Teaching style in clinical nursing education: A qualitative study of Iranian nursing teachers' experiences ☆

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SUMMARY

There are many studies about nursing clinical settings and their problems, but the teaching style as a whole has not been widely studied. Therefore, this study aimed to explore nursing teachers' perceptions about teaching style in the clinical settings in Iran. A grounded theory approach was used to conduct this study. Fifteen nursing teachers were interviewed individually, 2006–2007. The interviews were tape-recorded and later transcribed verbatim. The transcriptions were analyzed using Strauss and Corbin's method. Three main and 12 sub themes emerged from data and these could explain the nature of the teaching style in clinical education of the Mashhad Faculty of Nursing and probably others in Iran. The main themes included: multiplicity in teaching style, nature of clinical teaching, and control and adaptation in education atmosphere. Multiplicity in teaching style was the dominant concept in this study. Each educator had a personal and individualized style which was flexible according to the situation, type of the skill (course content), education environment and facilities, and level of the learner. This study can guide nurse educators to know more about teaching styles and use them appropriately in the clinical settings. Further research into the themes of this study are recommended.

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Introduction

The mission of nursing education is to produce qualified nurses with the requisite knowledge, attitudes and skills (Li et al., 2007). For achieving this goal, clinical teaching is the cornerstone in nursing education (Zamanzadeh et al., 2002), because approximately 50% of the curriculum, as in other countries such as the United Kingdom (50% theory and 50% practice) in the nursing program is devoted to clinical studies (Peyrovi et al., 2005). Therefore, clinical teaching style plays an important role in developing nursing skills and holistic caring, and nursing teachers need an awareness of teaching styles in order to utilize them effectively.

Teaching style is a characteristic ways each individual collects, organizes, and transforms information into useful knowledge (Heimlich and Norland, 2002). There are many factors that affect teaching styles. Teachers have different personalities, and they change over time (Walklin, 2002). In addition, teaching style changes along with technological, social and cultural changes. Fur-

thermore, the development of different disciplines (e.g. nursing science, medicine, pedagogy) has an effect on the content of the nurse teachers' work and on their personal experiences of teaching (Holopainen et al., 2007). On the other hand, in clinical settings, teachers are in a very different position from teachers in most other fields. Patient presence in this environment makes the teaching and learning more complex, because teachers and students must consider patient safety and satisfaction (Mahmoodi, 1997). Therefore, in order to be a good nurse teacher an extensive list of desired characteristics is necessary (Walklin, 2002).

It is generally accepted that research into teaching styles should focuses on the beliefs, values, and behaviors of teachers in the education system (Heimlich and Norland, 2002). But over the years, questions about teaching styles and the potential for flexibility in their use have surfaced and need to be assessed deeply (Brown, 2003). In addition, the concepts of teaching style (main process of teaching) have not been studied as a whole in clinical settings, and its complexity and variables have not been widely explored. Furthermore, we have not found any study in relation to the teaching style of nursing teachers in practice and this is probably the first study in this field using a qualitative approach.

Therefore, this line of research has many implications. Firstly, it can help in understanding what it means to be a clinical teacher

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(Collins et al., 2006), and in developing the curriculum and promoting quality in clinical teaching. (Borhan Mojabi, 2002). Secondly, it can contribute to the theory of teaching and learning in higher education (Samuelowicz and Bain, 2001). Thirdly, it can help teachers to become knowledgeable about their styles so they can consciously adjust, adapt, or modify them in order to increase learning (Hunt, 2006). Fourthly, it can provide answers to questions concerning the quality of clinical teaching and all the many variables that influence clinical education (Hallberg and Ohrling, 2000). Finally, and most importantly, by exploring and understanding teachers' perspectives we can reduce our reliance on assumptions and base our work on reality.

Context

Iran is located in the south-west of Asia, covering over 1.64 million km^2, with a population of approximately 65.5 million. The country consists of thirty provinces that vary widely in terms of their socioeconomic development. In each province there is at least one Medical Science University (MSU). These MSUs, as the main approved authorities, hold the dual responsibilities of training and provision of higher education to health care professionals, and delivery of health care. Each MSU runs at least one full-time basic nursing program (Tabari Khomeiran and Deans, 2006).

In Iran, students can study nursing across all higher education levels – from bachelor to doctoral – but they are required to have passed the competitive National Higher Education Entrance Examination (NHEEE) (Tabari Khomeiran and Deans, 2006).

The basic nursing programs in Iran offer a four year baccalaureate in nursing accredited by the High Council of Medical Education of the Ministry of Health and Medical Education (Salsali, 2005). Currently, there are approximately 152 bachelor programs that educate nurses in Iran. All schools are obliged to follow a basic curriculum established by the Ministry (Nikbakht Nasrabadi and Emami, 2006).

The learning environment for students engaged in baccalaureate programs is shared between classroom, hospital, community and other educational settings (Tabari Khomeiran and Deans, 2006).

Nursing students start clinical training from the second semester and this is run concurrently with theoretical courses until the end of the third year. The fourth year is allocated exclusively to clinical placement training. They learn in the clinical environment under the direct guidance and supervision of a nurse teacher for the first 3 years. In the final year they work under the guidance of staff nurses and alternate supervision of nurse teachers (Peyrovi et al., 2005).

Students at bachelor and master levels are taught mostly by teachers who hold master degree in nursing. In Iran it is nurse academics who engage in both theoretical and clinical teaching.

Purpose

The main objectives of this study were to explore and describe teachers' perceptions of teaching styles in nursing education in Iran. In this paper the intention is to highlight multiplicity of teaching styles in clinical settings, including narratives from participants.

Methodology

A qualitative approach known as grounded theory was used in this research study. Grounded theory was developed in the 1960s by two sociologists, Glaser and Strauss (1967), whose theoretical roots were in symbolic interactionism (Polit and Beck, 2006).

Grounded theory is commonly used where there are few research findings in the subject area (Bonner and Walkey, 2004). Because this method can provide in-depth identification, description, and explanation of interactional processes between and among individuals or groups within a given social context (Strauss and Corbin, 1998). Since the concepts of teaching style and its variables are not explained and defined clearly in Iranian nursing education system, the grounded theory method was considered appropriate for this study.

Participants

The participants in this study included 15 teachers with M.Sc. degrees from the Faculty of Nursing and Midwifery of Mashhad University of Medical Sciences, Iran. Nine participants were female and six were male, with a mean age of 43.4 years. Their education experiences ranged from 5 to 30 with a mean of 15.3 years.

Data collection

In-depth and semi-structured interviews were used for data gathering during September 2006 to April 2007. The interview questions were asked in an open ended manner, in no fixed order. They were based on an interview guide (Chenitz and Swanson, 1986), which was formulated from a critical review of the literature, peer review and pilot study. Subsequent interviews were then guided by the analytical process (Peter and John, 2000). First, each participant was asked to describe one of his/her own typical work day, then specifically to explain his/her own perceptions and experiences of teaching in the clinical settings and the factors influencing it. The interviewer probed participant responses by using questions or statements, such as 'Could you say something more about that?', 'What did you think then?' or 'When you mention... what you mean?

All the participants were interviewed in their own or the principal investigator office (based on their preference) in the Faculty of Nursing and Midwifery. The interviews were recorded and transcribed verbatim. The interview duration ranged between 50 and 120 min. The principal investigator performed all interviews and transcribed them.

Data analysis

Consistent with the grounded theory method, the data of each interview were analyzed before proceeding with subsequent interviews. Data were analyzed according to the Strauss and Corbin method (Strauss and Corbin, 1990). Therefore, coding of data was done in three stages: open, axial and selective coding. During open coding, each transcript was read multiple times and codes were generated from the participant's words and the researcher's constructs. For example, the code "teaching by doing" was generated by the researcher from a participants' comment that "*if it was the first time for the student or a new skill I would do it myself and the student observed*". Codes that were found to be conceptually similar in nature or related in meaning were grouped in categories. The categories and codes from each interview were compared with those from other interviews in order to identify common links. Categories were related to their subcategories in axial coding. Coding was done around the axis of a category, linking categories at the level of properties and dimensions. In this stage the structures of categories were related to the processes. For instance, the factors that contributed to nurses' teaching styles were identified. The process of integrating and refining the theory occurred in selective coding. It is here that the main category "the multiplicity in teaching style in clinical settings" was verified.