (intro). Wenger asserted that within all types of communities, particularly in the workplace setting, small local groups form which assist the community in meeting their needs, such as pooling communal memory,
helping newcomers join, generating specific perspectives, helping to accomplish what needs to be done, and making jobs habitable (p. 45). To be a community, there needs to be mutual engagement, joint enterprise, and shared repertoire (p. 72).

Mutual engagement means that people are engaged in actions whose meanings they negotiate with one another (Wenger, 1998, p. 72). Forming and maintaining such relationships requires commitment from all members, and the process is not always pleasant. The second characteristic is joint enterprise, a collective process of negotiation (p. 81). The participants within the community mutually decide the functions of the group. Mutual accountability is pivotal within a joint enterprise, as each member takes responsibility for their role in the group. The third characteristic is shared repertoire, the collective routines, workloads, and tools that are part of the community of practice and common to all members (p. 82).

Wenger (1998) concluded that these communities of practice, also termed learning communities, provide conditions which foster acquisition and creation of knowledge (p. 214). The social perspective on learning discussed by Wenger defined learning as being inherent to human nature. It is the ability to negotiate new meaning, fundamentally experiential and social, which transforms our identities and ways of engagement (p. 227). Thus, educational institutions need to provide opportunities for engagement where students can develop their identities and learn from each other.

Clinical Nursing Groups

When reviewing the literature on clinical groups, researchers primarily discussed the key purpose of the clinical setting and what factors contribute to the student’s
experience being positive. Numerous studies mention the importance of peer support, but there are none discussing collective learning and group dynamics within the groups.

Several studies have explored the factors that contribute to a positive clinical learning experience for the student nurse. Hart and Rotem (1994) explored students’ perceptions of learning opportunities in the clinical setting. They interviewed 30 nursing students, and six contributing factors emerged. The six factors were autonomy and recognition, job satisfaction, role clarity, quality of supervision, peer support, and opportunities for learning (pp. 28-32). The study concluded that “it was apparent that the culture of the workplace is crucial in determining the success of the learning experience” (p. 32).

With respect to peer support, Hart and Rotem (1994) found that “students provided positive peer support for other members of their clinical group” (p. 31). This support between students was often identified as a critical feature of a positive clinical learning environment (p. 31). Thus, how the group functions, relationships between and among group members certainly shape the student’s clinical experience.

The characteristics of the clinical instructor will also influence whether the clinical experience has been positive for student nurses. In fact, Campbell, Larrivee, Field, Day, and Reutter (1994) discovered that the students found the clinical instructor as being the most critical to their learning process. Moreover, the students that they interviewed expressed that clinical instructors who were “good” role models showed characteristics of being “organized, encouraging, outgoing, had good relationships with students, patients, and staff, and who practiced nursing in an ideal and caring manner” (p.
Thus, these role models were able to integrate theory into practice and demonstrate values and ways which the students learned in class. The students believed that instructors who were too rigid, did not allow independence, and were intimidating hindered their learning (p. 1127).

In another research project, Nolan (1998) interviewed six Australian second-year nursing students and described their thoughts on their clinical experience. The three themes that emerged were “I don’t belong”, doing and practicing: progress at last, and transitions in thinking. Under the first category, Nolan found that when entering a new clinical setting, students felt anxiety and fear (p. 625). The students needed to fit into the social environment and be accepted by the staff and patients. Moreover, Nolan concluded that “until students feel accepted, learning cannot proceed, as fitting in takes most of their time and energy” (p. 625). Thus, for an individual to participate in the group and to be accepted by them, there needs to be attunement to the group’s beliefs and assumptions, congeniality to the group’s concerns, sense that one’s identity is not under threat, and freedom to be open with one’s views (Ashworth, 1997). It can be seen that clinical groups have been studied, but the area regarding social learning within them is an identifiable gap.
Summary

This literature review focused on three principle areas, namely small groups, collective learning, and clinical nursing groups. Following are the key findings within each area:

Small Groups:

- Each member's background and personality will have an influence on the collective group and their dynamics.

- For cooperative groups to be effective, there needs to be a balance between interdependence among members and accountability of individual actions by each member.

- Collective groups can be a powerful force, both in a constructive and destructive manner. Groupthink and group polarization are two examples of maladaptive group behaviour.

Collective Learning:

- There is an ongoing debate with varying opinions on whether a group should be considered a unique entity with its own characteristics or if it is simply the sum of the individuals that constitute the group, thus not being a distinct unit. Those favouring the former opinion substantiate their position with the phenomenon of collective mind, whereby within the group, the collective consciousness dominates over each member's personal consciousness.
- All groups progress through various stages of group development, and the priority of self-identity versus group identity shifts throughout.

- Identity and interdependence are two pivotal concepts pertaining to collective learning.

**Clinical Nursing Groups:**

- For clinical to be a positive learning experience, peer support and characteristics of the clinical instructor are two key factors.

- Students favour instructors who are flexible, caring, encouraging, and good role models.

- For students to be able to learn, they need to be within a supportive and trusting environment, both within the clinical setting and within their own clinical group.
CHAPTER THREE: METHODOLOGY

Overview

This chapter discusses the methodology used in this research study. Specifically, it outlines the type of research design, selection of participants, data collection, and data processing. Finally, it also outlines the methodological assumptions, limitations, and ethical considerations.

Description of Research Methodology

As this research study focuses on describing the interactive processes and creation of social reality, it lends itself towards a qualitative, interpretative, and descriptive approach. A small, purposefully chosen sample of participants were interviewed on their experiences of being in the group and whether this enhanced or impeded their ability to learn. Data were also collected via observation of group dynamics and group interactions.

Selection of Participants

The sample was purposefully chosen from a southern Ontario university, Faculty of Nursing. Initially, during one of the clinical instructors' meeting, I presented the research study, specifying the purpose, methodology, and participant commitment to this study. I stipulated that the study design included both participant and instructor being interviewed where they would be asked about learning within their clinical group. Thereafter, a form was circulated to all instructors where they could indicate if they were interested in being a participant in this study. It was explained in the meeting that only two clinical groups would participate in the study and part of a third group would be selected for the pilot study. Thus, only three groups actually took part in the study and they were informed accordingly.
To recruit students for the study, the original intent was for me to personally deliver presentations on the study to both sections of students in one of their nursing lectures, ensuring that all second year students learned about the study and had the opportunity to choose to participate. I attended one of the nursing lectures for section one and delivered the presentation to part of the second-year nursing students, gave an overview of the study, and invited them to participate by filling out a form. A large number of the students wanted to be part of the study.

With respect to the second section, due to conflict in scheduling, prior commitments, and course’s midterm exams, I was unable to do the presentation personally. Because of this, I spoke to the professor for that class and she was willing to give the presentation on my behalf. I gave her the slide presentation and the student forms. On the day when the professor gave the presentation, student attendance was poor. Moreover, it seemed there were only a few students who were interested in being part of the study. As the response from the first section was more positive, both research groups and the pilot group was chosen from section one. There are no systematic differences in the nature of the students in each section.

With respect to the pilot group, two students and one instructor were chosen from one of the groups in section one where there were a large number of students wanting to take part in the study. All the students who initially agreed to take part within that group were called and the first two students who returned the call were asked to be participants in the pilot study.
...
In each of the other two groups that were chosen, there were a few students who initially either had not filled out the form or expressed their lack of interest in participating in the study. After the groups were chosen, I went to each of these students, informed them that their group was chosen, and asked them if they would like to participate in the study. All of these four students agreed to be part of the study. Prior to being part of the study, each participant read and signed the Informed Consent Sheet (Appendix A) and was fully aware that their participation was voluntary and they could withdraw from the study at any point.

When choosing the clinical group, criteria for selection included:

- Second-year nursing students within the basic 4 year nursing program at a southern Ontario university. As second year is the only time when students are part of a clinical group guided by an instructor, this would be the ideal group to sample from.

- Selection of participants limited to one of the two clinical groups which were chosen to be part of the study.

- The study would take place during the second semester of the second year (the students would have been in their clinical group for one semester).

- The students would represent both traditional and nontraditional students. Traditional students would have entered the nursing program directly from high school, whereas nontraditional students would be mature students who would have entered the program with prior education and job experience.
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Pilot Study

Prior to conducting the research study, a small sample of 2 students and 1 instructor was selected. The interview questions were tested on them. One of the groups where both the instructor and a large number of the students showed interest in the study was chosen for the pilot study. The clinical instructor and 2 students were chosen. Thereafter, I conducted an interview with the instructor and both of the students, asking them the interview questions. For the pilot study, I used similar interview techniques as those that were used in the research study.

After each interview, I asked for feedback from the participants, specifically asking them whether the interview questions were clear and if my method of conducting the interview influenced or biased their responses in any way. The students and the instructor gave me some insightful feedback which I acted upon, and the questions were modified accordingly. Also, I examined whether the responses received from the interviews provided understanding to the key questions of the study. Overall, the answers from the questions did help to answer the key questions, so there were only minor adjustments made.

Data Collection and Recording

1. The primary source of data collection was by student and instructor one-to-one interviews which occurred in the middle to end of second semester. I conducted one detailed interview which lasted 30 to 45 minutes with each participant. Prior to starting each interview, I reviewed the purpose of the study and a consent/information form (Appendix A) was signed by the participant. Moreover, each participant was given a copy
of this information sheet for them to keep. The interviews were tape recorded with written consent (Appendix A) and later transcribed by me and an assistant. The assistant verbally promised that all material that she reviewed would be strictly confidential. The questions were open ended, and the list of questions is shown in Appendix B. The initial intent was for the participants to review the transcribed notes and verify for accuracy, but due to logistical issues, this could not be done. As I had great difficulty in finding a reliable transcriber, I resorted to transcribing a large number of the interviews myself. Thus, I was transcribing the interviews over spring and summer, which meant I was not able to meet with the participants and review the transcripts with them.

2. Data were also collected by researcher observations. During one postclinical conference with each group lasting 1 hour, I was a nonparticipant observing and taking notes on the group dynamics and group process. To minimize my presence, I sat away from the group and did not engage in their group discussions. After the observations, notes were taken and shared with the instructor for feedback. Both instructors felt that my observations were accurate.

Data Processing and Analysis

Once the data from the various sources were collected, they were organized and analyzed using key themes from Kilgore’s (1999) theoretical framework (Chapter 1, p. 9), the literature review, and researcher’s personal impressions during the process of data collection. After analyzing all of the findings, patterns emerged which will help answer the questions that were presented in Chapter One.
Methodological Assumptions

When proceeding with this study, there were a number of methodological assumptions made. First, it was assumed that a qualitative approach is the ideal method of studying this topic. Next, it was assumed that the principal theoretical framework by Kilgore would enable me to make inferences on the observations. Also, it was assumed that the method of study, namely individual interviews and participant observations, would yield the needed data for analysis. Furthermore, it was assumed that the students' and instructors' responses were sincere and honest. Also, it was assumed that I will not be a teacher for any of the students participating in the study. Finally, it was assumed that the students would be able to reflect and identify aspects explored.

Limitations

As the sample size for this study was small and from only the second year nursing program within one university, the findings are not generalizable to others in any way, but the insights obtained may be of interest to other similar groups. The findings may be useful for clinical instructors and administrators.

Establishing Credibility

A variety of methods were used to gather data, including one-on-one interviews with participants and observations of the groups during postclinical conference. Moreover, during the interviews and observation sessions, in-depth description was noted from the interactions such that large amounts of information were gathered which then were filtered for themes.
Ethical Considerations

To ensure that this study met ethical guidelines defined by Brock University and the chosen university, the approval of their respective ethics review boards (Appendix E) was sought out prior to the initiation of the study. Moreover, each of the institutions was approached individually and informed of the study.

The participants volunteered for the study, and there was no coercion or pressure for them to be part of the study. At the same time, each student within the group were not informed by the researcher about which other students within the group were also participating in the study. Therefore, this assisted in decreasing the pressure students may have felt in participating in this study by their peers. Moreover, there was no extra monetary or academic incentive given to those that did participate.

It was explained to the participants that their involvement was voluntary and that they were free to withdraw from the study at any time without any explanation or penalty (Appendix A). Moreover, when the findings are presented, anonymity of participants will be protected, and they were assured that all participants will be nonidentifiable. Also, data collected by the researcher from the participants during the interview and the postclinical conference will not be shared with their instructor at any period.

Restatement of the Problem

As clinical nursing groups are distinct from other types of groups and appear to be underresearched, further investigation would be useful. The primary purpose of clinical groups within nursing education is to provide student nurses with the structure and support needed to cope and learn from the anxiety-provoking situations confronted within
the hospital setting. I would argue that most other groups would not be formed with this as their primary goal. Thus, because of the uniqueness of this group and the limited research that I found in the area, this study focused on collective learning within nursing clinical groups. Moreover, it explored the influence of the individual on the group and the impact of the group on the individual. Also, how does the structure and format of the group impact group dynamics and group learning.
CHAPTER FOUR: RESULTS

Overview

The following is a summary of the participants’ responses to the researcher’s questions. In total, two complete groups (2 & 3) each consisting of 8 students and 1 instructor, and part of one group (1) consisting of 2 students and 1 instructor for the pilot, were interviewed. Thus, overall 18 students and 3 teachers were interviewed. As the students were in their clinical groups for both the clinical course and other non-clinical courses, when discussing their clinical group, the students often do not differentiate between the various courses. As such, comments made in the interview by the students are not solely about their clinical course.

At the beginning of this chapter, a brief summary of the participants’ demographics is discussed. Thereafter, for each question, there will be a summary of findings from the participants’ responses. The interviewer also observed groups 2 and 3 during a postclinical conference session and these observations are to be summarized in the latter part of this chapter.

Demographics

For the pilot study, only 2 students and the instructor were interviewed. Both students were female and visible minorities. The female instructor has been in this role within the institution for over 10 years.

In group 2, 8 students were interviewed and the instructor. There was also a teacher’s assistant who aided the instructor but the researcher was unable to meet with her for an interview. Of the 8 students, 7 were females and one was male. Moreover, 7
out of the 8 students were visible minorities. As far as the researcher was aware, all the students were taking this course for the first time. Two students were older than the others and had a lot of responsibilities outside of school, including raising children. Two other students held full-time jobs as well as carrying a full course-load. The female instructor has been in this role within the faculty for over 5 years.

In group 3, there were 8 students and 1 instructor. There were 7 female and 1 male student in the group. Moreover, of the 8 students, 4 were visible minorities. Three students had failed or withdrawn from this course previously and were repeating the course. Two students had a health care background. The female instructor has been in this role for several years but in other institutions. As such, in this institution, she was a new faculty member. The instructor from semester one was not interviewed as she was unavailable at the time of the study.

**Preconceived Ideas and Anxieties**

The first question asked the participants if they had any preconceived ideas or anxieties prior to being in the clinical group. Two stated that they felt no anxieties about being in clinical groups, and another student was actually relieved when she learned that the clinical would be in groups. Four students worried about not knowing any of the other members and their backgrounds. Furthermore, participant 2F worried about whether the group would get along and work well collectively. Specifically, she said, “I was just afraid that we wouldn’t be able to work together” (2F, p. 1). Another concern that 3 of the students shared was their anxieties around course expectations and how the teacher would
be evaluating them. For example, 3E stated, “I was worried, I guess, how it would be structured, what is it that we are expected to do” (p. 1).

The male student in group 2 who was interviewed stated that he did worry about how he would be accepted by the female students within his group. Similarly, 2C, a visible minority, expressed her concerns about her integration and acceptance into the group. Specifically, she stated, “So, I was sort of forced together with the other 8 people that I don’t know and I am not sure how they will take to me” (2C, p. 1). It appears that group members who are different from “typical students” (i.e., white, female) did have some reservations concerning group acceptance.

Two of the students were more anxious about the specifics of how the group would function. 3B, who is juggling being a full-time student and working long hours at her job, worried about scheduling in time for group work within her already hectic timetable. 3C’s fears centered around how work would be divided within the group, specifically whether the expectations would be the same for the stronger and weaker students. Finally, there was one student, 3D, who clearly disliked being in groups and would have preferred if clinical practice could be done individually. She explained that “I find that I want to do my own thing, and when you are in a group, you have to follow the group, whatever, you can’t go with your own ideas, you have to compromise a lot” (3D, p. 1).

Previous Group Experience

Following up on the first question, the participants were also asked about their previous group experiences and if they were generally positive or negative. Overall, 12 of
the participants said that their previous experiences in being group members were positive. However, a few of the respondents did share their negative group experiences. For instance, 1B, 2G, and 3E discussed previous groups where there was uneven work distribution such that there were some members who were doing a greater share of the work, thus making up for others who were slacking off. For example, when describing a previous bad group experience, 2G stated, “it’s because we’re not working as a team and things like, people are doing more work than others and they are taking credit for it when they are not supposed to, I have been in situations like that” (2G, p. 1). Furthermore, both 3D and 3E discussed their frustrations in being in groups where there were differing work ethics and standards among the members. 3D, who liked to complete assignments in advance of the due date, has been in groups where other members were very late in handing in their part of the assignment, which caused her immense frustration. 3E found it difficult when someone else’s part of the assignment was not up to her own standards. Finally, those students who were repeating clinical seemed to have had positive experiences with their first clinical group.

**Peer Influence on Learning**

Question 2 asked the participants how their peers in the group shaped, influenced, or contributed to their learning. The majority of the respondents, specifically 13, found that their peers positively influenced their learning in the clinical setting. Seven of the 18 students stated that their peers contributed to their learning by providing support in a variety of forms: support in providing patient care, answers to gaps in knowledge, and emotional comfort. For example, 1B stated that “we help each other on the unit and if I
am uncertain about something, then I learn a lot from the person next to me” (p. 3). In terms of emotional comfort, 2E stated, “we all support each other, we all sort of contribute and let each other know ‘OK, you’re doing that right’ or ‘No, this is the way you do it’” (p. 1). 2G pointed out that she felt comfortable in seeking out assistance from her peers. Specifically, 2G stated, “they are really supportive, if you need help, like you know, that they will help you right away, you can easily ask them without being scared or being put down sort of thing” (p. 1).

However, one student, 3E, spoke about an incident where she did not feel supported by her peers. Apparently, a patient that she was nursing assaulted her and she did not feel that her peers were able to support her during this tough situation. She explained “when I mentioned it, people were like ‘ah,umm’ or ‘oh, that’s too bad’ but nobody really offered me real support, maybe they didn’t know that it really affected me” (3E, p. 9). In this instance, it seems that the students may have been uncomfortable in dealing with such a sensitive issue.

The next major type of peer influence mentioned by 5 participants was the learning that occurred among them. Surprisingly, the majority of the learning centered around developing social and people skills which would assist the students in nursing patients and being effective team players. For example, 1B, who sees herself lacking assertiveness, was positively influenced by a peer. She stated that “I am a very quiet person and it helps when I have one of my peers coming in and taking the initiative to do it. It makes me want to do it as well, so it is a good learning thing” (1B, p. 3). Similarly, 2A stated that “I was that shy person who could not do presentations and they kinda gave
me feedback that I can do it" (p. 3). Furthermore, 2D found that her peers influenced her by teaching her how to be a team player. She said "the things that we do learn about are like, how to work together" (2D, p. 1). In terms of content knowledge, 3E found that some of her group members had more expertise in certain areas, and she felt comfortable in approaching them when she was unsure. Moreover, as everyone had diverse experiences and opportunities on the unit, it was comforting for her to know that when she was faced with practicing a new skill, there would be someone who had previously practiced that skill who was a resource for her. Overall, the findings suggest that working within a group has limited impact on their ability to gain content knowledge, but it does improve their people skills.

Two participants stated that their perceptions were influenced by their peers and they appreciated seeing alternative approaches taken to tackling difficult situations. 2F gave an example where she was nursing a patient who was depressed and she did not know how to establish a therapeutic rapport with him. She stated, "I was getting so frustrated with it and one of the girls in the group gave me another approach, and she told me to let him talk to me, sit there and wait until he talks to me, and it worked" (2F, p. 3). Two other respondents replied that their learning was shaped by the pooling and sharing of information with one another. 2B elaborated that "when we bring our knowledge base together, we have much more of a pool of knowledge base to draw from, rather than if we were on our own" (p. 5). Finally, one respondent expressed that the member who was the "leader" in the group really motivated the rest of the team and her positive attitude uplifted them and promoted them to stay on track and be productive.
The instructors shared many of the students’ viewpoints. Group 1 instructor felt that having a few students in the group who had very high expectations for themselves helped in motivating the rest of the students to put more effort into the clinical experience. Group 2 instructor felt that, as the students could share among themselves their fears and anxieties about clinical, this enabled them to feel more relaxed in the clinical setting.

**Group Process**

Questions 3 to 6 and 8 focused on group process and group dynamics. These questions centered around how the group decided on norms, how the group dealt with those students who did not abide by the norms, and how roles were established within the group. With respect to the forming of norms, all of the students had an assignment at the beginning of the year for their theory class where they had to discuss with their clinical group what they expected from each other and hand in a list of norms which they agreed upon. Five of the students stated clearly that in their groups this assignment was taken very lightly and that there was not a lot of importance placed on establishing the norms at the beginning of the year. For example, when 3D was asked how her group established their norms, she stated, “we did an assignment on that, but it was just sort of mechanical ‘cause we had to get it in, so hand it in, but we really didn’t mean what we said” (p. 2). When answering this question, 1B explained that at the beginning of the year her group did not take the exercise of developing norms seriously, but as they started having issues around some students not following the norms, the group then reconsidered the norms and made a more firm commitment to them.
When asked about what the norms focused on, over half (12 students) of the respondents stated that their norms centered around participation in group meetings, classes, and completion of individual work within group assignments. With respect to group meetings and classes, the students expected that their peers would attend, be punctual, and inform someone in the group if they could not attend. Responsibility in completing assigned work in a timely manner and producing quality work was highlighted by 4 of the 16 students. When 3G was asked what she expected from her peers, she stated:

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Basically, it would be that everyone does their share of work, that everyone does it on time, hum, and you know, don't do a fuzzy kind of job, make sure you put time into it and do it right 'cause the whole group will be marked on it. (3G, p. 1)
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Thus, it appears that the students expected the other members of their group to act like responsible adults. Other less prominent norms mentioned by 5 of the students were confidentiality, equal division of tasks, time management, and open communication. One interesting finding came from 2D, who felt that she was more relaxed about norms pertaining to work ethics than those around how members should act and treat each other in the group. Specifically, she said, “what I do expect is more of the...I guess social things, personal things like respect. We don’t put each other down. We are considerate of each other always. So, we never jump to conclusions. We always try to see things from other people’s point of view. Why they might be having difficulty here. Why they might be late, something like that” (2D, p. 1). Thus, for 2D, respect was an important value in the group, and she described the norms that uphold this value in the above quote. The
instructors for both group 2 and 3 found that part of their role was to remind the students about the norms that the group had agreed upon and how they were diverting from them.

When asking the students about the norms that the groups decided upon and followed, some members of group 3 started to diverge in that although the group had initially agreed on norms, in reality there were other “implicit” rules that were governing the group. For example, during the beginning of the year, group 3 discussed how tasks would be divided equally among the members. 3B explained that although this was the rule they agreed upon initially, the expectations and division of work was not organized following this norm. She explained:

A lot of the group work ends up with her (3A), whatever bits and pieces that certain people don’t do, she picks up, so her role is like the mother figure that kinda comes and takes care of the little problems without making any fuss within the group. (3B, p. 3)

Thus, it can be seen that group 3 struggled with unequal distribution of work, and some members did a minimal amount of work. Furthermore, 3C discussed the discrepancy between the norms that were agreed upon and the norms the group followed. She explained that they agreed:

We would divide up the notes and each person would do it and make a photocopy to everyone and hand them by the end of the next module. Nobody has done that. Some people have, some people haven’t, some people still have notes from December that need to be done, other people just refuse to do the work, they say “I’m not doing it, I’m too busy” and won’t do it at all. (3C, p. 2)
It appears that in this group the members seem to be relaxed about the explicit rules that were initially agreed upon. Moreover, it seems that this group has fallen into a pattern of careless and tardy work ethics.

All participants were asked if norms were being broken and how the group dealt with those situations. It appears that in all groups there was a varying amount of transgression from the norms. In groups 1 and 2, there were some instances when members, because of various reasons, did not abide by the norms, but it did not seem to have a serious impact on the group. In group 1, when 1B was asked how the group dealt with those who don’t stick to the norms, she stated:

We didn’t actually come up with any punishment or anything like that, because we felt, as a group, if they didn’t do their work, it’s because of something that’s going on in their lives and for us to give them more work is only going to put them way behind in our group work. (1B, p. 2)

Thus, instead of punishing those that broke a norm, they provided encouragement and support to them. Also, to increase accountability and support among members, they had initiated the buddy system whereby each member was paired up with another member and each pair was supposed to look after each member. 1B believed that this set-up has been beneficial to the group. In group 2, 2A stated that there was an issue where 3 of the members missed a few classes without an explanation. However, once the students explained their absence with legitimate reasons, the group was very supportive towards those students and redistributed the work that needed to be done.
The page contains a block of text discussing various topics. However, the text is not legible due to poor image quality or shadows. It appears to be a continuation of previous paragraphs, possibly discussing experimental results or theoretical concepts in a scientific or academic context. The text is dense and likely requires careful reading to understand the nuances of the discussion. Due to the quality of the image, it is challenging to extract specific details or conclusions from the text.
In sharp contrast to the other two groups, group 3 appeared to have a serious issue with members not adhering to the norms that were set out at the beginning of the year. This seems to have affected the group dynamics and effectiveness in completing tasks. 3F explained that initially everyone had agreed to the norms, but then members started to break the norms, such as not coming to meetings, handing in assignments late, or not handing in assignments at all. 3F noticed that the problem got progressively worsening. As such, there was a spiraling effect whereby initially only a few were not doing their part, but then more and more members started to also not do their part as this seemed acceptable. The shift in group culture certainly seems to have had an impact on the group dynamics. 3D explained:

Cause you find people end up doing more work then they are supposed too and they get mad because they end up thinking “oh, we did more” and the other group members don’t do anything and they don’t need to bother about the assignments or think about it or get stressed over it. (3D, p. 3)

Thus, the inequality in commitment within the group caused frustration and at times, hostility among group members.

When the students were asked how they dealt with members breaking the norms and not being accountable for their work load, it appears that a large number of the participants, 13 in total, had difficulty in addressing these sorts of issues in the group. There were a few respondents who stated that they were direct in their approach. For example, 2 students stated that in their group they had a 1:1 discussion with the person who was breaking the norms, seeking out an explanation for the behavior and reinforcing
the group norms. In another instance, 3 of the students noticed that some of the other members in the group were laid back in adhering to the norms, so the issue was brought up within the group setting in a sensitive and constructive manner.

Although a few of the students were able to deal with the situation in a direct manner, 12 of the respondents stated that they either used more indirect methods or they simply avoided the issue. Four of the respondents stated that they did have some members in their group who were not carrying their responsibilities, but the rest of the members simply ignored the situation in the hopes that it would resolve on its own. The rationale for their avoidance of the issue was related to fear of initiating conflict in the group. 2D explained:

That is probably one bad thing about my group is that we don’t talk about conflicts. There can be stuff going on and we wouldn’t address it. We would wait until it kind of blows up. So far nothing has really blown up. It kind of cured themselves. (2D, p. 3)

2D continued to explain the motivating factors in avoiding conflict in the group. She stated:

Maybe we are just trying to avoid conflict, because like a couple months into first semester, we were like “we love you guys, you were like the best.” Everyone right now, we don’t want to wreck that, so if there is any little problem, if we can identify it, we don’t say anything because nothing major has happened, and if something major does happen, we will talk about it because we are more comfortable. We just want to maintain the happy group thing. (2D, p. 3)
Thus, it seems that part of the rationale for not confronting those who are breaking the norms may be related to the group’s desire to maintain the group’s image of being “good” and a lack of ability to manage situations of conflict. Group 2’s instructor echoed the students’ perspectives and felt that the students were very tolerant and tried not to be confrontational with each other.

In group 3, 3A explained that a few of the members did not complete their part of the assignment and how the group dealt with it. She stated:

We pretty much just adapted by not giving them any work in certain situations, like if it means a lot then we won’t give it to them, but it really isn’t a good solution ‘cause they are getting marks for not doing anything, but we have not found anything else at all. (3A, p. 2)

This quote depicts the frustration and lack of control 3A felt in this situation. Two participants told the interviewer that when dealing with members who were not punctual in handing in their part of the assignment, they would tell the person an earlier date for the completion of their part of the assignment. Thus, even if the person handed in their part late, technically it still would be on time. 3C stated that in one instance they pressured the person and told her that she would receive everyone else’s part of the assignment only after she submitted her part. It can be seen that a drawback of group work is that this type of format lends itself to less individual accountability. Ways to increase individual accountability within the group format, as discussed by the students,
was the initiation of the buddy system and greater evaluation of personal performance instead of group efforts.

Furthermore, about group process, the participants were asked how roles were assigned in the group and who took on the leadership role. In each of the three groups, there were one to two leaders who assumed the leadership role. Often because of their strong personality and past experiences, they had the leadership skills and sought out opportunities to lead the group. The individual tended not to get any opposition from the other members in taking the leadership position. The only exception to this was in group I where the group accepted a rotating leader instead of one leader. 1A explained, “certain people [were] taking the lead and some people were falling back so we decided, like when we [were] deciding the norms and goals, we established that group leadership would move around” (1A, p. 2).

The role of the leader was often defined to be the voice of the group and advocate on behalf of the members. They would also be responsible for organizing the group, deciding how the work would be divided, and who would be responsible for what. For example, 2D explained, “we have a constant leader and she always speaks up about things and takes charge of like a certain assignment or project that we had to do together” (2D, p. 2).

With respect to other roles in the group, it seems that each person took on the role which they felt most comfortable with and were not pressured to move out of their ‘comfort zone’. In group three, 3H explained:
There are those that are quiet, one who like to work behind the scene, then there are those who like to be up in the front, who don't like to be behind the scene, so we found that works best, so people who were behind the scenes usually do all the research, running around work and people who will actually present will get up and boast the class, what have you and that's what we have found works. (3H, p. 1)

Thus, overall, the group did not seem to put too much pressure on the members to move into roles that would cause them discomfort. On occasion, they did encourage members to try new roles, but it did not seem to be profound pressure.

Related to type of role in the group, the students were also asked what past experience and expertise they brought to the group. Three of the students discussed how their past experiences had an impact on their contributions in the group and their role preference in the group. For example, 1A revealed that being an individualist who had very high standards for herself and others, she had great difficulty in trusting other people's work in the group. As such, she tended to want a strong leadership position in the group whereby she could control all aspects of the group. Alternatively, 1B, who comes from a South-Asian background, shared how her background had an impact on her role preference. She explained, "in our culture, women sort of take the backseat in decision making, things like that. So, I am quite used to that, and when it comes to leadership skills in our group, it is a little difficult for me to get into that role" (1B, p. 1).

Hence, it appears that one's personality and cultural background had a bearing on what role the person chose to carry out in the group.
With respect to expertise in the group, 4 respondents felt that they were good at providing support and comfort to the rest of the group members. For example, 2E was supportive towards the male student nurse who was initially having difficulty in feeling comfortable in the all-female clinical group. Another 4 participants stated that they had above-average knowledge or ability in a certain area and that many of the other members would come to them for advice in that area. For example, 3H, who was completing clinical for the second time, felt that the other students often came to him for assistance with nursing skills as he had practiced them extensively. Three other participants stated that their laid-back approach and use of humor facilitated a calmer group environment. A few others responded that they were good at keeping the group on track, organizing the group, and instilling in others a sense of responsibility.

One student, 3E, answered this question by telling me that because of her personality and personal qualities, she tends to be a poor group member who can be disruptive to the group environment. She explained, “I have a lot of negative qualities that do not facilitate a good working environment, I get distracted very easily and I tend to distract others, I tend to joke around a lot, I’m a procrastinator” (3E, p. 1). 3E seemed to have a lot of self-awareness and knowledge about her role in groups.

With respect to roles, the interviewer asked the participants their viewpoints on the role of the instructor in the group and how she influenced the group dynamics. From the participants’ responses, it can be seen that the instructor seemed to have a strong effect on how the group functioned, what they valued, and how they treated each other. Four of the respondents discussed how their instructor was a role model for them and
promoted a positive learning environment. Moreover, they felt that the instructor was instrumental during the initial stages of group development. For example, 2F talked about her instructor’s role as follows:

I think that because she has been such a supporting person, we have all learned from that and we appreciate the way she is supportive towards us. We are all very supportive towards each other. I mean, rather than leaning on her the entire time, we will lean on each other as well. (2F, p. 5)

Also, 2B discussed how the instructor’s warm and caring disposition promoted a positive learning environment. 2B stated:

All our group members were supported by our instructor... So, I think because we had a warm academic environment for us to work with, we were able to, I guess, be more, I mean it just helps you when you have a good work environment, you are going to be more cheerful, you are going to be more understanding and more helpful, more accommodating to others. I mean the instructor serves as a role model for everybody. (2B, p. 4)

This quote demonstrates the pivotal role of the instructor in the group’s culture. In group 2, the students discussed how their instructor initially gave them a lot of structure and guidance, but then as the year progressed, she encouraged them to be more independent and use their peers as a resource. 2C described this as follows, “like right now, she encourages us to draw on each other. Right now, she is trying to back away from the mother role and try to help us to be independent” (2C, p. 5).
In groups 1 and 2, the students had the same instructor for both semesters whereas in group 3, they had two different instructors, one leading each semester. Adapting to the change in expectations between the two instructors was a difficult adjustment for some of the students in group 3. 3A explained that in first semester the instructor was more lenient and less demanding on them, whereas in second semester, the new instructor had higher expectations of them and was more demanding. Thus, some of the students had a tough time adapting to the new situation. 3B stated that:

I think it is a huge difference where we had one teacher last semester, you get used to that, and then you come and you have a teacher who has a completely different learning style, and that would impact everything, and the dynamics of the group has completely changed from the first semester to second semester, it’s almost a shock to see how much has changed. (3B, p. 2)

This quote clearly describes how a change in instructor can have a profound impact on group dynamics. At the same time, the group 3 instructor felt that taking over from the first semester’s teacher was a major challenge for her primarily because the students had difficulty adjusting to her expectations and teaching style. 3B explained how the group culture altered with the new instructor. She stated:

People’s roles have changed, like whereas people who were very outgoing and seem to be in a kinda leadership role before have now, because of a new clinical instructor, not fitting into the expectations, they have kinda kept the expectations of our previous clinical instructor and haven’t really adjusted quite well to the new instructor, that their role has changed. (3B, p. 2)
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Hence, accepting the change in expectations between the two instructors was a difficult transition for some students.

When the students were asked if they saw the instructor to be part of the group, many of them felt that the instructor was outside of their clinical group. 3E explained, "I see the instructor being more outside of the group, sort of not supervising but um... kinda we know that she is there to help us, but we never really go to her for help, we try to do it on ourselves." (3E, p. 10). Some of the students also mentioned that their learning was hindered if their instructor was intimidating, didn't provide encouragement and ongoing feedback.

**Group Cohesiveness**

When in question 7, the students were asked about cohesiveness among the group members and how they progressed through the stages of group development, each of the three groups had a unique experience with their own set of obstacles and issues. In group 1, the 2 students interviewed mentioned the same critical incident that was a turning point for the group. Both 1A and 1B explained that during one of the first group presentations that they needed to do, some of the members did not complete their part and there was a lot of stress and frustration during that presentation. The group met after the presentation, but no one brought up the issues surrounding the presentation. Thereafter, the group chatted via e-mail and the issues were discussed in an open and constructive manner. 1B explained, "so, after that we came together as a group and decided we needed to reinstate our norms and that we really had to get this thing working and how the deadline would be respected" (1B, p. 2).
When group 2 was asked about their group development, they described their group as being cohesive and very supportive of one another. They felt that the progression to group closeness was a gradual transition and there was no specific situation or incident which accelerated the process. 2E explained:

I think there are a few factors. I think the first one is because of working with our instructor at the beginning, she made us feel very welcomed and she really made us feel comfortable in working with each other and she emphasized the importance of communicating and sharing with each other and how that was important, so we just all kinda did it, I guess, and we didn’t really worry about it. (2E, p. 1)

It appears that the instructor played a key role in establishing group cohesiveness. 2E also found that that as they were approaching the end of the year, the emphasis in the group had shifted from interdependence to independence. As such, each student was more focused on strengthening their own knowledge base and nursing skills, instead of promoting group togetherness. 2D and 2G felt that the group would have been even more close if the group had more social time where they could have known their peers on a more personal level.

When the instructor was asked about group cohesiveness, she felt that the team became closer as they moved into the acute hospital setting and realized that they needed to be united in order to function in such a fast-paced environment. She felt that some of the obstacles to group cohesiveness were the quiet students, as they played a very limited role in the group, as well as the subgroups that formed. From her experience, she felt that
when you have a group with middle to strong achieving students, there seems to be greater cohesiveness in that group, as they have a collective commonality binding them together. In this group, she felt that there were some strong and weak students, and this may have prompted the formation of subgroups. She helped the group be more collective by encouraging them to share their experiences with one another.

In group 3, 3A and 3G suggested that there was a core group of four to five members who are very close with one another and the rest of the members were seen as “outsiders” by this core group. Moreover, during second semester, when the group moved from a rehabilitation setting where all students were on the same unit to the acute care setting where the group was divided on two units, the majority of the group (6 students) felt that this promoted further divisions within the group.

Three of the members felt that with the change in instructor, which was a tough adjustment, this situation actually made the group more cohesive and closer. 3D was asked if she felt that the group had grown closer since adjusting to the new instructor, and she said, “it has, we feel separated from the instructor, we feel like, maybe because we had a different instructor in September, but like with her [first instructor] we felt like a group, but now it’s like we are a group and she is our instructor and she is not part of our group really, so we have come closer as a group because of that” (3D, p. 1). Thus, it seems that stressful and crisis situations can bring commonality among the group members which actually enhances group cohesiveness.

When the instructor was asked about the group dynamics and cohesiveness, she found that the group was very bold and upfront with their expectations of her. She felt
that the group supported each other, and she tried to promote togetherness by pairing different people together on the unit. She felt that since the group was divided on two different units, this caused divisions in the group and created subgroups. Also, having a change in instructor in second semester interrupted the group dynamics, and she would certainly advocate for one instructor leading the group for both semesters. Finally, in this group, she observed that there were some very aggressive students and others who were passive. This set up situations of manipulation and isolation of the passive students, and she needed to mediate and be an advocate for the weaker students.

**Peer Support and Teaching**

The next set of questions, 9 to 11, focused on support and peer teaching in the clinical setting. The students were asked if they felt that how well they did in clinical was related to the support of their peers. Responses varied from those who felt that success in passing this course was entirely based upon their own personal efforts, to others who strongly felt that they would not be passing without the support of their peers. Four students strongly felt that support of their peers was very important in their passing this course. 2C liked the fact that all group members pooled their resources together. 3A liked having peers whom she shared ideas with. Also, 3C, who admitted that she did not do all of her work; she clearly stated that she relied heavily on her peers for support. 3C explained, “I don’t do all of the work, and I know that a lot of the work I get are from my friends, a lot of times I have questions and they help me” (3C, p. 5). It seems that 3C would not be able to cope with the work load if she did not have the aid of her peers.
Three other students felt that support of their peers was important, but equally as important was how much effort each person put into clinical. 1A felt that support from her peers accelerated her own learning. She explained, "they provide me with support and confidence, that kinda jump starts, like inertia, the whole hard part is getting it moving, but once it is moving, you're on your own" (1A, p. 3). 2G felt that by watching her peers working hard and doing well in clinical, this motivated her to do well also.

Finally, 6 participants felt that support of their peers played a small part in their achievements in clinical, but more important was each person's commitment and effort towards excelling in the course. 2E explained:

What you put in is what you're going to get out, and it does help to have a very supportive group, but I think the majority of it is what you do. I mean, you can have a great supportive group, but if you aren't doing anything, you're not making the effort, you're not going to get much out of it. (2E, p. 6)

Similarly, 2D felt that to pass this course, one had to demonstrate strong practical nursing skills and theoretical knowledge which was demonstrated via written assignments. As such, she felt that her peers assisted her in learning the practical skills, but with the academic part of the course, which she viewed as counting for more, she was solely responsible for that.

When the instructors were asked this question, the group 2 instructor felt that the students had not yet learned how to utilize the peer support that was available to them and saw themselves as predominantly relying on their own abilities. She sensed that it was probably the middle students who looked towards their peers for most support. Similarly,
the group 3 instructor saw that some students relied on their peers, whereas others were very self-reliant.

With respect to peer teaching, all students could recall instances when their colleagues taught them something in the clinical setting. Generally, their peers tended to give them small "tidbits" on a day-to-day basis. The students feel that peer teaching enhanced their learning experience. The students taught each other about a variety of topics, both clinically and nonclinically focused. Clinically, 2 of the students appreciated how their peers taught them small things which they might not have gained from reading a textbook, such as how to hold the vial when removing medicine from it. Also, 3G liked the fact that her peers taught her how to organize her care so she could provide physical care in a timely fashion. 3A liked when a peer, who was taking care of the patient previously that she is currently assigned to, gave her information on how to take care of that specific patient. Also, when 2D was asked what she learned from her peers, she stated, "what I learned the most from them I would think would be communication technique, how to, like, what kind of questions to ask and how to ask a certain question, use certain words" (2D, p. 7).

Moreover, part of the course requirements were that each student had to research an area of interest which would be relevant to their unit and present their findings to the group in a creative manner. A few of the students felt that they learned a great deal from these sessions. Not related to clinical, 2 students stated that they learned how to use APA format, use of PowerPoint presentation software, and how to conduct a literature search.
Three of the students remarked that they were really able to understand when a peer taught a concept to them; their peers were able to bring it to their level and give concrete examples. 1B explained:

I think it helps when a peer teaches you, because for some reason, I feel that they know exactly the kind of way that we would like it heard. They would say in such a way that, I don’t know, like in slang or in some way, you would understand better and you would not really feel that tension, teacher and student is a superior level class thing going on. (1B, p. 4)

3A further explained about peer teaching:

Sometimes, cause they know exactly what we are looking for, like what we need to know as students at this level, rather than what you need to know as a nurse.

Because it is a bit more practical when a peer is teaching you exactly the information that you like, so it’s not way up here. (3A, p. 6)

Thus, it seems that there is less intimidation and greater individualization of learning when students teach each other.

When the students were asked if they taught their peers anything, the majority shared with the researcher examples where they assisted in their peers’ learning.

Examples were similar to the above-mentioned citations.

**Grading Scheme**

Grading in this course is different when compared to other courses, as students receive a pass or fail grade at the completion of the course and not a letter grade. In question 12, the students were asked if this type of grading scheme had any bearing on
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the members’ interdependence on one another. Five of the participants stated that they felt that this type of grading system facilitated a supportive environment in that everyone was very helpful. Moreover, a common goal among the members was for all of them to pass the course. This enabled the students to rely on and support one another. 2C explained, “I think knowing that it is a pass or fail, we are pulling together more in trying to do stuff to help each other so none of us will fail, because at the beginning that is one of the things that we all have in common, purpose of this group is to work together as we can” (2C, p. 6). Similarly, 2E stated, “I think it causes interactions between the group members, it makes us more supportive ‘cause we are all in it together and we’re all experiencing it together. I think it causes us to lean on each other more and to go to each other to express our concerns and feelings about it” (2E, p. 6). Thus, it seems that having this marking scheme promotes a noncompetitive atmosphere that facilitates learning. The instructors shared the students’ views and felt that this grading scheme promoted collaboration and diminished competition.

Next, the students were asked whether they felt that if the marking scheme were changed such that each student received grades, this would make the environment more competitive. Five respondents felt that the group would continue to be supportive regardless of the type of marking scheme adopted. Nevertheless, 6 of the students felt that by adopting the assignment of letters, this would promote the milieu to be more competitive, as there are always some in the group who are competitive by nature and they would influence the overall group climate. 2A agreed and said, “yes, I definitely
think competition would be there, only 'cause it's part of people's nature, like myself, I really compete, like, I don't like being below average” (2A, p. 5).

When answering this question, it seemed that the students were more interested in venting their feelings and views about the whole concept of receiving a pass or fail grade. The students seemed to have strong opinions about this type of grading system. 1A felt that when they are not focused on achieving a grade, then the drive to learn is fuelled by wanting to prepare for her future role as a registered nurse.

The majority of the other students, 10 in total, had some negative comments regarding this grading scheme. 1B and 3H did not like the fact that there was no distinction made for outstanding effort. Someone can do minimal work and someone else can put enormous effort into the course; however, both will receive the same grade. Both students felt that this was unfair and deterred some from putting more effort into the course. Four students felt that the criteria to pass were unclear and felt that they did not receive adequate feedback from their instructor on their performance on a consistent basis. As such, they were often anxious about how they were progressing in the course and whether they were passing. Thus, it appears that there are both merits and drawbacks to having this type of grading system.

Changes to Group Function

To learn from the students’ experiences with group work, in question 13 they were all asked what changes they would like to make in their group in order to function better. Nine of the students wanted to have more opportunities where they could get to know their peers on a more social and personal level. Thus, they would like more social
outings such that they could know their peers outside of the clinical setting. 2E explained, "I think if I could change one thing, I would probably would like to get to know each other on a more personal level, 'cause we have a great working relationship but we don't really interact with each other outside of school and outside of clinical" (2E, p. 7).

Three of the students wished that all members of the group would work towards a common goal and all be driven to excel in the academic area. 2D stated, "I wish that we were all at the same academic level, and I wish we all had the same drive" (2D, p. 8). Other recommendations included greater equality in work contributions, more males in the program, and greater openness in the group. With reference to the last suggestion, 3C explained, "maybe if there was more openness...maybe like straightforwardness, like 'yea, I'm going to do this for you'" (3C, p. 7). She continued to explain that some of the members quickly became friendly at the beginning of the year, and these students found it hard to give honest feedback to their peers, especially pertaining to breaking group norms.

To increase social relationships among group members, 2D suggested that if the groups were smaller, then there would be greater opportunity to learn about others on an emotional level. 2F suggested that if there were more chances for doing work in pairs on different activities, this might enable them to learn more about each other. Finally, 3F would like faculty to organize more teambuilding activities at the start of the course.

When this question was asked of the instructors, group 1 instructor wished that the students could go through the stages of development more quickly and reap the benefits of being a supportive group for a longer duration. One felt that the students were
learning about group dynamics in their concepts class. They seemed to be better equipped to deal with group process issues in their own group. Group 2’s instructor wished that they had more time to share with group members and less material to cover. Finally, group 3’s instructor would have liked if all of her students were on the same unit instead of having them divided into two units.

**Group Decisions**

To learn more about how decisions are made in each group, each member was asked in question 14 if there have been any incidents where the group decided on a course of action which was contrary to their own wishes. Fourteen of the students could not recall any situations where they felt that the group’s decision conflicted with their own opinion. Thirteen respondents felt that their views were being heard by the group and that they played an instrumental role in the decision-making process. Also, some stated that they felt comfortable in speaking up when they did not agree with the choices being made.

The three groups had different ways of reaching decisions. In group 1, 1B felt that most of the choices are made by the self-selected leader of the group and it was hard to influence the leader’s choices. For example, the group was supposed to write a paper on their group dynamics and the paper could be submitted either individually or collectively. In this instance, 1B and a number of other members wanted the paper written collectively whereas the leader of the group strongly wanted to complete it individually. In the end, it was hard to oppose the leader’s wishes, and they completed them individually.
In group 2, 2C explained how decisions were made. She stated, “we always try to pick out the strong points of each other’s idea; maybe it doesn’t work this time, but there will be a time that it might work, and I think that this is why we work so well as a group” (2C, p. 8). It seems that group 2, used a democratic process in decision making.

In group 3, 3E felt that some people always compromised when there was a conflict in opinions, whereas others always stayed adamant on their viewpoint. Thus, some students had more influence with the outcomes of the decisions made. Also, 3A sensed that at times, the majority of the group agreed with the decisions made simply because they did not have a genuine interest in what the outcome was. She explained that when the group was deciding on what topic to focus on for their theory class, “some people didn’t want to do it, but other people were adamant about doing it but then we just kinda agreed, ‘fine let’s do it, it really doesn’t matter...we just agree, I don’t know if we agree or some people just don’t care” (3A, p. 9). Thus, it can be seen that in the three groups, there were various ways that the group made decisions.

Group Observations

Aside from interviewing the students and instructors, data were also collected by researcher observation. I was a non-participant observer during one of the group’s postclinical group conferences and wrote down notes centered around observed group dynamics. These conferences occur after students have completed patient care on the unit, and it is a time when students can share their experiences with one another and learn from each other.
Group 2 was observed by me during one of their post-clinical conferences. For group 2, these meetings occurred within the hospital setting in a large classroom adjacent to the clinical unit. The layout of the classroom was such that the instructor and the students were divided by a large table which seemed like a visible barrier between them. The instructor led the conference, and in this session the students were encouraged to talk about the patient they were caring for. Thereafter, the group conducted a case analysis on these patients.

Early in the session, it was apparent that 2A was one who took initiative and had a leadership role in the group. For example, she immediately closed the door when she noticed that it was disruptive to their conference, without any cueing from the instructor. Throughout the session, most of the discussions were initiated and maintained on the left half of the room. The left side may have had more of the initiators, whereas on the right side there were quieter students who participated less in the discussion. As such, even the instructor’s focus seemed to be on the left side of the room for most of the session. It was observed that the most quiet person was 2D. However, on a few occasions, she did try to intervene and share her comments. However, the observer noted that the group, including the instructor, seemed to overlook her comments, and several times she did not receive positive response from the group or the instructor for her comments.

I also observed that the students constantly directed their comments towards the instructor instead of talking to the other students. I observed it was a supportive environment overall where a few of the students took most of the leadership roles and initiatives. I witnessed a few occasions of collective learning where the majority of
students were contributing to the discussion in trying to have greater understanding of the topic at hand. Finally, there was some evidence of the exclusion of 2D from the group discussion.

The researcher also attended one of group 3's clinical conferences, and following is a summary of the observational notes taken. The conference was held in a very small room which was adjacent to the clinical unit. The room had a large table and everyone sat around the table. The room felt very crammed and cluttered, as extra equipment was stored in this room. For this session, two Nurse Practitioners (NP) who worked in the hospital were invited to share with the students their role on the unit.

As an NP started to talk about her role, 3D came in quietly a few minutes late and found a chair which was in the corner of the room. She continued to sit in the corner and the other group members did not make any effort to make room for 3D so she would be more included in the discussion. At the same time, 3D seemed to be content sitting in the corner and she did not make any effort to move her chair closer to the others.

As the NP continued to talk, all members were paying attention except 3H. 3H appeared to be falling asleep at times, eyes closed and head falling forward. Other times, 3H looked around the room (no eye contact with speaker), laughing inappropriately, body positioned away from the speaker, and generally looked very disinterested. 3H's body language indicated that he/she was not interested in the speaker's content matter and his/her behaviors were disruptive to the rest of the group. A few times, 3B brought up interesting comments and the guest speaker praised her for being so insightful.
Once the NPs’ presentations concluded, the rest of the session was used for members to share their experiences in clinical with the rest of the group. The instructor asked the group for someone to volunteer to talk about their experiences. All volunteered, and 3H started talking about his/her day. 3H was very animated and excited when describing his/her day. The group now appeared more relaxed and calm. As the rest of the students shared their day, a few of the students started to write notes to each other and did not seem very attentive to the discussion at hand. Moreover, after 3E had her turn in sharing and another student was talking, 3E abruptly interrupted and again started talking about her patient, sharing details that she had previously forgotten to mention.

Overall, there was little indication of collective learning occurring within the group. As such, there was not much sharing and learning from one another’s experiences. It appeared that each spoke about their experiences but did not generate much interest from the others in terms of learning from those experiences. There were subtle and overt signs of disrespect for one another such as talking among one another when one member is discussing their experiences and passing written messages to one another. There were some instances when students were supporting one another. Hence, it can be seen that many of the issues that were brought up by the students, such as lack of support for one another and the occurrence of subgroups, were consistent with my observations.
CHAPTER FIVE: CONCLUSIONS AND RECOMMENDATIONS

Summary of Chapters 1-4

Prior to discussing the analysis of the findings and drawing conclusions from them, I will review and summarize the first four chapters. In Chapter One, the topic was introduced and background information was provided. Overall, this thesis was focused on collective learning within clinical nursing groups. It discussed the intricacies and interconnectedness of identity, interdependence, group dynamics, and culture. The specific area of interest focused on how the individual influences the group and what impact the group has on individual members. This study also explored:

- Is there any relationship between group identity and group dynamics?
- How do groups handle situations of individual good versus group good?
- Does grading scheme promote interdependence among the group members?

Theoretical Framework

The key focus of this study was to learn more about collective learning. Deborah Kilgore’s (1999) theoretical framework on collective learning was the principle theory that grounded this research. When exploring collective learning, Kilgore looks at the individual and group components. With respect to the individual components, each member’s identity, consciousness, sense of agency, worthiness, and connectedness will have an impact on the group and each individual’s role in it. Similarly, the group components, such as collective identity, consciousness, solidarity, and organization will influence each member’s development. Thus, the interactions and interplay between the
null
two components is dynamic and will determine the type of collective learning that occurs in that group.

**Literature**

Chapter Two focused on reviewing the literature on small groups, collective learning, and nursing clinical groups. In small group theories, Johnson and Johnson’s (1997) studies on the characteristics of effective groups were discussed. Their research has shown that positive interdependence, individual accountability, and type of group process certainly have an impact on how the group functions. In contrast, Janis’ (1983) work focuses on the destructive and harmful nature of some groups. He coins the term “groupthink” where a group reaches a collective decision and acts in ways which are contrary to individual beliefs and actions. Finally, briefly, cooperative learning and peer teaching were discussed.

When reviewing collective learning theory, the debate over whether groups are simply the sum of the individuals or really a separate entity was reviewed. Moreover, theory on group development was discussed and how groups go through a series of stages, some promoting independence and others focusing on interdependence. This section also examined the researchers who explored community-based social learning.

**Methodology**

The third part of the literature search focused on the limited research on clinical nursing groups. The key studies found that the critical factors in determining whether a clinical experience would be positive for the student is the amount of peer support they had and whether the instructor was a role model. The literature review enabled the
readers to see what research has been done thus far in the area of group dynamics, learning, and clinical nursing teams. It also illustrates the merits of this study and how it connects to previous studies.

Chapter Three outlined the methodology and how data were collected for this study. The research sample was purposefully chosen from an Ontario university school of nursing program, specifically second-year nursing students. The study used a qualitative, interpretative, and descriptive approach. The sample consisted of two entire clinical groups consisting of 8 students and 1 instructor in each group. Also, a pilot study was conducted with a third group consisting of 2 students and 1 instructor, where the interview questions were tested and modified as per the feedback received. The data were collected by individual interviews and group observations.

One detailed 1:1 interview was conducted in the middle to end of second semester with each of the students in both groups and their respective instructors. The interview which lasted approximately 30 minutes, were open ended, and the participants were asked about their perceptions around group dynamics, the role of the instructor, and types of collective learning that occurred in their group. The interviews were audiotaped and later transcribed by the researcher and an assistant. The researcher also collected data by observing both groups during one of their postclinical conferences. The researcher was a non-participant observer during these sessions, and she was simply observing and taking notes on the group interactions. She did not interact with any of the group members during these sessions.
Once all of the data were collected, they were organized and analyzed using key themes from Kilgore’s (1999) theoretical framework, the literature review, and the researcher’s personal impressions during the process of data collection. After analyzing all of the findings, patterns emerged which helped to answer some of the questions that were presented in Chapter One.

**Key Areas Studied**

The statement of problem for this study focused on collective learning, how individuals in the group have an impact on the development of the group. Simultaneously, the group itself also has an impact on the development of the individual members. Kilgore has studied this relationship in greater depth and helped to explain it in a clearer manner. When analyzing the findings from this study, Kilgore’s key concepts pertaining to individual and group components were applied. Through this process, there is a clearer understanding of Kilgore’s concepts and how they pertain to clinical groups. It also enabled the researcher to use a logical manner to analyze the data and have an enhanced awareness of the theory and how it applies to clinical groups. In the next few paragraphs, the researcher discusses each of Kilgore’s concepts and how they pertain to the study at hand. Refer to Appendix C for a summary of the findings.

**Collective Learning**

Kilgore divided collective learning into individual and group components. Individual components explain how an individual thinks and feels and how it will have a bearing on their actions in the group and essentially the type of group that eventually
forms. Individual components include individual identity, individual consciousness, sense of agency, sense of worthiness, and sense of connectedness.

**Individual Identity and Consciousness**

Individual identity helps to answer the question, “Who am I?” whereas individual consciousness looks at one’s awareness that they are an autonomous person with their own experiences. As there is overlap between these two concepts, they will be jointly discussed. Aside from Kilgore (1999), Oyserman and Packer (1996) explained that one’s self-identity is highly personal and socially constructed. When looking at Kilgore’s discussion about individual identity, it can be seen that it is both uniqueness of self and interdependence with others (p. 197). When analyzing the participants’ responses to the interview questions, it can be seen that one’s role in the group will highly depend on who that person is as an individual and the culture of the group of which they are a member. Both of these elements appear to be crucial in determining the role of the individual within the group.

Each person’s personality, particularly their work ethic and expectations of themselves and others, will affect how they act, their role in the group, and the amount of influence and recognition they have within the group. Consistently, the findings showed that participants, such as 1A, 2A, and 3A, who had strong work ethics and a desire to do well in this course were also seen as being the leaders in the group by the other members and had a greater influence in how the group was organized. In contrast, 2D and 2E, who admitted that they are not as committed to doing well in this course, seemed to have less
influence and involvement in the group. One’s commitment to the group was related to their priorities in life, their past experiences, and other personal factors.

A person’s cultural background and gender will also have a bearing on how they act and behave in the group. For example, 1B recognized that her South-Asian background and family values deterred her from taking leadership roles within the group. At the same time, 2B discussed how being the only male in the group made him feel out of place and unable to relate to the rest of the members.

Although one’s personal characteristics are important in determining one’s role in the group, equally important is the culture and type of group that they are part of. For example, 2A, who described herself as being shy, stated that her group, right from the beginning, was very passive and no one in the group was willing to take initiative. This prompted her to take on the role of leader, and enabled her to strengthen her leadership skills.

Finally, when looking at group 3, it appeared that a change in group structure, including change in instructor, had a profound impact on the group dynamics and inherently shift some people’s roles in that group. For example, 3B stated that when their group had a new instructor, she found that many of her group members, who took a lot of initiatives in the group before, became very quiet.

A finding specific to individual consciousness is that a student’s past group experiences seemed to have an impact on how they viewed the current group, how they acted in the group, and what fears they had around group work. For example, 2C
discussed with the researcher that due to past experiences she was now skeptical about group work and found it hard to trust her group members.

**Sense of Agency**

The third type of individual component is the sense of agency, and this is more related to control and the feeling that one is able to make things happen in the future. When analyzing the participants' responses, it seems that sense of agency was closely connected to group dynamics and the culture of the group.

When the students were asked how the group dealt with situations where their peers broke group norms, 12 students felt helpless and unable to deal with these situations. They felt that they could not confront those members who were not abiding by the norms and felt that telling the teacher was not a viable option. For example, in 3A’s and 3C’s interviews, feelings of lack of control in addressing this issue were clearly apparent in their responses. Similarly, 1B seemed helpless in dealing with their situation where one person who has strong leadership skills was dominating all group decisions.

When analyzing the findings, it seems that the amount of control and sense of agency students felt in the group influenced student behaviour, attitude, and actions in the group. Moreover, when there was a change in sense of agency in some members of the group, then there was also a change in the overall group dynamics. For example, in group 3, there are a few students who did not have high academic expectations and had weak work ethics. During the first semester, they had a laid-back instructor, whereby they probably felt in control of the situation, and the overall group environment was positive. In contrast, during the second semester, these same students faced having a clinical
experience in a more acute environment with a new instructor who had very high expectations of them. As the environment changed, the students probably felt out of control, and this may have led to the group atmosphere turning negative, as some students mentioned. 3A discussed this situation and felt that this change in sense of agency for some of the members affected the group’s dynamics.

Second, often, one way to feel empowered and in control is by limiting the amount of risk and unpredictability in one’s environment. Similarly, in a number of responses, participants stated that members had roles in the group which were comfortable for them and rarely did they branch out and try new roles. Thus, members tended to choose roles which made them feel comfortable, and this increased their sense of agency. 3G and 3H both mentioned that in their group, the norm was for members to assume whatever role they were good at, and there was no pressure for them to try other roles.

Finally, another finding which relates to a sense of agency was commitment to the group and ability to influence group decisions. A few of the members stated that those who were not committed to the group and did not do their work load had less say about group decisions. 3H mentioned that a consequence of not being a responsible group member was that those students’ role in the group was minimized. Thus, the group had influence over the members’ sense of agency, and each member generally tried to stay in situations which will maximized their sense of agency.
The following text is a paragraph discussing the importance of effective communication in organizations. It highlights the role of clear and concise communication in fostering a positive work environment and improving overall efficiency. The text emphasizes the need for open dialogue and active listening to ensure that all team members feel heard and valued. It also mentions the benefits of using technology to facilitate communication, such as video conferencing and instant messaging, which can save time and improve productivity. The conclusion suggests that by prioritizing communication, organizations can build stronger relationships and achieve greater success.

For example, a company that invests in regular team meetings and encourages employees to share feedback can create a culture where everyone feels empowered to contribute. This not only leads to better decision-making but also promotes employee satisfaction and retention. Other strategies include providing training on effective communication skills and establishing clear channels for reporting issues or concerns. By making communication a priority, organizations can create a more efficient and collaborative workplace environment.

In conclusion, effective communication is crucial for the success of any organization. By implementing strategies to improve communication, such as regular meetings, training programs, and technological tools, organizations can foster a positive work culture and achieve greater productivity and efficiency.
**Sense of Worthiness**

The fourth type of individual component is sense of worthiness, which relates to respect and the awareness that one can contribute positively towards the group. When analyzing the participants’ responses, it appears that there is an overlap and relationship between a sense of agency and a sense of worthiness. From the interviews, a pattern has been emerging whereby participants who do not do their share of the work and are not committed to the group seem to have less respect shown to them by the rest of the members and they seem to have less influence in group decision-making.

There are numerous references made to this pattern, mostly by group 3 members. When the instructor for group 1 was asked about group cohesiveness, she said, “there is one person who is still on the sideline, possibly ‘cause she is not holding her weight” (1C, p. 3). Thus, from the instructor’s viewpoint, the one person who was not completely committed to the group was being treated as an “outsider” by the rest of the group. Similarly, 3A mentioned that those members who didn’t do their work were given less respect by the group. Also, 3B and 3D stated that those who had shown that they did not act as responsible individuals, then couldn’t be trusted and would be given only small, less important tasks to complete. Thus, for a student to gain respect of their peers and have a voice in group decisions, they needed to prove their worth and demonstrate their commitment to the group.

**Sense of Connectedness**

The final individual component is sense of connectedness, the extent to which individuals feel affinity for the rest of the members. In the interviews, there was
discussion about relationships among members, what improves them, and what would diminish them. The overall theme that emerged, was that the majority of the respondents, 13 in total, liked having peers who were in the same boat as they, and this was a sense of comfort to them. Eight respondents stated that for them to feel more connected to their peers their discussions needed to extend outside of “clinical talk” and they needed to know their peers at a more social and personal level. They felt that the likelihood of this occurring would be greater if the members met in social settings outside of the clinical area. The students stated that by having greater social interactions and connections outside the clinical setting, this would enable them to feel even more connected and closer to their peers. For example, 2D, 2F, and 3A expressed that they felt closer to those members of the group whom they knew at a social level and whom they had shared personal information with. It seems that the students wanted to know each other on a more personal basis, but some of the students who were friendly and close with their peers found it difficult to confront their friends who were not abiding by the norms. It appears that having a deeper bond with the rest of the members in the group was a double-edged sword. 3E and 3C found that it was harder to give feedback and be seen as being serious by those members of the group with whom they had developed a friendship.

With reference to connectedness, the male students who were interviewed stated that they did experience times when they felt out of place, being a male in an all-female group. 2B felt that at times he could not relate to his group members and to their “girl problems”. He would have liked if there were more males in the group. 3H felt that as he
changed his uniform in a different area from the rest of the members, this physical separation added to his already feeling disconnected from the other members of the group.

In group 3, as the group was divided and practiced on two different units, some of the students and the instructor commented that this physical separation actually promoted the forming of subgroups and lessened the overall connectedness within the whole group. 3A felt that this set-up promoted a “them” and “us” mentality within the group.

Finally, students stated that when they had students in the group who didn’t have the same motivation and drive to excel in clinical, they felt less connected to them and more frustrated by the situation. Students who did not do their work load seemed to gain less respect from the rest of the members of the group and there was less connectedness and affinity towards them by the other members. Both 2H and 3A mentioned that they found it hard to connect with those who were not showing individual accountability and responsibility. It seems that the students liked having peer support when in the clinical setting for the first time. Moreover, their common fears and anxieties brought them together.

Thus far, the individual components of Kilgore’s (1999) collective theory have been discussed. The findings in this study are consistent with Kilgore’s concepts in that each individual’s attributes and past experiences will had a bearing on how they acted in the group, how they treated the rest of the members and ultimately, the culture of the group. The second component of the theory on collective learning is the group, seen as a
separate entity with its own attributes and characteristics. The group components are collective identity, group consciousness, solidarity, and organization.

**Collective Identity**

Collective identity answers the question, ‘who are we?’, essentially analyzing what the group’s beliefs, norms, roles, culture, purpose, and goals are. From analyzing the participants’ answers to the questions pertaining to identity, it appears that how much a participant was connected and identified with the group depended on the type of achiever they were. In a few instances, I noticed that those members who were high achievers referred to the group members more as “them”, whereas those members who were less motivated and relied on their peers’ support referred to the whole group more and with greater use of “we” and “us”.

One explanation for this may be that individuals who are high achievers may be more self-reliant and do not depend on the support of their peers to do well in this course. On the other hand, those who do not have strong work ethics and rely heavily on their peers would benefit from making greater references to the whole group as this lessens personal accountability. One example would be 2A, a strong achiever, and 3H, a less committed member, and how they referred to their groups. The researcher found that 2A used “we” and “us” 58 times to refer to her group in the full interview, whereas 3H used the same two words 125 times through his interview. This is but one example. Certainly, there needs to be more research in this area to see if this pattern is consistent.

Another finding related to collective identity was that the personality and teaching style of the instructor has a profound effect on group identity and what they value. For
example, in group 2, a few of the students mentioned that what the group values and the way it functions is a reflection of the instructor’s character. In group 3, it can be seen that when there was a change in instructor during second semester, this changed the group dynamics, individual roles of some of the members, and the culture of the group. This suggests the pivotal role the instructor has in shaping group identity.

From the findings, there is some indication to suggest that groups generally tend to label themselves (i.e., “close group” or “good group”) and it will do their utmost to uphold that identity, even at the expense of some of the members. For example, 2D referred to her group as being a “good group” and that members did not bring up confrontational issues as they didn’t want to damage this image. Also, 3A referred to their group as being a “pretty tight group” and did not want to ruin that. Finally, group 2’s instructor stated that in her experience, she had observed that in highly cohesive groups, the majority of the students tended to be middle to high achievers who had a collective commonality and an uniform identity. This is consistent with my own observations as I have been a clinical instructor for 2 years. Both groups that I previously facilitated were highly cohesive, and it was largely because of the fact that most of the students had the same high drive and motivation to excel in this course and this seemed to be the glue that held them together. Hence, these group’s identity seemed to be shaped by the commonality among the members and instructor values and leadership.

**Group Consciousness**

The second component is group consciousness, whereby the group has a collective identity and acts collectively. When reviewing the literature under collective
learning, I found some research centering around group consciousness. Le Bon (1960) discussed the notion of a collective mind within a crowd, whereby the collective consciousness dominates over each member’s consciousness. When reviewing the findings, it can be seen that, particularly in group 3, there was evidence demonstrating that the way in which the group collectively acted and thought may not be the method in which each individual may have felt and behaved. For example, in group 3, during the second semester when a new instructor led their group, there was a core group of members who disliked the instructor and they dominated the group’s viewpoint. 3B who actually liked the new instructor stated she was afraid to voice her opinions, which were contrary to the group’s viewpoints, as she did not want to be an outsider from the group. Thus, in front of the group, she would either agree or say nothing when the group expressed negativity towards the instructor. 3D also stated that she too felt immense pressure to uphold the group’s views even through she personally did not agree with them. 3D talked about the group pressure on individuals to dislike the instructor. She stated:

I guess if you decide not to like somebody, you don’t like them, then if even one group member says that they like her, we kinda get her to change her mind, so you feel uncomfortable to tell people that you like her. (3D, p. 8)

These examples illustrate the control a group can have over its members, and the innate need to be accepted by the group pushes people to do things that they normally would not do. In this study those individuals went along with the majority’s viewpoint even if they didn’t necessarily agree with it, as they did not want to be an outsider.
When one looks closely at group 3, it can be seen that a group can develop implicit norms and a culture which may promote inequality, disrespect, and so forth. It appears that in this group, it was easier to establish and maintain such unfair patterns of behavior. For example, in group 3, some of the implicit norms were that deadlines were set but didn’t need to be met, and everyone did their part, but then 3A completed all outstanding work and put the assignment together. These norms were maintained by the overall group goal that everyone had to pass the course.

The key issue from these implicit norms is that there was an inequality of work load such that some are contributing an enormous amount of time and effort to the group whereas others were doing no work. There were clearly some rationales why these norms and patterns of behaviour had continued in the group. First, 3A, a high achiever, someone who was very giving, could not say “no” to the other members and saw that someone had to sacrifice for the good of the group, and in this case, that was her. At the same time, there were a few members who were not motivated to work, didn’t do their share of the work load and knew that there was less individual accountability in groups. Also, they were aware that someone in the group could pick up for them if they don’t do their share of the work. Finally, a large number of the group members recognized the inequality of work load occurring in their group, many felt bad about it, but no one wanted to take any action in changing this pattern, as most likely they would not benefit by speaking up. Thus, the pattern continued in the group without anyone being able to alter it.

When discussing the above matter, 3C stated in her interview that she doesn’t do all of her work as she knows that she can get away with it in her group. Similarly, 3D
stated that often she would not complete her work load, as she knew that 3A would pick up for them. She felt bad about this, but won’t do anything about it. 3E explained:

3A, she usually picks up a lot, I guess we all try to help her out, but in the end, it ends up being her, and I don’t think anyone feels good about that, but she usually, when something doesn’t get done, she’ll do it. (3E, p. 5)

3E further explained why this pattern continues; she stated “but openly, we never talk about that. I don’t know why, I think it’s one of those group taboos, once you break it then somebody is going to have to do the work” (3E, p. 6). This clearly depicts how a group can develop negative patterns which benefit a few members at the expense of the others.

There are signs of this type of behavior to a lesser degree in group 1 also. When discussed with the few members who were interviewed, it appeared that 1A was the leader of the group and dominated over all group decisions. It appeared that this has become the culture of this group, and for some reason the rest of the group was unable to break apart from this type of dictatorship, although they tried on a few occasions. It appeared that 1A’s strong personality and need to dominate over all decisions seemed to be accepted by the rest of the group members. 1B explained 1A’s behavior and how it effects the rest of the members and the group’s culture. She says:

I guess sometimes when we get certain people who are very good at leadership skills and they see themselves as a leader, then we are getting into problems...a lot of decisions to be made regardless whether you like it or not. I would say this person had tendencies to disagree with, and she wants to change it, to the
way she likes it so that always became a problem. But the last assignment we did, she was sick and she wasn’t in the class, and I felt like all the other group members voiced their opinions a little bit more than they did before, because I feel that she never gave us a chance to voice their opinion. I am not saying she cut us out just or anything, just that her voice is loud, there was no more question after that, there was no more open discussion. (1B, p. 8)

Thus, it can be seen as a few individuals had control over the group and pressured them into decisions that they may not agree with.

Another finding in this study when reviewing the responses was that for some there seems to be a sense that the group needed to portray to the faculty that they were an ideal group, and if they were faced with any issues, then they should not discuss it with their instructor as they would be negatively marked for this. For example, 3C explained that the group felt they had to be positive or they would be negatively marked if they said otherwise. Similarly, 3E said that they could not go to the instructor with the issues that they were having in the group as they did not want to look like they were a weak group.

Interestingly, when group 3’s instructor was asked if she was aware whether her group was tackling any issues related to unfair work load, she said no. This indicates that the instructor was unaware of the issues within the group. Hence, one can see that the group, as a separate entity, has power over each individual, and this can either benefit or harm them.
Solidarity

The next group component is solidarity, and this was where the group sees itself as a separate entity and is confident of itself as a collective agent. When interviewing the students, it was clear that there was mention of the collective group and common goals. There seems to be a sense among the students that to do well in this course, they have to stick together and look out for one another.

I found that all 3 groups wanted to be united for various reasons. Many of the participants refer to the primary common goal as being “we all have to pass”, and this seemed to be the driving force which bined them together. To grasp this concept thoroughly, there first needs to be an understanding of how this course differs from other courses.

The rest of the courses that students were taking were organized in a format similar to other university courses that they had previously taken. As such, one would assume that most of students would know how to study for these courses and had the necessary study skills. In sharp contrast, in this course, the students were overwhelmed with fear and anxiety about being in the clinical setting and had a lot of responsibility towards their patients. Moreover, as they received a pass or fail for this course, this type of marking scheme was very different from the usual way that they were graded. Due to these factors, the students often felt scared and inadequate. Moreover, they may also had felt that they have neither the skills nor knowledge needed to function in the clinical setting and to pass this course. Thus, a combinations of these factors related to this course forced students to come together much more when compared to other courses.
Therefore, to decrease their anxieties and to feel more confident, these students quickly learned that they need to support one another and pool their resources. Moreover, they seem to feel comfort in knowing that all of their peers are "in the same boat."

There are numerous examples of participants talking about the group's common goal. For example, 2F discussed that the group had to be a united front and work cooperatively in order for them to achieve their common goal of doing well in the course. 3H emphasized numerous times that they had to support one another to achieve their common goals so no one would fail this course.

Another finding related to solidarity was that it seemed that positive, negative, or stressful events appeared to bring the groups closer together and make them more cohesive. For example, 2C described a situation where one of her patients was dying, and the whole group came together and really supported her. She really felt that they became closer from that experience. In group 3, 3D, 3F, and 3G all discussed how the group felt closer when they all collectively disliked the new instructor. This difficult transition actually brought about more unity among the members.

Some situations that students mention which decreased solidarity in the group included being physically separated (i.e., group on two units), when members didn't have the same drive or motivation, and differing opinions on key issues. Thus, it can be seen that there were key events which promoted solidarity and other events that discouraged group togetherness.
Organization

The last group component was organization, which entailed the technical features of the group such as size, mode of communication, and so forth. I did not place importance to this component, and only one key observation emerged from the findings. It appeared from the results that students who tend to have a variety of responsibilities really liked using e-mail as the primary mode of communication. Moreover, it appeared that for some students, communicating over e-mail allowed them to be more honest about issues within the group.

A key example would be in reference to the critical incident with group 1. Apparently, the group, during the middle of the semester, had an important presentation to do for their theory class, and due to lack of commitment to the assignment, everyone did not do his/her part and the lack of preparation was apparent during the presentation. Thereafter, the group tried to talk about the situation face to face but was unsuccessful. Fortunately, thereafter, the group discussed the matter openly via e-mail and found a solution. Students may liked using e-mail to discuss group process issues as they could communicate honestly without dealing with the person’s physical reaction to what was being discussed.

Thus, it can be seen that the make-up of these groups, including how they saw themselves, their culture, and norms dictated how the group would function. This influenced how individuals acted in that group and ultimately had an impact on how the members acted and felt outside of that group. After analyzing the individual and group components, it can be seen that individuals within the group have an influence on the
group as a whole. At the same time, the group as an separate entity also have an impact on the members within the group. The interactions and interplay among these two components affected the quality and quantity of collective learning that occurred in that group.

By using Kilgore’s framework to analyze the data collected around clinical nursing groups, there has been a greater understanding of the theory and some of the relationships among the different components. Also, it has provided a logical method of understanding these clinical groups and the learning that occurred in them.

**Small Group Learning**

Another purpose of this study was to explore small group learning and group process. As such, some of the questions that were asked to the participants focused on exploring their group dynamics and group effectiveness. When analyzing the participants’ responses, we can gain an enhanced understanding about why certain groups work well together and are productive. In Chapter Two, under small groups, Johnson and Johnson (1997) discussed three key components needed for a group to be effective, which are positive interdependence, individual accountability, and group process, specifically the ability to work in groups. When reviewing and analyzing the participants’ responses, we learned more about these three components as they pertain to clinical groups.

**Positive Interdependence**

The first key characteristic for group effectiveness is positive interdependence, which is the realization that for one to reach their goal, they are dependent on others (Johnson & Johnson, 1997). Thus, they are working toward a common goal and their
fates are intertwined. Interdependence is closely related to solidarity, one of the group components in Kilgore’s (1999) theory. As the findings indicated, these clinical groups seemed to have high solidarity among the members as they binded together to reach their common goal of all passing clinical. A group with high solidarity should promote positive interdependence among the members, as the students will see the need for positive interdependence to reach their goal.

Again, for groups to be effective, there needs to be interdependence, individual accountability, and group process. It can be seen that in a clinical group, simply because of the type of group that it is, generally there will be positive interdependence among its members. Thus, when determining if a clinical group will be effective, the other two characteristics will probably play bigger roles.

**Individual Accountability**

The second characteristic for group effectiveness is individual accountability; each member is responsible in fulfilling his/her own workload within the group. From the results, it seemed that individual accountability was shaped by the person’s individual attributes and group consciousness. Individual attributes would be a person’s drive, motivation, attitude, and personality, whereas group consciousness, as discussed previously, would be the group’s culture, norms (implicit and explicit), and so forth. Thus, each person’s accountability in the group was relate to “who the person was” and “what the group was”. Moreover, how each person valued individual accountability and responsibility determined the group effectiveness. For example, 2B, 2C, and 3A all commented on how each individual member’s responsibility toward their work load
affected group functioning. Moreover, 3C and 3E liked to see greater marks on individual performance as they felt that this would increase individual accountability in their group.

**Group Process**

The third characteristic of group effectiveness is group process and the ability to work in groups. From the results, two key determinants emerged as being important in whether an individual was able to work in the group. Two key aspects were a person’s maturity level and the role of the instructor. A few students, specifically 3B and 3E brought up that a person’s maturity level and their abilities in dealing with groups impacted on how the group worked and if it was effective. They felt that the majority of the students in their group did not have the needed maturity required to work effectively in groups. They felt that their group members would not be able to give and receive feedback constructively, and this may be why confrontational issues were often avoided.

The second key aspect of group process brought up by the students was the role of the instructor. Many of the students, including 2C, 2F, and 3E, talked about how the instructor played a pivotal role in teaching them how to act and behave in a group. Moreover, they felt that the instructor was a role model and influenced the group process. Overall, it appeared that the key things that dictated group effectiveness included the instructor’s roles and values, the group’s inherent values, all having common goals, accountability, and maturity among members. Analysis of the key findings has certainly given us an enhanced appreciation of the intricacies and complexities involved in a group’s productiveness and effectiveness.
null
Group Dynamics versus Group Identity

In Chapter One, one of the areas explored in this study was the relationship between group dynamics and group identity. The premise behind this topic was to explore if how a group functioned related in anyway to how the group viewed itself. When I looked for literature discussing this relationship, I was unable to find any study that discussed this topic. As such, this is certainly an area unexplored. When reviewing the findings, I was unable to find any overt examples which illustrated this relationship. I found that as I did not have a clear understanding of the topic conceptually, it was difficult to seek out examples. This topic needs to be explored in detail in future research projects.

Grading Scheme

One of the subquestions in Chapter One focused on the pass or fail marking scheme for this course and whether it influenced the interdependence of the group members. To explore this issue, the students were asked a two-part question. They were asked if the present marking scheme (i.e., pass/fail) promoted support among group members and whether, if the course changed such that each student would receive a letter grade, in their opinion, this change would promote competition members. When analyzing the responses, it appeared that, overwhelmingly, 14 students felt that the current marking scheme of pass and fail promoted interdependence among group members. For example, 1A noticed that the pass and fail marking scheme promoted a united front. There was no competition within the group, but there was competition between their group and other groups. 3C found that although in her group she knew that
some of her peers were very competitive in nature, she found that having a pass and fail marking scheme contained the competitiveness and promoted support.

For the second part of the question, it seemed that the answers fell within a wide continuum, some thought that having a letter grade promoted competition to others who felt that there would be no change in the group dynamics. The researcher speculated on whether how this question was answered depended on the individual who was answering and their personality, specifically their drive and motivation to do well in this course. For example, 2A stated that she was a highly motivated individual and answered this question saying that she could see the atmosphere being more competitive if the grading scheme changed. Alternatively, 2D, who revealed that she was not a very motivated individual, said “no” to the same question and felt that everyone would continue to support one another even if the grading system shifted. Thus, can it be that those who are very motivated also tend to be very competitive and promote competition in a hierarchy grading system? Thus far, in this study, there was not enough data to support this conclusion. Thus, the only conclusion that can be made from the results of this study would be that the pass and fail marking system does seem to promote interdependence among group members.

**Individual Good versus Group Good**

Another subquestion presented in Chapter One was to explore if the students confronted the issue of individual good versus group good and how they tackled it. This question was focused on the ethical issues within groups and what happened in situations
where individual interests may be in conflict with the group’s interests. When analyzing the results, I found only one example where this issue presented itself.

In group 3, one gets the sense that 3A did a lot of the work in the group, often completing work for others. In the interview, 3A never clearly stated what are the motivating factors for her to continue to take on others’ work load. However, by the indirect comments that she made and comments that her peers made about this issue, one can have an understanding of the rationales for her actions.

First, she was a high achiever who liked to excel in her studies. As such, she probably soon realized that as some of her peers were not carrying their workload, this would have negative repercussions on her, so she needed to do this extra work so that her marks would not deteriorate. Moreover, it also seemed that her efforts were also promoted by her desire to keep peace in the group, and she probably saw that by her doing this extra work, she would sacrifice herself which would benefit the whole group. When the researcher asked 3A why she didn’t confront those that didn’t do their work, she stated, “you feel like you kinda have to make everyone feel comfortable, so you don’t want to single anyone out ‘cause you wouldn’t want to be the one who is in the group that way” (3A, p. 4). Thus, this quote showed the caring nature of 3A towards the rest of the members in her group. This was the only example that clearly depicted where group good outweighed individual good. On the contrary, I have outlined numerous examples where individual good took precedence over group good, such as lack of commitment to individual responsibility.
Recommendations

After analyzing the students' and instructors' comments about group learning, the researcher has the following recommendations which may aid in improving group learning experiences.

- The students voiced their concern that they felt ill prepared in dealing with issues that arose out of working in groups. Thus, students need to have more training around how to tackle obstacles to effective group work. For example, they seem to need strategies on how to address conflict among members, assigning leadership roles, constructive methods of giving feedback, and how to promote individual accountability in the group. This training session need to be practical and give the students concrete suggestions that they could use in their own groups.

- Many students felt that they dealt with issues arising in their groups independently and had limited support from faculty. It appeared that the clinical instructors, who had close contact with her group on a weekly basis, needs to give greater direction to the group initially and assist them in structuring the group. Thus, she can provide more guidance to the students around group process.

- As stated earlier, a drawback of group work is that it often lessens individual accountability. A number of students mentioned in their interviews that some students took advantage of this, and they would like to see the course structured to promote greater individual accountability. To promote greater individual responsibility within the groups, a component of the student's marks can be set aside for peer evaluation. In this way, each member can mark the other members on commitment and effort,
and this would actually influence the person's overall mark. Also, some students stated that having the buddy system within their group really promoted individual accountability. As such, this buddy system could be structured into all clinical groups.

- It can be seen that the group dynamics and group cohesiveness were negatively influenced when there was a change in instructors and separation of group into two different units. Therefore, the researcher recommends that the faculty continue to do its utmost to promote consistency of instructor over the duration of the year and to have all the students on one unit.

- It appeared that the initial phase of group development has a large impact on the resultant cohesiveness. Moreover, as stated earlier, when the members knew each other at a social and personal level, then they were better able to work with one another within the clinical setting. As such, at the beginning of the year, clinical instructors and other professors should organize activities where students can learn more about one another on an individual basis. Group 2's instructor, for her orientation, asked each student to bring something with them to show to the group which was important to them, such as a family picture. This is a great idea which helps to connect group members with each other.

- It appeared that each student's personality, cultural background, academic performance, and work ethics played a significant role in the resultant group that formed. Thus, there needs to be great care taken when the groups are formed, and it cannot be done randomly. By learning about each student's attributes from previous
instructors, this may give those that are forming the groups the needed information in order that they can be more selective in choosing who should be in which group.

- With the advent of advanced technology, it seemed that the Internet and e-mail can play a larger role in helping the clinical groups feel connected with one another and can be another mode of communications for the members to dialogue with one another, which some may prefer. As such, the students should be encouraged to set up such e-mail groups.

- Overall, from the students' feedback, it seemed that the pass or fail grading scheme promoted a supportive environment among the members, but the students needed more clear feedback from the instructors. The researcher would recommend that when using this type of grading system, it is more imperative that instructors provide their students ongoing, clear feedback about their performance on a consistent basis.

Conclusion

As a large part of the knowledge a student nurse needs for future practice is practical knowledge and hands-on experience, second-year students at this university have an ideal opportunity where they are introduced to the clinical setting with a guide and peers who can relate to their feelings and support them. From this study, it can be seen that by being part of a clinical group, the students' learning is not limited to "nursing" knowledge; they are also gaining life skills which will be helpful. Skills that they are learning include how to communicate, listen, compromise, and be assertive. These are also skills that one needs to cope with life's challenges.
This study also enabled us to have a clearer understanding of collective learning and the relationship and interplay among the individuals that are part of the group and the group itself. Moreover, it can be seen that for a group to function effectively, positive interdependence, individual accountability, and group process play a pivotal role. This study has focused on an area that was previously unexplored and has only started to explore the complexities of clinical groups. Certainly, as clinical groups play an important role in the education of student nurses, there needs to be more research into this important area.
References


Janis, I. (1983). Groupthink. In H. Blumberg, A.P. Hare, V. Kent, & M.F. Davies (Eds.), *Small groups and social interactions: Vol. 2* (pp.413-428). New York: John Wiley & Sons Ltd.


Appendix A

Informed Consent Form

BROCK UNIVERSITY DEPARTMENT OF EDUCATION &
CHosen UNIVERSITY
Informed Consent Form

Title of Study: “Collective learning within nursing clinical groups”

Researchers: Names of all Researchers and Supervising Professor(s) where appropriate
Tamiza Kassam & Dr. Richard Bond

Name of Participant: (Please print) ________________________________

I understand that this study in which I have agreed to participate is to explore and gain greater understanding of clinical nursing groups within the educational context. The key research question investigates the impact of the clinical group on individual learning and impact of individuals on group learning concurrently.

To gain data for this study, 18-20 year two nursing students and two clinical instructors will be invited to participate in this study. My commitment includes participating in a one-hour interview where I will be asked open-ended questions about the experience of being a member of a clinical group. The interview will take place in the middle of the semester. The interviews will be audiotaped and later transcribed. The investigator will also contact me after the interview to review and verify the notes taken during the interview.

The second part of data collection will be the investigator sitting in and observing the group dynamics during one of our post-conference clinical sessions. The investigator will be a non-participant member during those sessions and will be taking notes.

By participating in this study, I will have an opportunity to review and reflect upon my experience in being part of the clinical group. There is no potential physical harm associated with the study. During the interview, there may be some questions asked which I may feel uncomfortable answering. As such, I can at any time refuse to answer any questions.

I understand that my participation in this study is voluntary and that I may withdraw from the study at any time and for any reason without penalty.

I understand that there will be no payment for my participation.
I understand that there is no obligation to answer any question/participate in any aspect of this project that I consider invasive, offensive, or inappropriate.

I understand that all personal data will be kept strictly confidential and that all information will be coded so that my name is not associated with my answers. I understand that only the researchers named above will have access to the data.

Participant Signature ____________________________
Date ____________________________

This study has been reviewed and approved by the Brock Research Ethics Board. (File # ________) and Chosen University Research Ethics Board (File # ________)

If you have any questions or concerns about your participation in the study, you may contact Tamiza Kassam at 416-979-5000, ext.6315 or Dr. Richard Bond at 905-547-3555.

Feedback about the use of the data collected will be available during the month of June 2000 in Chosen University. A written explanation will be provided to you.

Thank you for your help! Please take one copy of this form with you for further reference.

***

I have fully explained the procedures of this study to the above volunteer.

Researcher Signature ____________________________ Date

_________________________________________________
Appendix B

Interview Questions

INTERVIEW PROCESS FOR STUDENT PARTICIPANTS

1. Can you think of any preconceived ideas you had about groups when you started working with them in September?

2. How did you feel that your peers influenced your learning?

3. What were your group norms and expectation from each member?

4. What does the group do when a member breaks a norm?

5. What role did each member have? How were the roles allocated?

6. What has been your instructor’s role in group function and group process?

7. Can you think of a situation/event that brought your group together in terms of cohesiveness?

8. What experiences/expertise did you bring to the group?

9. How do you feel that your ability to do well in this course is related to the support of your group?

10. Can you think of a time when you were part of the clinical group and you learned something that you may not have on your own?

11. Can you think of a time when you helped your peer in learning something in the clinical setting?

12. How did the structure of the course (either a pass or fail) affect your interactions with your peers?

13. How would you like to have altered the group so that you could have learned better?

14. Share a situation when the group decided on a course of action which was contrary to your own beliefs and opinions?

15. Is there anything you would like to tell me?
<table>
<thead>
<tr>
<th>Work environment</th>
<th>Sense of Worthiness</th>
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<tbody>
<tr>
<td>The amount of control one feels in the group will influence how they feel empowered or disempowered. They need more choice and control in their actions.</td>
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**Recommendations**

**Summary of Chart of Findings**

Appendix C
<table>
<thead>
<tr>
<th>Need further research in this area</th>
<th>Relationalship</th>
<th>How do groups become effective?</th>
<th>Group identity and dynamics and</th>
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<td>Groups:</td>
<td>Unable to find any overt examples illustrating this</td>
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<td>encountered to set up e-mail one another. They should be</td>
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<td>improve the faculty</td>
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<td>own opinions and feelings</td>
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<td>can be more vocal about their</td>
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<td>environment. Where individuals</td>
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<td>may promote a more open</td>
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<td>Many of the suggestions stated such</td>
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<td>have close contact with the group</td>
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<td>instructor has a profound impact on collective identity</td>
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<td>they feel. Also, the personality and teaching style of the</td>
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<td>identified with the group's depends on the type of activity</td>
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<td>appear that how much a participant is concerned and</td>
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<td></td>
<td>they feel</td>
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Organization

Solidarity

Consciousness

Collective
<table>
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<tr>
<th>What impact does the marking scheme have on promoting interdependence?</th>
<th>What situations arise where the issue of good vs. group good is confronted?</th>
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</thead>
<tbody>
<tr>
<td>There was only one example that depicted that group goods outweigh individual good. Moreover, there were numerous examples where individual good took precedence over group good, such as lack of commitment to individual responsibility.</td>
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<tr>
<td>This does not seem to be a significant issue in the groups.</td>
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| Overwhelmingly, the students felt that the current marking scheme of pass and fail does promote interdependence among one another. |
| Continue to use this type of grading scheme, but instructors must provide their students with ongoing, clear feedback about their performance in a consistent manner. |
Appendix D

Glossary of Terms

**Collective identity:** Answers the “Who are we?” The group as a collective whole whose identity is unique from each individual’s identity.

**Collective learning:** To view the group in totality in which the group itself is conceptualized as the learner.

**Communities of practice:** Local community groups which assist in meeting individual and community needs. Individual needs include learning and socialization.

**Cooperative learning:** Individuals work together on a shared learning goal and maximize their own and their groupmates’ achievements. Individuals are interdependent and accountable to the rest of members. (Johnson & Johnson, 1999).

**Group component:** Includes collective identity, group consciousness, solidarity, and organization.

**Group consciousness:** By having a collective identity and acting as a whole, the group has a structure and framework which guides their actions.

**Group culture:** The customs and practices of a group which are unique and differentiate them from other groups.

**Group development:** The group undergoes series of change, each characterized by a specific theme and focus (Worchel, 1996).

**Group dynamics:** Understanding the different group interactions and sequence of behaviours which influence individual learning.
**Group function:** How the group is organized and structured, including group norms and individual roles.

**Group polarization:** A phenomenon whereby individuals in a group have later opinions which are more extreme than prior ones due to the group's influence.

**Groupthink:** A concurrence-seeking tendency among moderately or highly cohesive groups.

**Individual components:** Includes identity, consciousness, sense of agency, sense of worthiness, and sense of connectedness.

**Individual consciousness:** The awareness that one is an autonomous actor with past experiences.

**Individual identity:** Answers the question “Who am I?”, seeing oneself unique from the rest of the group.

**Interdependence:** Individuals in the group share common goals and each person's outcomes are affected by the actions of the others.

**Joint enterprise:** The participants within the community decide mutually the functions of the group.

**Mutual engagement:** People are engaged in actions whose meanings they negotiate with one another.

**Norms:** The understood rules and standards that govern individual members' behaviors within the group (Johnson & Johnson, 1999).

**Peer teaching:** Method of interactive learning where students mentor other students.
Roles: The specific expectations of each member related to their involvement and position in the group.

Self-categorization: People are more likely to be persuaded and positively influenced by others with whom they recognize a shared identity.

Sense of agency: The feeling that we are able to make things happen in the future.

Sense of connectedness: The extent to which we feel affinity with the rest of the members.

Sense of worthiness: A feeling that we can contribute positively to the rest of the group.

Shared repertoire: The collective routines, workloads, tools that are part of the community of practice and common to all members.

Small groups: Groups of people with specific characteristics and functions who form a unit.

Social learning: Collective, participatory process of gaining knowledge, emphasizing context, interaction, and situatedness (Salomon & Perkins, 1998).

Solidarity: When a group is confident of itself as an collective agent.
Appendix E

Brock University Ethics Approval

FROM: David Butz, Chair
      Senate Research Ethics Board (REB)

TO: Dr. Richard Bond, Graduate Studies, Education
    Tamiza Kassam

FILE: 00-158, Kassam

DATE: February 7, 2001

The Brock University Research Ethics Board has reviewed the research proposal:
"Collective Learning within Nursing Clinical Groups"

The Subcommittee finds that your proposal conforms to the Brock University guidelines set out for ethical research.

*Accepted as clarified. (Please make sure you revise the sentence in your consent form stating "Feedback about the use of the data will be available during the month of 2000 in Faculty of Nursing.")

Please note: If Changes or Modifications are required to this approved research, they must be reviewed and approved by the committee. If so, please complete form #5 - Request for Ethics Clearance of a Revision or Modification to an Ongoing application for Ethics Review of Research with Human Participants and submit it to the Chair of the Research Ethics Board. You can download this form from the Office of Research Services or visit the web site:

DB/dvo

******************************************************************************
Deborah Van Oosten - Brock University
Administrative Assistant
Office of Research Services