



How 'blended' is blended learning?: Students' perceptions of issues around the integration of online and face-to-face learning in a continuing professional development (CPD) health care context

Margaret Glogowska^{*}, Pat Young¹, Lesley Lockyer², Pam Moule³

University of the West of England, Faculty of Health & Life Sciences, Glenside Campus, Blackberry Hill, Bristol BS16 1DD, United Kingdom

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SUMMARY

Purpose: This paper explores students' perceptions of blended learning modules delivered in a Continuing Professional Development (CPD) health care context in the UK. 'Blended learning' is the term used to describe a hybrid model of learning where traditional face-to-face teaching approaches and newer electronic learning activities and resources are utilised together.

Method: A new model of CPD for health care practitioners based on a blended learning approach was developed at a university in the south west of England. As part of the evaluation of the new modules, a qualitative study was conducted, in which 17 students who had experienced the modules were interviewed by telephone.

Results: Three main themes emerged from the interviews relating to the 'blended' nature of the blended learning modules. These were i) issues around the opportunities for discussion of online materials face-to-face; ii) issues of what material should be online versus face-to-face and iii) balancing online and face-to-face components.

Conclusion: Teaching staff engaged in the development of blended learning courses need to pay particular attention to the ways in which they develop and integrate online and face-to-face materials. More attention needs to be paid to allowing opportunity for students to come together to create a 'community of inquiry'.

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Background

Information and communication technologies (ICT) are a ubiquitous and nowadays taken-for-granted feature of our society. Few areas of life have remained untouched and Higher Education (HE) is no exception (Haigh, 2004). In the last decade, universities have increasingly sought to incorporate ICT into their systems and services (Ginns and Ellis, 2007). While early recognition of the possibilities ICT offered to learning and teaching was championed by "techno-enthusiasts", who adopted technologies and incorporated them into practice (Littlejohn and Pegler, 2007 p. 10), there is now a widening awareness of the potential of 'e-learning'.

While e-learning generally refers to use of computers and the internet for learning, across many institutions and courses it is usual to find e-learning combined with more traditional classroom-based

teaching methods, so-called 'blended learning' (Heinze and Procter, 2004). In its widest sense, blended learning encompasses different spaces – students may engage with learning on university or college campus, at work, at home or between places with the appropriate technology. They can access learning materials at different times, potentially enabling them to balance study with work or family responsibilities. They can learn across different media, where diverse learning activities and methods of communication using electronic tools are available to them (Littlejohn and Pegler, 2007).

The arguments for the adoption of e-learning approaches are not all strictly educational and a criticism made by the Higher Education Funding Council for England (2005) was that e-learning was led by technology rather than by pedagogy. Other drivers included reducing costs (Littlejohn and Pegler, 2007) and widening participation (Conole et al., 2007). While e-learning was mooted as a means of reducing the cost of education, it has become apparent that while, on one hand, there may be the saving of travelling times and costs for individual students and their institutions, on the other hand the modules and courses themselves may be more time-intensive. For Higher Education Institutions (HEIs) the cost of e-learning development, technological support for updating and upgrading materials, as well as ongoing support mechanisms for the students, may actually raise costs (Glen and Cox, 2006). Others have argued that e-learning has the capability

^{*} Corresponding author. Tel.: +44 117 3288400; fax: +44 117 328 8811.

E-mail addresses: margaret2.glogowska@uwe.ac.uk (M. Glogowska), pat2.young@uwe.ac.uk (P. Young), lesley.lockyer@uwe.ac.uk (L. Lockyer), pam.moule@uwe.ac.uk (P. Moule).

¹ Tel.: +44 117 3288815.

² Tel.: +44 117 3288576.

³ Tel.: +44 117 3288422.

to increase equality of access to education. For many students part-time courses delivered wholly through the medium of e-learning or where e-learning is blended with some campus teaching, mean that education is now accessible to them. Yet the problem remains that learners from non-traditional backgrounds accessing HE may not have the experience to exploit e-learning opportunities, thus remaining 'disadvantaged'.

More overtly pedagogical drivers are flexibility and convenience for students who are combining work with other family and social commitments; independence in allowing the students to study at their own pace; potential to meet different learning styles; development of skills in technologies increasingly used within the world of work, as well as opportunity to update knowledge through ever-increasing online information. However, as e-learning and its variants have become more widespread, a number of disadvantages have also become apparent, for example, there is great variation in the levels of computer literacy and skills among students creating barriers to learning (Moule et al., 2010); the need for protected study time and the use of computers at home to access e-learning materials are threatening to reduce boundaries between students' personal and professional lives (McVeigh, 2009).

There have been particular reasons for the uptake of ICT with regard to the education of health professionals. Harnessing ICT is viewed as a vital step in establishing a computer literate workforce (McVeigh, 2009). In the ever-changing health care environment, the ability to access lifelong learning opportunities to update knowledge and skills is regarded as crucial (Haigh, 2004). Indeed, government policy has urged the exploitation of e-learning for health and social care professionals (Dearing, 1997; Department of Health, 2001; Department for Education and Skills, 2003). It was believed that through e-learning the usual difficulties associated with allowing staff time for Continuing Professional Development (CPD), for example, issues with funding, travel costs, staff absence from the clinical area and limited time for study, might be surmounted.

This paper presents and discusses the findings of one aspect of a study exploring students' perceptions of blended learning modules delivered in a CPD health care context in the UK. While Oliver and Trigwell (2005) maintain that the definition of blended learning remains problematic, for this purposes of this paper blended learning refers to the combining of traditional learning approaches with web-based online approaches (Stacey and Gerbic, 2007).

Methodology

The research, which forms the basis of this paper, was part of a wider study which took place in the Faculty of Health and Life Sciences at a university in the south west of England (Young et al., 2010). In 2006, a curriculum development project was initiated, which aimed to create a new model of CPD for health care practitioners, by tailoring flexible provision based on a blended learning approach, which would combine online and face-to-face learning. It remains the case in HE that blended learning often involves the introduction of e-learning elements to complement, or even replace, conventional teaching methods and that the online components are regarded as an optional add-on or even an "experiment" (Littlejohn and Pegler, 2007, p.30). Re-design of entire modules and courses from scratch following a blended learning approach is rarer. In the situation which prevailed at this university however, the modules were designed and developed in this way because curriculum development dictated that module content needed to be changed. Full blending of the online and face-to-face components was therefore integral to the project.

An evaluation team was set up to explore a number of aspects of this innovation including the project management processes underpinning the development, experiences of staff involved in the development of the blended learning provision and student experiences of the new

provision. The evaluation was funded by the Strategic Health Authority (SHA) and ethical approval for the evaluation was granted by the University Research Ethics Committee.

The evaluation undertaken was a broad-ranging, mixed methodology study, including both quantitative and qualitative components. The data collection methods were statistical analysis of applications and completions data; qualitative in-depth interviews with key staff members involved in the development; a student questionnaire and follow-up qualitative telephone interviews with those students who responded to the questionnaire.

This paper draws specifically on the individual interviews conducted with students who had experienced the new provision. A qualitative approach seemed particularly appropriate for investigating the experiences and perceptions of the students in greater depth than allowed in the questionnaire (Marshall and Rossman, 1995). The chosen method of data collection was individual interviews which offered the opportunity to gain rich data from the students who had attended the modules. To save time and travelling costs for both researchers and participants, the interviews were conducted by telephone. In the interviews, the data from the questionnaire for each respondent were available to the interviewer. However, the emphasis was not on 'checking' or 'confirming' the information given by the respondents in the questionnaire but on encouraging them to describe and explain their perceptions and experiences in more depth and to give concrete examples wherever possible, for example, their previous experiences of blended and online learning, things that had acted as barriers to their learning, their likes and dislikes with regard to the online materials.

Methods of data collection and analysis

A total of 168 questionnaires were sent out to the students who had experienced the new blended learning provision. Of these, 40 were returned giving a 24% response rate. The students who returned their questionnaires also indicated whether or not they were willing to be interviewed by telephone. In total, 25 students indicated that they were happy to be contacted by telephone for this purpose. Attempts were made to contact everyone who had given preliminary consent to take part but not all were available or contactable during the time period for the interviews. In all, the first two authors interviewed 17 students during March–April 2009.

An interview plan was used, which followed on from responses in the questionnaire and probed these responses. It also set out more generally the topics to be covered in the interviews so that similar information could be sought from all the respondents, thereby ensuring parity across the interviews. The interviews were audio-taped and transcribed. It was not possible to send the transcripts back to the participants to review for accuracy. A set of codes was drawn up by the first two authors and the transcribed interviews were coded using NVivo 8. A set of descriptive accounts of the codes mapping the nature and range of the experiences reported was prepared. This was felt to be necessary so that all opinions could be noted and acknowledged. It was from these accounts that the themes surrounding the 'blended' nature of the provision experienced emerged. These were discussed and verified by the first two authors.

Findings

Characteristics of the respondents

The 17 respondents were all women and all qualified practitioners. Of these, 16 were nurses and the other was an allied health professional (AHP). In terms of age group, one respondent was in the 18–25 range; five were 26–35; five were 36–45 and six were 46–55.

In information provided on the questionnaire, of the 17 respondents, four told us they had no previous experience of online or blended

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