

EXPLORING PREFERRED SOURCES OF LEARNING AMONG BSN STUDENTS IN DIR LOWER: A QUALITATIVE STUDY

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Abstract

Background:

Effective learning in nursing education requires a combination of teaching strategies that enhance knowledge, clinical skills, and confidence. Traditional Teacher-Led Learning, Peer-Assisted Learning, and Digital Learning have each been shown to contribute to student learning, yet their combined impact on nursing students' comprehension, skill acquisition, and confidence remains underexplored. Understanding how these modalities interact can inform more effective, learner-centered educational strategies.

Aim:

The study aimed to explore the experiences of nursing students regarding Teacher-Led Learning, Peer-Assisted Learning, and Digital Learning, and to examine how these learning modalities influence knowledge, skill development, and confidence in clinical practice.

Methods:

A qualitative descriptive design was employed. The study population consisted of nursing students from selected colleges, with a purposive sample of 15 participants chosen based on willingness, availability, and ability to articulate their experiences. Data were collected through semi-structured interviews focusing on students' experiences with different learning strategies. Thematic analysis was applied to identify major themes, subthemes, and supporting participant quotes.

Results:

Three major themes emerged: Teacher-Led Learning, Peer-Assisted Learning, and Digital Learning. Teacher-Led Learning facilitated concept clarification, guided demonstration, and constructive feedback. Peer-Assisted Learning promoted discussion, collaboration, clarification, and confidence building. Digital Learning provided convenience, flexibility, and visual reinforcement, enhancing self-directed learning. Participants reported that integrating these modalities enhanced understanding, skill acquisition, and preparedness for independent clinical practice.

Conclusion:

Blended learning, combining teacher guidance, peer collaboration, and digital resources, maximizes educational outcomes for nursing students by addressing conceptual understanding, practical application, confidence, and flexibility. Such learner-centered approaches are essential for preparing competent and confident nursing professionals.

INTRODUCTION

Learning sources refer to the various means through which students acquire knowledge and skills, including teachers, textbooks, digital platforms such as YouTube, and peer learning. [1] Preferred sources of learning indicate the resources students find most helpful and meaningful for understanding academic content. BSN students are individuals enrolled in Bachelor of Science in Nursing programs preparing for professional nursing roles. [2] Qualitative study focuses on exploring experiences, perceptions, and meanings through in-depth inquiry. Personal experiences, accessibility, and perceived effectiveness shape learning preferences. [3] Nursing education demands integration of theoretical and clinical learning. Understanding these concepts establishes the foundation for exploring students' learning choices. [4]

Digitization of education has enhanced the use of multiple sources of learning among nursing students in the world. Research indicates widespread application of online platforms as well as conventional teaching during undergraduate nursing courses. The access to resources in the developing regions affects the use of other learning tools. [5] Scarcity of faculty and access to libraries are some of the factors that facilitate diversified learning practices. The use of smartphones has increased informal learning materials. The combination of informal and formal sources of learning is common among nursing students. This trend raises the issue of escalating complexity of learning behaviors. [6] Nursing education involves the acquisition of complicated theoretical ideas and clinical skills. Teachers are major players who take students through organized curriculums. Members of the faculty promote critical thinking and professional identity. [7] Through classroom teaching, it is

possible to clarify a problematic concept through interaction. Academic and clinical development is facilitated by instructor feedback. Learning that is teacher led encourages accountability and discipline. Attitudes of students towards teachers play a big role in learning. [8]

Textbooks are still basic sources of tested and well-organized nursing knowledge. Nursing textbooks also give in depth descriptions that are in harmony with the curriculums and exams. A number of students use textbooks as references and revision tool. [9] Evidence-based learning and standardization in contents are facilitated by textbooks. Comprehension is a problem among certain students due to the complexity of the language. The usage of textbooks is affected by cost and availability. There is a perceived academic credibility portrayed in the trust that students place in textbooks. [10]

YouTube is a digital learning platform, which has become popular among nursing students. Clinical procedures are understood visually with the aid of video-based materials. YouTube is used by students in order to demonstrate nursing skills and disease processes. It is self-directional and flexible, therefore making it easy to learn. [10] The quality of the content is different by creators and channels. Academic regulation is lacking, which makes the issue of accuracy problematic. Learners browse according to usefulness. [11]

Peer learning is a part of the nursing learning experiences. Notes, explanations, and study techniques are commonly shared between students. Discussion with peers helps in elucidation of challenging concepts. Peer emotional support lowers academic stress. Team learning improves confidence and interpersonal communication. Learning among the peers takes place in both formal and informal ways.

Academic adjustment is enhanced through social interaction. [12]

The learning styles and experiences differ in terms of learning preferences. Others are in need of listening and participatory learning conditions. There are those who prefer the self-paced and visual learning styles. Inspiration affects the usage of various resources of learning. Previous academic exposure influences the choice of resources. Digital learning is influenced by technological comfort. Tastes are personal needs in learning. [13]

The availability of educational resources is affected by the geographical setting. Dir Lower has different degrees of institutional infrastructure. Distribution of the faculty varies in the nursing colleges of the area. [14] There can be a shortage of materials in libraries or the materials can be old. Digital learning is influenced by access to internet networks. Learning strategies are adjusted to the available resources by the students. Learning behaviors are influenced by context. [15]

Students studying BSN have an enormous amount of academic workload and performance pressure. Nursing curriculum entails voluminous theory and practice. Time is a factor that promotes effective learning strategies. Students are interested in quick means of clarification in order to cope with studies. Peer and digital learning have access to explanations immediately. These practices help in dealing with academic pressures. Adaptive strategies are shown in the learning preferences. [16,17]

The cultural values determine the learning preferences of nursing students. The culture of respect towards teachers is still strong in the educational culture. The conventional classroom instruction has a figurative significance. Students of younger age are open to digital learning. The study behaviors are influenced by family and societal expectations. The use of technology is there with the traditional values of learning. The use of the learning source is influenced by culture. [18,19]

The quality of teaching has a direct influence on the dependence of the students on the instructors. Online teaching fosters student

interaction. Providing clear explanations increases the level of understanding and confidence. Faculty approachability fosters consultation. The passive instruction demotivates students. Religious approaches determine faith in the teachers. Learning preferences are dependent on student experiences. [20]

Learning sources are influenced by clinical learning requirements. Nurse competencies need to be observed and practiced. Procedures are reinforced visually through the use of a video. Hands-on learning is assisted by peer demonstrations. Reduced clinical exposure leads to the need to use additional resources. Students repeat online materials to refreeze their skills. Clinical experience is supplemented by learning sources. [21]

The knowledge of language plays a role in understanding academic material. The English language is widely applied in the nursing textbooks and lectures. Certain students have problems with working on technical terms. Videos explain concepts in a visual way which is simple. Discussions with the peers help in clarifying the language. The sources of learning with less language barrier are desirable. The availability of language influences the learning performance. [22]

The relevance of learning sources is of utmost importance in nursing education. Teachers are considered as good and trustworthy. Textbooks are the evidence based knowledge. Web sites differ in scientific rigor. Credibility is determined by experience and results among students. There is the danger of misinterpretation of information. There is source trust that has an effect on learning decisions. [23]

Integration of technological use in education has transformed nursing education. There is an increased use of blended learning. Online tools are used in addition to conventional teaching strategies. Students become accustomed to the technology-enhanced learning environments. Tendencies of learning are indicative of exposure to blended learning. Curriculum design affects the learning in institutions. There are changes in education that influence student interactions. [24]

The availability of various resources has contributed to student autonomy in the learning process. Independent exploration is promoted by self-directed learning. Students select resources of learning according to convenience and efficiency. Independence brings about accountability on academic development. The process of learning becomes individual and not standard. Learning pathways are handled by students on their own. Learning experiences are influenced by autonomy.

There is also a paucity of qualitative studies examining preferences of nursing students in terms of learning sources. Contextual experiences are not usually taken into consideration in quantitative studies. Qualitative inquiry describes impressions and values. The voices of the students can give insight to the learning behaviors. The decision-making is affected by contextual factors. The digging up of the motives. Qualitative research improves intelligence in education. [12]

This knowledge of preferred learning sources among Dir Lower BSN students can be used to improve the process of education. The experiences of students indicate the areas of strength and weakness in the teaching practices.

Results:

Demographic Analysis

The study included 15 BSN students from Semesters 4, 6, and 8. Ages ranged between 21 and 25 years. Female students constituted the majority (60%), while males were 40%. All

Real academic challenges are observed in learning preferences. Student-centered instructions are informed by insights. Correlation of instructional practices promotes learning. The planning of curriculum is informed by evidence. Qualitative exploration helps the development of nursing education.

Methodology:

This qualitative descriptive study was conducted in selected nursing colleges of Dir Lower, Khyber Pakhtunkhwa, Pakistan, to explore preferred sources of learning among BSN students. Using purposive sampling, 15 students from Semesters 4, 6, and 8 were recruited based on data saturation and their ability to provide rich insights. Data were collected through semi-structured, in-depth interviews conducted in private settings, audio-recorded with consent, and supported by field notes. Thematic analysis following Braun and Clarke's six-step approach was used to analyze the transcribed data and generate themes. Ethical approval was obtained from the institutional review board, and principles of informed consent, confidentiality, anonymity, and voluntary participation were strictly maintained.

participants were enrolled in the BSN program. The sample represented different academic levels to capture diverse learning experiences. This demographic information provided context for understanding students' preferred sources of learning.

Table 1: Characteristics of Participants (n = 15)

S.NO	Age (years)	Gender	Program	Semester
N1	21	Female	BSN	4
N2	23	Male	BSN	6
N3	22	Female	BSN	4
N4	24	Male	BSN	6
N5	25	Female	BSN	8
N6	22	Male	BSN	4
N7	23	Female	BSN	6
N8	24	Male	BSN	8
N9	21	Female	BSN	4
N10	25	Male	BSN	8

N11	23	Female	BSN	6
N12	24	Female	BSN	8
N13	22	Male	BSN	4
N14	25	Female	BSN	8
N15	23	Male	BSN	6

Themes of the study

Three major themes emerged from the study: **Teacher-Led Learning, Digital Learning, and Peer-Assisted Learning**. Students highlighted teachers as essential for clarifying complex concepts, demonstrating clinical skills, and providing constructive feedback, which increased their confidence in practice. Digital learning, particularly through YouTube and video tutorials, offered flexibility and allowed students

to pause and review procedures, enhancing understanding and retention. Peer-assisted learning supported discussion, collaboration, and emotional reassurance, helping students feel more prepared for clinical tasks. Together, these themes reflect a blended approach combining formal instruction, digital resources, and peer support in shaping BSN students' learning preferences.

Table 2: Emerging Themes and Subthemes

Major Theme	Subthemes	Description	Participant Quotes
Teacher-Led Learning	Concept clarification, guidance, demonstration, feedback	Students relied on teachers for understanding difficult concepts, guidance during skill practice, and receiving constructive feedback to improve performance.	"I rely on teachers to explain difficult concepts; textbooks alone are sometimes confusing." (P3) "Teachers guide me step by step during procedures, which makes me confident to perform." (P7)
Digital Learning	YouTube tutorials, online videos, convenience, visual reinforcement	Students preferred digital platforms like YouTube for visual learning, revisiting tutorials, and convenience in understanding procedures at their own pace.	"Online tutorials help me understand procedures better because I can pause and replay." (P12) "I watch videos before clinical sessions; it helps me remember the steps clearly." (P5)
Peer-Assisted Learning	Discussion, collaboration, clarification, confidence building	Students used peer support to discuss concepts, clarify doubts, and build confidence before performing clinical skills on patients.	"Peers help me gain confidence before performing skills on patients." (P10) "Discussing with classmates helps me understand what I missed in class." (P2)

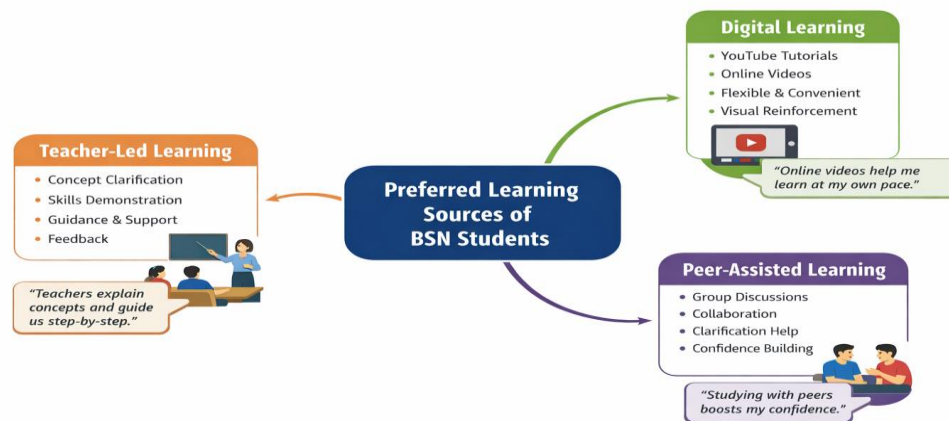


Figure 4.1. Themes of the study

Teacher-Led Learning

Teacher-led learning emerged as a central theme, emphasizing the important role of instructors in nursing education. Students highlighted concept clarification as essential, appreciating how teachers simplified complex topics to enhance understanding and confidence. Guidance and demonstration were also valued, as step-by-step

instruction and practical demonstrations helped bridge theory and clinical practice. Finally, timely and constructive feedback supported skill improvement, motivation, and continuous learning. Overall, teacher-led learning provided structure, clarity, and confidence in students' academic and clinical development.

Table 3 Theme 1 Teacher-Led Learning

Theme	Subtheme	Participant Quotes
Teacher-Led Learning	Concept Clarification	"Whenever I didn't understand a concept, the teacher would explain it in simple terms until I fully understood." (P3) "The way the instructor breaks down complex topics makes learning easier for me." (P7)
	Guidance	"The teacher always guides us step by step during procedures, which makes me confident." (P1) "I feel more supported when the instructor is there to point out what we should focus on." (P12)
	Demonstration	"Seeing the procedure done first by the teacher helps me replicate it accurately." (P5) "The live demonstrations clarify what I need to do and how to do it safely." (P9)
	Feedback	"After practicing, the teacher gives immediate feedback, which helps me correct my mistakes." (P2) "Constructive feedback from the instructor motivates me to improve my skills." (P8)

Digital Learning

Digital learning emerged as a significant theme, highlighting nursing students' reliance on technology to support their education. Students valued online resources such as YouTube

tutorials for understanding complex procedures and revising independently. The flexibility to access materials anytime and anywhere promoted self-directed learning. Additionally, visual content enhanced comprehension and memory of clinical

procedures. Overall, digital learning provided convenient, interactive, and visually supportive

resources that strengthened understanding and skill development.

Theme 2 Digital Learning

Theme	Subtheme	Participant Quotes
Digital Learning	YouTube Tutorials	"I often watch YouTube tutorials to understand complicated procedures at my own pace." (P4) "YouTube videos help me see different techniques that the teacher might not demonstrate in class." (P9)
	Online Videos	"Online videos from trusted sources allow me to revise topics anytime." (P2) "I can replay the videos if I miss something, which helps me learn better." (P6)
	Convenience	"Digital learning is convenient because I can access lessons anytime, even from home." (P1) "I like that I don't have to wait for the next class; I can learn whenever I want." (P7)
	Visual Reinforcement	"Watching videos makes it easier to remember the steps visually." (P5) "I understand the procedure better when I see it being done rather than just reading about it." (P3)

Peer-Assisted Learning

Peer-assisted learning emerged as an important theme, emphasizing the value of collaboration among nursing students. Peer discussions helped clarify concepts and reinforce understanding. Working together during practical sessions

improved task accuracy and provided mutual support. Additionally, practicing with classmates increased confidence and reduced anxiety. Overall, peer-assisted learning created a supportive and interactive environment that enhanced knowledge, skills, and self-confidence.

Table 4 Peer-Assisted Learning

Theme	Subtheme	Participant Quotes
Peer-Assisted Learning	Discussion	"Discussing topics with my classmates helps me understand things I missed in lectures." (P3) "Group discussions make learning more interactive and engaging." (P7)
	Collaboration	"Working together with peers during practice sessions makes it easier to complete tasks accurately." (P2) "Collaborating with classmates helps us share different approaches to the same procedure." (P5)
	Clarification	"If I don't understand something, my friends often explain it in a way I can easily grasp." (P1) "Peer clarification is helpful before approaching the teacher with questions." (P6)
	Confidence Building	"Practicing with peers makes me more confident to perform procedures independently." (P4) "I feel less nervous during exams when I have practiced with my classmates." (P8)

Discussion:

The results of this research indicate that the nursing students are advantaged by various learning styles such as Teacher-Led Learning, Digital Learning, and Peer-Assisted Learning. Teacher-Led Learning became an essential factor in helping students gain a better understanding

and clinical proficiency. Participants also highlighted that clarification of concepts, demonstrations and instructor feedback made them learn complicated procedures and gain confidence in their skills. This implies that formal instruction by skilled teachers is still

necessary in the process of inculcating a basic knowledge and proper acquisition of skills. [13] The other significant impact on the educational experience of students was also found to be the Peer-Assisted Learning. Students also complained that difficult concepts could be understood more effectively and implemented in practice when they were discussed, used in collaborative work, and explained by their peers. This type of learning seemed to facilitate interactive learning and involvement and offered a conducive learning environment in which the learners could exercise their learning before consulting the instructor. Another advantage to note was confidence building since working with peers made the students feel more ready to perform alone. [14]

Digital Learning has become an adjunctive model, where students are often referred to online as well as YouTube tutorials to support their education. The participants appreciated the ease and flexibility of accessing content whenever they wished, hence being able to repeat complicated processes at their own time. Video demonstrations are an example of visual reinforcement, which helped students to understand the steps and repeat the skills correctly. This implies that online platforms hold an efficient approach to self-directed learning and can be implemented as a supplement to the classroom education. [15]

Students said that peer discussions in combination with digital resources assisted them in undertaking the learning process more strategically. An example of this is peer clarification prior to digital tutorials or practice sessions to enable the learners to concentrate on those issues that they could not discuss. It seemed that knowledge synthesis boosted knowledge acquisition and knowledge retention. It was revealed that digital learning was advantageous, but it was more effective when combined with peer or teacher support, which demonstrates the effectiveness of blended learning strategies. [16] The relevance of feedback based on teacher-led and peer-assisted situations was also emphasized in the study. Instant instructor feedback enabled the students to ensure error correction and

refining methods whereas peer feedback presented a group outlook that empowered learning in less formal set up. Students also claimed that feedback enabled them to develop confidence, decrease their anxiety, and enhance their performance, which proved that timely and constructive evaluation is one of the fundamental factors of successful skill development. [17]

Respondents pointed out that peer cooperation promoted the exchange of various strategies to solving problems and clinical activities. Collaborating with colleagues enabled the students to see other ways of doing things and to talk about reasons why other techniques were used. This interactive learning program improved knowledge as well as facilitated critical thinking and reflexes, a sense of autonomy was created without losing peer accountability. [18]

Digital learning also helped to boost student engagement and motivation. The subjects pointed out that the use of visual illustrations on how to do the procedure improved the understanding compared to reading or lecture teaching. The derived capacity to pause, re-play and review videos enabled students to study at a pace that was comfortable to them and this allowed them to relieve the cognitive burden that comes with the acquisition of complex clinical skills. This was especially useful in assisting with the self-paced revision and preparation towards tests or real-world tasks. [19]

Conclusion:

The research findings that indicate the most effective learning model that should be adopted by nursing students include Teacher-Led Learning, Peer-Assisted Learning, and Digital Learning combined to form a blended approach. Instruction led by the teacher offers necessary guidance, concept elucidation, demonstration and feedback which provides students with correct skill acquisition, whereas peer assisted learning encourages discussion, collaboration and confidence building where students are motivated to participate and clear difficult concepts. Digital learning is flexible, convenient, and visually enforcing, which facilitates self-directed practice and repeating the complicated

procedures. It was reported that the integration of these modalities contributed to improved comprehension, memory, and readiness to work independently in clinical settings, and a multifactorial, learner-oriented model is a key to building competence, critical approaches, and confidence levels in nursing students.

6.2. RECOMMENDATIONS OF THE STUDY:

Following the results of the research in this study, it is suggested that nursing education programs should take a blended learning model that incorporates Teacher-Led Learning, Peer-Assisted Learning, and Digital Learning to achieve maximum student participation, knowledge acquisition and development of clinical skills. The educator is expected to give systematic instructions, explain, and good time based on feedbacks and promote peer interaction and explanation to nurture self confidence and real-world ability. Also, the application of digital resources like online tutorials and videos would be included to be able to learn flexibly and self-paced, to visually repeat intricate processes. It is also recommended that institutions should also offer training to both the faculty and students on the successful integration of these learning modalities in order to make the learning environment supportive, interactive and learner centered to equip nursing students with the skills to be able to practice safely and competently in a clinical setting.

6.3. LIMITATIONS OF THE STUDY:

The research had a number of limitations which ought to be taken into consideration when interpreting the results. The study was restricted to the nursing students of chosen colleges, so the findings cannot be considered to be not only generalizable to other institutions and regions. The research used the self-reported information, which might be affected by the personal impressions of participants or bias to recollections. Also, the qualitative design, although offering thorough information about the experience of learning, was not able to measure such objective results as skills

performance and academic success. There were also time restrictions and individual access to some of the clinical settings that limited the range of data collection. Irrespective of the limitations, the study contains useful information regarding the effect of different learning modalities on knowledge, skills and confidence of nursing students.

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