Nurse Education in Practice 16 (2016) 66–70

Contents lists available at ScienceDirect

Nurse Education in Practice

journal homepage: www.elsevier.com/nepr

# The role of nurse educators' self-perception and beliefs in the use of learner-centered teaching in the classroom

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ARTICLE INFO

*Article history:*
Accepted 23 August 2015

*Keywords:*
Learner-centered teaching
Active learning
Nursing education
Teaching beliefs

ABSTRACT

This study was designed to investigate the role of nurse educators' beliefs and self-perception in their use of Learner-Centered Teaching in the nursing education classroom. A sample of 122 nurse educators completed an online questionnaire that explored self-perception, beliefs and the correlation with their use of behaviors indicative of Learner-Centered Teaching. Findings demonstrated that nurse educators who identify themselves as learner-centered are more likely to use Learner-Centered Teaching in their classrooms, and nurse educators who strongly believe learner-centered teaching is beneficial in understanding and applying nursing concepts are also somewhat more likely to use Learner-Centered Teaching in the classroom. The results of this study produced a picture of the role of self-perception and beliefs about Learner-Centered Teaching, and the influence this may have on actual utilization of Learner-Centered Teaching. It is clear that valuing Learner-Centered Teaching and believing in its efficacy are only part of the answer to convincing nurse educators to widely adopt this teaching framework.
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## Introduction

Nursing education in the classroom has traditionally focused on an information transfer model centered on the lecture (Candela et al., 2006). This model has served nursing well, but advances in what is known about teaching and learning over the years have broadened the pedagogies available to educators. National organizations in the USA have recommended a move toward more Learner-Centered Teaching (LCT) and the use of different pedagogies that can enhance student learning and success in an increasingly challenging, interdisciplinary environment (Institute of Medicine (IOM), 2011; National League for Nursing (NLN), 2003, 2005). New pedagogies can be exciting, but they can also be intimidating for educators. Changing teaching strategies takes work, and educators must be convinced that the effort will be worthwhile. This research used a descriptive, correlational design to investigate the role of nurse educators' beliefs about LCT and self-perception about their use of LCT in the nursing education classroom.

## Literature

Learner-Centered Teaching is often understood to mean a specific teaching method such as group work or problem-based learning, but it is not one method; it is more comprehensive. LCT is an umbrella framework rooted in constructivism that encompasses many different teaching strategies. Constructivism states that learning is not something that happens outside of the person, but that students integrate new knowledge and create their own understanding using previous knowledge and ways of knowing the world (Brandon and All, 2010; Driscoll, 2005; Piaget, 1964; Weimer, 2002). Constructivism in nursing can be understood as students engaging in an active process of discovering knowledge by working through the problems, issues and common scenarios in the profession of nursing. This helps students to develop clinical reasoning skills (Brandon and All, 2010). It is important to note that using LCT does not mean abandoning the lecture, which is an efficient method of information transfer and does have a place as part of an overall learner-centered teaching structure.

Learner-Centered Teaching has been studied in fields as varied as general education, pharmacy education and agriculture (Brown, 2003; Cheang, 2009; Knobloch and Ball, 2006). In LCT, the educator guides students in constructing understanding and applying it using an interactive, social context (Bilimoria and Wheeler, 1995; Candela et al., 2006; Paulson, 1999; Weimer, 2002). Students are

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http://dx.doi.org/10.1016/j.nepr.2015.08.011
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encouraged to think critically about the content and reflect on their learning process. This ideally leads to students who become invested in their learning because, in the constructivist tradition, they have created their own understanding of the subject. Clinical nursing instruction is a good example of LCT because it incorporates these concepts naturally in apprenticing students into nursing. Students actively apply knowledge to real-world situations in the clinical setting and work through problems and issues. Instructors are present in a supportive role, but the student does the work. While critical thinking, reflection, practicing together and educators guiding students are not new concepts to nursing, theory and didactic portions of nursing education have not traditionally been taught this way.

Research in other disciplines such as education, management, occupational therapy and chemistry has established some characteristics of LCT. Learner-centered teaching promotes interactive, cooperative learning (Bilimoria and Wheeler, 1995; Candela et al., 2006; Paulson, 1999; Schroeder, 2012) and attention to multiple learning styles (Brown, 2003; Stage et al., 1998). The interactive, social context of learning is emphasized. The educator is not seen as the only source for knowledge; peer teaching is also seen as beneficial. Learner-Centered Teaching encompasses principles of adult learning theory to help develop self-efficacy and enhance critical thinking skills (American Psychological Association, 1997; Bilimoria and Wheeler, 1995; Candela et al., 2006; Stage et al., 1998). Attention to the learning process and deep, rather than superficial, learning is emphasized and encouraged, using teaching methods that promote active interaction with the content and ideas (Candela et al., 2006; Weimer, 2002).

Diverse teaching strategies have been described as learner-centered. Hoke and Robbins (2005) found clinical grades increased in a study that used active learning strategies with 23 nursing students in an intensive 30 day, 6 h a day summer session of medical–surgical nursing. The strategies used included group work, role-play, class presentations and alternative testing options such as group quizzes. Schaefer and Zygmont (2003) listed reflective journaling, case studies, debate and group work as student-centered (or learner-centered). The recent development of the "flipped" classroom is based in concepts of learner-centered teaching. In the flipped classroom, the student prepares in advance of class. Class time is then used more effectively for interactive activities such as group work and case studies that foster deeper understanding and application (Hawks, 2014).

There is very little in the nursing literature that describes research into the overall concept of LCT. Research has investigated educators' beliefs about teaching, learning and learners, instructional methods, learner-centered characteristics of nurse educators, facilitators and barriers, and experiences with alternative pedagogies (Greer et al., 2010; Kohtz, 2006; Merrill, 2008; Papes, 1998; Phillips, 2009; Schell, 2001, 2006). The struggle to apply innovative teaching theories and ideas in the practice of nursing education is apparent in the literature. Ambiguity between what educators say they believe and the use of learner-centered teaching methods was present in many studies involving learner-centered teaching and was discussed in much of the material written about the subject, in nursing as well as other fields (Blumberg, 2009; Greer et al., 2010; Schaefer and Zygmont, 2003; Weimer, 2002). Educators often claim to be learner-centered philosophically, but their reported teaching practices may actually be more teacher-centered (Schaefer and Zygmont, 2003).

Very little international research was found about Learner-Centered Teaching. One study from Japan examined role-playing and peer-assisted video use in teaching interviewing skills to medical students. Their conclusions were similar to what the nursing literature reports: students needed practice in giving feedback, but appreciated the opportunity to learn from their peers (Saiki et al., 2011).

Part of the difficulty in locating research on LCT in nursing education is the lack of a universal definition. Research into various components of LCT does have support in the literature. Active learning (Hickman and Wocial, 2013; Hoke and Robbins, 2005; Prince, 2004; Pugsley and Clayton, 2003), critical thinking (Kuiper and Pesut, 2003; Nair and Stamler, 2013; Scheffer and Rubenfeld, 2000; Shell, 2001) and reflection (Asselin, 2011; Forneris and Peden-McAlpine, 2006; Padden, 2013; Ruth-Sahd, 2003; Tanner, 2006) have all been investigated separately.

The literature review produced the following definition of LCT used in this study: Learner-centered teaching guides students in constructing understanding using an interactive, social context, and assists students to discover content through actively processing it, using critical thinking and reflecting on their understanding (Ellis, 2013). The four components of guiding, critical thinking, reflection and interactive social context had the most support in the literature and were the most commonly researched concepts in LCT. The building blocks of LCT are present in the literature. What is missing is information about its use in nursing classrooms. This study explored the following questions: 1) What is the relationship between educators' self-perception of their learner-centeredness and their use of LCT in the classroom? 2) What is the relationship between nurse educators' beliefs about LCT and their use of LCT in the classroom?

## Research design

Nurse educators who taught face-to-face classes in all undergraduate nursing programs in one state in the USA were invited via email to participate in the study. Institutional Review Board approval was obtained from the author's home university, and consent forms were attached to the email. Consent was implied when the participant accessed the survey online, which was administered using the Internet software survey program Survey Monkey®. The instrument consisted of the researcher-developed questionnaire, the Ellis Learner-Centered Teaching in Nursing Education Questionnaire (ELCTNEQ) (Ellis, 2013), demographic information and items exploring nurse educators' self-perception of learner-centeredness, and agreement or disagreement with belief statements about LCT. Confidentiality was maintained by eliminating tracking of the participants' email addresses.

### *Instrument*

The ELCTNEQ was developed from the literature review and designed to measure nurse educators' behaviors indicating the use of LCT in the nursing classroom. It consists of 21 questions and is divided into subsections for the four components of LCT that have support in the existing literature: the process of guiding students, interactive social context, critical thinking, and reflection. The four components were operationalized using behavioral statements. See Fig. 1 for an excerpt from the instrument.

The instrument is scored using a 4-point Likert-type scale, yielding a composite score. The participant chooses an answer from four choices: Rarely = 1, Sometimes = 2, Frequently = 3 or Most of the Time = 4. The interpretation scale intervals used for scoring the instrument are as follows: Rarely (Teacher-Centered) = 1–1.75, Sometimes (Somewhat Teacher-Centered) = 1.76–2.50, Frequently (Somewhat Learner-Centered) = 2.51–3.25 or Most of the time (Learner-Centered) = 3.26–4.00. Content validity was verified by an expert panel review. The questionnaire returned an overall reliability of Cronbach's alpha .94 with this sample. The reliability for the each of the four components was: guiding (.89), interactive

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