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ORIGINAL RESEARCH REPORTS

Undergraduate Healthcare Professional Students Experience of Receiving Feedback: A Cross Sectional Survey

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Abstract

Purpose: **To investigate undergraduate student healthcare professional experiences within the United Kingdom, in relation to receiving feedback, including exploring various topics within this process which may influence performance and satisfaction levels. By understanding the student experience of feedback, this will help to plan and guide future practice to enhance student engagement with feedback to then apply in their chosen profession.**

Method: **A survey-based approach was utilised to gain quantitative and qualitative data via an electronic survey. There was a total of 19 questions within the survey and 17 allowed a free text response. Analysis of the quantitative data was carried out using General Linear Models.**

Results: **One hundred and sixty-nine students completed the survey from six health related programmes which equated to an 18% response rate. The quantitative data was analysed to identify differences in feedback perception between undergraduate health programmes in a School of Health Sciences. The main themes derived from the qualitative data were grouped into perception of feedback, student engagement and quality of feedback. Our data illustrates that whilst some healthcare disciplines had specific areas to improve their feedback, students were generally satisfied and engaged with the feedback they received. There was a preference towards having annotations within their work and felt feedback was personalised and given in a feed forward manner.**

Discussion: **This study found that students engaged with feedback and there was a strong desire of wanting to develop and improve future performance. Students preferred written feedback and identified text annotations within submissions as conveying a more personalised message and useful in clearly identifying areas for future improvement. Peer feedback was identified as a type of feedback which students did not prefer due to feeling unprepared to critique another student's work. This has highlighted a need for peer feedback to be embedded into all programmes, as the experience of giving and receiving feedback from peers is included in all the healthcare roles which these students will be entering once qualified.**

Keywords: Feedback, Satisfaction, Engagement, Health studies, Student, Peer feedback

1. Introduction

Student satisfaction and engagement with feedback is known to be an area of discontentment within Higher Education Institutes within the United Kingdom. Taking into account the considerable financial investment a student commits when studying, it is perhaps unsurprising that expectations of feedback are high. It is well documented that the provision of student feedback in higher education is an integral component of student development and learning [1–3]. This study seeks to add literature to the evidence base regarding the student experience of receiving feedback, yet from a healthcare focused point of view, as feedback is a core component of all health professional's role once they graduate and qualify.

Feedback should be a dynamic process, with both the student and lecturer playing an active part. By

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students having a sense of involvement, it is envisaged this will aid their understanding of feedback, thus promoting the effectiveness of it [3–7]. It is noted feedback is important to aid improvement in future assessment performance, yet to do this, the student needs to be able to understand and interpret the feedback provided [8]. Interestingly, work by Sutton and Havnes et al [9,10] offered the idea of feedback literacy and training, as students need to have the ability to interpret and utilise feedback and an absence of this, may impact on their ability to be engaged. Students who are increasingly engaged with the feedback process are noted to have a higher level of satisfaction and this is linked to the fact they understand the feedback they have received [11–14]. Positive cited contributory factors are personalisation, noting the tone of feedback to develop a trusting atmosphere and empowering students to take ownership of their learning by identifying their individual needs [15,16]. The literature highlights barriers to student engagement such as complicated language, academic jargon, inconsistency between staff, feedback which is unclear or too brief and one that does not feedforward to future learning [3,13,17–19]. To add to the complexity, Blair et al. [13]. argue that the concept of feedback is at risk of being devalued as there is a plethora of feedback activities with the intention of improving student satisfaction, rather than improving the learning process [10,13,20,21].

Student engagement may also be affected by the lecturer's workload, as bigger class sizes can have an impact on lecturer availability and as such a reduced ability for the student to engage with their lecturer regarding any feedback received. Therefore, to offset this it is suggested lecturers should think creatively about new ways of providing feedback and utilise digital technology [22,23]. McSwiggan and Campbell and Mayhew [22,23] based in the United Kingdom explored the use of feedback via a video message and podcast. Whilst this was well received by students, there was a consensus that they wanted this to complement written feedback, not replace it, thus suggesting a cultural change to embrace new ways of receiving feedback may be needed. In an era of the generation Z student, it seems inevitable that feedback provision will have to be developed to embrace technology so it can be provided in a range of formats [24]. A further measure to help alleviate demand on a lecturer's time whilst engaging students in the feedback process is the use of peer feedback. This flexible type of feedback is vitally important given the increasing student numbers. Peer feedback involves students reviewing and critiquing each other's work [28,25,26]. However, students have been noted to feel uncomfortable, inexperienced, and critical of this type of feedback [20,27,28]. However, if the emphasis is on formative or evaluative peer feedback rather than mark generation, students might be less resistant [25,26]. Furthermore, despite evidence suggesting that students do not like to engage in peer feedback, it could be argued that it is important to engage healthcare students in particular in this potentially uncomfortable process with the intention of preparing them for future responsibilities.

The purpose of this study was to explore the healthcare student experience and perceptions when receiving feedback, using a survey-based method with an option to expand on their answers. This is to increase our understanding of how healthcare students can use feedback on their learning journey, to then hopefully apply this in their chosen health profession. Whilst a similar study was undertaken in Saudi Arabia [29], there is no evidence published in the United Kingdom, from a healthcare professional student perspective. Furthermore, the ability to give and receive feedback is a core component of a healthcare professional's role, therefore it is proposed that students should feel comfortable and engaged in this process. It is hoped the findings from this study would be of interest to other higher education institutions which provide a health-related programme.

2. Methodology

2.1. Overview

A survey-based approach consisting of quantitative and qualitative methods were utilised. To explore the experience of undergraduate healthcare professional students in relation to receiving feedback. A questionnaire comprising Likert scale closed questions with an opportunity for open text responses allowed for triangulation of findings, promoting enhanced study validity, rigour and thus confidence in the findings. University Ethical Approval was gained.

2.2. Participants

All participants were undergraduate students who were enrolled onto a healthcare programme at a large Russell Group University in the Northwest of England. The undergraduate programmes included nursing, physiotherapy, diagnostic radiotherapy, orthoptics, therapeutic radiography and oncology and occupational therapy.

2.3. Recruitment

The researchers are lecturers within a School of Health Sciences, and a convenience sample was used to recruit the participants. The students were recruited via an email, which was sent by the programme leads. Participation was anonymous and voluntary. There was a potential sample size of 963 students at the time of data collection.

2.4. Materials

A questionnaire was created utilising a seven-step process to ensure high quality [30]. A literature review was conducted to synthesise main themes which were perception of feedback, student engagement and quality of feedback. Questions were co-created by the researchers. These were then shared with assessment officers from each of the six health programmes and they were asked to comment on clarity and relevance of questions. An electronic survey was created using Jisc online surveys. Two students from the nursing programme were asked to complete the survey as a pilot to ensure they also understood the questions and there were no technical difficulties when completing this, before it was emailed out to all prospective participants. The survey included a consent statement and a question pertaining to year of study and programme. This was followed by seventeen closed questions with the option to enter free text should participants wish to elaborate on their choice. The Likert scales contained 5 points and this included satisfaction and agreement to statement scales.

2.5. Procedure

The researchers are lecturer's on the nursing and orthoptics programme and this was identified as a potential bias, to students feeling they have a duty to participate if they were enrolled on these programmes which may skew the response rate. Therefore, the email with a link to the e-survey and request for participation was sent via the professional leads of each of the 6 programmes. It was hoped this familiar staff member may have a positive influence upon all programmes and encourage participation. The email contained a participant information sheet and link to an electronic survey. A reminder email was sent one week later to encourage further participation.

2.6. Data analysis

The closed questions were analysed using a Statistical Package for the Social Sciences 25 (SPSS) to determine any statistically significant differences in feedback between students from different professions. Descriptive statistics were used to present the data from the questions using a Likert scale. The data was analysed across the years of study and each undergraduate health programme for each of the questions. The data was treated as continuous as there were 5 options for students to score for each question. Therefore, a general linear model was used with Bonferroni correction to allow for any non-normally distributed data and test multiple relationships respectively. The dependent variable was the responses to the feedback questions compared across the different health professions.

The open question responses were reviewed by both researchers in this study to allow immersion in the data. Braun and Clark's 6 step approach was utilised [31]. This included familiarising ourselves with the data by reading it repeatedly, generating initial codes and then searching and defining themes in order to write up our findings. Both researchers are lecturers at the higher education institute where the research took place, and this was acknowledged as a potential unconscious bias to the study during analysis of the data.

3. Results

3.1. Demographic information

One hundred and sixty-nine responses were received in total yielding a response rate of 18%. This was broken down further to identify specific response rate per course and per year (Table 1). Nursing yielded the highest course response rate and year 1 was the highest responding year group. Nursing has the second largest cohort size behind physiotherapy. Additionally, across all programmes, there are more students enrolled on year one programmes than years 2 and 3. Therapeutic radiography and oncology and occupational therapy had the lowest response rate.

There was a total of five hundred and ninety-nine responses from seventeen questions in the free text option of the survey. The qualitative findings are presented within specific identified themes which are, perception of feedback, feedback engagement

Table 1. Responses from participants per coursed and per year group.

	Year 1 total responses N	Year 2 total responses N	Year 3 total responses N	Total response rate per course N (%)
Nursing	24	8	16	25%
Physiotherapy	19	10	3	15%
Diagnostic radiography	3	6	9	20%
Orthoptics	10	7	11	22%
Therapeutic radiography and oncology	12	3	5	12%
Occupational therapy	12	6	5	13%
Total response rate per year across all programmes	N = 80 (21%)	13%	18%	

and quality of feedback. There were no significant differences in scores across the years (p=>0.05 General linear model with Bonferroni correction). However, there was a difference across the programmes (Table 2), discussed within the themes.

3.2. Themes

3.2.1. Perception of feedback

Generally, all students in the School of Health Sciences were satisfied with feedback they received on their assessments (Table 2). 132 out of 169 students reported a level of satisfaction, 18 report a level of dissatisfaction and 19 students had no preference.

Students were agreeable to receiving feedback from their peers and viewed discussions with peers and the lecturer as a form of feedback. On examining the differences in scores across the programmes, it appears that students from therapeutic radiography and oncology were significantly more satisfied with their feedback compared to students from orthoptics and diagnostic radiography ($p = 0.006$, General linear model with Bonferroni correction). Also, more students from occupational therapy agreed that discussion with peers and the lecturer in class could be considered as feedback compared to the diagnostic radiography students ($p = 0.015$, General linear model with Bonferroni correction).

There was a wide range of comments suggesting that students thought feedback was detailed and contributed to their future improvement. Students commented that feedback was timely, thorough and detailed.

> *"The feedback I receive is relevant and constructive. It is clearly intended to aid my development as a student and future practitioner."*

The qualitative comments predominantly identified that students were satisfied with the level of support provided to them by academic staff, such as the ability to follow up feedback with a verbal conversation. It was noted that those students who identified they had met with a lecturer found this beneficial in terms of increasing understanding and contributing to performance improvement.

> *"I booked an appt with my tutor to discuss it and it helped me to really understand what I was doing and how to improve."*

Students also commented on elements of feedback which they were dissatisfied with. Feedback was cited as vague multiple times, brief, and personalisation to be increased. A minority of responses felt they did not always understand their feedback and at times, it could be more supportive. There appeared to be frustration with regards to students being advised something was incorrect, but not being shown an example of how to do it appropriately.

> *"I often get told what's wrong but not how to fix it"*

> *"Some of the feedback is confusing since the teacher is asking me questions rather than giving direct responses"*

There was dissatisfaction noted in the perceived disparity of quality between markers with one-person detailing receiving **'brilliant feedback'** and one person noting it **'depends on the person marking it'**.

The role of peers in the feedback process was a divisive question with regards to student opinion on this topic. The majority of participants were against the suggestion of peer feedback being a mode of feedback provision. Potential reasons for this were they acknowledged it may feel uncomfortable giving a critique to their peers and they would not want to cause upset. Students also questioned their own knowledge, ability and experience in order to be in a suitable position to give feedback on another person's work. Furthermore, one person identified they

*Table 2. Mean scores for each question (SD). Likert scales a) 1-Very satisfied-5-Very dissatisfied) b) 1 = Strongly agree- 5 = Strongly disagree C) 1 = Always - 5 = Never. General linear models with Bonferroni correction applied when analysing across the individual health professions Q3 & 16- *Significant differences between Therapeutic radiography and Orthoptics/Diagnostic radiography. $Significant differences between Diagnostic radiography and Occupational Therapy. Q12- *Significant differences between Diagnostic radiography and Nursing/Occupational therapy/Orthoptics/Physiotherapy. $Significant differences between Therapeutic radiography and oncology and Nursing/Occupational Therapy/Physiotherapy. Q14- *Significant differences between Orthoptics and Therapeutic radiography and oncology.*

Healthcare programme	Perception of Feedback				Feedback engagement				Quality of Feedback				
	Q3 Likert a	Q11. Likert a	Q15. Likert b	Q16. Likert b	Q4. Likert c	Q6. Likert c	Q8. Likert c	Q12. Likert c	Q5. Likert b	Q7. Likert c	Q9. Likert b	Q13. Likert b	Q14. Likert c
All programmes	2.75 (1.21)	2.76 (1.27)	2.41 (1.07)	2.30 (0.94)	1.28 (0.75)	4.69 (1.3)	1.8 (0.98)	2.10 (1.28)	2.33 (0.97)	2.79 (1.31)	2.01 (0.80)	1.53 (0.71)	2.59 (1.22)
Nursing	2.75 (1.38)	2.79 (1.32)	2.75 (1.31)	2.52 (0.95)	1.40 (1.05)	4.48 (1.35)	1.83 (1.17)	1.65 (1.26)	2.35 (1.06)	2.77 (1.33)	2.04 (0.87)	1.52 (0.68)	2.60 (1.20)
Occupational therapy	2.87 (0.82)	2.74 (1.10)	2.22 (0.80)	1.87 (0.76)	1.35 (0.78)	4.65 (1.50)	1.61 (0.89)	1.61 (0.84)	2.48 (0.99)	2.48 (1.34)	1.87 (0.69)	1.52 (0.59)	2.48 (1.24)
Orthoptics	3.18 (1.39)	3.29 (1.49)	2.29 (0.98)	2.14 (1.01)	1.21 (0.63)	4.68 (1.39)	1.79 (0.83)	2.11 (0.83)	2.36 (1.03)	3.39 (1.52)	2.25 (0.84)	1.71 (0.90)	3.18* (1.25)
Physiotherapy	2.38 (0.87)	2.69 (1.12)	2.19 (0.78)	2.22 (0.75)	1.25 (0.57)	4.81 (1.26)	1.69 (0.82)	1.69 (0.78)	2.22 (0.83)	2.72 (1.14)	1.97 (0.60)	1.56 (0.72)	2.38 (0.98)
Diagnostic radiography	3.28 (1.18)	2.78 (1.27)	2.72 (1.18)	2.78$^{\$}$ (1.06)	1.28 (0.58	4.78 (0.94)	2.39 (1.09)	3.83* (1.04)	2.56 (0.98)	2.94 (1.35)	2.17 (1.04)	1.61 (0.70)	2.89 (1.32)
Therapeutic radiography and oncology	2.10* (1.02)	2.10 (1.07)	2.10 (0.97)	2.15 (0.93)	1.10 (0.31)	4.95 (1.19)	1.65 (0.81)	2.85$^{\$}$ (1.50)	2.00 (0.80)	2.30 (0.87)	1.70 (0.66)	1.20 (0.52)	1.90 (1.17)
P value	0.006*	0.065	0.06	0.015$^{\$}$	0.74	0.79	0.14	<0.0001*$^{\$}$	0.51	0.06	0.22	0.26	0.008*

would not be happy with peer feedback due to the fact they pay a considerable amount of money to come to university and would prefer the feedback to come from a **'qualified teacher'**. Interestingly, 3 participants referred to an element of competitiveness and this was a potential reason why they would not like peer feedback.

> *"I am not comfortable providing critique to others particularly because I am not confident I have everything 'figured out', so could easily provide unhelpful feedback, the same going for my peers towards me"*

> *"Our course is quite small and it would feel too personal and bias to give feedback to peers"*

However, even though it is noted to be in the minority, there were some comments whereby students were willing to engage in this type of feedback and saw the perceived value of this. It was identified students would like the opportunity to share ideas and learn from students who were, in their opinion, performing to a higher level than them. Furthermore, a strength of peer feedback was cited as the ability to share ideas and gain different perspectives on topics, thus enhancing the student's own understanding in order to improve their work.

3.2.2. Feedback engagement

Students were generally engaged with their feedback with respect to reading, understanding and reflecting upon their feedback (Table 2). 82% of participants always read their feedback, with a further 34% citing very often. However, the majority of students rarely or never followed up their feedback with the module leader. Students from diagnostic radiography and therapeutic radiography and oncology felt that they used formative opportunities as a way of receiving feedback less often than students from other health professions ($p < 0.0001$, General Linear Model with Bonferroni correction, Table 2).

There was an overwhelming consensus from participants that they engaged with their feedback by reading it and notably identified it was read straight away, multiple times and referred back to when completing future assessments. However, students also identified the grade they received influenced their engagement with the feedback. If there was an element of disappointment with the grade this would impact on their behaviour thereafter. For example, it was noted they would **'skim read through'**, **'view the feedback in a positive or disappointed way'** and **'read it once and scrap it'**.

It was apparent that there was a strong emphasis from students of wanting to improve and contribute

to their development by using the feedback they have received in future assessments. Grammatical and referencing comments were particularly well received by students in order to aid development.

> "Feedback is useful so I will hopefully get better grades if I act on it"

Students acknowledged that follow up sessions with a lecturer to discuss feedback to aid their understanding, if needed can be arranged. Positively, it was evident students in the main did not utilise this as **'feedback is pretty self-explanatory'** and comments that the feedback was clear and understandable, therefore an appointment was not necessary. It was evident some students did not appreciate a meeting with a lecturer to discuss feedback was an option.

Formative opportunities were viewed as a way of receiving feedback before a summative assessment in a safe environment and to contribute to improvement in the summative attempt of the assessment.

> *"I find it helpful to know I am on the right lines and heading towards assessment feeling more confident I have practiced assessments in a pressure free environment."*

The three highest ranking methods which students liked when receiving feedback were; written text annotations within their work, verbal feedback 1-1 and written feedback – a written summary. The three lowest ranking methods which students disliked were; whole class written feedback, verbal whole class discussions and peer feedback.

3.2.3. Quality of feedback

From a quantitative perspective, most students felt the quality of feedback was good in terms of understanding feed forward comments and having annotations within submissions helped students to improve their work. There was a difference in students from orthoptics who felt that their feedback was less personalised compared to therapeutic radiography students (Table 2, $p = 0.008$, General linear model with Bonferroni correction). Participants were asked if they felt their feedback was personalised, with 131 of the 169 participants choosing always, very often or often. Whilst 38 chose sometimes, rarely or never.

Students reported being able to understand the feedback that was given to them and it was well explained, clear and concise. In cases where this was not the case it was noted **'lecturers were always on hand to help'** and **'very easy to contact'**. Conversely, it was also cited that on occasions feedback could be confusing and contradictory.

Feed forward comments from lecturers were gratefully received by students as it was noted they utilised this feedback in order to improve their future performance. It was apparent from the comments that students were passionate about wanting to improve and ensuring they used the feedback, when preparing for the next assessment by reflecting upon it and implementing any advice given so they could achieve their desired mark.

> *"Always constructive and helpful. I find the lecturers feedback is always geared towards helping my improvement"*

It was clearly evident that the students liked text annotations within their work as it helped to create greater personalisation, identified specific areas for improvement and development, with participants citing it as the most **'helpful'** type of feedback many times. It was repeatedly echoed that the annotations facilitated development as the feedback was specific and pinpointed exact areas for improvement.

> *"For me, these are one of the most effective forms of feedback as they highlight exactly where needs work."*

There was an even split between the thirteen responses received when students were asked if they felt the feedback was personalised. Comments noted it was based on their personal performance and was linked specifically to their work. Conversely, comments referred to feedback being **'general'** and comparable to comments fellow students had received, thus reducing personalisation. For example, one participant commented their classmates received the same feedback.

4. Discussion

This study found that students were predominantly satisfied with their experience of receiving feedback. Importantly, our data illustrated that participants engaged with feedback and viewed it as a useful tool when seeking to improve future performance. It is acknowledged that a low response rate means that the quantitative data must be treated with some caution when appraising any significant results. However, due to a wealth of qualitative data the findings still give an important insight into the feedback experience of the undergraduate Healthcare student.

4.1. Perception of feedback

Positively, 78% of students cited an element of overall satisfaction with the feedback they have received. The literature suggests that students who

are satisfied and happy with the feedback provided, have higher levels of self-efficacy. Thus, it is hoped they will then achieve their desired performance and grades which they aspire to [1]. However, 11% of students did indicate a level of dissatisfaction and this is concerning as students expect a high-quality service for which they are making a financial contribution. Potential factors contributing to student dissatisfaction were identified in the free text responses such as feedback being vague, broad and lacking personalisation. Feedback that is vague and ambiguous has been shown to contribute to student frustration and dissatisfaction [17,19].

Statistical exploration showed there was no statistically significant correlation between satisfaction and course and year. The researcher's personal hypothesis was that the higher the academic year, the greater lived experience they will have of receiving feedback and therefore have a strong view to share either way on this topic. As there is a lack of statistical difference between years, further work is required in this area. As it would be hoped that final year students demonstrate clear satisfaction and understanding of the feedback they have received. However, the researcher's have also identified this as an encouraging finding which indicates there is not a strong sense of inequality and discontentment from a particular group of students. The factors that contributed to positive student satisfaction regarding feedback was that students understood the feedback provided and feedforward comments were given. These in turn helped the students to develop their work. Student engagement was found to be high amongst the participants and this is encouraging given that Rowe [32] noted the level of engagement linked to higher satisfaction levels.

The use of peer feedback within Higher Education and specifically on courses within the School of Health Sciences proved to be a divisive topic. The quantitative element appears to suggest students are happy to receive feedback from their peers, yet this is in contrast to the qualitative element which clearly indicated that students felt very strongly against this type of feedback. Moreover, the appropriateness and need for it was also questioned. The researcher's were surprised by this finding given the professions which these students will occupy once graduated. These are notably teamwork driven professions and one where critique and feedback will be given in order to assure excellent patient care. There were a minority of open qualitative responses who felt peer feedback would allow an element of self-reflection of their own work. This concurs with the findings of Mutch et al [20] and Carless and Boud [4] who both identified that peer feedback could contribute to students improving their own work in the process. This study identified that students did not want to provide a critique of someone else's work for fear of offending, feeling uncomfortable and lacking in experience. In a study by Evans [33] conducted in the United Kingdom, 20 postgraduate primary school teachers questioned their ability to give peer feedback. These participants were studying at a high academic level and felt ill prepared, so it poses the question would undergraduate students who are less experienced feel a similar way, which this study also found. Mutch et al [20] and Dearnley et al [28] give added weight to this by also concluding undergraduate healthcare students felt ill-equipped, remarking that student relationships may pose as a barrier, as they may not wish to be truly honest so as not to offend. However, given there has been a call to action to increase the number of nurses and allied healthcare professionals within the clinical field [34,35], this has undoubtedly had an impact on increasing student numbers in higher education. Therefore, it is suggested the use of peer feedback in order to negate increased lecturer workload and to demonstrate cohesive partnerships in clinical undergraduate courses must be further engrained into curriculum. As Evans [33] notes, students must see this type of feedback as beneficial in order to reduce resistance and encourage participation. The researcher's agree with this point and a culture shift is needed to achieve this.

4.2. Feedback engagement

This study identified a very clear indicator of positive student engagement as 82% of students read their feedback. This was expanded in the qualitative responses by students detailing they read their feedback multiple times and would refer back to it in future assessments to follow any advice given. The literature concludes there can be fluctuation relating to levels of student participation and engagement in the feedback process, highlighting students can disengage if they do not achieve the mark they want [8]. This study does concur with

these findings as it was found that the mark can affect student engagement, as students commented on this in the free text box.

Surprisingly, the majority of students (60%) identified they rarely or never followed up feedback with the module leader. The qualitative responses allowed an element of insight into this, as it was identified that if students had an issue they would contact the lecturer, have a conversation verbally or via email to aid understanding. Thus, signifying students did engage with lecturers should they need further support. Positively, the free texts responses for this particular question identified that students did not follow up feedback with the module leader as it wasn't necessary as the feedback was clear and understandable. Yet those who did have a follow up verbal conversation noted it gave them a deeper understanding of the feedback. This concurs with Hill and West and Blair et al. who advised of the importance of a verbal conversation to increase self-efficacy [1,13]. However, if every student did wish to follow up feedback which had been provided, this would not be logistically feasible due to lecturer workload and student ratio, thus potentially adding to student dissatisfaction [1,23,27].

It was found that students favoured written feedback as the main mode of how they liked to receive feedback. This sentiment is given added weight by other authors who also identified the written word was preferred by students [36, 37, 38]. It is suggested a reason for this is the fact they are able to revisit this feedback easily when applying any comments to future work. It is not surprising that the least favourite way to receive feedback was in a whole class forum. This appears to be indicative of the fact that this method lacks personalisation and individuality, and students may find that the comments are not transferrable to their own work. Therefore, as student engagement can have a correlation with student efficacy [17], it is important to produce feedback in a way that students like, thus assuming they will then engage with.

4.3. Quality of feedback

Just over half of the participants (52%) in this study indicated that the feedback they received was personalised. This study highlighted that when whole class feedback was given, some students felt the points were not applicable to them. Paterson et al [11] comments that irrespective of the mode of feedback, there is a paramount requirement that the feedback is personalised and unique, which arguably whole cohort feedback is not. Nevertheless, the presence of text annotations within the student's work were cited as helpful and facilitated personalisation whilst concurrently identifying specific areas for development. Contrastingly, 48% of students identified feedback ranged from being personalised often to never. Personalised feedback is noted to be one method of supporting students to improve to reach their desired performance goal [17]. Whilst personalisation is suggested to be a potential avenue for improvement, the data demonstrated that the majority of students understood their feedback and used the feedback received when completing future assessments. This is reassuring as student literacy is also central to the feedback process [4,8]. Furthermore, 79% of students cited the feedback they had received had helped them to improve their work. Thus, supporting the ethos that feedback is a vehicle to aid future development [20]. However, it is recognised the participants who took part in the study may have felt confident in relation to feedback and those who are less confident may not have taken part.

5. Conclusion

This study explored the experience of receiving feedback specifically from the viewpoint of undergraduate students enrolled onto a health aligned programme. Positively, it was found that students in a School of Health Sciences did engage with the feedback process and demonstrated this by accessing their feedback and using this to then improve their performance in future assessments. However, it was identified that some students were not completely satisfied with the quality of personalisation and most notably the prospect of being involved in peer feedback. The findings have been shared with all heads of programme and with the assessment committee within the School of Health Sciences to further explore results. Peer feedback will be an avenue where further work will be undertaken to create a culture of valuing its importance. Furthermore, as it has been noted the experience of feedback from a student viewpoint compared to a lecturer's viewpoint can differ, it

would be valuable to undertake a similar study but from a lecturer's perspective.

5.1. Limitations

It is recognised that it would have been beneficial to receive a higher response rate than 18%. All measures to encourage participation were undertaken such as advising participants of the value of the study and a member of staff who is known to the students emailing the link to request they consider completing the electronic survey. It is thought a potential reason for lack of engagement may be the volume of emails students are currently receiving due to an online delivery of curriculum, or students simply did not feel strongly enough on the topic of feedback that they wished to contribute their thoughts. It is proposed that those students who have a strong opinion have taken part, yet it would be beneficial to reach those students who may be deemed as 'neutral'.

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Other disclosure

None.

Ethical approval

Ethical approval was gained from the University of Liverpool Ethics Board, approval number 402.

Appendix A.

Before continuing to the questions below please read the points below, it is anticipated this will take 10 min approximately to complete:

- I confirm that I have read and have understood the participant information sheet dated 6.1.21. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
- I understand that taking part in the study involves answering the below questions about my experience regarding receiving feedback.
- I understand that my participation is voluntary and that I am free to stop taking part and can withdraw from the study at any time without giving any reason and without my rights being affected. In addition, I understand that I am free to decline to answer any particular question or questions.
- I understand that following submission of my answers, I will no longer be able to request access to or withdrawal of the information I provide.
- I understand that the information I provide will be held securely and in line with data protection requirements at the University of Liverpool until it is published.
- I understand all the above and agree to taking part in the study. By answering the questions and submitting these of my own accord, this is taken as my informed consent.

1. What year of study are you currently in?		
First year	Second year	Third year

2. What course are you currently enrolled on?
Nursing
Physiotherapy
Diagnostic radiography
Orthoptics
Therapeutic radiography and oncology
Occupational therapy

3. How satisfied are you with the feedback provided to you as a student in the School of Health Sciences				
Very satisfied	More than satisfied	Satisfied	Partly satisfied	Not at all satisfied
Would you like to expand on your answer?				

4. I read my feedback				
Always	Very often	Sometimes	Rarely	Never
Would you like to expand on your answer such as do you read it once, multiple times, straight away, just look at the mark and do not read the written feedback?				

5. I understand the feedback I receive				
Always	Very often	Sometimes	Rarely	Never
Would you like to expand on your answer such as the terminology, words, grammar and consistency of feedback which contribute to your ability to understand?				

6. I follow up feedback with an appointment with the module leader				
Always	Very often	Sometimes	Rarely	Never
Would you like to expand on your answer such as why do you like to follow it up with a meeting, is there a benefit to this, or why you do not feel you need to follow it up?				

7. I am given feed forward comments on areas which require development				
Always	Very Often	Sometimes	Rarely	Never
Would you like to expand on your answer such as the value of any specific comments which direct you to areas for you to improve and develop?				

8. I reflect upon the feedback I have received, to then use in future assessments				
Always	Very often	Sometimes	Rarely	Never
Could you please comment if appropriate how you use your feedback in future assessments?				

9. The feedback I have received has helped me to improve my work				
Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Would you like to expand on your answer?				

10. I am aware of the use of a 'rubric' when accessing my feedback				
Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Would you like to expand on your answer do you know what one is, do you look at one when reviewing the feedback, is one always available?				

11. How satisfied are you with the amount of feedback received				
Very satisfied	More than satisfied	Satisfied	Partly satisfied	Not at all satisfied
Would you like to expand on your answer?				

12. I use formative opportunities as a way of receiving feedback				
Always	Very often	Sometimes	Rarely	Never
Would you like to expand on your answer?				

13. I find annotation (text comments) within written submissions useful				
Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Would you like to expand on your answer such as are these helpful, do you read these, are there too many? Too little?				

14. The feedback I receive is personalised				
Always	Very often	Sometimes	Rarely	Never
Would you like to expand on your answer?				

15. I would be happy to receive feedback and critique from my peers				
Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Would you like to expand on your answer if why you would like this opportunity or why you may not?				

16. I consider discussions in class with peers and the lecturer as a form of feedback				
Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Would you like to expand on your answer				

17. Please identify a minimum of 1 and a maximum of 3 ways which you would LIKE to receive feedback				
Written feedback text annotations within the work	Written feedback – a written summary of your work	Rubrics – looking at where your work sits on the rubric scale	Verbal whole class discussion	Verbal feedback
Audio feedback	Peer feedback	Whole class verbal feedback	Whole class written feedback	1-1 discussion with lecturer
Case studies/ problem-based learning	Quizzes			
Would you like to expand on your answer?				

18. Please identify a minimum of 1 and a maximum of 3 ways which YOU DO NOT LIKE to receive feedback				
Written feedback text annotations within the work	Written feedback – a written summary of your work	Rubrics – looking at where your work sits on the rubric scale	Verbal whole class discussion	Verbal feedback
Audio feedback	Peer feedback	Whole class verbal feedback	Whole class written feedback	1-1 discussion with lecturer
Case studies/ problem-based learning	Quizzes			
Would you like to expand on your answer?				

19. Would you like to comment on anything not covered in relation to feedback you have received?

References

[1] Hill J, West H. Improving the student learning experience through dialogic feed-forward assessment. Assess Eval High Educ 2020;45(1):82–97. https://doi.org/10.1080/02602938.2019.1608908.

[2] Ghazal L, Aijaz A, Parpio Y, Tharani A, Gul RB. Feed-forward: paving ways for students' subsequent learning. Nurse Educ Today 2018;71(2018):116–20. https://doi.org/10.1016/j.nedt.2018.09.010.

[3] Carless D, Salter D, Yang M, lam J. Developing sustainable feedback practices. Stud High Educ 2011;36(4):395–407. https://doi.org/10.1080/03075071003642449.

[4] Carless D, Boud D. The development of student feedback literacy: enabling uptake of feedback. Assess Eval High Educ 2018;43(8):1315–25. https://doi.org/10.1080/02602938.2018.1463354.

[5] Ajjawi R, Boud D. Researching feedback dialogue: an interactional analysis approach. Assess Eval High Educ 2017;42(2):252–65. https://doi.org/10.1080/02602938.2015.1102863.

[6] Sadler RD. Reconceptualising Feedback in higher education: developing Dialogue with students. Oxfordshire: Routledge; 2013.

[7] Nicol DJ, Macfarlane-Dick D. Formative assessment and self-regulated learning: a model and seven principles of good feedback practice. Stud High Educ 2007;31(2):199–218. https://doi.org/10.1080/03075070600572090.

[8] Douglous T, Salter S, Iglesias M, Dowlman M, Eri R. The feedback process: perspectives of first and second year undergraduate students in the disciplines of education, health science and nursing. J Univ Teach Learn Pract 2016;13(1):1–20. https://doi.org/10.53761/1.13.1.3.

[9] Sutton P. Conceptualizing feedback literacy: knowing, being and acting. Innovat Educ Teach Int 2012;49(1):31–40. https://doi.org/10.1080/14703297.2012.647781.

[10] Havnes A, Smith K, Dysthe O, Ludvigsen K. Formative assessment and feedback: making learning visible. Stud Educ Eval 2012;38(2012):21–7. Doi: 0.1016/j.stueduc.2012.04.001.

[11] Paterson C, Paterson N, Jackson W, Work F. What are students' needs and preferences for academic feedback in higher education? A systematic review. Nurse Educ Today 2020;85(2020):104236. https://doi.org/10.1016/j.nedt.2019.104236.

[12] Boud D. Feedback: ensuring that it leads to enhanced learning. Clin Teach 2015;12(1):3–7. https://doi.org/10.1111/tct.12345.

[13] Blair A, Curtis S, Goodwin M, Shields S. What feedback do students want? Politics 2013;33(1):66–79. https://doi.org/10.1111/j.1467-9256.2012.01446.x.

[14] Boud D, Molloy E. Rethinking models of feedback for learning: the challenge of a design. Assess Eval High Educ 2013;38(6):698–712. https://doi.org/10.1080/02602938.2012.691462.

[15] Piper K, Morphet J, Bonnamy J. Improving student-centred feedback through self-assessment. Nurse Educ Today 2019;83(2019):1–6. https://doi.org/10.1016/j.nedt.2019.08.011.

[16] Vardi I. Effectively feeding forward from one written assessment task to the next. Assess Eval High Educ 2013;38(5):599–610. https://doi.org/10.1080/02602938.2012.670197.

[17] Agricola BT, Prins FJ, Sluijsmans DMA. Impact of feedback request forms and verbal feedback on higher education students' feedback perception, self-efficacy, and motivation. Assess Educ Princ Pol Pract 2020;27(5):6–25. https://doi.org/10.1080/0969594x.2019.1688764.

[18] Winstone NE, Nash RA, Rowntree J, Parker M. It'd Be useful, but I wouldn't use it": barriers to university students' feedback seeking and recipience. Stud High Educ 2017;42(11):2026–41. https://doi.org/10.1080/03075079.2015.113003.

[19] Ferguson P. Student perceptions of quality feedback in teacher education. Assess Eval High Educ 2011;36(1):51–62. https://doi.org/10.1080/02602930903197883.

[20] Mutch A, Young C, Davey T, Fitzgerald L. A journey towards sustainable feedback. Assess Eval High Educ 2018;43(2):248–59. https://doi.org/10.1080/02602938.2017.1332154.

[21] Orsmond P, Maw SJ, Park JR, Gomez S, Crook AC. Moving feedback forward: theory to practice. Assess Eval High Educ 2013;38(2):240–52. https://doi.org/10.1080/02602938.2011.625472.

[22] McSwiggan LC, Campbell M. Can podcasts for assessment guidance and feedback promote self-efficacy among undergraduate nursing students? A qualitative study. Nurse Educ Today 2017;49(2017):115–21. https://doi.org/10.1016/j.nedt.2016.11.021.

[23] Mayhew E. Playback feedback: the impact of screen captured video feedback on student satisfaction, learning and attainment. Europ Consort Polit Res 2016;16:179–92. https://doi.org/10.1057/eps.2015.102.

[24] Chicca J, Shellenbarger T. Connecting with generation Z: approaches in nursing education. Teach Learn Nurs 2018;13(3):180–4. https://doi.org/10.1016/j.teln.2018.03.008.

[25] Higher Education Academy. Assessment and feedback in higher education: a review of literature for the Higher Education Academy. York: Higher Education Academy; 2017.

[26] Reinholz D. The assessment cycle: a model for learning through peer assessment. Assess Eval High Educ 2016;41(2):301–15. https://doi.org/10.1080/02602938.2015.1008982.

[27] Nicol D, Thomson A, Breslin C. Rethinking feedback practices in higher education: a peer review perspective. Assess Eval High Educ 2014;39(1):102–22. https://doi.org/10.1080/02602938.2013.795518.

[28] Dearnley CA, Taylor JD, Laxton JC, Rinomhota S, Nkosana-Nyawata I. The student experience of piloting multi-modal performance feedback tools in health and social care practice (work) based settings. Assess Eval High Educ 2013;38(4):436–50. https://doi.org/10.1080/02602938.2011.645014.

[29] Alfehaid L,S, Qotineh A, Alsuhebany N, Alharbi S, Almodaimegh A. The perceptions and attitudes of undergraduate healthcare Sciences students of feedback: a qualitative study. Health Profession Educ 2018;4(2018):186–97. https://doi.org/10.1016/j.hpe.2018.03.002.

[30] Artino AR, La Rochelle JS, Kent DJ, Gehlbach H. Developing questionnaires for educational research. Med Teach 2014;36(6):463–74. https://doi.org/10.3109/0142159X.2014.889814.

[31] Braun V, Clarke V. Using thematic analysis. Qual Res Psychol 2006;3(2):77–101. https://doi.org/10.1191/1478088706qp063oa.

[32] Rowe A. The personal dimension in teaching: why students value feedback. Int J Educ Manag 2011;25(4):343–60. https://doi.org/10.1108/09513541111136630.

[33] Evans C. Students' perspectives on the role of peer feedback in supporting learning. J Cognit Educ Psychol 2015;14:110–25. https://doi.org/10.1891/1945-8959.14.1.110.

[34] NHS England. *The NHS long term plan* NHS England: london. 2019.

[35] NHS England. Allied health professions into action. London: NHS England; 2017.

[36] Kendal S, Kerr J, Rogers S, Kelly L, Walton T. Perspectives on the application of technology to enhance learning in an undergraduate nursing degree programme. Nurse Educ Today 2015;35(2):e1–5. https://doi.org/10.1016/j.nedt.2014.11.010.

[37] Merhi M. Factors influencing higher education students to adopt podcast: an empirical study. Comput Educ 2015;83(April 2015):32–43. https://doi.org/10.1016/j.compedu.2014.12.014.

[38] Parkes M, Stein S, Reading C. Student preparedness for university e-learning environments. Internet High Edu 2015;25(1):1–10. https://doi.org/10.1016/j.iheduc.2014.10.002.