



Midwifery education

Nursing students evaluation of problem based learning and the impact of culture on the learning process and outcomes: A pilot project

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ARTICLE INFO

Article history:

Accepted 26 June 2013

Keywords:

Problem-based learning
Culture
Nursing students
Jordan

ABSTRACT

Purposes: This study evaluates students' learning experiences in a clinical pediatric nursing course adopting Problem Based Learning (PBL) and investigates how students' cultural background impacts on self directed learning.**Methods:** A mixed-methods approach combining quantitative and qualitative methods was utilized to answer the research objectives. An observational technique for the PBL teaching sessions was employed; and 226 third-year students were asked to complete PBL evaluation questionnaire.**Results:** Fifty seven percent ($n = 130$) responses to the questionnaire were analyzed. Overall, students considered PBL to be moderately effective in their learning experience, with a mean of 3.64 (S.D = 1.18). Students qualitative responses fell within four thematic categories including: developing cognitive abilities, independent learning, motivation to learn, and group learning. Difficulties encountered by students were: it is time-consuming, it has unclear objectives, it is a stressful process, and it results in an increased workload. A small number of students indicated that PBL tutorials were boring and complained about lack of contribution from instructors and limited recourses. Learning is intertwined with culture; students' previous educational experiences, uncertainty, English language proficiency, computer resources, gender, and achievement were identified as the most important cultural issues that impact the learning process and outcomes.**Conclusion:** Successful implementation of PBL does not come easily; teachers should be alert to the issues of culture in designing curriculum.

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Background

Nursing is a practice-based profession (Johnson, 1999). Every day, nurses seek learning opportunities to keep abreast of rapid changes in the health care profession. Ongoing changes regarding the scope of practice, economics, demographics, diseases and treatments require nurses to be autonomous, capable of independent thought, able to make their own assumptions and critically analyze situations in order to make appropriate decisions (Billings and Halstead, 2009). As part of the curriculum, nursing schools need to develop nurses' thinking skills to solve problems and make effective decisions in the practice setting while helping them transform into professional nurses (Bradshaw and Lowenstein, 2007).

Clinical education is a vital component of the undergraduate nursing curriculum. "Real world" practice provides students with the opportunity to develop knowledge, attitudes and skills needed

for one to function effectively as a professional nurse (Biggs, 2003). However, clinical education is flawed with difficulties and constraints for both nursing students and clinical instructors. Since the clinical area is unpredictable and constantly changing, promoting optimal learning in such an environment is challenging (Papp et al., 2003). Besides, heavy learning workload, insufficient time for learning and high anxiety may lead students to adopt a superficial approach to learning during a period of clinical education (Tiware et al., 2005). Additionally, information seeking behaviors and the use of evidence-based approach to nursing care is neither valued nor supported in clinical practice (Mohide and King, 2003).

Problem-based learning (PBL) is an innovative teaching strategy that changes the teaching context and is a widely utilized strategy in nursing education (Dolmans et al., 2005; Fish and Moore, 2005). PBL is characterized as student centered learning; learning in small student groups; with teachers as facilitators; acquiring new information through self-directed learning; with problems as the stimulus for learning; and as a vehicle to develop problem-solving skills (De-young, 2009; Hmelo-Silver, 2004).

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Research has shown that information learned in PBL format is retained longer and that students develop skills in self-directed learning which enable them to adapt to a changing practice environment (Chikotas, 2009). It is also reported that students from PBL curricula enjoy their learning experiences and that they develop important domain independent skills. Examples include: communication, problem solving, leadership, team-work, professionalism, and, among other things, research, which are essential for future practice (Chikotas, 2009; Hung, 2008; Postholm, 2008; Schmidt et al., 2006; Yuan et al., 2010).

On the other hand, published studies indicated that the initial implementation of PBL is not always a smooth process. Students do experience uncertainty and confusion, an increased workload, and sometimes lack of confidence. Students expressed concern about the time-consuming and stressful nature of PBL, as well as frustration related to the lack of guidance (Khoo, 2003; Yuan et al., 2010).

In Jordan, PBL curricula may not be easily adopted for three reasons: (1) class sizes range between 100 and 250 students, requiring a large number of instructors; (2) traditional teaching and learning approaches are the mainstay in nursing classrooms; therefore, neither students nor instructors have any experience in self directed learning; (3) according to the accreditation criteria, 50% of clinical training sessions need to take place at the clinical site. The feasibility of introducing PBL style learning in this context was unknown. Additionally, it needs strong support from the academic administrators (the dean and the staff being responsible for implementing PBL into the curriculum) and training of both faculty and students.

Another issue of concern is the extent to which PBL method is applicable to students from Jordan, a Middle Eastern Arab country. Since PBL methods are rooted in a westernized cultural context, it can indeed be problematic to apply this method in non-western contexts where the educational and learning cultures are very different (Li, 2005; Nguyen et al., 2009). Culture can be defined as “a certain commonality of meaning, customs and rules shared by a certain group of people and setting a complex framework for learning and development” (Joy and Kolb, 2009). This statement implies a relationship between culture and learning (Charlesworth, 2008). Studies on the cross-cultural applicability of PBL reported positive views among students and staff (Gwee, 2008; Das Carlo et al., 2003; Khoo, 2003) but also noted problems and revealed differences with Western practice (Frambach et al., 2012; Khoo, 2003). However, most of these studies were applied in Asia. Therefore, it is important to publish studies from Middle Eastern Arab countries to provide encouragement and knowledge for educators to improve this type of learning opportunity, and to enhance the implementation of PBL to their curriculum.

The first two authors of this paper have many years experience in lecturing in undergraduate pediatric nursing programs. This experience has motivated them to change the course format to PBL to achieve new educational objectives, close the theory practice gap, and to develop evidence based nursing students. The change was intended to prepare student for better aspects of practice by developing students' skills in assessment, planning, implementation and evaluation as well as developing independent study skills and students' oral and written presentation skills.

The PBL was introduced in a clinical pediatric course at the Hashemite University, Jordan, as a new teaching methodology. A “hybrid” curriculum composed of approximately 20% PBL and 80% clinical training was adopted. Since this is the first time to use PBL in this pediatric course, it is important to understand students' experience with such a new approach. The purposes of this study were to (1) evaluate the students' experiences and views on the effectiveness of PBL tutorials, and (2) understand how students' cultural backgrounds impact self-directed learning in PBL.

Pediatric nursing course

This is a core course in the curriculum given to third-year nursing students and focuses on caring for children during various physiological and social health problems, including both a theoretical course (3 credit hours) and a clinical course (3 credit hours). In our curriculum, clinical pediatric nursing is given over the span of 12 weeks; students were divided into 9 groups of 15 students each with one instructor assigned to different clinical settings including: pediatric wards, Maternal Child Health Centers (MCHC), and schools. Students switched settings of practical training during the semester so that all students filled their clinical experiences from all these settings. Therefore, with a limited number of instructors, this way of dividing practical settings helped us to introduce PBL, and every two weeks a number of students were selected from each clinical setting to receive PBL.

Methodology

Design and sample

To evaluate students' experiences and views, a mixed-methods approach combining quantitative and qualitative methods was used. To understand how students' cultural backgrounds impacts self-directed learning in PBL, an observational technique for the PBL teaching sessions was employed. All third -year students enrolled in pediatric clinical nursing course were invited to participate in the study during the academic year 2010/2011.

Data collection procedures

Prior to commencement of the study, permissions were obtained from the faculty where the first two authors are working. Students were assured that their participation was voluntary and anonymous. Students were also assured that their participation would not affect their course grades. The participants' informed consent was implied because it was assumed that participation in the study was a sign of willingly being involved in this evaluation. A one week workshop was conducted to educate the faculty assigned to the clinical course. The workshop provided information about PBL, its importance and steps, and the instructor's role in PBL. The trigger problems (scenarios) were developed based on the learning objectives of the curriculum section in the clinical pediatric course. A hybrid program was adopted, and BPL sessions were implemented over two weeks. Prior to the implementation of PBL sessions, a one day workshop was conducted for all nursing students enrolled in the course to introduce them to the concepts, importance, scenario steps, and managerial skills of PBL. Due to the limited number of instructors, PBL was implemented by withdrawing a number of students every two weeks from each clinical setting, and students met in groups biweekly for 8 h each time. During PBL tutorials, the students were arranged into small groups, and the average number of students in each group was five. Of the eight groups, each 4 occupied a room with a white board, projector and were facilitated by a single floating instructor. In this model, the instructor spends 5–10 min with each small group combined with periodic large group discussions during the PBL process. At the end of each clinical PBL tutorials, students were asked to complete a brief self-report questionnaire and recorded their responses directly on a two-part questionnaire. The sociodemographic part included questions pertaining to student's age, gender and type of education. Since, the language for teaching nursing courses at the Hashemite University is in English; student's experiences and views were assessed by using the English version from PBL Evaluation Questionnaire (Yuan et al., 2010).

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