



Learning and teaching in clinical practice

## The diversity of Iranian nursing students' clinical learning styles: A qualitative study



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### ABSTRACT

*Background:* Numerous factors, including learning styles, affect the learning process of nursing students. Having insights about students' learning styles helps promoting the quality of education. The aim of this study was to explore the Iranian baccalaureate nursing students' learning styles in clinical settings. *Methods:* A qualitative design using a content analysis approach was used to collect and analyze data. Semi-structured interviews were conducted with fifteen Iranian baccalaureate nursing students selected using a purposive sample method. *Findings:* During data analysis, it was found that nursing students employed different clinical learning styles such as 'thoughtful observation,' 'learning by thinking,' and 'learning by doing'. *Conclusion:* Students adopt different learning strategies in clinical practice. Designing teaching strategies based on students' learning styles can promote students' learning and maximize their academic and clinical practice success. Nursing educators, curriculum designers, and students can use the findings of this study to improve the quality of nursing education in both the classroom and clinical settings.

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### Introduction

Classrooms and clinical settings are different learning environments available to nursing students (Brown et al., 2011; McMeeken, 2008). In classrooms, the process of learning is usually structured; however, in clinical settings, the learning process takes place through unplanned activities and through direct contacts with patients and healthcare providers. Accordingly, students' learning styles in these two learning environments are different (Cheraghi et al., 2008).

Numerous factors, including learning styles, affect the process of learning in nursing students (Cowman, 1998). Educational researchers believe that having insights about students' learning styles helps promoting the quality of education. Learning styles are individuals' preferred methods of knowledge and skill acquisition and information organization. Therefore, students' personal differences in learning styles are required to be considered during the teaching process to fulfill their educational needs (Felder and Brent, 2005; Vollers, 2008).

Arthurs (2007) believed that nursing educators have difficulties in designing teaching strategies that are consistent with students'

learning styles. On the other hand, it is important to nursing educators to adopt different teaching-learning strategies to facilitate students' learning and to improve their professional skills (Bailey and Tuohy, 2009).

### Background

The term 'learning style' is originated from educational studies conducted in the 1970s. One of the reasons for the invention of this term is that learning styles have practical application particularly in the areas of teaching and learning. Subsequently, numerous studies were conducted on the application of learning styles in nursing (Snelgrove, 2004). To the best of our knowledge, most of these studies are quantitative in which standardized questionnaires such as the Kolb Learning Style Inventory and the Honey and Mumford Learning Style Inventory have been used for data collection (Ahadi et al., 2010; D'Amore et al., 2012; Fleming et al., 2011; Peyman et al., 2012; Rezaei et al., 2010). These self-reported questionnaires classify students into predetermined categories developed by teaching-learning theorists (Snelgrove, 2004). For example, the Honey and Mumford Learning Style Questionnaire (Honey and Mumford, 2000) categorizes people according to their learning styles as activists, reflectors, theorists, and pragmatists. Fleming et al. (2011) found that the preferred learning styles of Irish first- and fourth-year nursing students

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were reflector and activist styles. Astin et al. (2006) also found that the dominant learning styles of American nursing students were reflector and theorist ones. On the other hand, the Kolb's Learning Style Inventory (Kolb and Kolb, 2009) categorizes people as diverger, accommodator, converger, or assimilator learners. D'Amore et al. (2012) found that Australian first-year nursing students were mainly diverger and assimilator learners. Gyeong and Myung (2008) also reported that Korean nursing students were mainly accommodator learners. The dominant learning styles adopted by Iranian nursing students also have been reported to be converger and assimilator styles (Ahadi et al., 2010; Rezaei et al., 2010). Despite the abundance of quantitative studies on learning styles, there is an obvious gap in terms of the dimensions and students' experiences of clinical learning styles. Moreover, the best learning styles and models are still unknown (Felder and Brent, 2005; Fleming et al., 2011). Additionally, studies on learning styles have many applications:

1. In clinical settings, nursing educators encounter students coming from different educational backgrounds; therefore, they need to know different learning styles of nursing students to be able to facilitate the teaching-learning process and to minimize clinical education weaknesses (Snelgrove, 2004).
2. Knowing different learning styles helps nursing educators improve the educational environment and the teacher–student relationship (Gillespie, 2002).
3. Knowing different learning styles helps educational theorists develop more coherent teaching-learning theories in higher education (Samuelowicz and Bain John, 2001).
4. Nursing educators' awareness of students' learning styles leads to thoughtful educational planning, appropriate student evaluation, and promotion of teaching and learning (Hunt, 2006; Karimi Moonaghi et al., 2010; Rassool and Rawaf, 2008).

Consequently, as few qualitative studies have explored the learning styles of baccalaureate nursing students, therefore, it was decided to fill the gap by conducting this study. The aim of this study was to explore learning styles of the Iranian baccalaureate nursing students in clinical settings.

## Methods

### Design

This was a qualitative design using a content analysis approach and the research was conducted between May and December 2012. Qualitative approaches have an explorative nature and enable researchers to explore the complexity of phenomena happened to the healthcare providers, policy-makers, and clients (Tong et al., 2007).

### Participants

A purposive sample was used to recruit fifteen baccalaureate nursing students. Having at least a two-semester experience of clinical practice and willingness to participate in the study were inclusion criteria to choose participants. To cover a wide range of viewpoints and experiences, the maximum variation sampling technique was applied (Strubert and Carpenter, 2003). Accordingly, we sampled from both genders and from second- to fourth-year students. The study sample consisted of 3 second-year, six third-year, and six fourth-year students. Moreover, out of the fifteen students recruited, six students were female. The participating students ranged in age from 18 to 24 years.

### Data collection

Semi-structured interviews were used for data collection. This method, compared with the quantitative data collection methods, leads to a more in-depth understanding of the intended phenomenon (Strauss and Corbin, 1998). The interview questions included but not limited to,

1. Would you please explain about how you learn to provide nursing care in clinical settings?
2. What and how did you learn in this and other previous courses of clinical training? and
3. Would you please explain your clinical experiences?

Besides these open-ended questions, probing questions were used to delve into the participants' learning experiences. At the end of each interview session, the participant was asked to add any supplementary information not addressed by the interviewer. Data collection process was continued until reaching data saturation (Green and Thorogood, 2004). In case of any ambiguities, follow-up interviews were conducted. Totally, nineteen personal face-to-face interviews were conducted with fifteen students. Eleven students were interviewed once and four students were interviewed twice. Interviews were held in an interview room located in the Nursing Department. The interview sessions lasted 30–90 min. We recorded the interviews by using a digital sound recorder. Immediately after each interview, the interview content was transcribed verbatim.

### Data analysis

The data collection and data analysis processes took place concurrently. For analyzing the study data, the Morse & Field's qualitative content analysis approach was employed (Morse and Field, 1995). Content analysis is a systematic coding and categorizing approach. In this approach, the collected data are examined carefully to identify the trends, patterns, and relations (Gbrich, 2007). At the beginning of the analysis, the transcribed text was read repeatedly to immerse in and gain a general sense of the interview content. Then, the content of each interview was broken to basic meaning units, the irrelevant pieces of data were discarded, and the text was coded line-by-line. Thereafter, we categorized the codes based on their similarities and differences into higher-level sub-categories and categories and put the developed sub-categories and categories under overarching themes. Table 1 shows how the theme 'thoughtful observation' was developed.

### Trustworthiness

Trustworthiness is a key component of qualitative studies. If the reader of a study report is able to audit the data collection and analysis processes, the study is presumably trustworthy (Koch, 2006). In this study, the peer-checking method was used to establish the credibility of the analysis process. Accordingly, the researchers analyzed the interviews independently and compared the developed concepts, categories, and themes. In case of any disagreement, discussions were held to reach an agreement. Besides peer-checking, the member-checking method was used to establish the credibility of data. Accordingly, after the analysis of each interview, the participants were provided with a summary of data analysis process and findings and asked to check whether the developed concepts reflected their experiences or ideas. Finally, their additional points of view and suggestions were included in the analysis. Another criterion for trustworthiness was audit-

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