Engaging nursing students in community nursing

practice through effective pedagogy: An action learning process

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ABSTRACT

Nurses play a pivotal role in responding to the changing needs of community healthcare. Therefore, nursing education must be relevant, responsive and evidence-based. We report here a case study of curriculum development in a community nursing unit embedded within an undergraduate nursing degree. We used action research to develop, deliver, evaluate and redesign the curriculum. Feedback was obtained through self-reflection, expert opinion from community stakeholders, formal student evaluation and review by a critical friend. Changes made, especially in curriculum delivery, led to improved learner-focus and more clearly linked theory and practice. The redesigned unit improved performance, measured with the university's student evaluation of feedback instrument (increased from 0.3–0.5 points below to 0.1–0.5 points above faculty mean in all domains), and was also well-received by teaching staff. The process confirmed that improved pedagogy can increase student engagement with content and perception of a unit as relevant to future practice.

Introduction

Nursing is a dynamic profession that must respond to changing community demands in healthcare. Therefore, nurse academics and educators must strive to provide relevant, responsive, evidence-based education and training. The challenge however, is how nurses should manage 'complex clinical riddles' in the face of the expanding and extending scope of nursing practice (Wong et al., 1997). Many of these tensions are reflected not only in nurse's professional practice but also in the development of undergraduate nursing programs. Indeed, competing demands on curricula and the current emphasis on acute care and technology have led to an under-emphasis on primary and community healthcare (Siegloff, St John, & Patterson, 2007). This is despite anticipated changes to the way nursing is practiced in the face of an aging population, increased emphasis on self-management and earlier discharge of patients from hospital (AIHW, 2006; Chlamer, Bramadat & Andrusyszyn, 1998). In responding to the recognized needs of both the community and the future nursing profession, community nursing has been embedded in the curricula of some undergraduate nursing degrees throughout Australia. The challenge is, however, to provide relevant information for undergraduates, the majority of whom expect to work in an acute healthcare environment (St John & Keleher, 2007). This research brief reports on the development of a unit on community nursing through the use of action research.

Literature review

Meeting nursing student's needs and desires within a complex and changing healthcare environment is challenging (Rogers, 2010; Smith-Stoner & Molle, 2010). Therefore, some nurse academics and educators have developed systematic and collaborative approaches to learning and teaching in an effort to increase student satisfaction and

engagement (Schell, 2006). The action research (learning) process enables teachers to systemically change their teaching approach and simultaneously improve students' performance by increasing their understanding of and engagement with the teaching materials (Biggs, 2003; Schell, 2006). Action research works on a 'trial and re-try cycle', that is, "you try something, see if it works, then try again with a slight variation" (Biggs, 2003, p. 254). We aimed to deliver a unit in community nursing that developed students' knowledge and understanding of the nurse's role in promoting and maintaining the health and wellbeing of community members while still being relevant to those working in the acute hospital setting.

Study Design

Action research was used to develop, deliver and evaluate two cycles of a community nursing unit in an undergraduate nursing program. This approach enabled rapid appraisal of the effectiveness of the unit, with subsequent modifications to improve the learning outcomes of the students and better prepare them to meet the needs of the community upon graduation.

Cycle 1

Discussion with Key Stakeholders. Before starting the curriculum development, the coordinator met with nursing colleagues, learning and teaching consultants, and industry partners to discuss the aims and proposed content of the unit. Several key factors emerged as relevant to teaching community nursing to undergraduate nursing students:

1. As most undergraduate nurses intend to work in acute settings, a community nursing unit should emphasize the continuum of care from hospital to community.

2. Many nurses working in the community setting have extensive prior clinical experience. Training undergraduate nurses to such advanced levels is unrealistic (Kenyon & Peckover 2008). Nevertheless, some core principles and skills in community nursing can

potentially be applied in other healthcare settings (St John & Keleher 2007), thus increasing the unit's perceived relevance for the students.

3. The changing demographics of the Australian population make emphasis on the prevention of chronic disease and the self-management of chronic disease by patients priorities in the future provision of healthcare (AIHW, 2006).

4. The assessment developed for the unit should include clear, realistic assessment tasks that reflect both the desired learning outcomes and students' capabilities (Carnell, 2007), and require students to demonstrate higher level thinking (Ramsden, 2003; Rogers, 2010).

Curriculum Design and Implementation. Unit content was developed to reflect the prior discussions with stakeholders. Content included explanations of the scope and complexity of community nursing, with illustrative examples from clinicians working in various community settings. Also included were principles and practices relating to: patient self-management of chronic disease and the development of self-efficacy; health promotion and prevention of illness; determinants of health; epidemiology of diseases; advocacy and referral; and working in multidisciplinary teams. Additionally, discussions on understanding communities within discrete contexts and on being adaptable to community needs were included in the curriculum.

The Evaluation Process. The curriculum was evaluated before and after the redesign by: personal reflection; peer review from a critical friend; student feedback via the university's instrument for student evaluation of teaching, the Learning Experience Survey (LEX); and facilitator feedback.

Critical friendships begin with building trust. Critical friends actively listen and offer honest feedback when requested to do so. They can provide valuable contributions that improve the quality of curricula by using their knowledge of the educational context to ask

provocative questions and offer constructive feedback (Costa & Kallick, 1993; Kember et al., 1997). In this instance, our critical friend had extensive knowledge of pedagogy and was asked to comment on issues of learning and teaching.

The LEX used a 5-point Likert scale (from always to rarely) and a dichotomous variable (satisfied or not satisfied) to assess the unit and teaching. Qualitative data on the best and worst aspects of the unit were also collected.

Evaluation of and Reflection on the Curriculum. The critical friend reviewed the current unit materials and suggested improvements in lectures based on pedagogy relating to content delivery. A re-sequencing of delivery was suggested to better link the lecture content with relevance for future nursing work. The critical friend also suggested that the unit more clearly articulate the important links to future professional roles and responsibilities.

Student (LEX) feedback showed that overall performance of the unit was 0.3–0.5 points below the faculty and school mean. Themes in the student feedback reflected the themes in the feedback from the critical friend. Students rated two areas particularly poorly: the development of skills and knowledge; and the structure and organization of the unit. While students did engage with the tutorial material, they failed to develop a sound understanding of the complexity of community nursing practice. Qualitative comments from students included: "Little more class discussion", and "I felt this was not relevant to a new graduate nurse … Post graduate subject."

Cycle 2

Curriculum Redesign and Implementation. After reflecting on the various forms of feedback, several changes to pedagogy were also instituted. A graphic organizer was used to arrange the unit. In the university setting, graphic organizers can assist teachers to clearly outline, in a single diagram, the interconnections between curriculum objectives, learning concepts and unit content (MacKinnon & Keppell, 2005). We used a graphic organizer to

structure the content and format of lectures and tutorials, thereby strengthening the "string" of common themes threaded throughout the teaching materials.

We also used other methods to improve student reflection on and engagement with unit content. For example, a 'think-pair-share' teaching technique was introduced to increase discussion and reflection (Nolinske & Millis, 1999). This process requires students to think about a problem and formulate ideas individually. Students then share their ideas with another student (usually the person sitting next to them) before contributing to a whole-of-class discussion. The technique encourages student participation, especially in activities that have an emphasis on problem-solving (Nolinske & Millis, 1999).

Finally, in order to strengthen student-perceived relevance of the unit for their future nursing careers, students were given choice over some of the subject matter included in lectures and tutorials. Allowing choice increases student agency, improves social cohesion and sense of belonging and increases ownership over quality of the curriculum (Carnell 2007; Ramsden, 2003; van de Mortel & Bird, 2010). Therefore, although areas of key content (e.g. the theoretical foundations of community nursing) were retained, students chose the illustrative examples and case studies for the unit.

Evaluation of the Revised Curriculum. Despite the apparently minor nature of some changes to the unit, notable changes in the attitudes of students and staff were evident in the next iteration of the unit. Quantitative feedback via the LEX survey showed a marked improvement in student evaluation of the unit. The unit scored between 0.1–0.5 points above the faculty mean in all domains. Of note, scores in the two domains that students had previously rated most poorly — namely that the unit helped students develop useful skills and knowledge, and that the unit structure and organization assisted student learning — were substantially improved. Qualitative feedback was also more positive. For example: "Learning how to care for someone holistically", "Tutorial sessions were engaging and enable us to

think broadly" and "The examples given in lectures were always relevant and very interesting".

Academic staff noted a major improvement in both tutorial content and student attendance. The use of targeted tutorial activities ensured that material was consistent across the class. According to staff feedback, the activities encouraged student participation and stimulated discussion.

Discussion

In this study, an action research process proved effective for developing the curriculum content and, especially, for redesigning the delivery of a course unit to educate students about and engage them with community nursing. Action research is ideally suited to the improvement of such educational practices (Altrichter, Kemmis, McTaggert, & Zuber-Skerritt, 2002; Coghlan, 2004).

Many factors influence the quality of student learning, including academic perceptions, student approaches to learning and learning objectives (Ramsden, 2003). Smith-Stoner and Molle (2010) argue that the quality of learning and teaching is improved by consultation with other academics, students and pedagogical experts. Indeed, this case study illustrates that, through the widely consultative and collaborative approach adopted in action research, student learning and engagement were increased.

The first iteration of the unit suggested that nursing students, at least in part, judge the quality of units in terms of relevance to their future clinical practice. However, although students often complain that certain parts of required study are not relevant to their practice or learning, the problem may primarily be the pedagogical design of the unit, rather than the content as such. In the next iteration of our unit, delivery of the content, which remained largely unchanged, was redesigned using student-centered pedagogy. The changes in delivery

style strengthened both student engagement and understanding. Additionally, strategies such as creating an engaging, relaxed atmosphere encouraged a dialogue that transformed learning from a didactic experience into a collaborative and interactive one (Carnell 2007; Smith-Stoner & Molle, 20010). Carnell (2007, p. 37) states that, in order for learning to be effective, there needs to be agency for the learner "where learners decide and review, belongingness develops, cohesion emerges; diversity is embraced."

Examining the effectiveness of educational and instructional design is valuable when reviewing a unit's success — or otherwise. An emphasis on student centered-education can be especially useful for units having reputations among students as being irrelevant, either to their current training or future careers. Moreover, newly qualified nurses often report feeling unprepared for the 'real world' of practice. This feeling originates, at least in part, from the perception of substantial gaps between the theory learned during training and actual nursing practice (Ewens, Howkins, & McClure, 1998). In our case, solving the problem of perceived irrelevance for future professional roles produced both increased student learning and engagement. The success of the strategy of developing clear, tenable links between theory and practice was reflected in the comments of the students after the second iteration. This linking of theory and practice can improve not only work preparedness, but can also reduce anxiety levels among graduates (Carnell, 2007; Ramsden, 2003).

Students are more likely to be positive about their learning experiences when they are part of a community that emphasizes learning and enquiry, and which is facilitated by effective pedagogy (Schell, 2006; Watkins, 2004). In this case, the changes in format of the unit's delivery included the provision of structured activities, which were interspersed throughout lectures, and promoted student engagement. Activities included involving students in case studies that required them to think critically and creatively about various topics. Questions posed during the lectures tested students' knowledge and application of

previously-covered principles and concepts. Students were asked to reflect upon questions, problems or examples from clinical settings, discuss them with their peers and then feed back their answers to the whole class. As a result, we successfully created a learning community in which students and teachers learnt together (Watkins, 2004).

Conclusion

This research project highlights the value of using an action research process to evaluate the effectiveness of units within curricula, to initiate targeted development of effective instructional design, and to increase student engagement and learning. A well-received, instructional unit that performed well in formal student evaluation and was perceived as relevant to future professional practice resulted from the process.

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