

Peer Learning and Clinical Performance Among Third-Year Student Nurses

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ARTICLE INFORMATION	ABSTRACT
Article history: Published: October 2026 Keywords: Peer Learning Clinical Performance Student Nurses Obstetric and Delivery Ward	This study examined the effect of peer learning on the clinical performance of third-year student nurses using a quasi-experimental pretest–posttest design. Forty student nurses were equally assigned to control and experimental groups, with 20 students in each group. Pretest and posttest assessments were administered to determine changes in performance following the peer-learning intervention. The pretest results showed comparable performance between the control group (M = 23.60) and the experimental group (M = 24.60), indicating no significant baseline difference between the groups. Following the intervention, the experimental group achieved a higher posttest mean score (M = 30.00) than the control group (M = 25.95). The experimental group also demonstrated an improvement in performance from pretest to posttest, with a mean gain of 5.40 points. These findings indicate that peer learning may enhance the clinical performance of student nurses. The study suggests that structured peer-learning activities can be used as a complementary instructional strategy in nursing education to promote collaborative learning, peer support, and the development of clinical competencies.

1. Introduction

Nursing education is expected to prepare students not only with theoretical knowledge but also with the clinical competencies, professional judgment, communication skills, and attitudes required for safe and effective patient care. Clinical education is particularly important because it provides opportunities for nursing students to apply classroom learning to actual patient-care situations under the guidance of faculty members and clinical preceptors. The quality of this preparation is increasingly important in the context of global health workforce needs. The World Health Organization identifies nurses as the largest occupational group in the health workforce and emphasizes investments in nursing education, employment, leadership, and service delivery as essential to strengthening health systems and advancing universal health coverage (Manirafasha, et al., 2026). This places greater responsibility on nursing education institutions to provide learning environments that effectively develop students' competence and readiness for professional practice.

Clinical learning, however, involves more than the acquisition of technical knowledge and skills. Nursing students are required to integrate theoretical understanding, clinical reasoning, communication, teamwork, and appropriate professional behavior while responding to the needs of patients in complex and sometimes unpredictable environments (Mani, 2025). These demands make active and collaborative approaches to learning particularly relevant in nursing education. Student-centered learning allows students to participate actively in constructing knowledge, exchanging experiences, discussing clinical situations, and supporting one another's learning. Within this approach, peer learning provides students with opportunities to learn with and from individuals who have comparable educational experiences and, in some cases, greater experience with particular academic or clinical tasks. Rather than positioning students solely as recipients of instruction, peer learning encourages participation, interaction, feedback, and shared responsibility for learning (Thorup, et al., 2025).

Peer learning has increasingly gained attention as an educational strategy in health professions education. It encompasses structured learning activities in which students support, teach, guide, or provide feedback to other students, including peer-assisted and near-peer approaches (Elmi-Terander, 2026). Evidence indicates that peer teaching can produce outcomes comparable to faculty-led instruction for theoretical knowledge and may be particularly beneficial for the development of procedural skills (Carvalho & Santos, 2021; Feng, et al., 2024; Ardill, 2025). A systematic review and meta-analysis found that peer teaching was more effective than faculty or expert teaching for improving procedural skills, while producing comparable outcomes in theoretical knowledge acquisition (Zhang, et al., 2022). In nursing education specifically, a mixed-methods systematic review found that peer mentoring can provide benefits to both mentors and mentees, with outcomes extending to academic, professional, and clinical contexts (Lim, et al., 2022). These findings suggest that peer-based approaches can complement conventional faculty instruction by creating additional opportunities for students to explain concepts, practice skills, receive feedback, and develop confidence.

Recent evidence further supports the examination of peer learning within clinical education. A 2026 systematic review of peer-learning interventions in nursing students' clinical practice identified 12 studies, including randomized controlled and quasi-experimental studies conducted across different clinical settings. The review reported that peer learning was generally more effective than traditional approaches in supporting aspects of nursing students' professional development and psychological learning

outcomes, although the magnitude of effects varied across outcomes (Palander, et al., 2026). Similarly, recent research on peer-assisted learning through clinical simulation has shown improvements in students' self-confidence and preparedness for clinical situations (Masot, et al., 2024). While these findings provide growing support for peer-based approaches in nursing education, differences in intervention design, clinical context, duration, and outcome measures indicate the need for further empirical investigation of peer learning in actual clinical education.

The relevance of peer learning is particularly evident in clinical areas where students encounter situations requiring the integration of knowledge, technical skills, communication, prioritization, teamwork, and timely decision-making. In obstetric and delivery settings, for example, students may encounter a range of patient-care situations that require them to apply classroom concepts while responding appropriately to the needs of mothers and newborns. Peer learning may complement the guidance provided by clinical instructors and preceptors by allowing students to discuss procedures, clarify concepts, observe one another's performance, provide feedback, and share clinical experiences. Although existing literature provides evidence of the potential benefits of peer learning, further research is needed to determine whether such an approach can produce measurable improvements in the clinical performance of nursing students in specific clinical learning contexts.

In response to this gap, the present study examined the role of peer learning in the clinical performance of third-year student nurses. Specifically, it sought to determine whether students exposed to peer learning demonstrated different levels of performance compared with those who underwent the conventional learning approach and whether performance improved following the peer-learning experience. The findings may contribute to the growing body of evidence on student-centered and collaborative approaches in nursing education and provide educators with additional evidence for designing clinical learning experiences that support the development of nursing students' knowledge, skills, and clinical competence.

2. Methodology

2.1 Research Design

This study employed a quantitative quasi-experimental research design using a pretest–posttest approach to examine the effect of peer learning on the clinical performance of third-year student nurses. The participants were assigned to two groups: a control group that received the conventional learning approach and an experimental group that participated in the peer-learning intervention. Both groups completed the same pretest and posttest, allowing the researchers to examine changes in performance within and between the groups following the intervention.

2.2 Participants and Sampling

The participants were third-year nursing students undergoing clinical exposure in the Obstetric and Delivery Ward. From a total population of 54 eligible students, 40 were selected to participate in the study. The participants were distributed equally between the control and experimental groups, with 20 students in each group. Systematic random sampling was used in selecting the participants. The researchers also considered the students' most recent clinical evaluation grades in determining the distribution of participants between the two groups. The control group had a mean clinical evaluation grade of 87.06%, while the experimental group had a mean of 87.13%. The close mean ratings indicated similar levels of prior clinical performance between the two groups before the intervention.

2.3 Research Instrument

The researchers used a researcher-administered pretest and posttest to assess the participants' knowledge and clinical decision-making related to their clinical exposure. The assessment included knowledge-based items as well as case-based questions and a partograph component. These components were included to assess the participants' ability to apply nursing knowledge, interpret clinical information, and demonstrate critical thinking in situations relevant to obstetric nursing. The same assessment framework was administered before and after the intervention to determine changes in the participants' performance.

2.4 Data-Gathering Procedure

Prior to data collection, the researchers obtained the necessary permissions and informed consent from the participants. The selected participants were assigned to the control and experimental groups and completed a pretest to establish their baseline level of knowledge and performance related to their clinical exposure. The pretest was administered from March 13 to 15, 2025, during the participants' available hours.

Following the pretest, the experimental group participated in the peer-learning intervention. The intervention provided opportunities for students to exchange knowledge, discuss clinical situations, clarify concepts and procedures, assist one another in addressing learning difficulties, and collaboratively apply their knowledge to clinical situations. The peer-learning activities were conducted under the direction and monitoring of the researchers. The control group continued to receive the conventional learning approach during the intervention period.

After the intervention, both groups completed the posttest from April 24 to 26, 2025. The posttest followed the same assessment framework used during the pretest to allow comparison of the participants' performance before and after the intervention. The completed assessments were collected, organized, and prepared for statistical analysis.

2.5 Ethical Considerations

The researchers observed ethical principles throughout the conduct of the study. Prior to participation, the students were informed about the purpose of the study, the procedures involved, the expected participation, and the intended use of the collected data. Participation was voluntary, and informed consent was obtained from all participants. Participants were also informed of their right to decline participation or withdraw from the study without academic penalty or other adverse consequences.

The privacy and confidentiality of the participants were protected throughout the research process. Personal identifiers were excluded from the dataset used for analysis and from the presentation and publication of the findings. The collected data were used

solely for research purposes and were stored securely to prevent unauthorized access. The researchers also ensured that participation in the study did not interfere with the students' academic requirements or clinical responsibilities. Necessary permissions were obtained from the appropriate authorities before data collection.

2.6 Statistical Analysis

The collected data were analyzed using descriptive and inferential statistical techniques. Mean scores were used to describe the participants' performance in the pretest and posttest and to summarize their most recent clinical evaluation grades.

An independent-samples t-test was used to determine whether significant differences existed between the pretest scores of the control and experimental groups and between their posttest scores. A paired-samples t-test was used to determine whether a significant difference existed between the pretest and posttest scores of the experimental group. Statistical significance was evaluated at the 0.05 level. The results were interpreted based on the corresponding t-values, degrees of freedom, and p-values.

3. Findings

Table 1. Mean Scores of the Pretest and Posttest of Control and Experimental Groups

Test	Control Group	Experimental Group
Pretest Mean Score	23.6	24.6
Posttest Mean Score	25.95	30

Table 1 presents the mean pretest and posttest scores of the control and experimental groups. Before the intervention, the experimental group obtained a slightly higher mean pretest score ($M = 24.60$) than the control group ($M = 23.60$), representing a difference of 1.00 point. The relatively small difference suggests that the two groups began the intervention with broadly similar levels of performance. This is important in interpreting the subsequent results because a substantial difference at baseline could make it difficult to determine whether later differences were associated with the intervention. Following the intervention, both groups demonstrated higher mean scores; however, the increase was considerably greater in the experimental group. The control group's mean score increased from 23.60 to 25.95, representing a gain of 2.35 points. In contrast, the experimental group's mean score increased from 24.60 to 30.00, representing a gain of 5.40 points. Thus, the experimental group demonstrated an improvement that was more than twice the absolute gain observed in the control group. At posttest, the experimental group also obtained a mean score 4.05 points higher than the control group.

The descriptive pattern indicates that students who participated in the peer-learning intervention demonstrated greater improvement in performance than those in the control group. However, the magnitude of these differences should be interpreted together with the inferential statistical results presented in the succeeding analysis to determine whether the observed differences were statistically significant. The improvement observed in the experimental group is consistent with the growing evidence supporting peer learning in nursing and health professions education. A 2026 systematic review specifically examining peer-learning interventions in nursing students' clinical practice identified 12 eligible studies, including five randomized controlled trials and seven quasi-experimental studies. The review found that peer learning was generally more effective than traditional approaches in supporting nursing students' professional development and psychological aspects of learning, although the reported effects varied across outcomes (Palander, et al., 2026). The findings of the present study follow this general pattern, as students exposed to peer learning showed a larger improvement in their measured performance than students in the control group.

One possible explanation for the greater improvement among students exposed to peer learning is the opportunity for active participation and reciprocal exchange of knowledge. Unlike conventional approaches in which students may primarily receive information from an instructor, peer learning allows students to explain concepts to one another, ask questions, clarify misunderstandings, observe alternative approaches to clinical situations, and receive immediate feedback. The process of explaining information to another learner may also require students to organize and articulate their own understanding, thereby reinforcing their learning. A systematic review and meta-analysis of 44 randomized controlled trials in health professions education found that peer teaching significantly improved procedural skills compared with conventional teaching, while producing outcomes comparable to conventional approaches for theoretical knowledge acquisition. The review further reported that near-peer teaching appeared particularly effective for improving procedural skills (Zhang, et al., 2022).

The findings may also be understood in relation to the social dimension of clinical learning. Nursing students frequently encounter situations in which knowledge must be translated into action, and opportunities to discuss clinical experiences with peers may help students connect theoretical concepts with practical situations. The results of the study Giacomino, et al. (2020) found benefits for both mentors and mentees and emphasized the role of academic support in achieving positive outcomes. Further, peer mentoring can strengthen the clinical learning environment and provide additional support to students during clinical practice. These findings suggest that peer interaction may complement, rather than replace, the role of faculty and clinical instructors.

The difference in mean improvement between the two groups is therefore potentially meaningful from an educational perspective. The control group improved by 2.35 points, indicating that learning occurred even under the conventional approach. The larger 5.40-point gain observed in the experimental group, however, suggests that the addition of peer learning may have provided learning opportunities beyond those available through the conventional approach alone. This distinction is important because peer learning should not necessarily be viewed as a replacement for faculty instruction. Rather, the evidence supports its use as a complementary strategy that can expand opportunities for interaction, practice, feedback, and collaborative knowledge construction. At the same time, the descriptive results should not be interpreted as definitive evidence of an intervention effect without considering the inferential analyses. The observed differences in means establish the direction and magnitude of change but do not, by themselves, establish statistical significance. The subsequent comparison of pretest and posttest scores and the between-group analysis are therefore necessary to determine whether the observed differences are unlikely to have resulted from sampling variation.

Table 2. Comparison of Pretest Scores Between the Control and Experimental Groups

Group	n	M	SD	t	p
Control	20	23.60	6.636	-0.50	.62
Experimental	20	24.60	6.038		

Table 2 presents the comparison of the pretest scores of the control and experimental groups prior to the implementation of the peer-learning intervention. The control group obtained a mean score of 23.60 (SD = 6.636), while the experimental group obtained a slightly higher mean score of 24.60 (SD = 6.038). The difference of 1.00 point between the group means indicates that the experimental group had a marginally higher level of performance at baseline. The inferential analysis indicates that the difference between the two groups' pretest scores was not statistically significant. Based on the values calculated from the reported group means and standard deviations, the independent-samples t test yielded approximately $t(38) = -0.50$, $p = .62$. Thus, there was insufficient evidence to conclude that the two groups differed significantly in their performance before the intervention. This finding supports the comparability of the groups at baseline and provides a more appropriate basis for examining differences observed after the peer-learning intervention.

The similarity in baseline performance is particularly important in interpreting the subsequent posttest findings. Because the two groups started with comparable mean scores, a greater improvement in the experimental group following the intervention would be less likely to be attributable simply to a large initial difference between the groups. This strengthens the interpretation of the subsequent analysis, although the quasi-experimental design does not provide the same level of control over confounding factors as a randomized controlled trial.

The finding is also consistent with the rationale of quasi-experimental studies of peer learning in nursing education, in which pretest equivalence is important for determining whether changes observed after an intervention can reasonably be associated with the learning strategy. Recent evidence indicates that peer-learning interventions can contribute positively to nursing students' professional development and learning outcomes, particularly when students are provided structured opportunities for interaction, discussion, and reciprocal support. Palander et al. (2026), in a systematic review of peer-learning interventions in nursing students' clinical practice, reported generally favorable outcomes for peer learning compared with traditional approaches, although the magnitude of effects varied across outcomes.

Table 3. Comparison of Posttest Scores Between the Control and Experimental Groups

Group	n	M	t	p
Control	20	25.95	2.054	.047
Experimental	20	30.00		

Table 3 presents the comparison of posttest scores between the control and experimental groups following the intervention. The control group obtained a mean posttest score of 25.95, whereas the experimental group obtained a substantially higher mean score of 30.00. This represents a mean difference of 4.05 points in favor of the experimental group. Compared with the pretest results, in which the two groups had similar performance levels, the posttest findings indicate a more pronounced difference following the implementation of the peer-learning intervention.

The independent-samples t test showed that the difference between the posttest scores of the two groups was statistically significant, $t(38) = 2.054$, $p = .047$. Since the p value was below the .05 level of significance, the null hypothesis of no significant difference between the groups was rejected. The experimental group therefore demonstrated significantly higher posttest performance than the control group. When considered together with the nonsignificant pretest comparison in Table 2, this finding provides evidence that the observed post-intervention difference was not simply a continuation of a substantial baseline difference between the groups.

The magnitude and direction of the descriptive results further support this interpretation. As shown in Table 1, the control group's mean score increased from 23.60 at pretest to 25.95 at posttest, a gain of 2.35 points. In contrast, the experimental group's mean increased from 24.60 to 30.00, representing a gain of 5.40 points. Thus, the experimental group demonstrated a considerably greater improvement than the control group. Although the present analysis does not by itself establish that all of this difference was caused exclusively by the intervention, the combination of comparable baseline performance, greater improvement in the experimental group, and a statistically significant posttest difference strengthens the evidence supporting the contribution of peer learning to student performance.

The finding is consistent with recent evidence on peer learning in nursing and health professions education. Li, et al. (2025) found that peer learning was generally more effective than traditional approaches for several aspects of students' professional development and learning, although the effects varied according to the outcome examined. The review is particularly relevant to the present study because it included both randomized and quasi-experimental studies conducted in clinical practice settings. The present result is also supported by broader evidence from health professions education. Chai, et al. (2026) found that peer teaching had a significant positive effect on procedural skills and produced outcomes comparable to conventional teaching for theoretical knowledge and resuscitation skills. The authors identified near-peer teaching as particularly promising for skills development. Although the outcome assessed in the present study was a performance test rather than a single procedural skill, the higher posttest performance of students exposed to peer learning is consistent with the broader evidence that interaction among learners can support the acquisition and application of knowledge and skills. Evidence specifically from undergraduate nursing education provides further support. Ko, et al. (2021) found positive effects of peer learning on nursing students' learning outcomes across affective, cognitive, and psychomotor domains. Their meta-analysis also indicated that peer learning was more effective when peer tutors were actively involved in support, sharing, and discussion. These elements are relevant to the present intervention because peer learning provides students with opportunities to articulate their understanding, clarify concepts, discuss clinical situations, and collaboratively work through problems.

One possible explanation for the higher posttest performance of the experimental group is that peer learning increases students' opportunities for active engagement with the learning material. In clinical nursing education, students are required not only to recall information but also to interpret situations, recognize relevant clinical cues, apply principles, and make appropriate decisions.

Learning with and from peers may provide additional opportunities to verbalize reasoning, compare interpretations, identify gaps in understanding, and receive immediate feedback. These processes can make learning more participatory and may help students connect theoretical knowledge with clinical application.

The findings should nevertheless be interpreted within the characteristics of the study design. The use of a quasi-experimental design and a relatively small sample of 40 students limits the extent to which the findings can be generalized to other nursing programs or clinical settings. In addition, the significant posttest difference should not be interpreted as evidence that peer learning alone explains all changes in performance because other factors associated with clinical exposure, instruction, student characteristics, or learning experiences may also have contributed. Nevertheless, the baseline similarity between the groups and the statistically significant posttest difference provide a reasonable basis for considering peer learning as a contributing instructional strategy.

From an educational perspective, the result suggests that peer learning can serve as a useful complement to faculty-led instruction in nursing education. Rather than replacing clinical instructors or conventional teaching, peer learning may provide an additional layer of interaction through which students can discuss clinical concepts, support one another, and engage more actively with learning tasks. This interpretation is consistent with the current evidence base, which positions peer learning as a promising complementary approach rather than a substitute for structured faculty guidance.

Table 4. Comparison of Pretest and Posttest Scores of the Experimental Group

Assessment	n	M	SD	t	p
Pretest	20	24.60	6.039	-3.151	.003
Posttest	20	30.00	5.113		

Table 4 presents the comparison of the experimental group's performance before and after participation in the peer-learning intervention. The group's mean score increased from 24.60 (SD = 6.039) in the pretest to 30.00 (SD = 5.113) in the posttest, representing a mean increase of 5.40 points. The reduction in the standard deviation from 6.039 to 5.113 also indicates that posttest scores were somewhat less dispersed than pretest scores, suggesting greater consistency in students' performance following the intervention. The paired-samples *t* test showed a statistically significant difference between the pretest and posttest scores, $t(19) = -3.151$, $p = .003$. The negative *t* value reflects the direction in which the paired scores were entered into the analysis and does not indicate a negative learning outcome. Since the *p* value was below the .05 significance level, the null hypothesis was rejected. The experimental group therefore demonstrated a statistically significant improvement in performance following the peer-learning intervention.

This within-group finding complements the between-group result presented in Table 3. The experimental group not only obtained a higher posttest mean than the control group, but also demonstrated significant improvement relative to its own baseline performance. The convergence of these findings provides stronger evidence for the potential contribution of peer learning to improved student performance. At the same time, the quasi-experimental design warrants caution in making a definitive causal claim, as factors other than the intervention may also have contributed to the observed improvement.

The finding is consistent with recent evidence on peer learning in nursing education. Palander et al. (2026), in a systematic review of peer-learning interventions in nursing students' clinical practice, found generally favorable effects of peer learning on students' professional development and psychological outcomes, although the magnitude of effects differed across outcomes and intervention characteristics. The present study similarly found a positive change in student performance following exposure to a peer-learning intervention.

One possible explanation for the improvement is the active and reciprocal nature of peer learning. Rather than relying exclusively on instructor-led transmission of information, students have opportunities to explain concepts, ask questions, compare interpretations, clarify misunderstandings, and work collaboratively through learning problems. Explaining a concept to another student can require the learner to organize and articulate knowledge more clearly, while questions from peers can expose gaps in understanding. These processes may promote deeper engagement with course content and support the development of clinical reasoning.

Peer learning may also strengthen the social dimension of clinical education. Nursing students frequently encounter situations in which they must translate theoretical knowledge into practical decisions. Interaction with peers can provide an additional opportunity to discuss clinical situations, test interpretations, and clarify concepts before or alongside formal guidance from faculty and clinical instructors. Previous systematic evidence on peer mentoring in nursing education has reported benefits for both mentors and mentees and has emphasized the importance of appropriate academic support in peer-learning and mentoring programs (Lim, et al., 2022).

The reduction in score variability observed from pretest to posttest also warrants consideration. The experimental group's standard deviation decreased from 6.039 to 5.113, indicating that posttest scores were more concentrated around the group mean. While this finding should be interpreted cautiously, it may suggest that peer learning provided opportunities for students with different levels of initial understanding to clarify concepts and address learning gaps through interaction with classmates. However, the present study was not specifically designed to examine changes in performance variability, and further research would be needed to determine whether peer learning consistently produces this pattern.

From an instructional perspective, the findings suggest that peer learning can function as a complementary strategy within nursing education. It need not replace faculty instruction or clinical supervision. Instead, structured peer interaction can provide additional opportunities for students to discuss concepts, explain their reasoning, practice application, and receive feedback from classmates. Faculty and clinical instructors remain essential in providing direction, correcting misconceptions, and ensuring that peer-learning activities remain aligned with appropriate clinical standards.

The findings should nevertheless be interpreted in light of the study's limitations. The experimental group consisted of only 20 students, which limits the generalizability of the findings. The quasi-experimental design also does not fully control for potential confounding factors, including differences in individual learning experiences, concurrent instruction, clinical exposure, or familiarity with the assessment. Moreover, the use of the same assessment framework for the pretest and posttest may have introduced some

degree of test familiarity. Future studies could strengthen the evidence by using larger samples, randomized group assignment where feasible, validated clinical-performance measures, and longer follow-up periods.

4. Conclusion and Recommendations

The findings of the study indicate that peer learning can enhance the clinical performance of third-year student nurses when implemented as a structured component of clinical education. Students who participated in the peer-learning intervention demonstrated greater improvement in performance than those who underwent the conventional learning approach. The results suggest that learning with and from peers can provide additional opportunities for students to clarify concepts, discuss clinical situations, exchange knowledge, and develop their ability to apply learning in practice. Thus, peer learning may serve as an effective complementary approach to conventional nursing instruction, particularly in clinical learning contexts that require active participation and application of knowledge.

The study further suggests that the effectiveness of peer learning depends on how it is implemented. Peer interaction alone may not be sufficient to produce meaningful learning outcomes; activities should be purposeful, aligned with clinical competencies, and appropriately guided by faculty or clinical instructors. Faculty supervision remains important in ensuring the accuracy of information, providing corrective feedback, and maintaining appropriate clinical standards. Peer learning is therefore best positioned as a complement to, rather than a replacement for, formal instruction and clinical supervision.

Based on these findings, nursing education programs may consider integrating structured peer-learning activities into clinical instruction through guided case discussions, peer-assisted learning sessions, collaborative clinical problem-solving, and supervised peer teaching. Faculty members and clinical instructors may also provide students with clear objectives, guidance on effective peer interaction, and appropriate mechanisms for monitoring learning activities. Peer-learning activities should be aligned with intended clinical competencies so that collaboration contributes directly to the development of clinical knowledge, reasoning, communication, and decision-making. Future studies are encouraged to examine peer learning using larger and more diverse samples across different nursing programs, institutions, year levels, and clinical areas. More rigorous experimental designs may also be employed to strengthen evidence regarding its effectiveness. Future research may further incorporate multiple measures of clinical competence, such as objective structured clinical examinations, skills assessments, clinical performance evaluations, and validated measures of clinical reasoning or self-efficacy. Examining how specific elements of peer learning—such as peer feedback, collaborative problem-solving, reciprocal teaching, and peer support—contribute to clinical performance may also provide a clearer understanding of the mechanisms through which peer learning benefits student nurses.

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