

**Abstract:**

This paper discusses the use of Nominal Group Technique (NGT) for European nursing exchange evaluation at one university. The NGT is a semi-quantitative evaluation method derived from the Delphi method popular in the 1970s and 1980s. The NGT was modified from the traditional version retaining the structured cycles and but adding a broader group discussion. The NGT had been used for 2 successive years but required analysis and evaluation itself for credibility and 'fit' for purpose which is presented here. It aimed to explore nursing students' exchange experiences and aid programme development futures exchanges and closure from exchange. Results varied for the cohorts and students as participants enthusiastically engaged generating ample data which they ranked and categorised collectively. Evaluation of the NGT itself was two fold: by the programme team who considered purpose, audience, inclusivity, context and expertise. Secondly, students were asked for their thoughts using a graffiti board. Students avidly engaged with NGT but importantly also reported an effect from the process itself as an opportunity to reflect and share their experiences. The programme team concluded the NGT offered a credible evaluation tool which made use of authentic student voice and offered interactive group processes. Pedagogically, it enabled active reflection thus aiding reorientation back to the United Kingdom and awareness of 'transformative' consequences of their exchange experiences.

216

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**Word Count: 4365**

## **Introduction:**

The Nominal Group Technique is an evaluative methodology which emerged from the work of Van de Ven and Delbecq (1971) for addressing group decision making processes. It is further described as an evaluative methodology which is semi quantitative and qualitative. It has been used in healthcare education for generating ideas to develop curricula and find solutions to issues in programme delivery (Perry & Lindsey, 2006, Varga-Atkins et al, 2011; Lennon et al, 2012). Techniques to evaluate nursing experiences vary and in the main can be retrospective and identify objectives or competencies achieved. Reactions to experiences can be captured but more often the transformative nature of experience is not explored. Nursing education and preparation has evolved significantly over the last decade requiring nurses to widen and deepen their knowledge and awareness of health needs within a changing Europe and globally. Even nursing in the UK requires the same awareness. Papadopoulos (2011, 2016) argues nurses must use 'culturally appropriate and acceptable nursing/healthcare interventions which take into consideration both the patients' and the carers' cultural backgrounds as well as beliefs, behaviours and values and the context in which care is given in a 'culturally competent' manner'. This is challenging to measure, define and plan for. Unsurprisingly, over the last decade there is an appetite for, and increase in, nurse exchanges to experience nursing in another country or culture which is often afforded through the Erasmus study abroad exchange scheme. This may be likely to increase as students demand more from their programmes especially if they have to invest highly in their education. Even with the uncertainties of Brexit exchanges may still be a feature and so understanding the benefits to nursing students of exchanges is still needed.

Nursing education in the United Kingdom (UK) like many countries is underpinned by European Union directives (2013/55/EU and 2005/36/EU) as well as local professional body (Collins and Hwer, 2014). Nursing education does vary across European countries (located in universities or colleges) but as Lahtinen et al (2014) report more significant similarities exist as opposed to differences in nursing education between the 45 (of the 47) different EHEA member countries. Clinical learning environments are recognised as complex social environments which are more complex in differing cultures and contexts and highly influence students' learning. Furthermore supervisory systems also vary across Europe (Salminen et al, 2010) to add to the complexity. Thus understanding of these is required to effectively prepare and support students engaging with placements in Europe. Overall this provides challenges within nursing education but also offers

opportunities for nursing students to become aware of the wider health and nursing issues beyond their home environment. The focus of this paper is not the experiences per se but how to best capture and develop experiences through a specific process: Nominal Group Technique.

### **Evaluation of clinical experiences - which approach?**

Evaluation of student placement in the United Kingdom (UK) is an important element of good practice on all programmes (NMC, 2010; QAA, 2012). Much work has been done looking at dimensions of effective placements and satisfaction with specific tools addressing this (Saarikoski et al, 2008, Warne et al, 2010; Papastavrou et al, 2010, Gameel et al, 2015). However these are undertaken with 'native' students in their own country and such tools may not be as sensitive to the cultural shifts experienced on exchange. Use of group processes for programme or experience evaluation are reported (Grobecker, 2016, Tiwaken, Caranto and David, 2015; Boreham et al, 2013; Kapucu and Bulut, 2011). Overwhelmingly the use of a structured tool is evident (CLES) and a 'gold standard' in a number of European countries e.g. Italy (Magnani et al, 2014) and beyond (Bigedli et al, 2014; Gameel et al 2015). The UK has varied local approaches. An ideal approach is flexible, broad and yet captures several salient and unknown dimension to experiences. In addition such an approach ought to help define the quality of educational experiences, be sensitive and effective and demonstrate whether a programme or educational experience is meeting its educational goals and objectives (Dobbie et al, 2004; Lennon et al, 2012).

The Nominal Group Technique (NGT) is commonly used for problem identification but is equally useful for evaluation. It has been applied to a variety of evaluative purposes in education, business and health settings for over 30 years. In a review of NGT McMillan et al (2014) report variability on how it is conducted which may affect the subsequent results especially if underpinning healthcare strategies. Uses vary for example, Irving et al (2014) explored organ donation in Australia whilst Wainwright et al (2014) explored a wide stakeholder group (patients with chronic pain, staff and services). Reported benefits are qualitative and quantitative data capture, authenticity of the patient or staff 'voice', inclusion of sensitive topics (pain) and generation of a clear list of priorities. However there are imitations cited namely: sampling (purposive), heterogeneity and concern of expectations resulting from this being seen as a 'panacea' for service difficulties. Milnes et al (2012) used the NGT successfully with young people showing it is adaptable across age ranges. It is also used widely in

nurse education. Kirk et al (2013) used a modified NGT to develop a competency framework in genomics for nurse education with far reaching results professionally. Bromley (2014) too used this approach to reach a consensus on graduate attributes in neonatal nursing. As an interactive group process with instant results it offered strengths and potentially a pedagogical tool to aid reflection and consolidation of learning. This therefore appears flexible and adaptable for programme or specifically nursing exchange evaluation.

### **Traditional Nominal Group Technique Method**

The 'traditional' approach comprises four (or possibly five) stages commencing with silent generation of ideas; round-robin feedback; discussion of each idea and further clarification and evaluation, preliminary voting and individual ranking of responses then refining the ranked items and perhaps actions to take forward. Crucially this needs to be initiated with an effective and clear question which ought to be sufficiently open-ended for participants connect with and offer their opinions. It is argued that a skilled facilitator is needed or this to keep the group on task and to progress the stages without interfering. Consequently, sufficient time and effort must be invested in developing the research question and perhaps pilot testing more than one question to determine the best option. At the start of the NGT, the purpose and the procedure of the meeting are explained with a clear indication of the ground rules for the interaction and the role of the facilitator (or chairman) and any other observers present. Interestingly, Carney et al (1996) noted from their pilot finding that a minimum number was advisable to engender a sense of 'safety' so whilst an interactive process the perception of power imbalances and intimidation may exist unobserved. Equipment is minimal and readily available: a room, index cards or post-it notelets, perhaps flipchart/paper, pens and a means to note discussions/issues raised. The stages then develop as follows:

- Stage one: silent reflection and idea/opinion generation. The researcher states an open-ended question without allowing discussion perhaps by using blank paper or post-it notes or index cards.
- Stage two: round robin sharing. Participants offer their ideas one at a time. There is no conferring and ideas are collected one at a time until all are collected.
- Stage three: clarification. This stage aims to discuss similarities and clarity of points made so that similar ideas are joined and identical ideas are discarded via consensus.

- Stage Four: Discussion and reflection. This stage seeks to gain group perspectives on the ideas generated and the process itself.
- Stage Five: Ranking of statements. Each participant evaluates the ideas and individually and anonymously votes for the best ideas to gain a list or hierarchy of important or prioritised items.

An NGT lasts on average between 60 to 90 minutes. Some authors who use NGT to reach consensus indicate up to two hours may be necessary (Aspinal et al, 2006; Tuffrey-Wijne et al, 2007). Following consideration of all this the NGT thus appeared to be most appropriate to evaluate students' exchange experiences, inform programme development and encourage students to reflect on issues which affected their learning whilst on the exchange. Other potential benefits envisaged included sharing of experiences, generating dialogue, reflection and the potential for reorientation to the UK environment.

#### **Method (Modified NGT)**

The adopted process followed the main stages as outlined above but was modified slightly to achieve the purpose of evaluating two aspects (key questions) and timed to allow discussion at the later stage. One of the programme team facilitated but did not participate or guide the process. The students were consulted and indicated they were happy to have a member of the team present and their role was clearly outlined acknowledging this was not research but evaluation. Since dissemination was anticipated local ethics committee approval was sought and given. The students were informed of this and permission obtained to store the data generated (under the data protection legislation) and record any discussions at the end of the process with assurances of anonymity and confidentiality.

The context was that all students completing an overseas nursing exchange which occurs in year three of their programme were invited to attend and participate. This was only with students who engaged with long exchange (26 weeks) of theory and placement not shorter placement only exchanges (12 weeks) due to timetabling issues hence the small numbers. This was undertaken following exchange within 4 weeks of the students' return. It was part of a weeklong provision and time was allocated specifically to ensure no clashed with other commitments. All the students elected to participate. In total the combined groups comprised 29

participants (2013/14 n=8, 2014/15 n=12 2015/16 n=9). Literature suggests that ideally groups ought to be around 5 to 9 (Van de Ven and Delbecque , 1972) and this adequately fulfilled that. This paper refers to the last two periods of using the NGT since it evolved to the process presented and needed analysing for credibility and usefulness.

During the NGT event the students acknowledged knowing each other to some extent. However, they did not go to the same host country or university, additionally there were no more than two or three students in any one host university and as in the UK they were sent to differing clinical areas for placement. There were five different countries involved in the European exchanges. The NGT needed to be initiated with an effective clear question sufficiently open-ended for participants connect with and offer their opinions. The programme team agreed on a simple question in two parts to be explored concurrently.

- ‘What was positive (or enriching) about your exchange experience overall’ and:
- ‘What was not positive (or lowlights) about your exchange experience overall’.

This was managed with using different coloured post-it notes (Pink for positive and Blue for not positive). The language of the key questions was selected to encourage reflection on the wider exchange processes or entirety of the experiences. The process and stages were set out for students including ground rules (honesty, respect) and they were clear in what they were doing and no problems emerged in the process. In total this took two hours to complete. The stages were completed in two sections with time given to both the open questions individually.

1. Stage one: silent reflection and idea/opinion generation. The facilitator stated the first open-ended question without allowing discussion. Each participant has a pad of pink posit notes and wrote their items (one per post-it) until they felt satisfied all aspects were covered. They were encouraged to use brief sentences or key words. Following this the second open- question was posed with the same process for the not positive experiences but using blue post-it notes. Each participant ended up with a pile of pink and blue post-it notes. This stage lasted upwards of 15 minutes and the facilitator determined the completion or exhaustion of idea generation from observing the participants.

2. Stage two: round robin sharing. Focusing on each question in turn participants offered their ideas one at a time. The ideas were stuck onto a flip chart thus two flip charts were used (one for pink and one for blue post-it notes). There was no conferring until all the ideas were collected the rule was that the individual who offered their idea does not have to clarify nor 'defend' it. During this phase, participants were allowed to continue to write down new ideas if they occurred to them and present them during their turn in the round-robin until saturation of the topic was achieved. The latter was determined by no more possession of post-it notes or participants stating it was reached. This was the longest stage taking approximately 20 minutes.

3. Stage three: clarification. This stage was discursive to the point of checking clarity but not judging ideas. It may require rewriting or rewording ideas. Since this was led by the participants the words were amended to suit their understanding if they wished - in the main it was not and did not last too long. Participants also removed duplicates if items appeared to be similar or the same (even in different terminology).

4. Stage Four: Ranking of statements. Each participant was asked to evaluate all the ideas and individually rank those most important to them. This was done with one open question at a time (pink then blue post-its). There are variations to the voting system (Vander Laenen, 2015), in this instance each participant had possession of 'ten points' to be distributed as they wished writing them on the post-its with a marker pen. Thus one single idea could receive all ten points or they could distribute them across several items. The points or scores were then added up on the items and then ranked in order of importance according to score. This stage was given thinking and consideration time (approximately 15 minutes but less was used) and offered the chance to assert what is important to the participants individually.

5. Stage Five: Grouping items. The participants were then asked to determine categories or groups for items and effectively 'theme' them. This proved challenging for them since they had little experience of this. It required them to analyse the items and see patterns - this process was added to deepen the reflection and analysis. Using post-it notes enabled moving or reordering on the flip chart to visually highlight the hierarchy of important or prioritised items and proposed categories. The top five items in each category were then taken as most important collectively ensuring the overall score was noted to compare across categories at a

later date. All the remaining lower ranked ideas remained displayed on another poster or flip chart to indicate the range and convey a sense of value to all the ideas or offerings. It lasted approximately 15 minutes.

6. Stage Six: Discussion and reflection. This stage sought to gain the whole group perspective on the ideas generated and the exchange itself. It lasted approximately 30 minutes though the participants were not rushed. This was recorded (with permission) and later transcribed and thematic analysis of the exchange experiences ensuring anonymity is maintained.

### **Application of Nursing Exchange Evaluation and Reorientation.**

NGT technique was chosen for this evaluation because of the key aspects outlined earlier. This method was used for three successive years (2013/14, 2014/15 and 2015/16). During each there were modifications mainly in the level of instructions given (facilitation) and the allocation of sufficient time to each stage until the described process was reached. In total with instructions and setting up this took approximately two hours. It had not been formally evaluated and the programme team decided it needed to be determined if the process was as valuable as we thought it was. Evaluation comprised two processes: a student 'graffiti board' where students as participants indicated their thoughts on the process. Secondly during a programme meeting the programme team addressed four key questions about the process:

1. Was the instrument credible and valid (ie. was it open to students expressing their own experiences/thoughts).
2. Did it offer a good level of engagement and inclusiveness.
3. Was it sensitive to context (experiential learning, whole experience, reflective)
4. Did it produce a good quality and range of responses and aid decision making.

The engagement by the students can only be described as active and enthusiastic. They did take control of the process and produced a huge array of responses at each stage. This may well be due to the skill of the facilitator or a feature of the cohort characteristics. Many of the responses were surprising yet on closer inspection of the literature there are significant parallels with disorientation and adaptation (the so-called U or W-pattern of cultural orientation or culture shock proposed by Gullahorn and Gullahorn in 1963 (Szkudlarek,



2010)). What was illuminating was the differing presentations and timings of this for individuals and the extent of the reverse-culture adaptation. Moreover the resilience and patterns of coping were presented which benefits future programme developments and exchange preparations. The addition of a process for students to compile their own thematic grouping of responses was felt to aid their own authentic voice, perceptions and conclusions, examples of this are in table 1. The final stage or discussion was also a rich exploration of the points made and a chance to debate the examples and experiences which triggered them. It pointed to being cathartic and reflective where individual 'changes' (outlook, living, nursing, culture) were highlighted. The key drawback to this is the time needed then to transcribe and analyse this so students could not see results as rapidly as through the NGT itself. The eventual process used is described with indicative timings and instructions.

### **Discussion of the Approach**

Scrutiny of the NGT point to a number of attractive and persuasive components: it requires minimal preparation, it is efficient (considering time and outputs), it is collaborative and provides almost instantaneous results. The generation of such abundant data could also be daunting even small numbers of participants can have much to offer and managing all this could be challenging. The other view is that such a breadth of opinions and experiences or comments provides a very rich feedback from the participants which arguably supersedes a conventional paper or online evaluation questionnaire. The democratic and non-hierarchical aspect is appealing and reinforces the process being participant led even if one argues power differentials and forces still exist. The process may well be subject to dominant voices but the individual and group processes can moderate that to a point.

The most important question is whether use of the NGT method enabled students to meaningfully participate in the process of evaluation. The programme team felt overall that the NGT was successful at a number of levels. Firstly the process appeared credible and valid in that it allowed students to express their own experiences and thoughts, the later 'method' worked well for this programme group and engendered a highly reflective and productive process. This of course was only possible due to the point asking was inclusive which it seemed to be and offered the opportunity of active engagement. This may be different if the group was more reticent however since the individual stages and then group stages required participation this can be

mitigated against. The programme team felt it was sensitive to the context as it was broad enough and required a good initial question to start this off. The question was broad as it encompassed an expansive experience but it seemed to not be too broad as to confuse or cause disarray. The students personal and professional awarenesses provided invaluable context which enhanced the teams understanding of preparation for success but also of preparing (as much as possible) for unpredictable events. The reflective element was nurtured in the final stage (discussion) and was deemed important to consolidation recognising their personal and professional growth and aiding moving on with the final stages of their programme. It overwhelmingly provided a vast range of responses or items and the process of voting, ranking and categorising enabled a collective decision making process. The students as participants completed their views of the process on a graffiti board. This was chosen since another evaluation of an evaluation seemed burdensome. Comments from this graffiti board included *'Hope all this feedback helps to improve the placement for future years!!'* *'Really interactive process'* and *'Fun'* were encouraging. Overall the implication is that the chance to reflect in a group situation engendered a deeper insight or depth of learning from the experience than if performed alone, which could be considered pedagogically as a means to reflect and offer a perspective transformation (Mezirow, 1990) or transformative learning (Cranton, 2006. Kitchenham, 2008 ).

At a more detailed level the students provided specific issues which have quite a significant influence over the operationalisation and management of this experience. As participants and 'insiders' they have the expertise of engaging with this experience which can only benefit future iterations of exchange students and enhance experiences. This has had a direct effect in the interventions and developments which have been included (engaging with previous exchange students, practical resource guides, cultural preparations, earlier links with host countries through incoming exchange 'buddying'). First hand experience undoubtedly provides 'real world' view of experiences even for these small groups and differences are acknowledged but it all adds to knowledge base of this increasingly popular experience.

Whilst the participant numbers were relatively small they did produce ample qualitative and quantitative data which was analysed and fed back into the programme development (and the exchange process generally). Of the large number of issues generated some were anticipated i.e cultural preparation but not solutions on how this could be addressed. As mentioned before, the W-pattern of cultural orientation and adaptation (based on Gullahorn and Gullahorn, 1963, cited in Szkudlarek 2010) was expected but not the extent to how this

persisted on return from a host country and thus reinforced the need for a reorientation (or reverse culture shock) event such as this. Other unexpected issues included: the emotional journey, analysis of the role of the nurse and nursing itself with some students more able to conceptualise this than others. Each student clearly had their own issues and due to the individual phases in the NGT process, each idea had equal opportunity to be put on the agenda and had the same power in voting. Tuffrey-Wijne et al (2007) argue that the experience of giving and ranking ideas may be particularly empowering for people who have been traditionally excluded or disillusioned by such processes. I would argue further that it gives some credibility to evaluation as anecdotally students are sceptical as to whether evaluation processes are valued and this provides a method to generate, combine and present their experiences and suggestions. Literature also indicates it gives a greater sense of accomplishment and satisfaction for the participants than focus groups (Landeta et al, 2011). In this case, the visibility of the results of the NGT indeed engendered a sense of value for the participants as their priority list was displayed prominently in the room and was certainly reflected in later discussions. The intention was for the process to be as beneficial as any results generated from it and this does appear to be so. This exercise highlighted some of the strengths of the NGT: providing constructive, evaluative comments and permitted equal participation by all students allowing them to use their own categories, language and selection of prioritised issues.

### **Limitations**

Previous experience using NGT for non-nursing students returning from placement in China (Bell and Cunningham, 2006) meant a 'neutral' person facilitating enabled a more balanced evaluation and safe environment (Tuffrey-Wijne et al., 2007). The programme team as facilitator may have influenced this and the extent of this is unknown. Critics indicate convenience sampling limits generalisability (Harvey and Holmes, 2012) one could argue they a heterogenous group since they all elected to do this exchange but this is not research. The immediate nature of results and consensus is appealing and it is acknowledged that reducing the final limited lists may conceal some very salient and important aspects this to an extent was addressed by keeping all the points (post-its) generated as well as transcripts of the final discussion to add to the knowledge base.

NGT is a single-purpose technique (Van de Van and Delbecq, 1972) and only a limited number of topics and issues can be covered. However, as an evaluation process it proved useful but this was the intention. Landeta et al (2011) interestingly used a 'hybrid' approach (NGT and Delphi) in their investigation into ongoing management training and support. This they claimed yielded priorities beyond what they intended which is an interesting approach. However one further key attribute which does not appear prolifically in literature is the dialogue which can ensue and be potentially be reflective and this a learning tool in itself and a pedagogical strategy (Bell and Cunningham, 2007).

There is the question of democracy which is purported to be a key strength of NGT. This is a little misleading since individual rounds generate personal issues or observations these then have to be voiced and hence 'owned' by the proposer. This can create a vulnerability for the individual or be a vehicle for power imbalances or dominance in groups. This did not appear to be an issue in this instance but it was felt that the facilitation of the process and setting ground rules (honesty etc) did to a point prevent this.

#### **Conclusion:**

As an evaluation process it led to more detailed insights than other written or online tools alone. The benefits of such a 'de-briefing' and the opportunity to meet with the peer group with whom they have shared a significant experience to exchange views are clear. This event served as an important 'reflection' and re-orientation to the UK which is often overlooked in such experiences (Greatrex-White, 2007; Cowan, 2007). Whilst there are benefits (speed, collated results, low cost) there are limitations either aligned to this 'one-stop' meeting or the small size of the groups used. The high level of enthusiasm experienced reported here and elsewhere indicates that this is also an enjoyable process and certainly has wider impacts than data generation (i.e. reorientation as intended here) and is endorsed as potentially a useful tool for reflection and perspective transformation.

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