



## Effects of constructivist teaching methods on bioethics education for nursing students: A quasi-experimental study



Kwisoon Choe <sup>a,\*</sup>, Sunghee Park <sup>b</sup>, So Yeon Yoo <sup>c</sup>

<sup>a</sup> Red Cross College of Nursing, Chung-Ang University, Heoksun-ro 84, Dongjak-gu, Seoul 156-756, Republic of Korea

<sup>b</sup> Department of Nursing, College of Natural Sciences, Kunsan National University, Gunsan, Republic of Korea

<sup>c</sup> Department of Nursing, College of Nursing and Public Health, Kyungil University, Gyeongsangbuk-do, Republic of Korea

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### SUMMARY

**Background:** In order to help nurses advocate for the patient's human rights and ensure respect for life in clinical situations, it is of utmost importance to improve nursing students' capacity to make ethical decisions.

**Objectives:** This study compares the effects of two constructivist teaching strategies (action learning and cross-examination debate) on nursing students' recognition of bioethical issues, experience of bioethical issues, and attainment of ethical competence.

**Design:** This study used a quasi-experimental (two-group pretest–posttest) design.

**Setting:** A nursing college in South Korea.

**Participants:** A total of 93 Korean nursing students participated in the study (46 in the action learning group and 47 in the cross-examination debate group).

**Methods:** Participants took a bioethics class employing one or the other of the strategies mentioned, 2 h a week for 15 weeks. All participants responded twice to a set of questionnaires, at the beginning of the first session and at the end of the last session.

**Results:** After their bioethics education, the students' recognition of bioethical issues improved for both classes; however, the knowledge of students who had participated in action learning improved more than that of the students in the debate-based class. Students in both groups reported more experience of bioethics and exposure to better-quality instruction in bioethics after their classes than previously. Students in both groups also reported improved ethical competency after this education.

**Conclusion:** Positive effects of action learning and cross-examination debate implemented as teaching strategies on nursing students' understanding of bioethical issues and their ethical competency were identified; these findings will be important in the essential task of teaching bioethics to nursing students in order to foster more ethical decision-making and other ethical behavior.

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### Introduction

Advances in medical technology and biotechnology have led to the emergence of complex new bioethical issues globally. It will be increasingly important for nursing students as well as practicing nurses to have the capacity to make ethical decisions and the ability to focus on the ethical dimension of care (Goethals et al., 2010) in order to advocate for the patient's human rights and ensure respect for life in clinical situations. Bioethical issues commonly experienced by nursing students have included seeing nurses and doctors violating patients' autonomy (e.g., the patient's right to know), privacy, and confidentiality; refusal by patients' significant persons to allow the patient to receive treatment, and

a hospital atmosphere that gives preferential treatment to VIP patients (Solum et al., 2012). In these situations, nursing students have often experienced ethical dilemmas (Hamric, 2010; Pauly et al., 2009; Solum et al., 2012). If they do not have a rational and effective way of dealing with their ethical concerns, they will experience frustration and ethical distress, which may lead to low job satisfaction (Cavaliere et al., 2010; Corley et al., 2005; Gutierrez, 2005).

In order to improve nursing students' ability to deal with ethical issues, it is necessary to foster their professional ethical competency, along with their own personal morals, within the nursing curriculum (Fry, 2004; Lin et al., 2010). Ethics education has a positive influence on students' ability to make decisions about ethical issues (Hosmer, 1998; Pinch & Graves, 2000) and to adopt ethical behaviors (Callister et al., 2009; Grady et al., 2008). The effects of bioethics education depend on the teaching strategies used to implement it: the most effective teaching method for bioethics education is known as *student-centered group discussion* (as opposed to *teacher-centered lecture*; Park et al., 2012; Smith et al., 2004).

\* Corresponding author at: Red Cross College of Nursing, Chung-Ang University, Heoksun-ro 84, Dongjak-gu, Seoul 156-756, Republic of Korea. Tel.: +82 10 2569 1750; fax: +82 63 469 1991.

E-mail address: [choe1201@hanmail.net](mailto:choe1201@hanmail.net) (K. Choe).

In the South Korean context, until recently, bioethics has been considered a subcategory of general nursing ethics, and most teaching methods have been teacher-centered and lecture-based. As the education paradigm shifts from teacher-to student-centered, new teaching strategies for bioethics education in nursing are emerging from the perspective of *constructivism*. Constructivism is currently the dominant educational theory emphasizing student-centered learning; its fundamental assumptions are that there are various ways of conceptualizing knowledge and that knowledge comes from one's personal interpretation of one's interactions with the world (Kala et al., 2010). Under a constructivist perspective, each student builds his or her own body of knowledge based on individual experience.

*Action learning* and *problem-based learning* are examples of constructivist teaching and learning methods. Both these approaches help students find the most optimal solution for a problem through activities in small groups of five or six persons. The difference between action learning and problem-based learning lies in the type of case scenario adopted. In action learning, students solve real problems from real situations, while in problem-based learning, they solve artificial, model problems developed by the teacher.

Recently, *debate-based learning* has risen in prominence as a teaching method in bioethics education (Lee, 2009). Specifically, *cross-examination debate* (CED) has been suggested (by the Cross-Examination Debate Association, CEDA) to be suitable for bioethics education, since this debate-based teaching method enables students to engage actively in class, improving their moral awareness through self-directed learning (Jung et al., 2012; Lee, 2009).

Various student-centered teaching strategies, including action learning, problem-based learning, and debate-based learning, have been implemented in ethics education (Evanoff, 2004; Jung et al., 2012; Lin et al., 2010). However, studies to explore the effects of these teaching strategies in this context have been few. Although we have identified one study examining the effects of problem-based learning on bioethics education (Lin et al., 2010), it is difficult to find studies exploring the effects of action learning or debate-based learning.

Therefore, the present study was conducted to compare the effects of action learning and cross-examination debate on bioethics education for nursing students, specifically on their recognition of bioethical issues, experience of bioethics, and ethical competence in making practical ethical decisions. The results of this study should thereby enable nursing educators and researchers to better consider which education strategies will be most effective in bioethics education for nursing students.

## Method

### Research Design

This study used a quasi-experimental (two-group pretest–posttest) design to compare the effects of action learning and cross-examination debate as teaching strategies in nursing bioethics education.

### Participants

The participants were 93 undergraduate students attending a nursing college located in South Korea. Of the students, 83 (89.2%) were freshmen, 9 (8.6%) were sophomores, and 2 (2.2%) were juniors. Institutional Review Board approval was obtained from the Kunsan National University Human Subjects Committee. The purpose and procedures of the study were explained to the participants before the study took place, and signed consent forms were retained.

### Instruments

#### Recognition of Bioethical Issues Questionnaire

To study the recognition of bioethical issues, we used a set of questionnaires developed by Choe et al. (2013b). The assessment consisted

of two parts: (a) self-rating of knowledge of bioethics and (b) seriousness of bioethical issues. First, knowledge of bioethics was assessed on a one-item, four-point Likert-type scale ('do not know at all' to 'know very well'). Next, to assess students' perspectives on the seriousness of bioethical issues, two questionnaires were used: (a) one-item, four-point Likert-type questionnaire on general recognition of the seriousness of bioethical issues ("not serious at all" to "very serious") and (b) a 17-item questionnaire on the recognition of specific bioethical issues. Regarding the reliability of the 17-item scale, in a previous study (Choe et al., 2013b), Cronbach's  $\alpha$  for nursing students was .86 and that for nursing faculty was .91. In this study, for the reliability of the 17-item scale, Cronbach's  $\alpha$  was .84.

#### Bioethics Education Questionnaires

The Experience of Bioethics Education, Need of Bioethics Education, and Quality of Bioethics Education tools developed by Choe et al. (2013a) were used. These three scales have 24 items each, corresponding to 24 key topics in bioethics education (Choe et al., 2013a). For the 24 topics of bioethics, each questionnaire asked the quality, quantity, and need of bioethics education.

The Experience of Bioethics Education questionnaire assesses the extent to which the respondent has been educated in bioethics; Need for Bioethics Education examines the student's need for bioethics education; and Quality of Bioethics Education measures the adequacy of the bioethics education the student has already received. Each item was rated on a five-point Likert-type scale ("not at all" or "disagree greatly" to "extremely" or "agree greatly.") across 24 items, yielding a score ranging from 24 to 120. Regarding the reliability of the three scales, a previous study (Choe et al., 2013a) showed the same Cronbach's score ( $\alpha = .96$ ) for Experience of Bioethics Education in both nursing students and faculty; for Quality of Bioethics Education, Cronbach's  $\alpha$  in students was .99 and that in faculty was .94, and for Need of Bioethics Education, Cronbach's  $\alpha$  in students was .96 and that in faculty was .95. In the present study, the same Cronbach's score was achieved (that is,  $\alpha = .95$ ).

Finally, participants were asked to rank by priority what in their opinion needs to be changed most urgently to improve the quality of bioethics education in the nursing curriculum, from the following list: (1) improvement of the competence and qualifications of educators, (2) development of better textbooks, (3) improvement of teaching strategies, (4) implementation of a compulsory course in bioethics in the nursing curriculum, (5) character education for nursing students, (6) the emergence of a broad social consensus on bioethics, or (7) the adoption of an interdisciplinary approach. To rate these priorities statistically, the first priority was given a score of 7, and the least priority was given a score of 1, yielding a score ranging from 1 to 7. On this basis, the mean score of each item was calculated and compared.

#### Ethical Competence Questionnaire

To assess the ethical competence of nursing students, we used a questionnaire developed by Choe et al. (2013b) containing five themes related to ethical competence—*respect for others*, *respect for self*, *ethical emotions*, *ethical knowledge*, and *ethical behavior*. This questionnaire consisted of two parts: (1) rating the five ethical competencies by general priority, and (2) self-rating of the student's own ethical competencies. For the priority rating, a score of 5 was given to the first priority and a score of 1 to the last priority, and mean scores were calculated for each ethical competence. For the self-rating, a five-point Likert-type scale ("not at all enough" to "definitely enough") with a range of 5 to 25, was used, and its Cronbach's  $\alpha$  was .69 in this study.

#### Data Collection

Data were collected during the fall semester of 2011. Any nursing students attending nursing bioethics courses (all elective) were eligible. No specific exclusion criteria were identified. Without being given any information about teaching strategies for nursing bioethics, students

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