



Contemporary Issues

Pedagogical differences: A comparative reflection between American and Chinese nursing education



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ABSTRACT

Significant financial resources are invested for Research and Learning Abroad Programs for Chinese nursing educators. These resources provide an opportunity to observe U.S. nursing education and bring “the lessons learned” back to China to create positive change to nursing education.

1. Introduction

China is undergoing a nursing education reform to cultivate nursing students that are skilled at providing high-quality care to the growing aging population. In the last decade, the Chinese government invested significant financial resources for Research and Learning Abroad Programs. In 2016, China Scholarship Council (CSC) dispatched 3800 visiting scholars and post-doctorates. This endeavor costs a minimum of \$1400 per month per person. These resources provided the first author an opportunity to observe U.S. nursing education and bring “the lessons learned” back to China to create positive change to the classroom. Through this opportunity, a Chinese nursing instructor worked side-by-side a U.S. nursing instructor to explore differences between two nursing programs.

To explain this experience, a brief background of both countries' nursing education practices will be outlined, followed by current entry to practice programs discussed. Finally, by taking an active role in didactic courses and clinical laboratory experiences, lessons of one nursing instructor will explain the lesson learned and outline practical strategies to be implemented in the current teaching practice. These experiences and further understanding of the U.S. nursing education system, the integration of high technology in nursing education, and the importance of student-centered learning will provide foundational knowledge to help shape the nursing education reform in a school of nursing in China.

2. Of Two Countries

Many similarities exist between nursing education in China and the United States. Both have comparable histories and offer three programs as entry-practice for Registered Nurses. Despite these similarities, pedagogical differences in teaching approaches are most notable. The U.S. emphasizes student-centered approach to education, while Chinese practices are more traditional and emphasizes a teacher-centered approach. Traditional Chinese nursing education views the instructor as the authority. Students sit quietly, listening, and rarely, if ever engage with the instructor. However, several student-centered strategies demonstrated during the researcher's experience included: the flipped classroom, team-based learning, peer feedback, student initiated teacher–student interactions, and the use of technology and informatics.

American and Chinese nursing education systems' formation each have a unique historical context, but both are relatively similar. Modern nursing education in China can be traced back to 1888 with the establishment of the first nursing school at Fuzhou, Fujian province (Gao et al., 2012). Formal nursing education began in the United States in 1872 (Gao et al., 2012), about 16 years before Chinese nursing programs. Chinese nursing education offers three different paths to practice: secondary diploma, associate degree (AD), and baccalaureate degree (BS). In the U.S., the National Council of State Boards of Nursing recognizes three educational paths, as well, diploma, AD, or BS. Both countries have standardized exams, Chinese License Examination for Nurses (CLEN) and National Council Licensure Examination for Registered Nurse (NCLEX-RN), that test minimal technical competency for safe entry to practice.

Both countries' curricula (based on specific type of programs) and lengths of programs are comparable. In the U.S. diploma nursing education is the oldest type of program, 2–3 years in length, sponsored by hospitals or health care centers, and account for only 4% of all registered nursing

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programs (National League for Nursing, 2014). In 2014, 67 diploma programs remain active (National League for Nursing, 2014). Requirements to attend this type of program include high school diploma or GED. In China, the secondary diploma program begins after graduation of junior middle school and is a three-year program offered in secondary technical schools, similar to the United States high school level career and technology centers. In 2012, 982 secondary diploma programs operate in China and account for 60.4% of all programs (You et al., 2015). Both countries are shifting to higher-level nursing education (AD or BS), but diploma programs play a significant function in easing the nursing shortage in China. AD programs account for 58% ($n = 1092$) of the registered nursing programs in the U.S. (National League for Nursing, 2014) and are two year programs housed in university or colleges. AD programs in China are typically three year vocational college programs, which is similar to vocational or community colleges in the U.S. Only 20.8% (339) of all nursing programs are AD (You et al., 2015). Both programs require a high school diploma or the equivalent and a standardized entrance exam (National College Entrance Examination in China, SAT, or ACT). The baccalaureate nursing education program in the U.S., housed in colleges and universities, accounts for 38% (710) of the entry-level nursing programs (National League for Nursing, 2014). Traditionally, this program takes four years and best prepares nurses for their challenging and complex roles (American Association of Colleges of Nursing, 2016). In China, baccalaureate degree programs are provided in universities and last 4 to 5 years. China has 216 baccalaureate programs in 2012 (You et al., 2015).

Despite that the U.S. has more BS trained nurses, the ANA issued a statement in 1965 emphasizing that the minimum preparation for entry to professional nursing practice should be a baccalaureate degree (Donley and Flaherty, 2002). In China, this baccalaureate degree is considered a higher-level position. For example, only about 7.7% nursing students enter baccalaureate programs in 2012, but the number of baccalaureate nursing graduates is increasing (You et al., 2015). Researchers from the Institute of Medicine and the Robert Wood Johnson Foundation encourage the notion that 80% of the nursing workforce should be BS prepared by 2020 (American Association of Colleges of Nursing, 2016).

3. Comparing the Pedagogies

Pedagogical educational practices are significantly different between the two countries. In the U.S., a transition from teacher-centered learning to student-centered learning is considered the best practice in nursing education (National League for Nursing, 2012). Nursing educators have made significant efforts to reflect a shift from teacher-centered learning to student-centered learning in curricula, where the instructor relinquishes the role as primary authority and acts as facilitator in the learning experience (Della Ratta, 2015). Student-centered learning focuses on the “what” and “how” of student learning rather than on the teaching. Given the continued and growing shortage of nurses and the complexities of healthcare environment, the need to develop nurses who are skilled at clinical reasoning and problem-solving is a necessity. Pedagogical strategies, such as student-centered learning, that focus on student engagement, autonomy, and independence directly promote lifelong learning and independent problem solving. These are the skills that are required in healthcare environment.

Despite efforts traditional teacher-center methods are prevalent and culturally normative in China, which does not foster student independence or promote critical thinking skills (Wang, 2012). Typically, students arrive to a didactic course without having previewed the content. The student class time is spent in a seat, listening to a lecture, and taking notes. The teacher is the focus. The demonstration of nursing skills emphasizes following rigid procedures. However, several examples of student-centered were showcased throughout my experience.

3.1. Flipped Classroom

The flipped classroom was first conceptualized by science teachers in 2006 (Della Ratta, 2015) and later adopted in nursing education in 2011. Educational research suggests that the flipped classroom model is an effective model for college students (Della Ratta, 2015). During the researcher's experience, the flipped classroom was used in a Pharmacology lecture class, where the students were assigned a case study to complete. Prior to class, students were expected to have foundational knowledge and take a quiz on the content. Working in small groups, the students methodically worked through the case studies. The instructor was available for guidance and a debriefing was conducted at the end of class. The flipped classroom was introduced in about 2012, but adoption has been slow in all areas of education, including nursing. Limited classroom technology, curriculum design, and classroom management style made educators resist this approach. In China, the instructor is the classroom authority and flipped classrooms are not a culturally expected or accepted practice. In fact, even free discussions between teachers and students are viewed as unconventional and inappropriate in most nursing classes (Sit, 2013).

3.2. Team-based Learning and Peer Feedback

Team-based learning (TBL) and peer feedback was utilized in the clinical laboratory for Health Assessment. TBL was developed by Michaelsen and encourages student accountability through readiness assurance, teams, peer evaluation, and application of knowledge exercises. (Della Ratta, 2015). Nursing students arrive at the clinical lab having completed the weekly assignment and are divided into small groups of 2–3, where each student takes a turn as nurse or patient. Physical examination skills are practiced and peer feedback is given instantly. When the team has mastered the skills, they provide a demonstration to the instructor. The instructor gives corrective feedback. Once each group has completed the return demonstration, the entire class comes together to debrief.

Although team-based learning is used in China, operationalization of this practice has met challenges. Due to traditional classroom expectations, faculty struggle to relinquish control and students struggle to transition into self-directed learners. In a fundamental nursing skill course, students are divided into groups, but many times students work independently to perfect the skill for self.

3.3. Teacher–Student Interaction

Classroom culture and teacher–student interaction in the U.S. is very different than Chinese classrooms. The culture allows students to have open dialogue with the instructors by asking questions and receiving feedback. This practice allows students to get corrective feedback and clarification as needed, while providing the instructor with an idea of the concepts that need further clarification. Chinese classrooms do not operate in this manner (Sit, 2013). Asking questions of an instructor during lecture is viewed as a classroom interruption and is not a common practice. Students will sit in silence rather than get clarification.

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