

Personal Nursing Education Philosophy  
Nursing 633: Rethinking Nursing Education  
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Personal philosophy is based on one's experiences, education, exposure, values and goals. Educational philosophy is much the same, with great influence from personal experiences as both learner and teacher. Recent exploration of a variety of learning theories has illuminated and begun to clarify my personal philosophy of nursing education. Learning theories which influence my practice and that I find myself using most frequently include andragogy, social cognitive orientation, and transformational learning. Although I am now able to categorize these theories in more formal context, each of these theories contains learning principles I have always valued as an adult learner. As I grow and mature as a learner, a teacher, and a nurse, my insights and understanding as to what is the true value in nursing education is also developing and changing.

Andragogy is defined as "the art and science of helping adults learn" (Knowles, 1980, in Merriam, Caffarella & Baumgartner, 2007 p. 84). Knowles belief was that learning was facilitated when the focus was on the needs of the learner, the environment, and when adequate learning resources were provided. Knowles model, developed from his research, was based on assumptions he made about adult learners including: need to know, self-concept, experience, readiness to learn, orientation to learning and motivation. These assumptions describe the adult learner as one who needs to know why they need to know something, or the rationale for the learning experience. Adult learners also come to the table with a wealth of life experience, have a more independent self-concept, and demonstrate readiness to learn, motivation and perspective based on their societal role and level of development.

In evaluating the differences between pedagogy, based on content, and andragogy, based on process, the pros and cons of andragogy in nursing education can be discussed. Knowles assumptions describe the foundations of adult learning theory or andragogy. As described by

Merriam, et al., (2007) self-concept of learners changes over the lifespan moving from dependence to self-direction. Many nursing students come to nursing as a second career, having a variety of life experience including parenting, work experience, and human science or non-related educational degrees. Adult learners bring with them valuable knowledge and experiences from which to draw learning scenarios and reflective learning. Andragogy and related adult learning theories address the needs of these learners and build on what is already known, expanding the knowledge base and heightening self concept.

It is difficult to think of non-beneficial examples of andragogy. It may be better to think of pedagogy and adragogy as a continuum of learning (Merriam, et al., (2007). Most benefits of pedagogy style learning come at a young age when there is not much life experience to build on and more dependence on others for information. Moving toward adulthood people become increasingly independent and lean toward adult learning styles. In both instances there may be benefit from the other learning style. Consider the youth who has had many experiences, maybe hospitalizations or changes in environments. This young person may be able to incorporate their experiences into their learning and build their knowledge base. On the other hand an adult who has had limited experiences or educational exposure may be less able to work within and adult learning framework and may feel more comfortable in a more traditional teaching-learning environment.

Andragogy is an effective learning framework for nursing education. Contemporary nursing education takes place in formal classroom settings, informal meetings, online, via teleconference, self-study modules, group and individual work. Andragogy emphasizes the faculty role as guide, facilitator, or coach to the active self-motivated participant (Billings & Halstead, 2005). In nursing, learners are working in a variety of settings, developing critical

thinking skills, reflecting and evaluating practice, and exploring resources. Andragogy style learning environments foster these skills and prepare nurses and nursing students to utilize these behaviors when out in practice, to expand and develop their knowledge base.

Putting adult learning principles into educational practice could include involving learners in course development, teaching and evaluation, discussion and or journaling assignments which allow for sharing of ideas, feelings and experiences, and independent study and projects where students do the information gathering and presenting. The faculty remains the expert, but the approach to learning is collaborative with emphasis on real life scenarios, experiential reflection, exploration and inquiry (Billings & Halstead, 2005). In addition to facilitating experiences, the faculty's role includes helping learners identify what is of personal value and what provides motivation for their learning, the key to successful learning for the adult learner.

Social cognitive learning is learning which takes place in a social environment, by observation and participating in social interactions. "By observing others, people acquire knowledge, rules, skills, strategies, beliefs, and attitudes" (Merriam, et al., 2007, p. 288). Bandura, the theorist credited with "social cognitivism," emphasizes that learners are actively involved in their learning environment by use of selection, intention, and self-regulation of their own learning process (McEwen & Wills, 2007). Although modeling is an important part of social cognitive learning, it is not always immediate and most often takes place at a later time. For example, a graduate nurse may be participating in end of life care with an experienced nurse. The behaviors and communication the experienced nurse uses to work with the patient and family are observed closely. At a later date, the graduate nurse may model the same behaviors and utilize the same communication techniques to work with another family in a similar situation.

Social cognitive learning can have both positive and negative influences on learners. Those students fortunate enough to work in supportive environments which role-model excellence will benefit from their observations and interactions with experienced staff. These students will move into their role with reflections on meaningful activities and experiences to draw on. On the contrary students who either by personal choice or situation are not engaged with role models who demonstrate quality in practice, may not learn these behaviors or develop strategies with which to fall back on. Callery (1990) points out “social learning theory does not discriminate between desirable and undesirable learning, the role model is a learning tool whether of excellence or otherwise” (p. 326).

Social cognitive learning theory is popular and useful in modern nursing education. Cognitive learning is very effective when used in real life situations or practice environments. Skills labs and clinical nursing rotations are based on models where the activities of nursing are role-modeled by an instructor or experienced nurse, they are observed by students, who incorporate their prior knowledge, learned behaviors are then modeled by the students. Much of what we learn as nurses is learned during bedside practice in the hospital or clinic. Following are several examples of how social cognitive theory could be used in nursing education. During a typical medical surgical rotation in nursing school students may only care for a handful of patients at a time and may never be exposed to things they learn about in school. The post-conference is a useful tool incorporating social cognitive learning by sharing information and experiences among students who did the activity and those who couldn't directly participate in the care. Another useful way to emphasize social cognitive learning is using an advanced organizer to prepare students for their learning assignment, followed by time for discussion about their experience (Billings & Halstead, 2005).

Transformational learning is knowledge development based on changes in consciousness and awareness, including analysis and adaptation of one's personal beliefs. According to Merriam, et al., "transformational learning occurs when there is a transformation in one of our beliefs or attitudes, or a transformation of our entire perspective" (2007, p. 133). This type of learning takes place when one uses reflection on past experiences or events, incorporates new knowledge and works to change future expectations or behaviors (Rashotte, 2002). The four main components of Mezirow's psycho critical approach to transformative learning theory include the components of experience, critical reflection, reflective discourse, and action (Merriam, et al., 2007). The process of transformational learning takes place with an experience and the learner examining his or her own beliefs and assumptions about that experience. Merriam (2007) describes the reflective discourse phase as "weighing evidence for and against the argument and critically assess(ing) assumptions" (p. 134). Action, the final component, can range from simple decision making to drastic social action and can be immediate or delayed.

Transformational learning is beneficial because it is learning and growing in the truest sense. This type of knowledge development incorporates all of the components of effective learning with the most important of outcomes, a change in practice or action. Merriam (2007) drawing on Mezirow's work states that the outcome of transformational learning is development and that perspective transformation is "the central process of adult development" (p. 147). On the contrary, providing opportunities for transformational learning can be a challenge for educators. Transformational learning occurs by promoting reflection, conversations and exploration of one's own feelings and perspectives. Activities which enhance these skills and encourage reflection take time which can be in short supply in nursing where productivity and multi-tasking are often the popular mode. Allowing students the time and space for transformational learning

experiences can be a challenge in today's learning environment. In addition, not all learners may be ready or comfortable with reflection and feeling exploration.

Transformational learning is appropriate in nursing education because it involves all the elements of successful nursing practice and growth. Experience, critical reflection, reflective discourse, and action could be considered a road map to advancing one's nursing practice from novice to expert. As nursing practice develops, meaningful experiences are compiled and reflected on with each additional experience. As knowledge is gathered and added to experiences, ideas, attitudes and possibilities change. Repeated exposure and experience promotes critical reflection, evaluation, and reflective discourse. Practice or action changes in accordance with our new found knowledge and understanding. Learning situations which cultivate transformational change in nursing education could include group or team work for problem solving, promoting both autonomy and collaboration, and encouraging activities which promote exploring individual perspectives and foster reflection and discussion (Merriam, et al., 2007).

Education philosophy is grounded personally in experiences and values of practice. Nursing students and nurses as students need education which prepares them for the all encompassing role of professional nurse. Incorporation of adult learning principles including social interaction and learning generated from experiences meets the needs of today's nurses. No one style of teaching or learning can meet all of the varying needs of today's learners, nor should they. Teaching and learning whether lifelong or situational must incorporate variety and most of all meet the needs of the learner. Educational theory which prioritizes the learners' needs and experience above that of anything else is the theory which prepares the learner for true knowledge exploration.

## References

- Billings, D.M., Halstead, J.A. (2005). *Teaching in nursing: a guide for faculty*. St Louis: Elsevier.
- Callery, P. (1990). Moral learning in nursing education: a discussion of the usefulness of cognitive-development and social learning theories. *Journal of advanced nursing*. 15(3), 324-8.
- McEwen, M., Wills, E.M. (2007). *Theoretical basis for nursing, 2<sup>nd</sup> edition*. Philadelphia: Lippincott.
- Merriam, S.B., Caffarella, R.S., & Baumgartner, L.M. (2007). *Learning in adulthood: a comprehensive guide*. San Francisco: John Wiley and Sons.
- Rashotte J. (2002). Incorporating educational theory into critical care orientation. *Journal of Continuing Education in Nursing*. 33 (3), 131-7.