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Transitioning to Concept-Based Teaching: A Qualitative Descriptive Study From the Nurse Educator's Perspective

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ABSTRACT

The purpose of this study was to describe the experience of faculty in associate degree nursing programs who transitioned from traditional pedagogy to teaching in a concept-based curriculum. The transition experience of nurse educators is not well documented in the literature. Nineteen faculty from across the United States were interviewed. Five themes emerged during data analysis: recognizing fears, facing conflict, working out of one's comfort zone, seeing successes, and self-talk and questioning self. The results of this study can benefit programs that are contemplating or have already adopted a concept-based curriculum.

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Introduction

Many nursing programs throughout the United States have implemented a concept-based curriculum (CBC). These changes are a result of the need to educate students to process information at a deeper intellectual level, and promote synergetic thinking. CBCs are beneficial in assisting the learner to formulate schema whereby incoming information is sorted and organized inside the brain. Purposeful knowledge connections help learners and assist them in recognizing general conceptual principals (Erickson & Lanning, 2014). Learners who are educated using a conceptual approach are able to grasp information in a more abstract or conceptual way (Giddens, Caputi, & Rodgers, 2015). CBCs can also assist programs to manage content in order to avoid content saturation (Lewis, 2014). Because content is organized around broad concepts, a CBC allows for the presentation of those concepts and how they are seen across the lifespan and in different health care settings (Duncan & Schulz, 2015).

The Future of Nursing: Leading Change, Advancing Health (Institute of Medicine [IOM], 2011) provides recommendations to nursing

programs to assist in educating nurses to care for the complex needs of today's health care consumer. One major recommendation by the IOM is to use "fundamental concepts that can be applied across all settings and in different situations, rather than requiring rote memorization" (IOM, 2011, p. 2). This recommendation helps address a barrier many programs face, whereby curricula are over saturated with content that was added as changes in health care evolved. As content is added, students are required to memorize an abundance of ever-growing facts.

Most of the literature pertaining to concept-based teaching and learning in nursing education has primarily focused on studies that examined student and end-of-program learning outcomes (Duncan & Schulz, 2015; Getha-Eby, Beery, O'Brien, & Xu, 2015; Giddens & Morton, 2010; Lewis, 2014). These studies are valuable to programs in the planning process of developing a CBC but do not capture the experience of the nurse educator during the transition process to concept-based teaching.

Transition

Bridges (2009) described transition as an internal, psychological process that resulted from a change. The actual change may occur quickly, but the transition process occurs much slowly and is different for everyone. Bridges also argued that there is a distinct difference between change and transition. For example, the implementation of the new CBC may start on September 1, but those individuals affected by that change will transition at his or her own pace. The individual must accept the losses of the past and be ready to move on and embrace the new.

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Purpose

The purpose of this qualitative study was to describe the experience of faculty who have transitioned from traditional pedagogy to teaching in a CBC. Facilitators and barriers in the transition process were also examined. The gap in the literature related to the transition experience of nursing faculty poses challenges to those programs considering a change to a CBC or developing supporting resources during the change process.

Review of the Literature

Many nurse educators have united with their peers from general education and have begun teaching conceptually. For more than 10 years, nursing programs throughout the United States have successfully implemented CBCs. Programs have transitioned from offering specialty courses such as maternity, pediatrics, and mental health and now offer conceptually based courses that focus on care across various health care settings and the lifespan.

In a CBC, nursing content is framed around concepts to assist the student in examining other concepts that may be interrelated (Giddens et al., 2015). Teaching conceptually also fosters the retention of knowledge, giving learners skills in transferring the information to multiple health care settings and across the lifespan (Hardin & Richardson, 2012). In a CBC, the main concept is presented to the student, and exemplars of clinical situations are linked to help assist in a deeper understanding of the concept (Giddens et al., 2008). To provide a realistic learning experience, patient cases are presented that the student might encounter in the clinical setting. Faculty then link the exemplar back to the main concept and provide the student with the chance to relate their learning to other relevant concepts (Giddens et al., 2015).

Despite the positive benefits of a CBC, there are potential drawbacks as well. First, faculty are generally not provided extra work time to recreate or design classroom material that is concept based (Colley, 2012). Teaching conceptually may be unfamiliar to faculty, requiring them to develop new pedagogies to promote learning. Transitioning to concept-based teaching may be a challenge to faculty who have a comfort level in their approach to teaching. Considering use of new teaching methods may provoke fears of poor student evaluations and a potential decline in National Council Licensure Examination® first time pass rates (Giddens et al., 2015).

This study was done to answer three research questions: (a) How do nursing faculty describe the experience of transitioning from traditional pedagogy to teaching within a CBC? (b) What do nursing faculty describe as facilitators in the transition process? (c) What do nursing faculty describe as barriers in the transition process?

Method

Design

This study employed the use of a qualitative descriptive approach. This approach allows the researcher to be free of specific disciplinary restraints such as in the use of phenomenological or grounded theory methods (Sandelowski, 2000). Because little is known about the experience of nurse educators who have transitioned from traditional to concept-based teaching, the qualitative descriptive approach was appropriate for this study.

Sample and Data Collection

The sample consisted of 19 nurse educators who taught in concept-based associate degree programs across the United States. Almost all participants were White, Non-Hispanic/Latino females

($n = 16$), between the ages of 51 and 60 years with an average of 11–15 years of teaching experience in nursing education. Participants reported an average of 1–3 years of teaching experience in a CBC with the highest educational degree at the master's level.

Two recruitment strategies were used to elicit potential participants for this study. First, a recruitment message was posted to a nurse educator discussion list (University of Victoria, 2015), and the second was an e-mail message sent to dean/directors of known associate degree programs that offer a CBC asking them to share the recruitment notice with faculty. Prior to recruitment and data collection, university institutional review board approval was obtained.

Recruitment, data collection, and follow-up questions were conducted through asynchronous online e-mail during March and April of 2015. The inclusion criteria for this study were that the participant had been teaching in an associate degree nursing program that offers a CBC for 1 year or more, has a current e-mail address, and resides in the United States. Potential participants notified the researcher of their willingness to participate in the study. Participants who met the inclusion criteria were sent a welcome e-mail with a demographic questionnaire, consent, and the two interview questions. Participants were also invited to speak with the researcher on the telephone. The researcher requested that participants return their demographic form and answered interview questions within 2 weeks. At the 1-week point, a reminder was sent to the participant reminding them of the deadline. If probing or follow-up questions were necessary, the researcher returned the participants answered questions back to them with the phrase/section highlighted in red to alert them to what needed clarification or elaboration.

Data Analysis

The researcher employed the use of content analysis to analyze the data (Rubin & Rubin, 2012). Data saturation was reached at 19 interviews. At that point, no new themes were evident, and the participant's transcripts were similar to those already received.

Once the interview transcript was received, it was read once for an overall general impression. Each transcript was read a second time and given codes to assign response content related to each research question. Data from each interview were then grouped by codes and arranged by research question and synthesized from each transcript interview and put in coded files (Rubin & Rubin, 2012). Codes were then grouped into subthemes, and subthemes were grouped into themes that corresponded with each research question. The coding of themes and subthemes were completed by hand. No qualitative data software was used during the data analysis phase of the study.

Methodological Rigor

To ensure credibility of the findings of this study, Rubin and Rubin (2005) criteria were used. The criteria for maintaining trustworthiness included how the study confirmed transparency, believability, accuracy, and thoroughness. To help demonstrate transparency, an audit trail that consisted of interview transcripts and field notes was established. Preliminary findings were shared with participants, and the extraction of their quotes helped assure believability. Member checks (Polit & Beck, 2017) were also done to assure believability, accuracy, and thoroughness. Completing member checks with participants offered the researcher the opportunity to assure accuracy in interpreting the data. Thoroughness was assured by verifying facts and investigating any discrepancies in the data with participants.

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