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Dip.C.N.E., M.Ed., Cert. Ed.

Thesis Title:

"How Lecturers Experience Student-Centred Teaching"

Submitted March 2003

This thesis is submitted in partial fulfilment of the requirements for the degree of Doctor of Philosophy.

Department of Educational Research

Lancaster University

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This thesis was completed as part of the Doctoral Programme in Educational Research. The following article-length assignments were submitted as part of the requirements of that programme:

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Declaration:

This thesis is my own work and has not been submitted for the award of a higher degree elsewhere.

Signature:

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Abstract

This thesis reports the findings of an essentially phenomenographic research study into nurse teachers' Conceptions of Student-Centred Teaching and Student-Centred Approaches to Teaching. The focus on the experience of student-centred aspects of teaching is a departure from previous research from this perspective in Higher Education that has focused upon teachers' *experience of teaching*. The approach and focus of this study is also a departure from research into student-centred teaching in nurse education. Previous research in Higher Education has identified and reported qualitative variation in conceptions of teaching and qualitative variation in approaches to teaching and these have been categorised as either teacher-centred or student-centred. However, the interpretation and separation of conceptions of teaching and approaches to teaching has been largely as a result of the researchers' interpretation of what it means to be teacher-centred or student-centred in teaching. This study aimed at identifying the qualitative variation that exists in conceptions of student-centred teaching and student-centred approaches to teaching from the perspectives of those nurse teachers who claimed to adopt student-centred methods in their teaching practice.

The findings of this study indicate that there are significant qualitative differences in nurse teachers' conceptions of student-centred teaching and their approaches to student-centred teaching than has hitherto been identified. In both cases a limited number of qualitatively different categories of description were identified (5 in each case) ranging from approaches to teaching that result in the reproduction of expert knowledge and skills to students developing their professional attitudes and values (affective components), and acquisition of disciplinary concepts and skills to student self-empowerment conceptions of student-centred teaching. This study also reports that the relations between conceptions of student-centred teaching and student-centred approaches to teaching are significantly different from previous research in this area, and suggests that some teachers holding student development conceptions of student-centred teaching adopt a similar sophisticated approach to student-centred teaching despite the existence of qualitative variation in their conceptions of student-centred teaching. This research extends our awareness of the experience of student-centred teaching. Finally, the implications of these findings for teacher development are discussed.

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Chapter 1

Introduction

The stimulus for this research project arose mainly out of the small research study exploring nurse lecturers' perspectives of the effects of the transfer of nursing education from the NHS to the higher education sector, conducted for the Policy, Change and Organisational Development module at Lancaster University (Brown, 2000). During focus group interviews, lecturers expressed concerns in relation to the quality of student learning as a result of this transfer. The central concern that was consistently stated revolved around their perceptions that higher education was not student-centred and focused more on the quantity of student numbers at the expense of a quality learning experience. In this latter sense, they were concerned that they were being forced to adopt teaching methodologies, particularly lectures to large classes, to fit with the increasing numbers of students they were teaching, without any regard to the quality of teaching and learning; the educational impact upon the students; the effects that such a move had on the lecturers themselves, for example, job satisfaction and motivation, or the absence of a clearly defined educational rationale for the selection of the most appropriate teaching and learning opportunities. The overriding perception that these lecturers held was that the driving force in higher education was cost effectiveness and this, in turn, meant less teacher-student face-to-face contact, and frustrated their ability to be innovative in the selection and use of teaching and learning methods that they deemed to be educationally more justifiable and appropriate for a given lesson or context.

The current study was conducted at a time of great change in nursing education in particular but also within higher education generally. In recent years there have been

external pressures on the UK higher education sector with the publication of National Committee of Inquiry into Higher Education (Dearing, 1997). In this summary report the committee recommended, '…that, with immediate effect, all institutions of higher education give high priority to developing and implementing learning and teaching strategies which focus on the promotion of students learning' (p. 43). This was signalled as the need to shift the focus from a teacher-centred and didactic education, which emphasised input and knowledge acquisition, to a learner-centred education, where the emphasis is on outcome. This is what Dearing called a shift from teaching to learning.

Additional pressures, particularly in the field of nursing and midwifery education, come in the form of a review of the preparation and training of nurses and midwives from the United Kingdom Central Council – UKCC (UKCC, 1999 – the Peach Report). The report entitled '*Fitness for Practice'* called for a radical overhaul of the way that nurses and midwives were being prepared to meet the changes that were taking place within the healthcare environment within the United Kingdom; to meet the changing healthcare needs of the population, and also to require educational institutions preparing prospective entrants to the professional register to provide them with the skills and knowledge for *lifelong learning, to become autonomous practitioners and to be able to base their nursing practice on evidenced based healthcare*. This follows previous initiatives also aimed at changing the focus and outcome of nursing education. In 1986, the UKCC published its proposals for the future of nursing and midwifery education, 'Project 2000: A new preparation for Practice' (UKCC, 1986). At this time, the Council's intention focused on the production of a 'knowledgeable doer', "That is an autonomous, accountable

practitioner who has not only the practical skills necessary to deliver high quality nursing care; but also the broad knowledge base and analytical ability to make informed decisions about care and its management, soundly based on research rather than merely custom and practice" (Jinks, 1991, p.127).

The commission made several recommendations, which have now been enshrined in legislation, outlining the nature and scope of all nursing programmes in the United Kingdom. These recommendations include: a one-year common foundation programme (CFP) which all student nurses, irrespective of which nursing discipline they have chosen to study (mental health nursing, children's nursing, learning disabilities nursing or adult nursing) must complete. During the CFP students will spend 50 per cent of their time in clinical practice and 50 per cent theory; the CFP will be outcomes-based: "The most important objective of the new year 1/CFP is that, upon completion, *all* students – regardless of age, background, experience on entry or progression – will be able to demonstrate achievement of *common* outcomes" (p. 28). The 'learning outcomes' are subsumed under four domains - Professional/Ethical Practice; Care Delivery; Care Management and Personal/Professional development. There are twenty broad learning outcomes that, in turn, subsume a total of thirty-eight specific learning outcomes.

During the remaining two years of the programme, the students will study in their chosen branch/discipline. In common with the first year, students will spend 50 per cent of their time studying theory in the university and 50 per cent of their time in clinical practice. Whilst the content of the remainder of the programme will continue to be delivered in relation to the previously mentioned four domains of practice, the

students are now required to demonstrate their abilities in relation to *competencies* instead of learning outcomes. There are seventeen general 'competency' statements that, in turn, subsume sixty specific 'competency' statements.

In addition to the above, the committee, in attempting to justify the 'outcomes-based competency approach to education,' stresses the need to review and change teaching methods:

> "4.10   Conventional approaches to education tend to be teacher-centred and didactic – the emphasis being on input and process, on the acquisition of knowledge and understanding through lectures and tutorials. Outcomes-based education, on the other hand, is student-centred and facilitative. The emphasis is on output, on the achievement of learning outcomes through group work and work-place application and the provision of evidence to validate competence (Wolff, 1996). Learning which takes place in a practice context is considered as valid as learning in an academic institution"

And further:

> 4.16   The development of an outcomes-based competency approach to pre-registration education has resource implications for HEIs and service providers. For HEIs, it will require a different approach to teaching and learning. Resources will have to be transferred from the classroom to practice contexts. Development work to support this transfer will be necessary, including teacher preparation, new assessment strategies, improved access to suitable IT and library facilities to support problem-based learning, and more extensive use of skills laboratories…" (UKCC, 1999, pp. 35-36).

From these latter statements there would appear to be no difficulty in implementing these changes – all that is required is staff training and more money. In times of increasing financial constraints within the higher education sector generally, it is difficult to see where this money is going to come from. Little attention is given to the changes that have taken place within the sphere of nurse education and the changing environments within which nursing education is now being delivered, both of which serve to highlight the pressures and contradictions with which nurse educators are, and will continue to be, confronted. The move to higher education establishments has

required nurse educators to reorganise nursing knowledge with the consequent effects on pedagogy. For some this has resulted in the development and provision of validated programmes in which students have less power and control over the content and pace of what is taught, and a revision of the nature of the teacher-student relationship (Chandler, 1991). These latter pressures are viewed as being counter to the student-centred nature of the curriculum and student development in the way that the UKCC intends, but for which it has little or no control.

In light of the foregoing external pressures, the researcher's university produced a Learning, Teaching and Assessment (LTA) document outlining a strategy to change the direction from a teacher-focused learning experience to a more learner-focused experience (Percival, 2000). Student-centred teaching and learning, then, is what teachers need to be developing. However, as will be seen in the following chapters, student-centred teaching is not clearly understood or articulated in the nurse education literature. This may cause further confusion amongst teachers unless there is an opportunity to establish what teachers mean by being student-centred in their teaching and how this understanding can be used to assist teachers to further develop their understanding related to this issue.

This study, therefore, is concerned with an exploration into nurse teachers' experience of student-centred teaching. The remaining chapters highlight the need for change in nurse education and outline the main theoretical and philosophical perspectives that are considered to influence both nurse education and nursing practice. There is also identification of some of the main issues and paradoxes associated in utilising these perspectives to inform teaching and learning (Chapter 2). Chapter 3 provides an

outline of the limited research that has been conducted into student-centred teaching in nursing education and reinforces the view that there is no single student-centred teaching method that can be employed to satisfy the professional body's vision of the knowledgeable doer. Given the paucity of research into student-centred teaching in nurse education and the growing interest in conceptions of teaching and approaches to teaching in other higher education disciplines, Chapter 4 provides an outline of some of the research in this area. This is considered to be appropriate for the following reasons: nursing education in the United Kingdom is nearly all conducted in higher education institutions; nurse educators are prey to similar pressures influencing their work as academics from other disciplines; staff development programmes tend to be focused on meeting generic staff development needs that may take little account of the academic's specific discipline; nurse education may be able to learn from research conducted in this area as well as being able to contribute to research related to teachers' experience of teaching. Chapter 5 outlines the relational approach adopted to investigate teachers' experience of student-centred teaching and suggests that focusing on specific and context related aspects of teaching practice is fit for the purpose of exploring the issues identified in this study. Adopting a relational approach is also considered to be important to explore the variation that exists in teachers' experience of student-centred teaching. This is a departure from previous research investigating student-centred teaching in nurse education and highlights the relational nature of teaching strategies and intentions and conceptions of student-centred teaching. Chapter 6 presents the findings of this study and indicates that there is, indeed, variation in how teachers approach student-centred teaching and that there is also variation in their conceptions of student-centred teaching. The relations between the varying approaches and conceptions are identified and made explicit. This research

also supports previous research suggesting that teacher approaches and conceptions can be seen to form an inclusive hierarchy with clear internal and external relationships. There is also empirical evidence to link teacher student-centred approaches to teaching and their conceptions of student-centred teaching. Chapter 7 discusses the findings from this research with previous research and indicates that nurse teachers have extended variation in their approaches to student-centred teaching and their conceptions of student-centred teaching than has hitherto been identified. The empirical relationship between approaches and conceptions of student-centred teaching also reveals a much more complex set of relations than has hitherto been identified. Chapter 8 draws together the main aspects of the findings and discusses the implications of these findings for nurse education and makes recommendations for future research in this area.

Chapter 2

Changing the Focus and Outcome of Teaching and Learning in Nursing Education

In this chapter, the intention is to further develop the context in which nursing education is changing, and to provide an overview of the main theoretical perspectives that are considered, by many, to offer an approach to the development of nursing education curricula aimed at fundamentally changing the focus away from teacher-directed and controlled educational experiences of student nurses, to a student-centred curriculum in which the learning needs of students is asserted as being of prime concern. Issues and concerns related to the adoption of humanistic, student-centred perspectives are also outlined and discussed.

2.1   Student-Centred Teaching - Philosophical and Theoretical considerations

The shift away from traditional, didactic teaching to independent, self-directed autonomous learning, where the responsibility for learning is located within each individual student is not a new feature of the recent demands for change in nursing education (Davis, 1990; Jowett *et al*, 1994; Button & Davis, 1996), and coincides with previous nurse education initiatives and reforms aimed at the development of independent, flexible and self-motivated practitioners, capable of evaluating their own skills and performance (UKCC, 1986 & 1990). The seemingly enduring argument for the need for change is characterised by Richardson (1988) citing a range of authors:

"In our world of rapid change the process of nursing must likewise change in order to meet new demands, new expectations, new technology and such. The nurse who is able to initiate and direct his/her learning in order to meet these changes is more likely to remain competent in the delivery of a humane and effective service than the nurse who has not acquired these skills…Nurse educators have, traditionally, employed lecturing as a means of exercising authority and control over students of nursing (Hurst, 1982). According to a number of writers this, combined with widespread emphasis of status, hierarchy and conformity throughout the nurse's career (Bendall, 1975; Clinton, 1982; Crout, 1980) has inhibited qualities such as creativity, imagination, problem solving skills, critical thinking, the ability to self-direct learning and the qualities and skills by which the nurse delivers care empathically to the client (Shetland, 1965; Bendall, 1975; Wyatt, 1972; Thomas, 1979; Crout, 1980; Clinton, 1982; Sweeney, 1986)." (p. 315-316)

Richardson (1988) asserts that the means by which nurse educators can release themselves from the shackles of the tyranny of traditional educational practices in order to 'liberate' themselves and their students, is to provide the conditions in which 'human beings flourish'. These liberating conditions, he suggests, are to be found in the humanistic teaching and learning philosophies of Freire (problem-posing education), Rogers (student-centred learning), and Knowles (self-directed learning). This is only one example of the many kinds of similarly worded 'arguments' that have been so persuasive for many nurse educators (see for example Coombe *et al*, 1981; Jones, 1981 and Iwasiw, 1987). Whilst Rogers' and Knowles' work concerns and emphasises the growth potential for individuals and the development of a positive self-concept and strictly embrace a phenomenological perspective, Paulo Freire's view of education is, whilst broadly based under the same humanistic umbrella as Rogers and Knowles, concerned with social processes and the potential that education has for liberating individuals and groups by encouraging them to become more active in their learning (Purdy, 1997a). Overviews of the philosophical and theoretical basis of these concepts are addressed in the next section of this chapter.

2.2 Humanistic education – Carl Rogers

Many of the underlying assumptions in relation to student-centredness, particularly within nursing education, have been informed by the work and writings of Carl Rogers, and were based upon his notion of client-centredness from his work as a non-directive counsellor. Rogers' (1983) student-centred approach to learning and teaching is based on his notion that teaching was an overrated function and that the aim of education should be the facilitation of learning. The mainstay of his assertions on student-centred learning was that, 'Learning takes place when the subject matter is perceived by the student as having relevance for his own purpose' (p.158).

Rogers (1983) believed that it was the education system's responsibility to nurture children and young people to aid their personal and social development, and also to ensure that was being learnt was meaningful and relevant to each individual concerned. Static knowledge was unimportant and students need to be able to learn how to find out the information that they needed to address their issues and concerns. Although he has stated on many occasions that teaching was an overrated function, the key players in this process of change and learning are teachers, but these teachers don't teach, they *facilitate* learning. Good teaching, or facilitation, particularly related to classroom instruction, seems to equate, for example, to: (a) the creative provision of learning experiences, by the teacher, from which students can select; (b) learning experiences that can stimulate excitement in the process of learning; (c) the creation of learning experiences that foster independence and self-direction in learning, and (d) learning experiences which aid the students' development of problem-solving skills.

The good teacher/facilitator is someone who: (a) is able to create a learning climate or atmosphere that fosters meaningful and relevant learning that is related to 'live issues'; (b) is able to create a learning climate in which mutual learning takes place (teacher and learner learning from each other); (c) values and seeks to enhance the personal relationship between the teacher and the student and who is 'human' in the classroom; (d) supports and accepts the expression of feelings and attitudes from students. In relation to the personal relationship that Rogers sees as being necessary for effective teaching/facilitation and for significant learning to occur, he talks about a 'person-centred way of being in an educational situation' (Rogers, 1983. p.95). For a facilitator to be a good facilitator, he/she has to possess three essential attitudes or qualities: genuiness; non-judgmental caring and acceptance, and empathic understanding.

From the foregoing it can be seen that, although learning and teaching methods are important and necessary, they are not, in Rogers' view sufficient in and of themselves for effective learning to take place. It is not only *what* the teacher/facilitator is doing to promote self-direction, excitement in learning and the methods of instruction or learning experiences and so on that is of importance. For significant and meaningful learning to take place for the student it is *how* the teacher/facilitator is *with* the student that takes precedence. It is the qualities and attributes of the teacher/facilitator that are seen as being fundamental to support the process of learning how to learn. These qualities and attributes are thought by Rogers to be essential pre-requisites for effective teaching or facilitation. From a nurse education perspective, Rogers' theory of learning requires the nurse teacher to become another learning resource, rather than the conveyor of information.

Rogers contends that traditional ways of teaching, and the lecture in particular, are outdated and stifle creativity and narrow the range of cognitive and affective development and the skills that students will need to develop in order to be able to learn how to learn. The differences between traditional and student-centred learning that are conceptualised by Rogers, would appear to be so different that they are presented as being incompatible and mutually exclusive, with teacher-centred methods, beliefs and values at one extreme, and student-centred methods, beliefs and values at the other extreme.

2.3 Humanistic education – Paulo Freire

Rogers' concerns about the nature of learning and teaching expressed above are also reminiscent of the traditional teaching and learning practices identified by Paulo Freire (1972). In Freire's conception of the oppressor/oppressed dichotomy, he considered that it was the education system that perpetuated the social injustices, inequalities and oppression of the masses. He asserted that it was the role of teachers, wittingly or unwittingly, to maintain and perpetuate social injustice through the instillation of a 'false consciousness' in their students, and thereby conditioning and misleading them. Freire termed conditioning as the 'banking' concept of education. Education, in his view, was seen as a depository. The teacher deposited knowledge into the minds of the students – the depositories.

In Freire's view, the 'banking' concept of education treats men as adaptable, manageable units. The students develop a passive role in their education, and the harder they work to store the deposited knowledge, the less likely they are to develop

a critical consciousness. As a result, the students end up with a fragmented view of the world to which they are forced to adapt. From these concerns he proposed an alternative approach that he called a 'problem-posing' system of education. He envisaged that this approach would encourage the development of the student's critical consciousness through a dialectical dialogue with the teacher. Such a relationship would mean an end to the top-down traditional relationship between students and teacher, and the emergence of a more horizontal relationship where the teacher-student dichotomy ceases to exist. The teacher-student relationship is thus transformed into, "…teacher-student with students-teachers. The teacher is no longer merely one-who-teaches, but who is himself taught in dialogue with the students, who in their turn while being taught also teach"(p. 53). Freire considers this is a process by which men develop their power to perceive critically, and to reflect and act upon their social reality. The knowledge content of education is not controlled by either party but is generated by both parties in collaboration. The knowledge that is generated will be relevant and meaningful to both parties who, as a result, will become authentic and fully humanised.

Freire's notion of dialogue between students and teachers as a means of transforming the educational process has support from a variety of nurse educators (Happs, 1991; Mazhindu, 1990; Burnard, 1987a; Burnard, 1992).

2.4 Humanistic education – Malcolm Knowles

In 1970 Malcolm Knowles published his book entitled, 'The Modern Practice of Adult Education: From Pedagogy to Andragogy.' In this publication he was most concerned

with the fact that teachers of adults did not have, and have not had, a coherent theory of adult learning or teaching to justify their practices. Moreover, he suggested that there seemed to be no clear differentiation between how adult educators taught adults and how teachers of compulsory education taught children.

Knowles (1970) views self-directedness as the main characteristic of adulthood, and it is the achievement of self-directedness that is at the centre of andragogy (Brookfield, 1986). Knowles suggests that knowledge gained by an individual at age 21 is largely out of date by the time that he is 40. On this latter point, Knowles suggests that it is necessary to redefine education from the transmitting of what is known, and view it as a lifelong process of discovering what is not known. Fundamental to Knowles' assumptions is the notion of difference. Knowles argues that the way children learn (pedagogy) is fundamentally different to the way in which adults learn. Therefore, there is a need to review and identify different educational theories, philosophies and teaching approaches that reflect those differences. Milligan (1995) citing work of several authors, identifies the key elements of the andragogical approach: "…facilitation of adult learning that can best be achieved through a student-centred approach that, in a developmental manner, enhances the student's self concept, promotes autonomy, self-direction and critical thinking, reflects on experience and involves the learner in the diagnosis, planning, enaction and evaluation of their own learning needs" (p. 22).

The relationship between the concepts of student-centred learning, self-directed learning and andragogy is seen by some to be synonymous, and continues to emphasise the inherent dichotomy between andragogy and pedagogy (Jinks, 1999).

According to Sweeney (1986), Knowles' theory of andragogy is the uniting force
between the two concepts:

> "… 'self-directed learning', reflects the move towards increasing
> personal responsibility for autonomy in determining what should
> be learned and how, according to individual needs…'student-centred
> learning', reflects the humanistic influence on education which stresses
> the importance of holistic learning, the democratisation of the teacher-
> learner relationship and the notion of personal growth for both through
> an interactive learning process… 'andragogy' the philosophy of adult
> learning, unites these two concepts in a manner which emphasises the
> fundamental differences in approach between adult learning and
> pedagogical instruction" (p. 257)

The humanistic perspective emphasises process in education, and a change in the
relationship between the teacher and the student, to achieve the desired, but
negotiated, outcomes. The UKCC is more concerned with pre-determined outcomes of
education and not with the educational process itself. The situation is complicated
further by the addition of another interpretation of the links between pedagogy and
andragogy. Milligan (1995), arguing against the unhelpful andragogy-pedagogy
dichotomy, asserts that andragogy should be conceptualised as a discrete theory of
adult education that is consistent with the romantic curriculum. Moreover, he asserts
that andragogy should be conceptualised as a, 'field within the broad concept of
pedagogy.' Pedagogy, according to Milligan (1995), should be viewed as the all-
encompassing concept that subsumes andragogy and Freire's pedagogy. The
relationships between andragogy and pedagogy, and between the concepts of student-
centred, self-directed and problem-posing education are becoming increasingly
blurred and unclear.

2.5 The Appeal of Humanistic Education for Nurse Education

In this section the focus will be on why student-centredness in teaching and learning has a particular appeal to nurse educators and for nursing in general.

Over the past decade and a half there have been major changes in the education and preparation of nurses. These changes necessitated a move away from traditional teacher-centred methods to more student-centred methods (Rideout, 1994). Rideout (1994) asserts that the change towards student-centred approaches will help to meet the changing demands by, 'teaching reflection, criticism, independence, creativity and inquiry.' According to Rideout (1994) this requires nurse educators to reconceptualise the teaching-learning process to enable students to develop the self-reliance that will be required for them to work in a rapidly changing health care system.

Rolfe (1993) also considers that nurse education needs to change for similar reasons to those identified by Rideout. However, he argues that the move to higher education saw nurse education move towards a traditional higher education model of teaching and learning. Rolfe (1993) argues that the change from being student-centred to becoming more teacher-centred was a predictable shift. However, and despite the move towards more teacher-centred approaches, Rolfe contends that the emphasis on professional autonomy, primary nursing, and holistic practice indicates that student-centred courses are needed now more than ever. In arguing for a return to student-centred learning and teaching, Rolfe is not asking nurse educators to change the teaching methods that they use with students because that will make the courses student-centred. He is arguing that nurse teachers need to base their approaches and their methods on a set of values that should underpin the choice of methods that

teachers identify and utilise in their respective practices. The selection of appropriate teaching and learning methods should be commensurate with a student-centred learning philosophy. Underlying Rolfe's concern is the belief and conviction that if students experience a genuine sense of autonomy and self-direction in their programmes, they will then be more likely to transfer these qualities and attributes to their respective nursing practice and future learning.

There are many supporters of the need for change in the teaching-learning that takes place in nursing education, particularly for the adoption of a more humanistic, student-centred philosophy of andragogy, with one of the earliest being Hurst (1985). The benefit to be gained from this dramatic change is an educational system that prioritises the need to develop relationships with students and to provide teaching/learning opportunities that involve:

- fostering the acquisition of self directed, self initiated skills that have long term benefits to the student, the nursing profession and clients (Richardson, 1988);

- changing the asymmetrical power relationship between students and their teachers that is considered poor role-modelling for empathetic nurse-client interactions (Sweeney, 1986);

- stopping the reproduction of a social order that was based on class privilege and patriarchal values (Moccia, 1990);

- mirroring the need for a more contemporary identification with the ethos of nursing practice which requires a shift in focus from a technical curriculum, based upon content-oriented behaviourist models to encompassing a curriculum model

that emphasises the humanistic and emancipatory philosophy (MacLean, 1992); and

- the belief that the production of patient-centred nurses is predicated on an educational system whose philosophy is student-centred (Jasper, 1994).

Probably the most persuasive argument that underpins the appeal of student-centred teaching and learning in nursing education contexts is the student-teacher/nurse-patient analogy. Several writers suggest that the teacher-student relationship fostered in educational settings is analogous to the nurse-patient relationship in client-centred approaches to nursing clients (Burnard, 1991; Milligan, 1995; Sweeney, 1986; Cohen, 1993 and Jasper, 1994); and if students do not experience empathy, unconditional positive regard and being treated in a non-judgemental manner in the teacher-student relationship they are unlikely to practice in a client-centred way (Jones, 1981 citing Holden, 1979), and that it would appear to be counter-intuitive to advocate that nurses should work in a patient-centred way to develop patient autonomy, and not to encourage practitioners to become autonomous in their learning practices (Burnard, 1989a). In a nursing practice context, it is argued that application of an existentialist, humanistic, patient-centred philosophy of care can assist nurses to better accommodate individual patient's subjective experience of their current situation; to acknowledge the uniqueness and unpredictability of individual patient experiences in order to offer a more individually tailored and effective nursing care (Binnie and Titchen, 1999).

This degree of role reciprocity between nurses and clients is seen as giving clients more control over what happens to them. The same degree of personal control that students have over their learning is seen to empower them and to enable them to

become more active in their learning with appropriate learning activities, learning support and feedback provided by teachers (McManus and Sieler, 1998). McManus and Sieler (1998) argue that this degree of role reciprocity can be achieved by the use of student-active learning approaches that are considered to 'reduce student anxiety, increase understanding and aid memory' (Phillips, 1988 as cited by McManus and Sieler, 1998). McManus and Sieler (1998) argue that this philosophical shift in control of responsibility to students is consistent with the nursing profession's expectations for continuing professional development and competence.

Other reasons for the attraction of nurse educators and nurses to student-centredness and andragogy relate to the humanistic approach to psychology and care and, in particular, the importance of self-direction and the development of the self-image, and learner responsibility in learning (Burnard, 1990); the use of experiential teaching and learning methods leads to more personally meaningful learning and to greater understanding and sense making (Boydell, 1976, cited by Merchant, 1989); supports the use of PBL methods that encourage students to construct their own knowledge and are, therefore, actively involved in the learning process; utilises existing knowledge and aids student development (Haith-Cooper, 2000). Problem Based Learning (PBL) is the only teaching/learning method promoted by the UKCC. However, and paradoxically, the UKCC, as well as promoting PBL as the main teaching/learning method, is also promoting competency-based education (CBE). PBL and CBE are viewed as being predicated upon two opposing teaching philosophies. CBE is analogous to a teacher-centred and information-driven, fact-based learning, which is outcomes-based and follows a narrow behaviourist approach with a focus on clinical competency (Ashworth and Morrison, 1991). PBL, on the other hand, is viewed as

being more akin to a student-centred and self-directed approach (Milligan, 1999) in which learning is enhanced because it is seen by the students to be more meaningful, personal, relevant to nursing practice, challenging, and focuses on critical thinking and clinical judgement (Bechtel *et al*, 1999). Bechtel *et al* assert that the merging of the two approaches could result in the creation of a higher level of student inquiry and a more expert nurse. These authors argue that both approaches to teaching and learning reflect integral aspects of nursing and that focusing on only one part of the dichotomy is inadequate:

> "Skill competency is an essential component of undergraduate nursing education and a societal expectation of nursing graduates. However, an undergraduate programme that focuses on clinical proficiency while minimizing emancipatory thinking is not preparing a professional for the 21st century. Critical thinking skills, as well as mechanical skills, must be incorporated into a dynamic learning environment. Each is an integral aspect of nursing, one without the other is inadequate and even dangerous. While giving up an emphasis on either philosophical approach may initially be quite difficult for educators, the transition toward balanced learning would result in a more proficient, insightful, and scholarly clinician."
>
> (p. 186)

Ashworth and Morrison (1991), on the other hand, argue against the inclusion of a competency-based approach because they consider the approach to be faulty, ill conceived and, "…inappropriate to the facilitation of training of human beings." The CBE and behavioural outcomes approach are also considered as being more akin to industrial training as opposed to meeting the educational needs of students (Gerrish, 1990). Gerrish argues that this approach is antithetical to the humanistic view of clients and students and will not enhance nurses' need for continuing professional development if they do not perceive their educational experiences that have intrinsic value to the individual.

Nursing is a complex occupation requiring a range of knowledge, skills and attitudes for effective practice. The challenge for nurse educators, it would seem, is to find the balance between prescribed knowledge, skills and attitudes deemed necessary for professional practice and the potential for meeting the student-centred, self-directed and independent learning needs of students.

2.6 Student-centred Teaching and Learning: issues and paradoxes

For some nurse teachers the adoption of a humanistic perspective is viewed as the panacea for student learning that would meet the criteria for 'knowledgeable doers'. All that is required is a change in the teaching-learning process (Coombe *et al*, 1981). Jones (1981), writing nearly twenty years ago, argues that it is not possible – or even desirable, to pursue student self-direction to its extreme within the parameters of professional education. Darbyshire (1993) in a critique of Malcolm Knowles' notion of andragogy, asserts that whilst andragogy has been increasingly accepted and actively promoted and espoused as an educational philosophy within nursing and higher education, nurse educators have, like so many nurse educators' causes, adopted this notion wholly and uncritically:

> "…it seems that for many nurse educators, andragogy has become
> the new orthodoxy or new religion to be extolled as the 'underpinning
> philosophy' for everything from curricular design to teacher-student
> relationships" (p. 328)

Darbyshire (1993) argues that this unquestioning acceptance has partly come about due to nurse educators' need to seek academic credibility and theoretical respectability as nurse education has gradually moved into the realms of higher education. However, he further asserts that:

"Unfortunately however, nursing's rush to find theoretical respectability was often more headlong than considered" (p. 333)

In this sense, he is chastising nurse educators for aligning themselves with an approach that is more akin to a collection of teaching techniques and strategies as opposed to an educational philosophy. It is an approach, he suggests, whose main theoretical assumptions about the nature of learning and the characteristic differences in how children and adults learn, are fundamentally flawed. Even more, there is a lack of empirical evidence to support many of these assertions (see also Pratt, 1988). Indeed, and further to the above, Jarvis (1983) highlights similarities between andragogy and the romantic curriculum that stems from the 1960s when, 'the romantic curriculum and ideas of knowledge for the sake of self-development and self-expression became the vogue, experience and project work became commonplace, the integrated day became a way of life in some schools.' Andragogy, claims Jarvis, is 'an incomplete formulated theory of the romantic curriculum', and 'a sign of the times' as opposed to offering anything substantial in today's social context.

Binnie and Titchen (1999) argue that the adoption of an existentialist, humanistic, patient-centred philosophy of care should be seen as more of an ideal rather than a reality and very much depends upon, amongst other things, the skills and commitment from the nurses themselves to work in this way with clients, and (citing Manthey, 1980), that staff treated in an inhumane way by their managers are unlikely to deliver humane and thoughtful care to their clients. Based on the foregoing assertions in support of a more humanistic orientation to the education of student nurses and its links with the practice of nursing and the effectiveness of care delivery, the situation becomes more complex than Burnard (1991), Milligan (1995), Sweeney (1986), and

Cohen (1993) suggest. Even if we accept that student nurses ability to practice in a patient-centred way is predicated on their experiencing an empathic, unconditional and non-judgemental relationship with their teachers at university, their ability to practice in the same way in a clinical setting is clearly dependent on a variety of other factors as Binnie and Titchen (1999) and Manthey indicate. Binnie and Titchen argue that nurses not only need the skills to practice in a patient-centred way, but they also need to have developed a *commitment* to practice in this way. It could also be argued that, even if students experienced the kind of positive relationship identified above with their teachers at university, it does not necessarily follow that these very same students will possess the same degree of commitment to their own practice with patients. Even if they possessed the skills and the commitment to practice in a patient-centred way, it does not follow that they will be able to practice in this way with clients if the staff and managers of the service do not share that commitment.

An additional concern relates to the underlying, shared principle in humanistic education that freedom of choice and dignity should be maintained and that participation in learning should be voluntary – particularly in experiential learning. What happens when a student refuses to take part in experiential educational situations or activities that they may find embarrassing and demeaning? According to Pulsford (1993), teachers may set up experiential learning exercises, for example role play and simulation exercises, skills training and so on, where the teacher has an expectation that the students will participate as this may help students to improve interpersonal and communication skills. However, Pulsford suggests that teachers may develop a negative view of students who do not participate in such activities. Not taking part in experiential learning activities may raise questions about the student's ability to

provide effective psychological care to clients, and teachers may question the student's choice of profession. This approach, Pulsford argues, does not fit easily with, "the person-centred, humanistic philosophy that experiential learning methods purport to embrace." (p. 141).

In response to the criticisms in relation to the distinction that Knowles makes between the aims and methods of pedagogy and andragogy, Knowles refined his theory. In 1980, Knowles' acknowledges that he made some errors in his previous deliberations extolling the differences between pedagogy and andragogy. Knowles further refined his theory to acknowledge that children, like adults, can be self-directed and autonomous in their learning, but it depends on the situation. Darbyshire (1993), argues that this about-turn is unconvincing and those who subscribe to his original workings, are now faced with the dilemma of selecting the appropriate teaching method or technique from the 'pick 'n' mix' of 'supposedly' andragogical or pedagogical approaches for teaching students. Additional concerns that have been highlighted in the nursing literature indicate that student nurses (adults) are not necessarily autonomous learners and they need to be taught to be self-directed learners via a pedagogical approach (Nolan & Nolan, 1997).

Other features of the debate in the literature that have added further confusion relate to questions about understanding of the main concepts used:

- what is meant by 'self-directed learning' in nursing education (Nolan & Nolan, 1997);

- student-centredness shown as a multi-faceted concept that means different things to different people (D'A Slevin and Lavery, 1991; Jinks *et al*, 1998);

- the problems of promoting a student-centred, adult orientation into nursing curricula due to the multi-dimensional nature of these concepts (Jinks, 1999);

- andragogy is an oppressive educational philosophy that fails to encourage student, particularly women, to critically appraise or challenge the fundamental basis of their lived experience (Harden, 1996); and

- if the characteristics of self-directed learning, developed from the work of Knowles by Iwasiw (1987), indicate that student nurses are responsible for: (1) identifying their own learning needs; (2) determining their own learning objectives; (3) deciding how to evaluate learning outcomes; (4) identifying and pursuing learning resources and strategies; and, (5) evaluating the end product of learning, are taken to their logical conclusion, self-directed learning requires no teaching at all.

This latter point is an untenable position in professional education where students have to be able to meet statutory pre-determined learning outcomes prior to entry to their chosen nursing discipline at the end of their first year, and where they have to meet pre-determined competencies in their second and third year before they are eligible to have their names entered onto the professional register and prior to practising as a registered nurse (UKCC, 1999). This is in addition to 'other defined' learning outcomes that are prescribed by each individual institution. It is suggested that the pursuit of student-centred, self-directed learning to the above extreme is not possible within the constraints of professional education (Jones, 1981; Pratt, 1988), and in a closed period of time with a clearly defined end product, and the direct

conflict between the amount of syllabus content and the amount of self-direction

required for student development (Burnard, 1990). This state of affairs creates a

paradox given that the five characteristics identified by Iwasiw (1987) are very similar

to the very aims of nursing continuing education (UKCC, 1995) and pre-registration

education (UKCC, 1999). In a severe blow to nurse teachers who have invested much

time and energy in wholeheartedly adopting a humanistic, person-centred philosophy

of teaching and learning, it is asserted that there is now an increasing body of evidence

that supports a "…reappraisal of the blanket application of self-directed and learner-

centred approaches in nurse education" (Nolan & Nolan, 1997).

Further difficulties emerge in the literature when considering what it means to

encourage self-directedness in students and whether this relates to student-centredness

or andragogy. An example of this confusing combination is contained in the work of

D'A Slevin and Lavery (1991). According to D'A Slevin and Lavery, student self-

direction in learning is a feature of both student-centredness and andragogy. However,

the term is more problematic than some writers and curriculum planners acknowledge.

In order to clarify the concept, D'A Slevin and Lavery, citing the work of Lawson

(1979), assert that the difference is neatly cleared up by differentiating between

student-centred teaching and self-education: "The former involves the student taking

an active role in the teaching-learning situation, with the teacher acting as a facilitator.

The latter assumes no direction from the teacher. The student learns by his own

devices' (D'A Slevin and Lavery, 1991, p. 369). According to these authors, the main

problem lies in how the student and teacher roles are defined, and in the degree of

control that each has within the teaching-learning transaction. In an andragogical

sense – as it is in the Rogerian sense, student self-direction is about the students

identifying their own individual learning needs, setting their own goals, identifying the learning activities to meet these needs and evaluating the achievement of their own learning: "The teacher's role is that of facilitating learning. In essence this can mean a relationship in which the student *decides* and the teacher *responds*." However, D'A Slevin and Lavery (1991), argue that whilst this degree of student autonomy makes sense in non-formal educational settings, the degree of control that students have in a statutory prescribed educational programme limits the potential for student freedom since some kind of formal acknowledgement has to be made about how the student has met the statutory learning outcomes set by the external agency. The situation is further compounded when the terminology of student- or teacher-control, or roles, and the degree of control required are unclear (D'A Slevin and Lavery, 1991; Iwasiw, 1987). A further concern in relation to the teacher's role as facilitator in student-centred curricula relates to the lack of a clear understanding of what the concept of facilitation means (Iwasiw, 1987). Facilitation is a feature of andragogy and student-centred, self-directed approaches to teaching and learning. Cross (1996) conducted a wide-ranging analysis of the concept of facilitation and identified an initial set of 17 categories defining the concept. With such a wide variation in the literature on facilitation, to say that a teacher facilitates learning very much underestimates the range of roles that a facilitator may be defined as adopting.

The lack of clarity between student-centredness and andragogy is not unique to nurse educators. There is also a problem associated with the confusion between student-centredness and 'progressive educational practice' (Bates and Rowland, 1988), open learning (Fay, 1988), and distance learning (Elton, 1988). Criticisms of Knowles' work come from many quarters, and assert that his work on andragogy (and his

treatment of pedagogy) is not value-free or situation-specific both in its conception and practice. The distinctions that Knowles makes between pedagogy and andragogy and his suggestion that both pedagogical and andragogical practices are required in teaching adults, highlights an inconsistency between dependence and independence in learning: 'can a student be both dependent and independent at the same time?' This latter concern is clearly illustrated by Thompson (1989):

> "One cannot hold the belief that learners are, by definition, dependent while at the same time believing that they are only dependent in particularly temporary situations. One can vary one's practices as the context requires, but one does not have underlying philosophical beliefs about learners and their orientation to learning that are contextual." (p. 8)

2.7 Student-centred Teaching: Rhetoric or Reality?

For some writers, self-direction and so on in learning, and presumably its promotion by teachers, is more of an aspirational set of assumptions depicting what teachers think adult learners should be like as opposed to descriptions of what they are like (Hartree, 1984). In this latter sense, this notion could be extended and applied to nurse educators' ideas about what student nurses should be like during their programmes and how they would like to see students develop as nurses and as people. In a nurse education context, being self-directed is valued because of its association with humanistic education philosophy, professional autonomy and nursing practice (Iwasiw, 1987). However, in reality, student nurses cannot be wholly self-directed due to the prescriptive nature of their professional programmes, as Iwasiw indicates:

> "In nursing, self-directed learning must occur within the boundaries imposed by professional, curricular, legal and institutional requirements. 'Freedom within boundaries' generally describes self-directed learning activities in nursing." (p. 224)

As with Thompson (1989), if nurse educators adhere to a philosophy in which student nurses are viewed as self-directing, nurse educators cannot hold the belief that student nurses are self-directing whilst at the same time believing that student nurses are only self-directing some of the time. The inconsistency within Iwasiw's statement also seems to reflect much of the ambiguity and ambivalence in nurse education in its attempts to find the 'best theoretical and philosophical fit' that 'feels right' for nurse education. In the process of finding the best fit, the inconsistencies, contradictions and educational practice implications are either ignored or not mentioned; or they are superficially talked about but glossed over, leaving nurse educators and others to muddle through the intellectual minefield left behind and for them to try to make some sort of sense out of the situation for curriculum planning and teaching and learning. The need for serious debate in relation to these issues is not addressed.

Despite the above concerns, in the current and complex context of the provision of nurse education programmes in the United Kingdom, the UKCC's current stance on the 'knowledgeable doer' is viewed as an attempt to meet many competing demands and influences on nursing education that are contrary to the espoused educational beliefs of teachers:

> "As the purchasers of nurse education attempt to meet the requirements
> of an ever more complex organization, so they will inevitably seek to
> secure more control over the product of their investment, as there will
> develop an increasing reluctance to allow professionals or the educationalists
> to determine the knowledge and skills required in today's world of health care.
> What is becoming more important is that the end product of a nursing
> course must meet the specific needs of the service within which that nurse
> is to practise. However, this view does not sit comfortably with the
> prevailing educational ideology that the process is as important as the
> outcome." (Caldwell, 1997, p.143)

The rhetoric of much of the student-centred debate in an educational context is more than meeting student need to become self-directed, effective practitioners in their own right. The external pressures inherent in the *Fitness for Practice* document would seem to militate against the process of student development and their educational experiences in favour of the other-centredness to meet concerns of professional practice.

This chapter has examined what is considered to be the main roots and much of the basis of student-centredness in nursing education. It has also examined and highlighted many of the different concerns within the nursing education, and other, literature in relation to the problems of providing an adequate understanding of the concept of student-centredness and how it is thought to influence educators practice. Concerns also relate to some of the confusion, or possible variation, between whether being student-centred in teaching practice is about a set of teaching techniques or methods, or as a set of values that underpin and guide teaching practice. Much of the opinion contained in the literature is gained from the writings of scholars and advocates of student-centred teaching and learning in curricula, and from the professional body set up to oversee nurse education programmes. Many of the arguments in support of, and concerns about, student-centred, andragocical educational experiences are not unique to education. What is absent in much of the scholarly writing and other accounts of student-centredness in curriculum development, design and teaching, is what nurse educators themselves consider student-centredness, or student-centred teaching to be, and it is this research that is the focus of the next chapter.

Chapter 3

Student-Centred Teaching and Learning in Nurse Education: Empirical Perspectives

Despite the conflicting arguments outlined in the previous chapter, in a nurse education context there is a plethora of journal articles and other texts that broadly support the main tenets of student-centred teaching and learning and andragogy. Core elements of these perspectives identified from the previous chapter include: student self-direction in learning, problem-solving and experiential learning. Student participation and activity are essential pre-requisites for meaningful and personal learning to take place. There is, however, limited research into the complex area of experience of student-centred teaching (Nolan & Nolan, 1997; Jinks, 1997 and Purdy, 1997a & b). The very complexity and vagueness found in the literature may be one reason why there is very limited research into an area that continues to dominate teacher thinking and practice. This chapter will focus on a limited number of research reports pertaining to the areas of self-directed learning, problem-solving and experiential learning.

3.1 Promoting Student-Centred Teaching and Learning in Nurse Education

The promotion of a student-centred, student-active approach in nurse education has a long history. However, there is limited research into what being student-centred and andragocical in educational practice means for nurse teachers and students.

Research into attitudes and beliefs about what it means to be student-centred in nurse education and its interrelatedness to andragogy was conducted by Jinks (1997). The study used a multi-method approach to data collection and analysis involving a survey of nurse education managers ($n = 76$), interviews with nurse teachers ($n = 15$) and a survey of students ($n = 224$) from a variety of institutions in England ($n = 50$). Whilst Jinks' study revealed that student-centred learning and teaching and andragogy continue to be dominant forces within nursing education, both student nurses and their teachers prefer a variety of methods which are stimulating and interesting but which do not adhere to a single theoretical perspective.

In this latter sense, this research suggests that nurse education, in practice, is predominantly teacher-centred. Large class and group sizes militated against the meeting of student-centred learning and teaching in classroom settings, but more personalised learning was achieved through the personal tutor systems. Students saw being cared for by teachers, in terms of the provision of effective teaching and learning environments, as having positive consequences for the development of students' own attitudes to caring for patients. The students in this study were aware of student self-directed methods being employed on their respective programmes and could see the benefit from being self-directed in their own learning. However, self-directed learning was not the preferred method for all of the students in this sample. Instead, the most frequently mentioned and preferred approaches were teacher-centred lectures. The teachers in Jinks' study viewed the personal tutor system as where the most meaningful learning took place; however, research by O'Kell (1988) into teaching preferences of 158 student nurses found that the least-liked lesson type was

private tutorial. A similar finding indicating that students prefer teacher-centred approaches comes from Nolan (1993, cited in Nolan and Nolan 1997).

In a survey study by Sweeney (1990) into teachers ($n = 33$) and students ($n = 161$) perceptions of the degree to which their programmes were learner-centred, he found that students:

- perceived their programmes to be heavily teacher-centred and did not meet their needs for participation in their learning needs identification, goal setting, direction and evaluation of learning;
- perceived their courses to be learner-centred in terms of the students being able to express their feelings and a group climate of learning;
- perceived a limited range of teaching learning strategies;
- believed that there were singular, authoritative right answers;
- 'slightly' preferred nursing courses that were slightly teacher-centred;
- psychiatric nursing students showed significantly less preference for teacher-centred education

Nurse teachers on the other hand, indicated that they preferred nursing courses to be marginally teacher-centred. These findings are consistent with many of the findings in Jinks' (1997) research. However, it is not clear from Sweeney's research what it means to have a preference for being 'marginally teacher-centred.'

In a study utilising a quantitative approach to examining general and psychiatric nursing students' ($n = 203$) attitudes to ten different teaching/learning methods

(seminar, games, role play, discovery learning, lecture, case study, discussion, teaching aids, experiential learning and projects), Harvey and Vaughan (1990) found that student nurses are a homogenous group with regards to their attitudes to teaching methods. Unlike the students in Jinks' (1997) and Sweeney's (1990) research, the students in this research did not have a favourable attitude towards the lecture as a teaching method. The most favourable teaching methods were games and discussions – with psychiatric student nurses showing a more positive attitude to discussions than general students. Similar results to this are also reported by Vaughan (1990). However, Vaughan found that whilst the students' least favoured approach to teaching and learning was the lecture and the most favoured was discussion methods, the two most frequently used methods cited by institutions in his research were lectures and discussions. This suggests that students were receiving a high degree of exposure to a teaching and learning method that they least liked and valued.

In relation to teachers' views of andragogy, Jinks (1999) found that an important component of teachers' conceptions of andragogy in her study was the category of power relations. Teachers holding this conception of andragogy viewed andragogy as being concerned about equity in the student-teacher relationships. However many of the interviewees considered that the power lay mainly with the teacher. Teachers expressed concerns that they had to monitor student attendance. This was seen as a manifestation of the power and control that nurse teachers have over student behaviour – to ensure that students completed the statutory classroom-based teaching time. However, teachers found this difficult to do because of the large numbers of students in the classroom and questioned whether this activity was in line with student-centred, adult approaches.

In a qualitative study to examine how teachers and students perceive power to operate within their relationships, Brown (1993) found that teachers ($n = 4$) and students ($n = 5$) had differing perceptions of power in their relationships. Teachers wanted to share power with students but saw themselves as having responsibility in establishing the ground rules for the relationship and this included monitoring student performance and taking disciplinary action if necessary. Students, however, were mainly concerned with developing effective interpersonal relationships with their teachers and were not overly concerned with the power that teachers had over their educational experience. Some teachers saw themselves as educational experts who know what needs to be learned, when and how things could be best learned and some students supported this. However, other students and teachers thought that over dependence on expert power was authoritarian and should be avoided. All participants in this study agreed that, whilst teachers may have control over the educational process, students are the ultimate arbiters of control over the outcome of the educational process – students can choose not to learn.

Similar findings to the above were found by Stephenson (1984) where both teachers and students favoured an instrumental role for teachers, 'This role is high on orientation towards transmitting knowledge, 'getting the job done' and strong structuring of teaching and organization of the curriculum' (p. 287). Both teachers and students indicated that teachers should be friendly and approachable; however, students did not want teachers to be too friendly. The teachers wanted to be friendly and approachable so that they could help students with their problems. Keeping a social distance between teachers and students was thought by some teachers to be desirable just in case they had to 'counsel' or 'discipline' students.

3.2 Promoting Student-Self Direction in Nurse Education

In the previous chapter it was asserted that there was a strong link between the experience of being self-directed and autonomous student nurses and autonomous, self-directed practitioners (Richardson, 1988). Student nurses who have been given control over their own learning during an educational programme are also seen to be those who are more likely to assist clients to assert more control over their care (Burnard, 1984). Student-self direction, then, is viewed as an essential pre-requisite for effective independent, professional practice. A natural and logical consequence of holding this view is that the more self-directed and autonomous the students are in their educational programme and, by implication, the less teacher-directed programmes are, the more independent and more patient-centred these nurses will be.

Results from an action research study on shortened course for graduates students' experience of student-centred learning involving 22 students (Jasper, 1994), indicates that the lack of explicit, externally set objectives caused the students anxiety which interfered with their learning, and caused the students to doubt their ability to motivate themselves to succeed on the course. They considered that there was insufficient student support and direction in a largely self-directed curriculum. Although academic and personal tutor support was an integral part of this programme, the students did not use this support. Similar requests for structure and information come from students in a survey study conducted by Burnard and Morrison (1992). Adopting the humanistic approach to the education of nurses is also seen to be problematic when Alexander

(1983), found that student nurses did very little studying, disliked any form of studying and, in particular, did not like any kind of self-directed studying.

In a study of second-year students ($n = 59$) perceptions of skills laboratories as a self-directed approach to the development of psychomotor skills, McAdams *et al* (1989) found that students valued having the opportunity to practice psychomotor skills in laboratories prior to using these skills with patients. The skills laboratory allowed students to practice these skills at a pace and style that suited them, and also gave them the opportunity to develop control or mastery of the skills. However, some students requested approval or validation by an expert teacher and immediate feedback. Problems arose, however, if there were too many students using the laboratories at the same time and when there was a lack of supervision from teachers. Self-direction in the acquisition and mastery of psychomotor skills was problematic for these students due to their uncertainty about their own level of performance and the students' expressed need to see an expert perform the range of skills they were trying to master or to hear or exchange information with experts.

Parfitt (1989) describes an empirical study to identify if creative teaching methods (self-directed studying) would prove to be more effective than traditional, didactic teaching methods. Eighty student nurses from two schools of nursing took part in the study. Student groups were split into an experimental and a control group. The control group received a morning of didactic teaching (lecture/demonstration). The experimental group received an equivalent number of hours but were given a worksheet and facilities for self-learning. In addition, a class tutor circulated amongst the groups to give advice and to answer questions. Multiple-choice objective tests,

essay questions and assessment of practical skills were used to measure the student learning outcomes. The results indicate that the experimental group did no better in the objective tests or essays than the control group. However, the experimental group performed significantly better at identifying problems and planning nursing interventions than the control group. The evidence suggests that self-directed learning methods, in terms of their educational effectiveness, may have limited validation.

In a qualitative study aimed at exploring teachers and students' understanding of self-directed learning (SDL) on a post-registration paediatric intensive care course, Hewitt-Taylor (2001) found significant discrepancies in how teachers and students viewed SDL. Teachers associated SDL with adult learning but the students did not. However, and despite the identified association between SDL and adult learning, the teachers were unable to define its nature or the underlying beliefs underpinning its use. Both teachers and students defined SDL in terms of observable activities and events (teaching and learning techniques and methods), and both groups indicated that whilst they valued SDL as a teaching-learning method to be used amongst others, none of them felt the course should be totally self-directed. Teachers and students considered that students take more responsibility for learning in SDL compared to traditional methods, however, some teachers found it difficult to relinquish control and some students did not want the responsibility of making choices in their learning.

From the results of their quantitative study investigating 435 nursing students perceptions of self-determination in a Finnish health-care institute, Välimäki *et al* (1999), found that 97% of students were either very or rather willing to exercise their self-determination (autonomy) in education; about two-thirds of students were, to a

greater or lesser extent, more pessimistic about their ability to influence their education by making choices and decisions about their education. Only 23% exercised their right to self-determination (refusing to do an assignment), and only slightly more students agreed that the content of the curriculum was negotiated between the students and their teachers (31%).

The results of a survey study aimed at exploring Finnish nurse teachers' attitudes towards the concepts of self-directed learning, learning as a process and life-long learning ($n = 189$) suggest that whilst nurse teachers claimed that student self-evaluation and peer review are important in nurse education, they were rarely used in practice (Janhonen, 1991). Additional findings suggest that nurse teachers maintain students in a passive role in their learning as a result of nurse teachers' desire to 'take care' of students despite the fact that students, as adults, are quite capable of taking care of themselves. This is seen as having similarities with the 'caring' for patients' role that nurses have – a nurse-dominated relationship that maintains patients in a passive role in their care. Similar results were found by Leino-Kilpi (1992) from her ethnographic study into self-evaluation of 81 graduating Finnish student nurses. In this study, Leino-Kilpi found that the teacher-dominated relationships were the most frequently seen and these were: protection and caring on the teacher's part (81, 100%)(Leino-Kilpi suggests that this is analogous to a mother-child relationship with the teacher protecting and promoting the interests of her student without making demands on the student); giving advice (52, 64%); common understanding of the task (26, 32%); teachers acting as students advocates (21, 26%), and teachers used as a resource (5, 6%).

In a similar way to the teachers in Janhonen's study, teachers in Leino-Kilpi's study were seen to be taking on roles and responsibilities that the students, as adults, could have easily managed themselves. This was viewed as teachers being over-protective and maintaining students in a passive role in the relationship. Only a small number of students (6%) developed a more collegial relationship with their teachers (seeing teachers as experts whose opinions on complex practice issues can be utilised to help students to reflect upon and change their practice). This study suggest that nurse teachers are reluctant, unwilling or have difficulty in changing their roles that they have with students to enable them to take a more active and controlling part in their learning, and that student nurses, according to this study, are prepared to maintain their passive role in their learning.

In a phenomenological analysis of 97 student narrative evaluations of their experiences of an introduction to nursing lecture course, Wilkinson *et al* (1998) found that many of the students entered the course expecting to receive lectures, to be exposed to course material, to be involved in some classroom discussion and to write the required tests and examinations. However, as a result of having direct experience of nursing and to examine knowledge and theory in the light of their experience, many students moved from being passive recipients of information, to being active participants in learning about nursing. Interest (the manner in which the information was conveyed) and perceived relevance (content related to student experience) were found to be crucial factors in determining whether students became active participants in their learning. Some students, however, requested more guidance and instruction than was being offered and did not find sharing experiences with peers as being

useful, or the engagement in class discussions of selected readings unless the content was being tested.

3.3 Promoting Experiential Learning

Encouraging students to utilise their experience to aid their learning and development is another key characteristic in student-centred, andragogical teaching and learning. Personal experience is seen as a rich resource for teaching and upon which to build new learning. Experiential learning also requires students to take an active part in their own learning if it is to be personally meaningful. In a nursing context, student reflection on practice (both as a teaching/learning method and a process for learning) is viewed as learning from the analysis of their experience of practice (Jarvis, 1992), with the aim of reflection being to 'build bridges' between the student's past and current experience in order to determine future nursing action (Durgahee, 1996).

The findings from a qualitative research study involving trained nurses undertaking a post-graduate programme revealed that keeping a reflective diary helped the students to think about and to question their practice and made them more alert to client need (Durgahee, 1996). The process of writing a diary helped students to develop more active, critical thinking skills and abilities in relation to their practice. Other results suggest the process of diary keeping helped these students to question practices and to increase dialogue with other nurses, doctors and patients and to increase their sense of autonomy. Some practitioners found it difficult to maintain their diaries due to pressure from managers to be cost-effective. Diary keeping was viewed as being a

waste of time and more academic and these practitioners were under pressure to develop their practical as opposed to intellectual and critical thinking skills.

In two qualitative studies aimed at exploring 12 nurse teachers' perceptions of experiential learning (Burnard, 1992a), and 12 student nurses perceptions of experiential learning (Burnard, 1992b), Burnard found that nurse teachers found it difficult to define experiential learning. However, they were able to cite examples of experiential learning methods and these were divided into two groups: experiential learning in the clinical setting and experiential learning activities used in schools of nursing. Most teachers talked about experiential learning in the second group (role play and clinical simulations). Students defined experiential learning in two ways – clinical learning and school learning and the students, unlike the students in Jinks' (1997) study, felt that they learnt most about nursing in the clinical setting and this was viewed as being more important to them than experiential learning activities within the school. Students viewed experiential, particularly clinically based experiential learning, as learning in the 'real world' and likened it to personal learning, learning by doing and learning by being involved in what's happening. Teachers, on the other hand defined experiential learning in terms of philosophies of teaching and learning – particularly humanistic philosophy. Teachers often emphasized the role of self-awareness and self-disclosure within the learning process, whereas the students were often embarrassed and preferred to make their own decisions about the rate of self-disclosure. If experiential learning involved role-play, this is viewed by students as being unreal learning and more likely to be linked to traditional teaching and learning methods, although students who did like role-play were more extrovert. Teachers preferred or felt more comfortable with role play than

the students – possibly because of their adoption of a 'directorial' role in which they were seen to be more prescriptive in their relationships with students – despite their expressed preference for a more equal relationship (Burnard, 1992a).

In a phenomenological study examining student nurses' understandings of experiential teaching and learning involving 9 mental health students on two nursing programmes claiming to make use of experiential teaching, Green and Holloway (1997) found that students were able to define experiential learning in two ways: developing learner-centred approaches to teaching and learning and experiential learning to promote personal growth and development. In a similar way to students in Burnard's study above, students' definitions included both classroom and clinical experiences, however, and unlike the students in Burnard's study, these students' value learning from experience irrespective of where it took place. The students defined experiential learning in terms of primary experience and cited role-play as the main experiential method employed in their education. They also suggested that reflection and clinical supervision were integral elements of experiential learning. Role-play helped the students to gain insights into client experience as well as other benefits, for example, encouraging active participation, investigating personal and relationship behaviours and an exploration of the affective and cognitive domains in learning. These students also saw how the benefits of reflecting on practice could assist them in making sense of their experiences in addition to how reflection could influence future practice.

3.4 Promoting student problem-solving

Problem-solving or critical thinking skills is seen to be the other key element in student-centred, andragocical educational assumptions, and these are also seen to be essential aspects of nurse decision-making with regards to patient care (Jinks, 1997). Problem-based learning (PBL) is considered to be *the* teaching-learning method promoted by the UKCC as a way of enhancing students' critical thinking abilities (UKCC, 1999).

In an Australian context, Williams (1999), interviewed 18 clinical nurse educators about their experience of PBL in a 3-year undergraduate programme. Her findings suggest that, according to the teachers in this study, students undertaking a PBL programme were more motivated, improved group work and clinical decision-making skills than their predecessors. However, some students in year one were reported to be confused about what was expected of them and what constituted a problem. Second year students were reported as lacking foundational knowledge and practice skills that prevented them from providing holistic care for clients. Inexperienced students had difficulty transferring what they learnt in the classroom to the clinical setting thereby increasing the theory-practice gap. These findings suggest that student self-direction in learning and their ability to transfer knowledge and skills from the university to practice is problematic in a PBL programme, and this may result in unsafe nursing practice taking place. As a result of the findings of this research, Williams (1999) states that changes were made to the curriculum to accommodate a more hybrid approach to teaching and learning in order to accommodate the range of student learning needs.

Using a qualitative methodology, Biley (1999) conducted an evaluation of student

nurses experience of a hybrid adult nursing curriculum in the United Kingdom ($n =$

45). The curriculum combined PBL with more traditional teaching strategies such as

lectures. Biley's findings suggest that the students supported the process of PBL and it

had several advantages: increased self-motivation, team work and more accurate

theoretical representation in the classroom of the realities of clinical practice;

increased opportunities for students to take more control and to openly explore their

understanding, knowledge and presentation skills in a relaxed, informal, less

competitive and non-threatening atmosphere. Students reported that their personal

opinions and past experiences were valued and that lateral thinking was encouraged.

However, the hybrid nature of the curriculum created tensions for the students

throughout the programme. Tensions centred on students making the transition from

being 'traditional' students to being a PBL student. Students experienced

considerable anxiety and tension when trying to make the transition from traditional

teaching and learning methods encountered during formal education to PBL. Students

reported an overwhelming motivation to do no more than simply acquire knowledge

and to conform to traditional patterns of education. Additional tensions the students

experienced during the process of PBL include students' continued desire to acquire

knowledge; lack of time to 'learn everything;' the 'large volume of knowledge that

needed to be learnt;' with an often overwhelming accompanying feeling that the

students might 'miss some vital piece of information.'

The inability of student nurses to apply foundational skills to nursing practice is not

just seen as being problematic with PBL. A study conducted by Badger and

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Rawstorne (1998) into pre-registration nursing students' competency in basic life support (cardio-pulmonary resuscitation or CPR) at the end of their three-year programme, found that, despite CPR being an essential pre-requisite for competent practice, students could not perform basic life support skills competently. Although it is suggested that students could practice resuscitation skills to increase their competency, student self-direction in this procedure is not thought to be desirable. If students undertake self-directed practice teachers could not ensure that students were acquiring and retaining correct practices. It is suggested that students, if left to their own devices, may concentrate on ventilation and chest compression skills and not on skills of assessment and airway maintenance.

In another Australian study, also consisting of a hybrid PBL course, involving 11 fourth-year undergraduate students, Andrews and Jones (1996) found that students had difficultly with perceiving the problem-based scenario situation as being 'real' and tended to focus upon their own perspective and, as a result, focused on issues other than organizing care for clients. Students were able to deal more competently with critical incidents (incorrect administration of medicines) than those incidents of an abstract nature (inconsistencies of nursing care or nursing philosophies). According to Andrews and Jones, the hybrid PBL version provided students with some security in that the use of other teaching approaches would not disadvantage some students by using the PBL method alone. However, students had difficulty achieving the level of knowledge that was considered to be appropriate for fourth-year studies. Students in this study tended to focus on acquiring quantity of information at the expense of depth and understanding of the knowledge being acquired. This resulted in students not accessing crucial literature, and inadequate and superficial levels of discussion.

Teachers in this study also found it difficult to achieve an adequate balance between facilitating and hindering student discussion.

From this limited review of the research literature it can be seen that there is a very strong commitment in nurse education to the principles of student-centred teaching and learning and andragogy. The research reviewed in this chapter suggests that there is conflicting evidence as to the effectiveness of student-centred teaching and learning methods. The research also demonstrates that there are different views between those being taught and those doing the teaching. Teachers want students to be more active and independent in their learning and to take more responsibility for their learning. However, students want more teacher-centred approaches, less self-direction, more teacher direction and less responsibility for their learning. Much of the evidence is gleaned from studies involving students and their experiences of various teaching and learning methods as applied to their respective programmes of instruction. Whilst curricula are underpinned by humanistic tenets of student-centredness and andragogy, teachers have great difficulty in applying these principles in practice.

An important omission in previous research into student-centred teaching and learning is how the teachers themselves conceptualise student-centred teaching and how it influences their teaching practice. Apart from examples used to illustrate the specific application of various teaching and learning methods, for example, reflection and PBL, much of the research has focused on the general application and desirability of student-centred teaching and learning methods without consideration of the relational nature of teaching and learning – the relationship between the content to be learned, the teacher and the student. This is viewed as the most critical omission in student-

centred andragogy (Pratt, 1988). The blanket application of an ideal type paradigm to every learning situation may be at odds with what students want and need, and what teachers can deliver.

The possibility that there may be more than one understanding of what it means to be student-centred in teaching and learning also seems to have been overlooked. In this latter sense, the research into conceptions and approaches to teaching from other disciplines may help nurse teachers to reconsider their understandings and to review their practice. Research into conceptions and approaches to teaching from other disciplines is the focus of the next chapter.

Chapter 4

Conceptions of Teaching & Approaches to Teaching in Other Disciplines

In the previous chapter research into student-centred teaching and learning from a nurse education perspective has, for the most part, focused upon the broad integration and effectiveness of student-centred *teaching and learning methods* for a variety of reasons and purposes. Much of the research has focused on student perceptions and experiences but there is limited research addressing the issue of nurse teacher conceptions of student-centred teaching or student-centred approaches to teaching. This chapter will focus on some of the research that has been undertaken from the perspectives of other education disciplines on teachers' conceptions of teaching and approaches to teaching. The review of some of the research in this area may provide a useful basis to inform the experience of student-centred teaching in nursing education. This is particularly relevant since the publication of research demonstrating a link between the way in which teachers conceptualise their teaching and the way in which they approach their teaching (Prosser and Trigwell, 1999). However, there has been limited research into how teachers conceive of their teaching and how this relates to their approaches to teaching (Prosser *et al*, 1994), and only one study recorded in the nursing literature on teachers' beliefs and attitudes towards student-centred teaching and learning.

4.1 Conceptions of Teaching

The drive to move the focus in higher education away from traditional conceptions of teaching where the students are passive to more progressive student-centred teaching in which students are actively involved in their learning is widespread (Rowland, 2000). In their qualitative study based on interviews with academics from the faculties of law, science and education ($n = 24$), Carpenter and Tait (2001), found that most teachers saw student-centred teaching and learning as being the dominant educational philosophy underpinning their conceptions of 'good teaching.' Good teaching is conceptualised as having students as active participants in their own learning; students acting as the main determinants of their education and placing learning at the heart of good teaching. However, it is suggested that members from two out of the three faculties found it difficult to translate their conceptions of good teaching into practice.

Many academics in the law and science faculties were quite open in their use of, and support for, traditional teaching methods – mainly lectures, in which the students were passive recipients of expert knowledge. This was particularly the case when students were expected to memorise large amounts of case histories (law) and the memorisation of large amounts of factual information (science). Education teachers also stressed the importance of rote learning, particularly in the early part of the student programme. The use of information technology is thought to encourage more student involvement in their learning. However, this study suggests that the use of information technology in the classroom can be used to make traditional lecturers become more effectively traditional because they can relay the content of their teaching at the click of a button onto the screen but with limited interaction or activity

on the students' part. Education teachers were more sceptical about the use of information technology and were less likely to use it than teachers in law and science. Teachers in law and science in this study and those nurse teachers in Jinks' (1997) study all found it difficult to translate their espoused theories of good teaching into practice, but for very different reasons. It is possible that teachers in Carpenter and Tait's study were seen to be making conscious decisions about how they taught what they taught based upon their judgements about how students should learn the material. Alternatively, it might be viewed that whilst the rhetoric of educational institutions, professional bodies and so on, place great emphasis on student-centred learning and teaching, the teachers themselves don't value this: "Much of it [the rhetoric] is concerned with the techniques of making teaching more 'learner-centred', placing more control into the hands of the students, and encouraging more active involvement on their part. Such a perspective is widely valued (although largely not practised) in higher education" (Rowland, 2000).

The teachers in Jinks' study believed that student-centred teaching and learning was highly desirable but could not apply this to their practice due to factors out with their control and had to resort to traditional lectures. Teachers in Williams' (1999) study were able to translate their student-centred theory into practice but found that students were not achieving the required level of knowledge or understanding or the necessary practical skills to ensure safe practice. Based on their judgements of the outcome of learning in a student-centred, self-directed approach they had to adapt their teaching approach to include more teacher-directed approaches. Despite the rhetoric contained in the literature, finding the 'right balance' between teaching and learning is a much

more complex issue for teachers than simply adopting and applying student-centred methods.

From his interview studies with newly appointed teaching staff, Fox (1983) (n = not identified), asked the question, 'What do you mean by teaching?' identified four basic theories of teaching: the transfer theory, the shaping theory, the travelling theory and the growing theory. In the transfer theory of teaching knowledge is viewed as a commodity to be transferred to the student via the act of teaching (mainly lecturing). In the shaping theory, teaching is seen as a process of shaping or moulding students to a predetermined pattern or 'product' via, for example, lecturers, workshops, problem-solving classes. In this theory of teaching students are set specific exercises and given copious instructions and they are closely supervised by 'demonstrators' and the students success is judged on the basis of how closely they meet the pre-specified outcomes. In the travelling theory the subject is treated as a terrain to be explored with the help of the teacher who acts as a guide but who is still exploring the subject himself. In the growing theory of teaching, the focus is on the intellectual and emotional development of the student.

Fox categorised the transfer and shaping theories as teacher-initiated 'simple' theories, and travelling and growing theories as student-initiated 'developed' theories. However, Fox argues that both the transfer and travelling theories focus on the content or subject to be learned, whereas in the shaping and growing theories, the emphasis appears to be what is happening to the students and the development of their attitudes, activities and personal skills. Developed theories are seen to place more emphasis on learning activities and 'experiential learning' in particular. In this latter sense it is the

students who are experiencing situations or events as opposed to reading about them or being told about them by the teacher. Teaching/learning strategies used describe activities such as simulations, role-play, games and projects. Simple theories of teaching are considered by Fox to encourage students to adopt a surface approach to their learning, whereas developed theories are, by implication because it is not stated, thought to encourage students to adopt a deep approach to their learning. It could be argued that some nurse teachers, although it remains to be established empirically, could also be considered to have both simple and developed theories of teaching.

As part of a broader research study, Dunkin (1990) interviewed 55 new university teachers (science based and social science/humanities) about their beliefs about teaching. Dunkin identified 4 dimensions of teaching: (1) Teaching as structuring learning; (2) Teaching as motivating learning; (3) Teaching as encouraging activity and independence in learning; and (4) Teaching as establishing interpersonal relations conducive to learning. The majority of teachers (33) talked about only one dimension of teaching; twenty mentioned two and four mentioned three dimensions of teaching. Teaching as structuring learning was the most frequently mentioned dimension. Dimensions 2 and 4 were often seen as 'standing alone' but Dimensions 1 and 3 were seen to occur more often in combination with Dimensions 2 and 4. The findings suggest that new university teachers may have a one-dimensional orientation to teaching (Teaching as structuring learning) that may not include an acknowledgement of the motivational, active learning and interpersonal dimensions in teaching and learning. This, in turn, may limit the adoption of a range of teaching approaches that may be required to meet a variety of educational objectives that are required to foster inquiry and independence in learning. Research cited in the previous chapter could be

considered to hold several of the above dimensions of teaching. For example, encouraging student-self direction in learning (dimension 3) and, in response to feedback from teachers and students utilising a balance between self-direction and providing structure for learning. This, of course, requires to be examined empirically.

Results of a phenomenographic study exploring conceptions of teaching of twenty teachers from economics, English, medicine and physics, Dall'Alba (1991) identified 7 conceptions of teaching: (A) Teaching as Presenting Information; (B) Teaching as Transmitting Information (From Teacher to Student); (C) Teaching as Illustrating the Application of Theory to Practice; (D) Teaching as Developing Concepts/Principles and Their Interrelations; (E) Teaching as Developing the Capacity to be Expert; (F) Teaching as Exploring Ways of Understanding From Particular Perspectives; and, (G) Teaching as Bringing About Conceptual Change. Unlike the theories developed by Fox (1983) where he does not 'order' his theories, Dall'Alba's analysis suggests a hierarchical relationship between the 7 conceptions of teaching. Conception A viewed as the least complete understanding of teaching and Conception G being the most complete understanding of teaching. In Conception A the focus is on what the teacher, alone, does and the focus gradually moves to incorporate subject content until the higher level conceptions are reached where the students' understanding is the focus and, finally, as in Conception G, where the most complete conception involves the relationship between the teacher, student and the content. Each conception implies the reciprocal role relationships that teachers and students have in relation to each other, with responsibility for learning for both teacher and student being increased as they progress from the lower to higher level conceptions.

Translated into the teacher-centred/student-centred dichotomy identified in previous chapters, these findings could be interpreted as Conception A being the most teacher-centred and Conception G being the most student-centred. However, and unlike previous conceptions thought to inform teaching and learning in nurse education, there is qualitative variation within and between these two polar extremes, highlighting the fact that teaching and learning is a much more complex set of relationships than has hitherto been identified within the nursing education literature. Of particular interest is the focus on teachers' conceptions of teaching and its impact on the outcomes of student learning as opposed to previous research in nursing education that, for some, has focused on the effectiveness of various student-centred teaching/learning methods.

In a qualitative study involving science and social science teachers ($n = 13$) from two higher education institutions with different modes of teaching (Open University) and a traditional university, Samuelowicz and Bain (1992) identified 5 qualitatively different conceptions of teaching: Level 1 – teaching as supporting student learning; Level 2 – teaching as an activity aimed at changing students' conceptions or understanding of the world; Level 3 – teaching as facilitating understanding; Level 4 – teaching as transmission of knowledge and attitudes to knowledge within the framework of an academic discipline; and Level 5 – teaching as imparting information. Level 3 – teaching as facilitating understanding is seen as an intermediate orientation. Further comparison of the 5 conceptions revealed 5 dimensions (or teachers' expressed attitude to teaching) in which the similarities of and differences between the conceptions could be described. According to Samuelowicz and Bain (1992), the combination of conceptions and dimensions provide a much clearer classification of student-centredness or teacher-centredness of teaching than has been

possible within the higher education literature prior to this research. Based on this interpretation, only two of the 5 conceptions of teaching are considered to be clearly student-centred: Supporting student learning and Changing students' conceptions. Student-centred teaching sees the dimensions ordered in the following manner: students' existing conceptions (dimension 3) is the starting point of an interactive teaching/learning process (domain 4) and students are helped by the activities of the teacher to construct their own knowledge to make sense of their reality, and to adopt the conceptual framework shared by experts in the field (dimensions 1 and 2). Teacher-centred teaching, on the other hand, is ordered in the following manner: student's existing conceptions are not taken into account (dimension 3), the teacher possesses the knowledge and transmits or imparts it to the students (dimension 4), learning outcomes are expressed in quantitative rather than qualitative terms, the knowledge acquired by students is the knowledge transmitted or imparted by the teacher (dimension 1), and learning is subject-oriented and not reality oriented, and is viewed as preparation for higher level subjects (dimension 2).

Dunkin and Precians (1992) interviewed 12 award-winning teachers about their perceptions and thoughts about teaching. The analysis revealed the same four dimensions reported previously in Dunkin's (1990) study. However, award-winning teachers were seen to have more complex conceptions of the dimensions of teaching reported in the earlier study. Award-winning teachers avoided uni-dimensional conceptions with all of these teachers mentioning two or more categories. The report concludes by stating that award-winning teachers have more complete conceptions of teaching to enhance learning than novice teachers. Award winning teachers have

conceptions of teaching that are both flexible and extensive and they were able to talk about teaching and learning in more complex ways.

From their research into teachers' conceptions of teaching and their relationship to student learning, Gow and Kember (1993) identified nine scales grouped into two conceptions, or orientations, of teaching – Learning facilitation and Knowledge transmission. The learning facilitation conception subsumed 5 scales – problem solving, more interactive teaching, facilitative teaching, pastoral interest, and motivator of students. The knowledge transmission conception subsumed the remaining 4 scales – training for specific jobs, greater use of media, imparting information and knowledge of subject. The learning facilitation conception characterises teachers who view teaching as a facilitative process to help students to develop problem solving skills and critical thinking. Teachers holding this conception are more likely to use interactive classroom sessions and take a personal interest in their students and see part of their role as motivating students and to stimulate student interest.

Conversely, teachers holding the knowledge transmission conception of teaching focus upon the subject as opposed to student learning. The teacher is viewed as an expert in the discipline and their role in teaching is to present the subject matter in an accurate and as clear manner using various media, for example, overhead projector, slides or handouts. Preparation for students occupying a role in their professional discipline seems to be a part of the educational goals for teachers holding this latter conception of teaching. Whereas Fox (1983) intimated that there may be a relationship between conceptions of teaching and the outcomes of student learning, Gow and

Kember (1993) also provide evidence that there is a significant relationship between the learning facilitation conception and a deep approach to student learning, and between a knowledge transmission conception and a surface approach to learning.

If these results were to be translated into a nursing education context, it could be argued that nurse teachers may be seen to be holding the knowledge transmission orientation to teaching, particularly due to the fact that student nurses are being prepared for their roles in a professional discipline. However, given the results from the research in the previous chapter (especially those linked to PBL) it would appear that this is a rather simplistic and compartmentalised view of professional education. From the description offered by Gow and Kember, and the results from the previous chapter, nurse educators could, conceivably, be viewed as straddling both of these orientations due to the emphasis on the student and the teacher and the process and outcome of a professional educational programme. The situation is further compounded if we consider results from Pratt's (1992) research when he suggests that teachers holding the nurturing conception (student-centred) are informed by humanistic, andragogical principles, and Jinks' (1997) research indicating that nurse teachers views on teaching and learning are heavily influenced by student-centred, andragogical tenets. However, research into nurse teachers' conceptions of teaching will need to be conducted before any meaningful comparison can be made between Gow and Kember's research and research cited previously.

In a further and more extensive study involving 39 academics from three universities representing a range of disciplines (architecture, education, nursing, psychology, physiotherapy, engineering, chemistry, physiology and entomology), Samuelowicz

and Bain (2001) extended their original framework. In their most recent research they identified seven conceptions and nine dimensions. The conceptions, or orientations, identified in their 1992 study are seen to be present in this study. However, two conceptions – teaching as facilitating learning (fl) and changing students' conceptions (csc), were each divided to form two new conceptions – providing and facilitating understanding (fl, teacher-centred) and helping students develop expertise (fl), preventing misunderstandings (csc), and negotiating understanding (csc, student-centred). The intermediate conception is not apparent in this research and this has resulted in the emergence of two distinctive clusters – teacher-centred and student-centred conceptions of teaching.

Providing and facilitating understanding is seen to be teacher-centred because the teacher provides ready-made understandings and methods, shows the students how to apply knowledge and interacts with the students to ensure that the ready-made understanding is what the students hold. On the other hand, in the helping students develop expertise conception, the focus is on the students' developing personal understanding of material that can be used to interpret the world in a different way. This is achieved by extensive interaction with the students with the teacher's role to assist the process. The two other conceptions are thought to be student-centred because they both focus upon students' understandings. They differ in the sense that preventing misunderstandings focuses on preventing common mistakes from happening, and the other focuses upon assisting the students to move away from inadequate interpretations. The upshot of Samuelowicz and Bain's (2001) research suggests a dichotomy between teacher-centred and student-centred conceptions of

teaching with no intermediary, or transitional, conceptions serving to illustrate that there is a substantial difference between the two orientations.

Although nurse teachers were included in this extended research, it is not clear what their thinking about teaching is; how it relates to their practice and how it differs from other participants in this study; or, for that matter, whether it is considered to be teacher-centred or student-centred. This may be one of the difficulties that nurse educators, and teachers from other disciplines, may have when trying to access research results involving participants from a variety of disciplines. Being able to reflect upon their teaching in an informed way by accessing and making sense of research results will, like student learning, be beneficial if those who are reading it can see how it relates to them, their practice and their context. Conducting research on conceptions utilising teachers from many disciplines is very appealing and can lead to a better, and broader, understanding of the conceptions that may exist between different disciplines and to dispel some of the myths surrounding the differences in disciplinary teaching. However, not being able to locate oneself and one's practice in research results may lead to a sense that it may not be of particular relevance in your disciplinary context and potentially limit the professional development potential that could occur as a result.

There is no research in nursing education into the conceptual change perspective and, therefore, it is difficult to make any meaningful comparisons. However, the conceptual change research does offer nurse teachers an additional set of understandings of teacher-centred conceptions (Conceptions A-D), and, more

importantly due to the focus of this research, the qualitative variation that exists in the conceptions of student-centred teaching.

4.2 Conceptions of Teaching and Approaches to Teaching

In a phenomenographic study of first-year university physics and chemistry teachers conceptions of science learning and teaching ($n = 24$), Prosser *et al* (1994) identified 6 conceptions of teaching: Conception A - teaching as transmitting concepts of the syllabus; Conception B - teaching as transmitting the teacher's knowledge; Conception C - teaching as helping students acquire concepts of the syllabus; Conception D - teaching as helping students acquire teacher knowledge; Conception E - teaching as helping students develop conceptions, and Conception F - teaching as helping students change conceptions. The 6 conceptions of teaching suggest a hierarchy. Holding Conception F, for example, does not stop teachers from holding Conception A and would suggest that teaching is more than transmitting information. Alternatively, teachers' holding Conception A limits their conception of teaching to information transmission only. Holding Conception A, in this context, precludes teachers holding the other Conceptions. Each of the conceptions of teaching is seen to be qualitatively different from each other, and fall into two contrasting subsets – transmission and acquisition category (Conceptions A-D) and conceptual development and change category (Conceptions E and F).

Prosser *et al* (1994) suggest that the main differences between the categories is that in the transmission and acquisition category it is the teacher who is the focus of the

teaching activity and, in stark contrast, in the conceptual development and change category it is the student who is the focus of the teaching activity.

Trigwell *et al* (1994), reporting other results from the same study, identified five approaches to teaching constructed from the underlying strategies and intentions: Approach A – A teacher-focused strategy with the intention of transmitting information to students; Approach B – A teacher-focused strategy with the intention that students acquire the concepts of the discipline; Approach C – A teacher/student interaction strategy with the intention that students acquire the concepts of the discipline; Approach D – A student-focused strategy aimed at students developing their conceptions; and Approach E – A student-focused strategy aimed at students changing their conceptions.

In Approach A, the focus is on teaching as opposed to learning and the intention is to transmit information to students. Students do not have to be active to learn in the teaching-learning process. In Approach B, teaching remains the focus but the intention is for students not only to recall facts and solve problems, but also to be able to relate concepts and solve transfer problems. In Approach C, teachers adopt a strategy that involves interaction between students and the teacher and is aimed at helping students to acquire discipline-based concepts and the relationships between them. Students gain this knowledge through active participation in the teaching-learning process. In Approach D – the focus is on the students and their learning with the intention that the students further develop the conceptions that they already hold. The focus is on what the students are doing because it is the students who have to construct their knowledge before they can develop their conceptions. In Approach E, a student-focused strategy

is also evident but with the intention that the students have to reconstruct their knowledge in order to produce a new conception.

The descriptions of approaches to teaching are seen to have similarities with research into students' deep and surface approaches to learning. For example, Approaches A and B are said to have characteristics in common with a surface approach to learning. Approaches D and E are said to have characteristics in common with students who adopt a deep approach to their learning. The approaches found in this research, like Dall'Alba (1991), are seen to be hierarchical with Approach A being the least complete and Approach E being the most complete approach. Strategies and intentions are seen to be related in that teachers who intend to transmit information only, adopt a teacher-focused strategy, whilst at the other extreme, teachers who intend to help students to develop and/or change their conceptions adopt a student-focused strategy. These researchers found no examples of teachers whose intention was to transmit information only by adopting a student-focused strategy.

In 1996 Trigwell and Prosser report the results of their previous work but this time focus on the relations between teachers conceptions of teaching and learning, and approaches to teaching (Prosser *et al,* 1994 and Trigwell *et al*, 1994). From this analysis of the transcripts, Trigwell and Prosser (1996) demonstrate consistency between teachers' conceptions of teaching and their approaches to teaching. This suggests that teachers who conceptualise teaching as transmitting information to students approach their teaching using teacher-focused strategies. Alternatively, teachers who conceptualise teaching as in terms of helping students to develop and change their conceptions approach their teaching in a student-focused way. Support

for relationship between approaches to teaching and students approach to their learning comes from a quantitative study involving first-year chemistry and physics teachers ($n = 48$) and their students ($n = 3956$) conducted by Trigwell *et al* (1999).

Research conducted by Kember and Kwan (2002) also examined the relationship between university teachers' conceptions of good teaching and their approaches to teaching. Kember and Kwan interviewed 17 teachers in three university departments (engineering, social sciences and paramedical). These authors then conducted a content analysis of the transcripts. Their analysis resulted in the characterisation of two broad approaches to teaching – content-centred and learning-centred. The former approach is characterised by a focus on the material or content to be learned, and the latter approach concentrates on the student to ensure appropriate learning takes place. Each approach consists of a one-dimensional motivational component and a five-dimensional strategy component (Instruction, Focus, Assessment, Accommodation for student characteristics and Source of experience/knowledge). Teachers adopting the learning centred approach viewed encouraging student motivation as an intrinsic part of their role and made conscious attempts to motivate their students by emphasising interests and relevance of their teaching. Teachers adopting a content-centred approach played down the contribution that teachers made to student motivation.

From their analysis on conceptions of good teaching, Kember and Kwan (2002) identified two major categories: Teaching as transmission of knowledge and Teaching as learning facilitation. Each of the two categories were further sub-divided into two sub-categories and presented in ascending order. Teaching as the transmission of knowledge category saw teaching as a teacher-centred activity with the main aim of

transmitting knowledge to students. Students, in this sense, were considered to be passive recipients of information. The two sub-categories, or conceptions, were: teaching as passing information (T1) and Teaching as making it easier for students to understand (T2). Teachers holding the T1 conception viewed teaching as merely passing information to the students with the emphasis of covering the whole syllabus, or meeting the examination requirement with little concern about students' understanding. Teachers' holding the T2 conception, still conceived of teaching as transmitting knowledge, but they differed from teachers holding the previous conception in that they tried to address student understanding and use of material. These teachers recognised the importance of structuring knowledge and organising their teaching to make it easier for students to understand or to remember the knowledge and skills.

In the Teaching as learning facilitation category, the focus was towards the students and meeting their learning needs and helping them to develop independence in learning. The two sub-categories, or conceptions, are: Teaching as meeting students' learning needs (F3) and Teaching as facilitating students to become independent learners (F4). Teachers holding the F3 conception of teaching recognise that students have differing learning needs and it is their responsibility to help students to realise those needs. Teachers holding conception F4 view teaching as a process of facilitating students to develop intellectually and to become independent learners – the focus is on the growth of students as individuals as opposed to specific knowledge and skills.

In order to examine the relationship between conceptions and approaches to teaching, Kember and Kwan (2002) cross-tabulated the conceptions of individual teachers with

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their approaches to teaching. They found a high level of correspondence between a teacher's conception of, and his/her approach to, teaching. Eighty eight point nine percent of teachers allocated to the two transmission of knowledge conceptions adopted a content-centred approach to teaching and 87.5% of teachers allocated to the learning facilitation conceptions adopted a learning-centred approach to teaching. The overall level of correspondence between conceptions and approaches to teaching was found to be 89.5% suggesting a strong relationship between the two.

The research on conceptions of teaching and approaches to teaching and their relationship clearly demonstrates that teachers conceptions and the claims that they make in relation to how they approach their teaching are consistent. However, there are concerns that the research identifying student conceptual change conception of teaching and conceptual change approach to teaching has focused only on teacher thinking and claims made in relation to their espoused theories of action, and has not included observation of teaching practice. Focusing only on teacher's espoused theories of teaching without explicit links to teaching practice may limit the conclusions that can be drawn from this research (Kane *et al*, 2002).

Research that challenges Kane *et* al's concern about the relationship between teachers' thinking and their approaches to teaching, Martin *et al* (2000) examined the relationship between university teachers' intentions and teaching practice when teachers focus on the 'teaching of a particular topic, within a specific context' (p.104). In this study the researchers interviewed 26 teachers from in four discipline areas (social science and humanities, business and law, science and technology and health sciences). The interviews focused upon what the teachers wanted the students to learn

and how the teachers intended to approach their teaching of a specific topic or 'the object of study.' On the basis of these interviews, the researchers formed a hypothesis about how the teacher would teach in the classroom. The researchers then observed two teaching sessions on each participant to determine whether the observations supported or disproved the hypothesis. Martin *et al* report that the results expand on the work of Trigwell *et al* (1994) and consist of the following:

Approach A: The teacher presents the material to be learned with the intention of transferring information to the students.

Approach B: The teacher covers the material to be learned with the intention of transferring information to the students.

Approach C: The teacher clarifies the material to be learned with the intention that the correct information has been transferred.

Approach D: The teacher engages the students with the discipline knowledge with the intention of helping students develop their conceptual understanding.

Approach E: The teacher engages the students in the practice of the discipline with the intention of helping students develop their conceptual understanding.

Approach F: The teacher engages the students in challenging their discipline understanding/professional practice with the intention of helping students to change their conceptual understanding.

Approaches A, B and C are viewed as being Teacher-focused with an information transmission intention. Approaches D and E are Student-focused with a conceptual development intention. Approach F is also Student-focused but this time with a conceptual change intention. Martin *et al* report that the results from the teaching

observations showed no internal inconsistency between the teachers' intentions and their teaching practice.

4.3 Conceptions of Teaching, Approaches to Teaching and Student Approaches to Learning

The results from other work by Trigwell *et al* (1998) suggest that those teachers who report using more of a student-focused teaching approach contained students reporting higher quality approaches to learning, while classes of teachers using more information transmission/teacher-focused approaches contained students who reported using more surface approaches to learning. This response by students is further support for the alignment between self-reported approaches to teaching and actual teaching practice.

In a phenomenographic study exploring the relationship between approaches to teaching and teachers' perceptions of their teaching context, Trigwell and Prosser (1997) found that if teachers perceive that they have some control over what they teach and how they teach it they are likely to adopt a more of a student-focused approach to teaching. Additional factors that influence teachers adopting this approach relate to: teachers' perceptions that the workload is not too great, that student diversity is not too great, and that class size is not too large. Where teachers perceive that the teaching unit does not have a strong commitment to student learning, and where the teacher has little control over what is to be taught, teachers are more likely to adopt an information transmission / teacher-focused approach. The findings from nurse teachers in Jinks' (1997) study would suggest that this is, in part, also true of nursing education.

The research into higher education teachers' conceptions and approaches to teaching, their relationships between conceptions and approaches, and the relationship between teaching intentions and practice demonstrate that teaching and learning in higher education is a complex and context dependent endeavour. Conceptions of, and approaches to, teacher-centred and student-centred teaching established from a variety of perspectives, make the distinction between these concepts much clearer. In addition to this, the research reviewed in this chapter clearly indicates that there is qualitative variation in how teachers conceptualise teacher-centredness or student-centredness in teaching. This is in contrast to the more limited conceptions of teacher- and student-centredness from a humanistic, andragogical perspective adopted in nurse education.

The research into student-centred teaching, according to the literature reviewed for this dissertation, may have limited the potential for student-centred teaching to be conceptualised in any other way. Is it possible that, given much more freedom to reflect upon their experience of student-centred teaching and how they approach their teaching (not previously explored in nurse education), that nurse teachers may, in fact, have a variety of conceptions of and approaches to student-centred teaching than has been hitherto allowed to emerge? Much of the research into conceptions of teaching and approaches to teaching in higher education has focused upon teachers' conceptions and approaches to *teaching*. The definition of, and distinction between, teacher-centredness and student-centredness in teaching has largely come about as a result of various researchers' interpretation of teacher-centredness and student-centredness. However, there is no research that I have come across that has empirically investigated conceptions of *student-centred teaching* and *student-centred*

approaches to teaching from the perspectives of those teachers who define themselves as being student-centred in their teaching. This study represents a departure in these respects.

Chapter 5

The Study

5.1 Aim of the study:

The aim of this study is to explore, in one higher education institution, the variation in teachers' experience of student-centred teaching.

Concerns:

(a) What does it mean for nurse teachers to be student-centred in their teaching? –

Exploring variation in teachers' conceptions of student-centred teaching.

(b) What does it mean for nurse teachers to be student-centred in their teaching practice? –

Exploring the variation in approaches to teaching.

The research questions of this study are:

- How do teachers' experience what it means to be student-centred in their approaches to teaching in their respective programmes? (Linked to aforementioned concern b).

- How do teachers' conceptualise student-centred teaching? (Linked to aforementioned concern a).

by:

- Describing the variation in approaches to teaching ('What' questions');
- Exploring the theoretical assumptions, if any, that underpin teachers selection of the teaching methods used in their respective programmes ('How do you know it works?' and 'Why' questions and the relationship to conceptions of student-centred teaching and preparation for teaching events);
- Exploring the teaching approaches and intentions behind their selection of teaching methods used in their respective programmes ('What are you trying to achieve?' 'What will the impact on student learning be by using these teaching methods?' and 'What is your aim or intention when doing this or that' questions).
- Exploring their conceptions of student-centred teaching ('What does it means to be student-centred in your teaching?')

5.2 Research Participants, Research Access and Ethical Considerations

Forty teachers were selected from lists of names provided by central university services and from departments in the Health and Life Sciences Faculty and approached to take part in the study. Twenty-seven teachers responded positively to the initial invitation. All twenty-seven teachers indicated that they used what they considered to be student-centred methods in their teaching. The nursing discipline and number of teachers invited to attend for interview were: adult nursing lecturing staff

(10), mental health lecturing staff (9) and child lecturing staff (6), and learning disability lecturing staff (2). The actual number of lecturing staff who attended for interview was 23. The total number of participants who took part in this research study with other details is outlined in Table 1. The teachers who agreed to take part in the study reflected the range of nursing disciplines and were considered to be appropriate in order to maximise the variation of experience of student-centred teaching.

Teachers were selected on the basis that they all have experience of student-centred teaching and learning within their respective programmes. The choice of teaching methods, level of input, and teaching intentions are seen to be relational in nature (Ramsden, 1987), and ought to be restricted to areas with a minimum of variation (Trigwell *et al*, 1994). In this sense, the intentions of the teacher and the teaching approaches adopted by the teacher in a certain context are said to be related, and should exclude teaching intentions and approaches that would be appropriate for other students, performing at different levels, with different expectations and in different contexts.

The Health and Life Sciences Faculty Ethics committee was approached seeking approval to access teachers (Appendix 1). Approval was given and a list of names and campus addresses of teachers was requested and received from the respective schools within the faculty.

Each participant was invited, in writing, to take part in the research project. They received written information outlining the aims of the study and why it was taking place (Participant Information Sheet)(Appendix 2). Also included in the Participation

Information Sheet was a written assurance that their details would be treated in confidence at all times. After reading the information sheet, and if they agreed to take part in the study, each participant was asked to complete a Participant Questionnaire (Appendix 3) containing questions relating to the collection of demographic data (name, age, sex, course being undertaken etc), and questions related to teaching methods used. Written details of teaching method were used to develop the interview schedule during the main study and to maintain the focus of the interviews. Each participant was also asked to complete a consent form to take part in this study (Appendix 4). Pseudonyms were allocated to each individual to protect their anonymity.

Table 1. Participant details

Number of Participants		Department	Average Years at University
9		Adult Nursing	**11** (Ranging from 4 years to 20 years)
7		Mental Health Nursing	**10.5** (Ranging from 3 years to 20)
5		Child Health Nursing	**8** (Ranging from 3.5 years to 15 years)
2		Learning Disabilities Nursing	**12** (Ranging from 10 years to 14 years)
Total No. Teachers	$n = 23$		

5.3 Phenomenographic Approach

The focus of this research is to see the world from the teachers' perspectives. Since the intention of phenomenography is to describe qualitative variation in the ways in which a phenomenon is experienced (in this case the experience of student-centred teaching), it is considered as being particularly suitable for the exploration and investigation of the variation in the ways that nursing teachers experience student-

centred teaching in their practice (Sjöström and Dahlgren, 2002). Phenomenography is therefore:

> …the empirical study of the limited number of qualitatively different
> ways in which various phenomena in, and aspects of, the world around
> us are experienced, conceptualised, understood, perceived and apprehended.
> (Marton, 1994, p.4424)

The outcome of phenomenographic research is the production of a set of categories of description that describe the variation in experiences of phenomena (Lucas, 1999). By focusing on teachers' experience of student-centred teaching within their respective nursing programmes, this restricted the phenomena under investigation and set the phenomena in a particular context to avoid discussions of other phenomena.

Phenomenography is considered to be a 'second order' qualitative research approach that can help researchers investigating how teachers, and others, experience specified phenomena (Trigwell *et al,* 1994). Taking this distinction between first-order and second-order qualitative approaches further, Marton (1981) asserts that, 'From the *first-order* perspective we aim at describing various aspects of the world and from the *second-order* perspective we aim at describing people's experience of various aspects of the world' (p.177). When conducting a phenomenographic study, it is asserted that the second-order perspective must be adopted throughout the whole research process from problem posing to analysis: 'explicitly adopted when research problems are being posed, when material is being gathered, and when analysis is being done. It means taking the place of the respondent, trying to see the phenomenon and the situation through her eyes, and living her experience vicariously. At every stage of the phenomenographic project the researcher has to step back consciously from her own experience of the phenomenon and use it only to illustrate the ways in which others

are talking of it, handling it, experiencing it, and understanding it' (Marton & Booth, 1997, p.121).

The investigation was not concerned with the psychological processes underlying teachers' experience, but with the internal relation between the teachers as 'experiencers' and the world around them as experienced by them, that is, a second-order perspective (Marton & Booth, 1997). The implication in this sense is that human thinking and the world around are not isolated from each other (Säljö, 1997). The experiencer is focally aware of the object of experiencing, but not of 'her way of experiencing it,' it is the ways in which these underlying ways of experiencing the world (phenomena and situations) that are the object of research in phenomenography (Marton and Booth, 1997, p. 118). The first-order perspective, on the other hand, is considered to describe the world as it is (Marton, 1981). In this latter sense, whilst teachers of nursing may say that they experience being student-centred in their teaching practice, they may not be aware of the way in which they experience being student-centred in their practice or what being student-centred means to them. These are the objects of this research.

Phenomenography, whilst having certain similarities to phenomenology, is seen as an appropriate alternative for exploring variation in people's experience of specified phenomena and addresses some of the limitations of phenomenology (See Table 2 for an overview of the relationship between phenomenography and phenomenology). Although phenomenology and phenomenography both aim to reveal people's experience and awareness as a focus for research, phenomenography is not so much interested in individual experience as more on emphasising collective meaning:

'Rather than a noumenal first-order perspective in which the world is described as it is, phenomenography is phenomenal or experiential and aims to describe the world as it is understood...The emphasis is on how things appear to people in their world and the way in which people explain to themselves and others what goes on around them and how these explanations change' (Barnard *et al*, 1999, p.213-214). For further elaboration on the philosophical assumptions underpinning this approach see Marton (1981), Marton & Booth (1997).

Table 2. Relationship between Phenomenography and Phenomenology

Phenomenography	*Phenomenology*
❖ The structure and meaning of a phenomenon as experienced can be found in pre-reflective and conceptual thought	❖ A division is claimed between pre-reflective experience and conceptual thought
❖ The aim is to describe variation in understanding from a perspective that views ways of experiencing phenomena as closed but not finite	❖ The aim is to clarify experiential foundations in the form of a singular essence
❖ An emphasis on collective meaning	❖ An emphasis on individual experience
❖ A second-order perspective in which experience remains at the descriptive level of participant's understanding, and research is presented in a distinctive, empirical manner	❖ A noumenal first-order perspective that engages in the psychological reduction of experience
❖ Analysis leads to the identification of conceptions and outcome space	❖ Analysis leads to the identification of meaning units

(Barnard *et al*, 1999, p.213-214).

The key features of a phenomenographic research approach have been outlined by Trigwell (1999) and are as follows:

A phenomenographic research approach is an approach that:

- takes a (1) *relational (or non-dualist) (2) qualitative,* (3) *second order* perspective
- aims to describe the (4) *key aspects of the variation* of the experience of a phenomenon rather than the richness of individual experiences

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- yields a (5) *limited number of internally related*, hierarchical categories of description of the variation

According to Brew (2001), when people experience something, they differentiate the phenomenon from its context seeing some things but not others. In so doing, some aspects are in the foreground and others recede to the background, and different people notice and interpret different things. People are aware of is related to the meaning that they attach to the particular phenomenon. When people share a common culture and language, there are relationships between all the different ways of experiencing that particular phenomenon. From phenomenographic research exploring a range of phenomena it has been established that there are a limited number of ways in which people experience a particular phenomenon.

The implications of the above for this study are that teachers, who indicate that they have experienced being student-centred teaching in their practice, will experience the same phenomenon (student-centred teaching) in a limited number of different ways and that these different ways of experiencing the same phenomenon can be accessed and identified.

5.4 Categories of description

Categories of description are said to represent the central meaning of conceptions and describe the similarities and differences in people's experiences of the phenomenon of interest. Categories of description represent the totality of ways in which people understand or experience a given phenomenon interpreted in terms of the distinctly different categories that are said to capture the essence of the variation (Marton and Booth, 1997). The number of categories of description reflects the qualitatively

different ways, or variation, in ways which phenomenon are described and understood – in this study, this means the variation in which nurse teachers' experience student-centred teaching. In phenomenography, conceptions are seen to be central to describing knowledge. Knowledge is a product of the process of thinking and depends on the world external to the individual. Moreover, knowledge is seen to be relational and it involves a relationship between thought, experience and a phenomenon: "The most fundamental assumption is that knowledge and conceptions have a relational nature. Conceptions are dependent both on human activity and the world or reality external to any individual…Thus the view of knowledge is that it is relational, not only empirical or rational, but created through thinking about external reality." (Svensson, 1997, p.167).

In this latter sense, how an individual gains knowledge about his or her world (or something in his or her world) is dependent on the internal relationship between the individual and the phenomena in question. In this study it is the internal relationship between nurse teachers and their experience of student-centred teaching – or, to be more precise, the way in which teachers experience the phenomena and how the phenomena are experienced by nurse teachers. Thus, it is said, "An experience is of its essence *nondualistic*" (Marton and Booth, 1997). When an individual engages in a dialogue with a researcher to share his or her experiences of a phenomenon, the dialogue will result in a description of that individual's experiences of the phenomenon and no more. What is achieved in this dialogue is the way in which that individual experiences the phenomenon and not the phenomenon itself. In this study, an individual's way of experiencing student-centred teaching is seen to represent one aspect of student-centred teaching. When the researcher describes the variation in

ways of experiencing the phenomenon in question, he or she is describing the phenomenon in question but, again, only partially. It is this partial constitution of the phenomenon that is the researcher's description (Marton and Booth, 1997). Marton and Booth assert that there are three criteria for the quality of a set of categories of description:

A set of descriptive categories in which:

- Each category stands in clear relation to the phenomenon under investigation so that each category communicates clear and distinctive things about people's experiences of a particular phenomenon

- Categories are linked in a hierarchical relationship of increasing complexity or inclusivity where the quality of each category can be compared against that of others

- Fewer categories as is feasible and as reasonable as possible are developed to reflect the critical variation in the data.

Moreover, Marton (1986 and 1988) indicates that categories of description have four main characteristics. They are:

- relational, dealing with the intentional, or subject-object relation comprising the conception
- experiential, that is based on the experience of participants in the study
- content oriented, focusing on the meanings of phenomenon being studied
- qualitative or descriptive

(Marton, 1986, p.33 and 1988, p.181)

Categories of description are usually presented, or expressed, 'in the form: something (x) is seen as something (y)' (Lybeck *et al*, 1988, p.101). This is the label, or the expression, of the category denoted. For example, in the current study the

phenomenon of student-centred approaches to teaching the categories are expressed in the following manner:

APPROACH A: Student active teacher-focused strategy (something x, or structural component/strategy) **with the intention of students' actively reproducing expert nursing knowledge and skills** (something y, or referential/intentional component)**.** The category is then elaborated with a description of the category and illustrative quotes from the data.

5.5 Outcome Space

The outcome space is the end result of undertaking a phenomenographic research project. The outcome space is the diagrammatic or graphical representation of the structural and logical relationships between categories. The qualitatively different ways in which people understand or experience a phenomenon forms a hierarchy. Each category of description forms part of a larger whole in which the logical relations between the various categories are made explicit. The outcome space portrays the logical relationships between the various categories and is a representation of the similarities and differences in the ways in which participants have described their experiences of the phenomena and the way in which these experiences have been interpreted by the researcher. The hierarchical structure of the outcome space is defined in terms of Marton (1981) who views the similarities and differences as a system of conceptual order and refers to the system as, "our *collective intellect* and is a structured pool of ideas, beliefs, facts, illusions, etc., which underlie interpretation and the construction of reality" (p. 198), or, in 1997, where he refers to

it as the collective anatomy of awareness (Marton and Booth, 1997). The outcome

space describes the collective intellect, or the collective anatomy of awareness, and is

viewed as an empirical map of the qualitatively different ways in which people

experience or understand various aspects and phenomenon in the world around them

(Marton, 1986).

Laurillard (1984) identifies three different types of outcome space that reflect the

different ways in which the structural relations between categories may be viewed:

- an inclusive, hierarchical, outcome space in which the categories further up the hierarchy include previous, or lower, categories
- an outcome space in which the different categories are related to the history of the interviewee's experience of the phenomenon, rather than to each other
- an outcome space which represents a developmental progression, in the sense that the conceptions represented by some categories have more explanatory power than others, and thus may be seen as 'better'. (p.43)

In this study of nurse teachers' student-centred approaches to teaching and

conceptions of student-centred teaching, the outcome space has been constituted as an

inclusive hierarchy with the uppermost category subsuming or including those that

have gone before. For example, Approach B includes Approach A; Approach C

includes Approaches A and B, until we get to the last approach, Approach F which

includes Approaches A, B, C, D and E.

5.6 Data Collection and Analysis

Pilot Study

Prior to the main study being conducted, a small pilot study was conducted over a

period of six weeks. The purpose of the pilot study was to test the data gathering

techniques to be used in the main study. In the pilot study three teachers were interviewed – 1 teacher in Art, Design and Communication (1st interview); 1 teacher in Learning Disabilities Nursing (2nd interview) and 1 teacher involved in Mental Health Nursing (3rd interview), and all three interviews were transcribed verbatim. The first interviewee was a participant in the same Doctoral Programme as the researcher and was also in the process of conducting her own phenomenographic study involving Art, Design and Communication Teachers, but she did not work within the institution where the main study was to be conducted. The inclusion of this fellow researcher at this time was seen to be important in the sense that she could provide feedback on the phenomenographic aspects of the process of conducting a phenomenographic interview and the maintenance of the focus during the interview. The choice of participants was mainly pragmatic in that: (a) they all had experience and knowledge of student-centred teaching; (b) their inclusion in the pilot study did not affect the already limited numbers of participants taking part in the main study; and (c) they were very willing to take part in the study. The second and third participants were teachers within the institution where the main study was to be conducted and had an awareness of the changing context within which this study was being conducted.

In the pilot study, the semi-structured interview schedule (see Appendix 5) formed the basis of the face-to-face interviews. The questions contained in the semi-structured interview schedule were intended to be as open as possible to elicit the variation of experiences in relation the phenomena under investigation.

Only one difficulty emerged as a result of conducting the pilot interviews. This related to the limited number of prompts thought to be useful to encourage a more open and flexible dialogue between interviewer and interviewees. However, at the end of the first interview, the discussion that followed revealed the interview was interesting but seemed to lack the crucial and sustained focus on the topic of enquiry. The problem seemed to stem from the fact that the interviewer allowed the interviewee to stray onto other topics unrelated to the focus of the interview. This was changed by the inclusion of questioning prompts and a statement written in bold at the top of the interview schedule**: "Remember to focus on student-centredness".**

For consistency and clarity, the researcher also made the introduction to the interview by writing the introduction down on paper to be spoken at the start of each interview (Appendix 6). The remaining two pilot interviews were successful and the framework was adopted for the main study.

Main Study

Qualitative Data Collection

According to Kvale (1996) the qualitative research interview is a way of attempting to understand the world from the interviewee's point of view, to make explicit the meanings of peoples' experiences, and, '…to uncover their lived world prior to scientific explanation' (p. 1). The decision to use one type of research method over another, qualitative research interviews in this instance, may reveal to the reader or audience of published work what the researcher values and believes about people, or

the nature of being, and the nature and value of knowledge produced (ontological and epistemological assumptions). Arksey and Knight (1999) argue that the choice of research methods depends as much on the ontological and epistemological assumptions as the nature of the phenomenon being investigated, and these competing theories of being and of knowledge have traditionally been divided between 'positivist' and 'qualitative' approaches. Despite the arguments related to the best approach to adopt in social science research – positivist or qualitative – Arksey and Knight (1999) assert that the important point, missed by many, is that whichever approach the social scientist utilises it should be fit for their purpose.

Interviews form the main method of data collection of the phenomenographic approach to eliciting participants' perspectives on experience and for analysing and identifying the limited qualitative variation that may exist in relation to the phenomenon in question. In this sense, the interviews were aimed at attempting to access these practitioners experience and tacit understanding or knowledge of the phenomenon of student-centredness and how they thought it influenced their practice. As the researcher was interested in accessing these teachers' own descriptions of their understandings and experiences, interviews seemed to be the most appropriate choice. In other words it was 'fit for purpose' (Arksey and Knight, 1999).

The choice of the qualitative research interview as a means of data collection in this current study is consistent with the overall research aims, questions, design and research approach used (phenomenography). According to Arksey and Knight (1999), interviews themselves will not, and cannot, be seen as actual practice. However, research by Martin *et al* (2000), when the context of teaching and learning are tightly

defined, there is a clear relationship between their intention and practice. As has been stated previously, this research is concerned with teachers' experience of student-centred teaching (intentions and practice) and, given this context; it would be possible to infer a much closer relationship between intentions and practice than has previously been the case.

The aim and outcome of this research project is to explore, in some depth, nurse teachers experiences of student-centredness in their teaching. Other methods of data collection (structured interviews and survey questionnaires) were not considered appropriate or suited to answer the questions in this study, or to address the ambiguities, effects on teaching practice, and additional concerns identified in the review of the literature on student-centred teaching and learning. Indeed, and after having conducted the interviews, the range, quality, depth and level of interrogation of the data being produced within the interviews, it would be difficult to see how these aspects could have been reasonably achieved, or even anticipated, as a result of a survey questionnaire.

During the data collection phase of the main study, teachers were interviewed on a one-to-one basis using a semi-structured, phenomenographic interview schedule. Interview dates, times and venue were agreed by participants and confirmed in writing by the researcher. Each interview was audio taped and transcribed verbatim. This data then became the focus of a phenomenographic analysis. All of the interviews were conducted in university premises that participants found familiar and lasted between 45 and 90 minutes. The interviews were qualitative and designed to be conducted in a conversational manner.

At the beginning of each interview the researcher reminded each participant of the aim of the current study (see Appendix 6). After the introduction each interviewee was invited to identify an aspect or event in their teaching that they considered to be student-centred. They were also asked questions in relation to where this aspect or event fitted into their respective programmes in order to place the event in its wider context. Thereafter, each interviewee was invited to talk about how they went about preparing for this event and various aspects of their thinking and planning for the event. They were then asked to talk about the actual teaching event itself; to discuss their respective roles in the event, and why they considered this event and their approach as being student-centred and why. Towards the end of each interview, participants were then asked what student-centred teaching meant to them. The questions used in the semi-structured interview schedule were followed, if appropriate, by probing questions in order to pursue interesting or unclear responses, and to allow each interviewee the opportunity to further develop their awareness of the phenomena in question and its related themes.

Qualitative Data Analysis

During the course of the interview, each interviewee is encouraged to reflect upon their previously unthematised experience of the phenomenon in question. The different ways of experiencing the phenomenon in the interview form the units of analysis and not the individuals themselves. The collective experience of a particular phenomenon that is focused upon within the research context is seen to constitute the

data, or 'pool of meaning,' from which the qualitative variation is determined (Marton & Booth, 1997).

The early phase of data analysis, Phase 1 below, proved to be very time-consuming, tiring and, initially, a very frustrating period in the research process. The example in Appendix 7 provides an insight into this aspect of the process of analysis by providing a commentary on the experience of that process.

The approach to analysing both research questions in the data was conducted in two phases. In Stage 1, the data analysis focused on those aspects of the transcripts related to student-centred approaches to teaching. The second stage of data analysis focused upon those aspects of the transcripts that were related to the second research question on conceptions of student-centred teaching. Although there were discrete sections within the interview transcripts reflecting a change in focus, quite often in the interviews participants would make frequent reference to their conceptions of student-centred teaching and approaches interchangeably. This made the analysis somewhat more difficult than the researcher had originally anticipated. In order to capture the meaning and intention in both stages, the transcripts were read as a whole but with a different focus each time. For example, in Stage 1, the focus was on comments and statements made by participants in relation to their stated strategies and intentions. In Stage 2, each transcript was again read as a whole but with the focus being on comments and statements related to teachers conceptions of student-centred teaching.

The description of analytic phases is as follows:

Phase 1:   selected quotes relating to the phenomenon in question were selected and marked in each interview transcript. These quotations were then taken from each interview and placed in a 'Word file' and stored on a floppy disc. These selected quotations then became the 'data pool' for the next phase of the analysis. At this time each quotation was allocated a set of characteristics. This also acted as a reminder of the transcripts from which the quotations had been taken. For example, (AN1, F) served to remind the researcher that this was an Adult Nursing (AN) teacher who was distinguished from the 8 other adult teachers (1) and that she was female (F). Similarly with another set of characteristics (MH6, M). In this last example this was a mental health teacher who was male.

Phase 2:   in this phase the researcher's attention is removed from the individual teachers to the data pool and the search for the 'pool of meaning' that is embedded in the set of quotations. The process at this time involved identifying the similarities and differences in the selected quotations and bringing together those utterances, or quotations, interpreted as having similar meaning in the form of a category of description. In relation to the phenomenon of 'student-centred approaches to teaching' the analysis and grouping of selected quotes was in terms of the shared strategy and intentions. For conceptions of student-centred teaching, the analysis and grouping was in terms of structural and referential

aspects (what they said and how it was said). The process of bringing together selected quotations and searching for embedded meaning with the quotations was an iterative process of constantly checking data within the pool of meanings and between the pool of meanings and the interview transcripts from whence they came. This iterative process resulted in a process of ordering and re-ordering quotations and naming and renaming categories of description to more accurately reflect the development of more stable categories of description. At this stage categories of description were differentiated by the ways in which they differed from each other.

There is concern that the 'selected quotes' approach advocated by Marton (1986) may be working in a way which is antithetical to the underlying relational nature of phenomenography. By removing selected quotes from the context within which they were originally develop and discussed, there is a danger that the background information which may help to better understand people's experiences may be lost and making the process more abstract and less meaningful (Bowden, 2000). Bowden argues that interview transcripts should be read as a whole and dealt with in this way throughout the research process. However, in the approach adopted in this study, there was a constant iteration between the transcript and the pool of data that meant the context from which the quotations were selected was not missed. In order to ensure that the quotes were not 'de-contextualised' in this way, related quotations, and the questions that prompted the responses, were cut and pasted to ensure the context was not lost. This resulted in more than 140 pages of narrative being produced.

An example of this iterative approach and the process of naming, renaming categories can be seen in the first category of description reflecting variation in the student-centred approaches to teaching - Approach A (see Appendix 8). The process of constantly checking, re-checking against the pool of data and the transcripts was a laborious and time-consuming activity (Marton, 1986). The process described above took between 5 and 7 months to complete.

The categories are not intended to describe the variation between individual teachers, but as a representation of the range of categories within the transcripts as a whole. However, the next step in the process was to return to the transcripts and to classify the student-centred approaches and conceptions of student-centred teaching within the transcripts. This is a departure from the phenomenographic approach but was seen as being essential in order to provide a basis for further exploration and interrogation of the researcher's interpretations. This is a process similar to that described by Prosser *et al* (1994). In similar way to these authors' findings, the nurse teachers in this study were interpreted as holding a number of conceptions and approaches. In the cases where this did occur, the transcripts were classified in terms of the highest category of description for which there was substantial evidence within the transcript. Once this had been achieved, an A4 sheet of paper with a list of the categories of description and 8 transcripts were given to a colleague working within the same department for her to judge the trustworthiness of the researcher's interpretation of the data - the suitability and applicability of the categories of description, and then to allocate a transcript to a category. No other information was given at this time. A similar approach was used for the conceptions of student-centred teaching. There was 100% agreement between the categories of description identified for both approaches and conceptions. The only

point of disagreement concerned the allocation of one teacher's highest conception of student-centred teaching. This level of agreement would suggest a well-developed set of categories of description and a high degree of confidence that the categories accurately reveal teachers' experience.

Quantitative Analysis – The relationship between Conceptions of Student-Centred Teaching and Student-Centred Approaches to Teaching

Quantitative data analysis is not a feature of phenomenographic research. However, and in a similar departure to that outlined above, it was considered to be important to identify the existence, or otherwise, of an empirical relationship between approaches to student-centred teaching and conceptions of student-centred teaching - following the work on the logical relationship between approaches and conceptions (Trigwell and Prosser, 1997; Kember and Kwan, 2002) and intentions and practice (Martin *et al,* 2000). Each transcript was revisited, coded and individual teachers were allocated to categories of student-centred teaching conceptions and student-centred approaches to teaching (Appendix 9). These were then cross-tabulated to explore the relationship between approaches and conceptions.

Validity & Reliability

The number of participants involved, results, findings of qualitative research, and qualitative interviewing in particular, has been criticised both from within and outwith the social sciences, as being unreliable, invalid and not generalisable (Kvale, 1996). Kvale asserts that, whilst the 'holy trinity' of reliability, validity and generalisability

has been imported from a more positivistic view of the verification of knowledge, some qualitative researchers have a different attitude towards these issues. He argues that whilst some qualitative researchers ignore or dismiss the issues of reliability, validity and generalisability, others have taken a less extreme view: 'Lincoln and Guba (1985), for instance – have gone beyond the relativism of a rampant antipositivism and have reclaimed ordinary language terms to discuss the truth value of their findings, using concepts such as trustworthiness, credibility, dependability, and conformability.' (p. 231)

According to Arksey and Knight (1999), the positivist assumptions surrounding the concepts of reliability and validity, as traditionally conceived, are inappropriate for qualitative research purposes. They argue that: "…the qualitative response to the issue of reliability and validity is to require researchers to demonstrate that what they do is fit for their research purpose" (p. 55).

Multiple researchers have traditionally conducted phenomenographic studies, and there is considerable concern in the phenomenographic literature in relation to the validity and reliability of phenomenographic research being conducted by a sole researcher. The concerns, in particular, relate to the analysis of data and it is suggested that this should be a group process as opposed to an individual researcher working alone (Walsh, 2000). Apart from reporting a claim by some researchers that giving categories of description to other researchers and asking them to classify the set of results against the provided categories (or interested teachers as in this study), establishes the reliability of the results, Walsh (2000) raises two questions in relation to phenomenographic studies: "Can a lone researcher obtain a set of categories which

satisfactorily describes the range of conceptions present in the data?" and, "Could a valid study be conducted by an individual researcher?"

In response to these two questions, Walsh (2000) suggests that a lone researcher not only needs to learn the skill of 'bracketing' prior assumptions and perceptions of the phenomenon in question when reading the data (particularly where the researcher has familiarity with the content and context of the phenomenon in question), but he or she also needs to make his or her input into the analysis explicit and to allow other researchers (and presumably other interested individuals) to check, test and probe initial results. If these aspects can be achieved and clearly demonstrated, it is suggested that such bias can be overcome. This researcher believes that these conditions have been met in this study, but it is for others to judge whether or not he has achieved the significant level of awareness and skill in his ability to 'bracket' his prior assumptions in the way that they have been made explicit within this thesis. A colleague was invited to judge whether or not the categories of description could be understood and interpreted from the data. She is also a 'critical colleague' who would challenge the results of this study if the data made available to her did not support the interpretations made. This is what Marton (1986) describes as intersubjective agreement, indicating that since the discovery of original categories of description is a form of discovery, discoveries need not be replicable and that, "once the categories have been found, it must be possible to reach a high degree of intersubjective agreement concerning their presence or absence if other researchers are able to use them." (p. 35). This colleague is not a researcher but a member of a community of scholars

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The issue of reliability in qualitative research is also problematic. According to Cohen *et al* (2000), the canons of reliability for positivistic research may be unworkable for qualitative research: "Quantitative research assumes the possibility of replication; if the same methods are used with the same sample then the results should be the same. Typically, quantitative methods require a degree of control and manipulation of phenomena…Indeed the premises of naturalistic studies include the uniqueness and idiosyncrasy of situations, such that the study cannot be replicated – that is their strength rather than their weakness." (p. 119).

It is difficult to see how another researcher adopting the same approach with the same participants could replicate this study. The nature and quality of the relationships, so very important in being able to encourage people to talk about their concerns and issues, may be very difficult, if not impossible, to recreate and thereby replicate. However, the researcher believes that the design of the study and the details of the progress of the study, from the development of the research questions, data collection, analysis and reporting of the findings, should enhance the trustworthiness of this research study. Every effort has been made to reflect these teachers' experiences and conceptions and to describe them as faithfully as possible within the limits of the current study, but still with the firm intention of remaining true to the accounts of these teachers' reported experiences and conceptions of what it means to be student-centred in their teaching practice. The data from which these categories of description have been developed, and the processes involved in collecting and analysing these accounts, are seen to add to the validity, or trustworthiness, of the process and outcome. Through the process of questioning, re-questioning, constantly visiting and revisiting the transcripts and pools of meaning relating to both research questions and

making this iterative process explicit by documenting aspects of this process; the

researcher firmly believes that the accounts given reflect both true and honest

description of the experiences and conceptions held by the participants at this time.

The use of quotations to illustrate the internal relations within each of the categories of

description and the variation that exists between the categories of description, in the

next chapter, also reflect the concern for a faithful description of the teachers'

experiences, and it is to this chapter that we now turn.

Chapter 6

How Lecturers Experience Student-Centred Teaching

6.1 Student-Centred Approaches to Teaching

APPROACH A:

Student active teacher-focused strategy with the intention of the students actively reproducing expert knowledge and skills.

Teachers adopting this approach prepare teaching/learning events that are highly structured with the intention of transmitting the teacher's knowledge and skills to students. Teachers adopting this student-centred approach have very clear ideas about what knowledge and skills the students should have and are practising to ensure *safe* nursing practice. Teachers adopting this approach place emphasis on both teacher-student interaction and student-student interaction to achieve the desired outcome. The event is student-centred because the students are active. Students are active in the sense that they comply with the teacher's requests to actively engage with the learning activities; actively reproduce the teacher's knowledge and skills; actively challenge and check each others' understandings of the concepts and skills, but with the intention that the outcomes of their learning are in line with the teacher's conceptions and skills. This is reflected in the following teacher's quotation when talking about prioritizing the treatment of clients in an Accident and Emergency simulation:

'They get and work as fast as they can to solve their problem, the thing that they've been set to do. And they can rationalise it until they're blue in the face, you know, but ultimately we will, if we have to, counter-argue and give then the professional viewpoint on who goes where.'(AN18, F)

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The underlying assumption in this approach is that if the students can reproduce and demonstrate the teacher's knowledge and skills within this setting this will ensure safe practice in 'real life' settings for all students. The knowledge and skills that the students need and have to reproduce are viewed as being external to the students. The knowledge and skills to be reproduced are the teachers' and the students do not need to consult textbooks or other resources because the teachers provide what they need to learn:

'Safety in practice…We are people who are smack up to date and pride ourselves in being smack up to date because these are specialist areas of practice. We know what's current. We know the changes that are happening in practice in these areas. And without making sure these are discussed we couldn't be sure that the wrong impression had gone out with the student on the day. So, we want them to be as safe as they can be theoretically before they meet it head-on in reality, from simulation to reality. So, and we have a duty to do that, I believe, so. That's what I mean by safely. Without that structure again I don't think you could be sure that a conversation would happen that made sure that everyone was clear on what they thought em, you know, the real rationale for practice is…And that they've been able to remember bits without picking their books up after those sessions, and that they really feel that it is real. That it is up-to-date em and they've never come back to us after placements in the real A & E settings for example saying, 'It doesn't happen like that in reality.' (AN18, F)

Being active in this situation for the students is to work with the materials and context provided and identified by the teacher, individually and in small groups, drawing upon knowledge previously given in lectures immediately prior to this event. No account taken of students' previous personal knowledge, skills and experience. The students are not engaged in the construction of their own knowledge or skills:

'It's exactly the same session no matter who we put it on for.' (AN18, F)

APPROACH B:

Student active teacher-focused strategy with the intention of students actively acquiring and applying nursing concepts and skills:

In a similar way to Approach A, teachers adopting this approach prepare teaching/learning events that are highly structured with a focus on *safe* practice. Like Approach A, teachers adopting this student-centred approach also place emphasis on both teacher-student interaction and student-student interaction to achieve the desired outcome, but the strategy and intention, unlike Approach A, is for the students to be actively involved in the process of acquiring and applying teacher and disciplinary knowledge and skills and how they relate to and should be applied in practice. Teachers adopting this student-centred approach, unlike teachers adopting Approach A, consider student prior experience as being useful, but not essential, in the development and application of both teacher and disciplinary knowledge and skills. In a similar way to Approach A, the knowledge and skills the students are expected to acquire is seen as being external to the student, but unlike Approach A, this knowledge can be acquired from the teacher, journal articles, demonstrations and other resources. The inclusiveness of more complete approaches is illustrated in the following and subsequent quotations with reference to several approaches:

'Well, we discuss. I mean it's not just a workshop where the students do the work and the teacher has no contact, you know. What tends to happen is that, particularly with elimination skills, is that they're encouraged to explore the information with worksheets, articles em discussion amongst themselves, but the teacher is present. And tends to pick up on areas that particularly they know that they might have difficulty with (Approach B) and also em encourages along a certain train of thought. So, I mean, the worksheet's going to do that anyway but the teacher, as a facilitator, is going to make sure that they come out of the session with some form of understanding which he or she wants them to have. Particularly about em I think, you know, issues related to practice. About things like catheters, bladder lavage things like that.' (Approach A) (AN5, F)

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Teachers who adopt this student-centred approach to their teaching consider it to be student-centred because the students are active in the acquisition of disciplinary knowledge and skills – but still in line with the teacher's and disciplinary knowledge and skills; they are not being 'told it'. In this latter sense, and like Approach A, the students are not engaged in the construction of their own knowledge or skills:

Researcher: 'So, why's this session then student-centred?'

'Because the students are controlling more what they're doing. They're actually exploring the information and they're, they're active in their learning.'

Researcher: 'But to get to a point where you want them to go to?'

'Yeah, well I mean, the guidelines, the worksheets will guide them to the point that I want them to go to. I mean if they complete the worksheet they'll get, they'll actually em achieve the aims of the session.' (AN5, F)

APPROACH C:

Student active student-focused strategy with the intention of the students using their experience to develop personally meaningful conceptions of nursing and nursing practice/skills:

This student-centred approach has similarities to Approaches A and B, and both teacher and student are active in the teaching and learning process. Teachers adopting this student-centred approach are aware of the context, but, unlike Approaches A and B, they are also aware that students have prior knowledge and experiences that can be utilised in the development of the students own conceptions, knowledge and skills in the subject – real world conceptions and practice and life experience to help students to develop understanding of disciplinary knowledge and skills. Unlike Approaches A and B, the strategy and intention in Approach C is to encourage the students to develop their understanding of the disciplinary knowledge and skills required for *informed or meaningful* nursing practice by encouraging students to reflect upon and

make more use of their own knowledge and skills – gained from previous academic

courses, life experience, or knowledge and skills gained from other modules and

practice on the students current programme, or a combination of all three:

'Well, I think it's about the diversity of maybe, opinions, I mean I don't, I suppose when you're in the
lecturer role, students maybe view you as the expert, if you like, and to some extent yes you are, but,
again, I view myself subject expert in some areas but I view myself more as a manager of the teaching
and learning experience and I think that's where my expertise lies. So, for example, we're talking about
feeding a baby, now I've never breast fed a baby. Now the chances are there are some women in that
group who have, and they will give a completely different perspective on that than me standing up there
and saying, 'Well, this is what happens. This is the physiology of breast-feeding. These are the
problems that can take place and this is the kind of nursing interventions that we can make'
(Approaches A & B). That might all be very interesting. I might think that I'm quite an expert on that,
but in the small group where you may have a woman sitting there and she's saying, 'Well, I'll tell you
what, cracked nipples, you know, it's just the end of the world and it would have put me off completely
feeding my baby' or whatever. And that, I think, coming from somebody who has experienced that I
think will, I think will stick better (Approach C) than reading it in a book or having somebody standing
up there saying it.' (Approaches A & B) (CH3, F)

Encouraging students to access and utilise their prior knowledge and skills may assist

students in the development and understanding of disciplinary knowledge and skills in

ways in which students can understand, relate to, and make more personally

meaningful and relevant. The teaching/learning events continue to have some

structure and to clearly locate student learning in a professional context, but, unlike

Approaches A and B, it is the students who are developing their understanding of

disciplinary concepts and skills with guidance from teachers:

Researcher: 'So, when you say it's lively and it's relevant, what does that mean?'

'Well that it's applied, it's not, it's not a, I don't teach the theories (Approaches A & B). I try and get
them to identify the behaviour that they would see and recognise in children at different stages of
development. And then say, 'Well, this is what Erickson says isn't it' or 'can you see where Piaget's
theories fitted in?' So rather than sort of, they've had some of the theories in TIFS, but then try and get
them to see what their observations of children are and then to fit the concepts around that.' (Approach
C) (CH2, F)

This change represents a significant shift in the way that teachers view learning and

teaching of disciplinary knowledge and skills. In Approaches A and B, the knowledge

and skills that the students were being exposed to were seen to be external to the students and could only be developed by exposure to the teacher's knowledge and skills or the knowledge and skills gained from various journal articles and resources. In Approach C, knowledge and skills development are seen as being a relationship between the student and their experiences and the disciplinary knowledge and skills that they are being exposed to. Having a greater appreciation of prior knowledge and skills and how this can help to develop understanding and skills is thought by teachers to increase student confidence, student motivation and to aid the transfer of new knowledge and skills gained in one situation more effectively to another.

Unlike Approaches A and B, teaching in this approach is informed by, and makes clear links to, formal knowledge gained from teacher training and post-graduate education programmes. Being aware of the research into teaching and learning in this sense can also assist teachers to focus more clearly on the their role in student learning and to more clearly articulate their strategies and intentions:

Researcher: 'Why is it important, why do you want to get into their past experience?'

'Because in terms of educational theory, as you'll know Mr. Brown, if something is underpinned by an event or another mental structure then it's much easier to learn from that event or piece of knowledge, therefore, if the students can think of what they've done in the past, whether that's academically or whether that's in relation to practice, and they can see how new knowledge can hang on that, then learning will be more meaningful. So it's about looking at meaningful learning as well.' (Approach B) (CH8, F)

In this approach better quality of student learning is achieved by the teacher focusing on the students and their experiences, and to prepare the way for the students to change or adapt their understanding and practice of disciplinary conceptions and skills. In this sense, and unlike Approaches A and B, the students are constructing their own knowledge base of the subject prior to changing their conceptions and skills.

It is assumed that the dialogue between the teacher and students, and between students and other students, where appropriate, will be an important part of this process.

Adopting this student-centred approach to teaching reinforces the importance of student prior knowledge and experience as an aid in the development of the student's own conceptions and skills of the discipline. By encouraging students to reflect upon their experiences teachers are also assisting students to reflect upon the process of learning and what this might mean to them. However, focusing on a range of prior knowledge and experience to facilitate this development in the students may have unintended consequences:

Researcher: 'So, is that any kind of knowledge, any kind of experience, or is it?'

'Yes any kind. Yes. It's not just hospital, it's like looking or, it's like, 'Well, yeah, I can see that in my wee brother' That's, in some ways, it's opening a hornets nest this, because it's such a sensitive subject Norrie, child development. And some of them, you think, 'They've never had a childhood' or they don't want to reflect on their childhood, and you know in your line, sibling rivalry's normal but it could go on for ever. A lot of mental health problems relate to childhood development. So, some of them, they come to terms with that and I mean, again, it would be silly, the papers show us that there's a percentage of us who have come into nursing because of our background, you know, we might have been abused. And that's, that's tricky from the point of view you can see, you know, you're looking at a class and closing up and there's one or two, and it's sad because of confidentiality, unless they come and say anything to you, then, you know.' (CH2, F)

Teachers adopting this student-centred approach to their teaching and whose intention is to encourage the students to reflect upon, talk about and to share their experiences do so in order to develop the students' own and their peers' conceptions and skills of the discipline. In this latter sense, and unlike Approaches A and B, the thinking behind this approach is that if students are able to develop their own understanding of the concepts and skills, they are more likely to be able to see the relevance of what they are learning to their professional career and to their personal lives:

'What I would hope, I think, is that they would not view any subject matter that we cover as something that's just got to be learned (laughs), to pass an exam or to make the teacher happy (Approaches A &

B). It's not really just about making the teacher happy, it's, I suppose, about being useful to them in, primarily in their professional practice, but it might be useful to them in their personal life as well. I wouldn't like them to come out thinking, 'Well, that was a waste of time. What on earth…?' I can't, I'd be very seriously worried about a child health student coming out a session on bottle feeding and thinking, 'That was a waste of time. What do I need to know that for?' I would have serious worries about that.' (Approach C) (CH3, F)

Actively involving students in their learning to achieve the desired outcomes is not an easy process and requires teachers to reflect upon and to be vigilant about the relationship between their strategies and intentions:

Researcher: 'Why is important for you to, why is it important to monitor it?'

'Because I'm very aware of the fact that I am directive and I don't think that the direction that I give allows the student to develop as much as they can, because I tend to, I'm quite a creative person, I'm quite imaginative myself, so as soon as a student starts to talk about something, I can see where I would go with it and I tend to want to jump in and say, 'That was really good. Because you can go down, you can do this with it' (Approaches A & B). Whereas the student might say, 'I'm going to do that' (Approach C). So, I know that I have to be very wary of what I'm doing in terms of directing. A lot of students want you to say (very enthusiastically), 'Well, why don't you do this?' and that's fine. I know that I'll probably bring in at some point about other things, other ways of achieving this, whereas some people have thought about doing this, this and this, 'What about your views on that?' they might say 'Rubbish', fine. But I would normally have jumped in first and say, 'That's a really good idea. What you could do is this, and see if you put all this together, you'd get this and you could go and visit this person,' which I really have to monitor, definitely.' (CH8, F)

APPROACH D:

Student active student-focused strategy aimed at the students changing their conceptions and skills with a view to improving their practice:

Teachers adopting this approach in their practice have an awareness that students do need to have knowledge and skills in order to demonstrate safe nursing care, as in Approaches A and B. They are also aware that students need to understand concepts and develop skills in order to provide informed care, as in Approach C. However, in this approach whilst teachers are aware that having an understanding of the concepts and their relationship or relevance to practice is important, students should not take everything that they see and hear at face value. In this latter sense, it is important for

the students to have developed personally meaningful conceptions and understanding of disciplinary concepts and skills for informed practice, but the reality that may confront them in practice may not be as straight forward as their development of disciplinary conceptions and skills may suggest. Teachers adopting this approach are aware that there are theory-practice issues that may affect the students' ability to apply concepts and skills in their practice and that 'real-life' practice demands more than personally meaningful understanding and skills. Unlike Approach C, in Approach D dealing with people and their needs in clinical practice is much more complex, problematic and demanding than the mere possession of personally meaningful understanding of the concepts and skills will equip them to do.

Personal experience, textbook definitions and guidance may help to inform practice, but unless students change their conceptions of nursing and nursing practice there is a concern that they may be perpetuating the rhetoric of person-centred care but still provide care that is technically and conceptually appropriate, safe (Approaches A and B) and informed (Approach C), but may not lead to a change for *effective* practice. Teachers adopting Approach D consider that students need to be active in the development of their own conceptions and skills as in Approach C, but students also need to adopt a more critical view of the conceptions and skills that they are being exposed to within the university and how this 'deeper' understanding will lead to a deeper approach to practice and a more considered application of concepts and skills to practice which will better meet patient need and provide for effective practice. In this Approach, unlike Approaches A, B and C, failure of the students to change their conceptions of nursing and skills may lead to an uncritical acceptance of theoretical perspectives that are thought to inform practice and, for some, this may lead to a

continuation of custom and practice with little or no thought about improving practice and thereby improving patient care:

'I want my students to engage in that deep level of thinking because I want my students to have a deep approach to nursing. Now, and this might be a little bit more controversial than a deep approach, well, its not more controversial because I suppose its what is being encouraged now, but essentially what I would want my students, at the end of the course and even during the course to some extent, is to take a deep approach to the practice that they're undertaking so that they aren't doing things by custom and practice. They're not just learning at a surface level how to do something (Approaches A & B). Because, in the main, in learning disability nursing anyway, em most people that you take off the street would be able to go and work in a learning disability environment, and they would be able to practice the same as the staff that are practising there by copying them. But what I want the students to be able to do is not to learn by custom and practice, but to look at that in a deeper way and actually underpin their practice with thinking, eh reading, analysis, and really multiple perspectives (Approach D) because if they don't do that there's the danger that they'll become, in the future, like the people I worked with in the past, or that in some services are still around now. That really don't understand why they're doing things and, for example, may work with somebody with a challenging behaviour for ten years and say, 'I can't understand why he's still like that?' or, 'I can't…' and when you look at their practices it's inevitable that the person's just going to get worse and worse (Approach C). And that's why I want a deep approach em because I want to lead to a deep approach to thinking about nursing and underpinning their practice like that.' (Approach D) (LD2, F)

For some teachers the students being actively involved in their learning results in a change to the students knowledge and skills and how it relates to other theoretical positions is seen as one way to reduce the theory-practice gap in nursing. By exploring personally developed and personally meaningful conceptions and skills, students can then consider and identify what theoretical positions can help to inform and illuminate practice issues and concerns. However, and unlike Approach C, it is the student who is changing his/her knowledge and skills and the teacher is aiding this process by putting things in place that will support this development.

'It's important because they can relate to that. I think it's important that that was their experience and we can't really take that away. So, we have to build up the experience and try and marry the gap between theory and practice (Approach D). You know, this is, the books say that about epilepsy (Approach B) but their experience might be, their experience of people having a seizure might be completely different.' (Approach C) (LD1, F)

In a similar way to teachers adopting Approach C, student experience and activity in the teaching and learning process is seen as an essential element in the development of

their own disciplinary conceptions and skills. However, 'real people's' problems aren't that clear-cut and easy to identify or to deal with. Teachers in this approach are aware of this complexity and the problematic nature of nursing. Unlike Approach C, if the limits of student-learning rest upon students actively engaging but only acknowledging and accepting various perspectives and understanding that there may be a theory-practice gap, their ability to provide *effective* care will be limited. A particularly important, but omitted perspective, amongst the variety of perspectives that students have to take into consideration, is the view that the client has on his or her situation and what the client thinks should or should not happen to them. Teachers adopting this student-centred approach are intending the students to adopt a more questioning approach to the concepts and skills that they are being exposed to, and to make them more 'real':

Researcher: 'So, different ways of looking at what?'

'Well, letting them see that you can't, you don't always have all the answers (Approaches A & B). And not everybody wants your help. And sometimes you have to accept that patients don't want your help. They're crying out and really need it, but they don't want it. And there's nothing you can do about it.' (Approach D) (AN8, F)

Researcher: 'So, active learning's not about memorising something?'

'No, it's about making something real and…what's the word I want?…real and applicable to your situation…relevant (Approach C). That's the word I want, real and relevant rather than just taking off and accepting. Because that's the way it is in the real world. Patients don't have exactly what it says in all the books (Approach B). They always have something different. So you have to be able to adapt what you know.' (Approach D) (AN8, F)

Being aware of alternatives will enhance the range of actions and possible solutions to various problems, dilemmas and practice issues that may not have a 'right' or 'wrong' way of dealing with or managing situations. An important role for the teacher in this sense is to assist the students to identify the potential narrowness of their thinking and problem-solving capabilities by posing questions that encourage the students to think for themselves and to generate their own solutions based on their changed

understanding of the disciplinary conceptions and skills and to encourage student dialogue:

Researcher: 'Why do you want them to have a variety of perspectives, a balanced perspective?'

'…I think they come in sometimes and they see things black and white, you know, em…they think that all the problems in the clinical area can be solved (Approach C). And first of all it's like recognising an ethical problem, whether it's ethical, you know, is it an ethical problem? But, 'We should just do this and we should just do that' (Approaches A & B). And then you begin to say, 'Well, what if?' you know, 'It's not always that black and white. There are other things happening here,' you know and you have to try and get them to explore other options. And it's all about, in ethics we say there's no right and wrong, there are some rights and wrongs, but say generally there's none. You can justify either side, so you need to be able to look at it from a broad view, and you need to be able to take the client's perspective into account. Just because you think something's right, it doesn't mean to say a client's going to say it's right. And as a nurse em you've got a certain amount of power over a client and you have no right to force your views onto clients. That type of thing that you have to try and understand both views (Approach D). You might have your own view (Approach C), but I suppose it's about exploring different views with them rather than, you know, this em, what is it that one of them put in their evaluation form? 'What has ethics got to do with nursing?' you know, it's that type of thing (laughs) you're sometimes fighting against. And a lot of them, you're not, well, I would say that maybe about 25% of them put on the form, especially about responsibility and accountability and, and the ethics, that it makes more sense and that they can relate it to their practice. Whereas before they just didn't really know what this module had to do with nursing. So, it's all about getting them to explore their own understandings of things and trying to think about their position. Because, you know, a lot of them don't realise how powerful they are. Even at the early stage you know in their career in relation to the patients and it's getting them to think about that.' (Approach D) (AN9, F)

APPROACH E:

Student active student-focused strategy aimed at the students developing their professional attitudes and values (affective components):

Teachers adopting this approach to their teaching have an awareness that students do need to have been introduced to and acquired disciplinary concepts and skills (Approaches A and B). They are also aware of the positive benefits of facilitating the students' development of their own conceptions and skills of nursing (Approach C), and the need for students to change their own conceptions of disciplinary knowledge and skills (Approach D). However, and unlike Approach D, more meaningful learning in a nursing context comes about as a result of being actively involved in development

of and change to their disciplinary conceptions and skills in conjunction with the development of appropriate attitudes in order to provide *effective and holistic* care for the clients for whom they are going to be caring. The development of the positive attitudes in their professional career is viewed as being important, as is the development of positive attitudes to their own learning – the two go hand-in-hand.

The development of a positive attitude is seen to be crucial in order for students to view clients as unique individuals with unique problems and concerns. This is desirable in order for the students to deliver more person-centred care that matches their client's needs but also an awareness of how illness affects people's lives. For some teachers the development of the affective components isn't something that can be transmitted or acquired from the teacher. It is something that the students need to be able to develop and change by themselves and not something imposed on them by others:

'Why not? Well, again I think because it's human beings that you're dealing with and, not human beings that are having a particularly good time. Clearly they're coming into our, you know, into our care em because they've got some kind of health need or whatever, em. Well, now, for example…' (CH3, F)

Researcher: 'The children?'

'Yes, uh uh, well in my case, children and families, yes. I teach oncology, right, which is a very emotive subject. Now, I could go in there and deliver six hours, eight hours, ten hours, I could deliver as many hours as you wanted on the pathophysiology of childhood leukaemia, for example. Now, at times I might do that to deal with certain parts of the subject (Approaches A & B), but I know for a fact that the students will be sitting there thinking, 'My goodness. A child with leukaemia, this is horrible, this is awful. What must it be like for the child? What must it be like for the family?' I know that they've got to be thinking that (Approach C); I'd be quite worried about them if they weren't. And if I go in and be very business like and say, 'Now, I'm just going to talk about the effects of leukaemia on the child.' And I just go through them like rote, do they actually know anything about childhood leukaemia? They might know the disease process, they might know the pathophysiology, they might know the treatment, but, at the end of the day they've got to go out there and deal with a family who's faced with this child who's critically ill, devastating condition. And the family aren't actually going to be terribly interested in the fact that I can relay all the different white blood cells and what their effects are, and the pathophysiological changes and blah, blah, blah. At the bottom line they're wanting somebody who'll know how they're feeling: 'What's my child going to experience? What are you going to do when they start throwing up? What are you going to do when their hair starts falling out? How can I explain this to my family and friends?' (Approach E) and I don't think you can rote learn that. I definitely don't.' (CH3, F)

The identification and selection of appropriate teaching methods and approaches is crucial for the development of the range of knowledge, skills and attitudes that student nurses have to develop and be able to demonstrate in order to become more holistic learners and holistic professional care-givers. However, it is important that teachers have an awareness of what methods and techniques will best facilitate the development of these attributes in the students:

'But a lot of topics for reflection are more, they're not as concrete as that (Approaches A & B) or the experiences raised (Approach C), sometimes it is just a lack of something that they can't remember or they can go and look up. But sometimes it is to do with attitudes, behaviours em things that you can't teach in a didactic way even if you tried (Approach E). Well, I couldn't (laughs)' (AN3, F)

The development of affective attributes and qualities requires an open, honest and sensitive approach from teachers whose intention is to help students in their development of these aspects of their learning and professional practice. For some teachers this means providing a forum in which the teacher makes her intentions explicit and within which there is a greater deal of flexibility in order to deal with unexpected situations:

'Em…there's a dichotomy there because, and again it goes back to how you prepare it right at the beginning. I think saying to them, 'Now sometimes there will be things that we're going to disagree about because we're going to be coming at things with our own perception and our own experience (Approach C) and plus we've got values (Approach E) that we're bringing along with us right from when we were very young and whatever, so it's inevitable that there's going to be disagreement sometimes.' In fact probably the most interesting classes is when there are disagreements then it's a matter of saying, 'Lets just stop here and look at why we have these different views on this particular scenario.' (Approach D) (AN11, F)

Actively involving students in process of changing their conceptions and developing their attitudes is viewed as being beneficial not only for their professional development and the delivery of effective and holistic care, but it also seen to be

necessary for effective and holistic learning to take place as the following teacher indicates:

'I think it's recognising that, I suppose part of it is kind of breaking down the barriers between sort of people with mental health problems and ordinary people like they're different species (Approach E) and trying to get people to understand that they're not different species and they're the same (Approach D). But also valuing what the students bring in terms of previous work experience, previous life experience em you know, just all of them (Approach C). Although I've got to say that while its also kind of valuing it, it's also getting it out in the air. And it might also sometimes be challenging it too.' (Approach D)

Researcher; 'Getting it out in the air and…?'

'Well what their values, what their attitudes are because it may not just, I think it's not just the case of, 'What's your value and attitude? Yeah great we all respect them,' because we are trying to promote a philosophy. So sometimes it's about hearing it (Approach C) and about encouraging challenge of it. It sounds a bit like brainwashing; it's not how it's kind of intended. It's about I suppose getting people's assumptions out on the table and creating a climate where everybody can sort of challenge them. They can look at the evidence for the assumptions that they're holding. Re-frame them I suppose, that's what the learning's about I think (Approach D)…its back to kind of the values that I was saying we want to espouse. That it's about valuing people, valuing each other. But, its also about being active in their learning right from the start. I mean it's not just about the affective part about mental nursing, I suppose it's about the affective part of the course (Approach E). And at least what I would be hoping on the course which is participative and increasingly autonomous, talking in class, because they're going into a profession as well that's all about relationships, interpersonal skills, working together with other people, you know, so its that sort of transferable stuff out of the learning too that's, as well as the mental health specific stuff that they're going to have to be able do. I also think that's quite important in terms of maybe student support and student experience. You know, that I think if they're used to starting to work in groups together, to relate to each other, to have humour in class, to you know em have light-heartedness, have kind of some relaxation, but also consider serious issues. I think em that I'm hoping students go away from the session having felt that it was useful but felt good, you know, having enjoyed it (Approach E). Because my fantasy is that their experience in other modules will be very different. They'll be sitting in a huge lecture theatre with several overheads, writing lots and lots of factual information down. Although I've got to say that I recognise that that's got a role too. And that perhaps if in every module they were experiencing learning in the same way as they're doing in this module I'm talking about, not everybody would like it. Yes, that some people, and maybe some of them are sitting there thinking, ''God, when are they going to actually give us some facts,' or, 'When are we going to get an overhead.' (Approaches A & B) (MH1, F)

The latter quotation illustrates the inclusive nature of the hierarchy to be found in the Student-Centred Approaches to Teaching Outcome Space (Figure 1).

The preceding descriptions of the strategies and intentions (structural and referential) components are shown in this Outcome Space. The Outcome Space, as described in Chapter 5, also provides a graphical representation of the relations between these categories of description.

Figure 1. Student-Centred Approaches to Teaching

Strategy	Intention				
	Reproduction of Expert Knowledge & Skills	**Acquisition of Disciplinary Knowledge & Skills**	**Conceptual & Skill Development**	**Conceptual and Skill Change**	**Affective Development**
Student Active Teacher-Focused	**A**	**B**			
Student-Active Student-Focused			**C**	**D**	**E**

6.2 Conceptions of Student-Centred Teaching

CONCEPTION A:

Student-centred teaching as helping students acquire the concepts and skills of the discipline:

In this conception of student-centred teaching, being student-centred is the role that the teacher has in setting up events or situations in which the students are being helped by the teacher to actively acquire the disciplinary concepts or the session content as opposed to methods, such as a lecture, where the teacher is transmitting information to the students. Teachers holding this conception of student-centred teaching focus upon the teacher's conceptions and skills and see their role as helping the students to actively acquire these concepts and skills by working in small groups utilising resources and materials provided by the teacher to help them achieve this. The context within which the learning is taking place is confined to formal time, in the classroom, and there are no links made to other aspects of the programme:

'Student-centred is where the students take some active role in their learning…It's another way of getting them to acquire information. I wasn't giving them it…But I mean you could give them that in a lecture as well. You could give them information in a lecture, they don't necessarily have to take it on board.' (AN5, F)

The teacher's role in helping students to acquire disciplinary concepts of the session content is influenced by a number of factors. The disciplinary concepts and skills that are focused upon are related to teacher's ideas and experience about what it is that they consider students need to learn but with little or no emphasis on students prior knowledge or experience; the quantity of information that can be covered; the numbers of students; the method of instruction that the teachers could use to best help

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the students to actively acquire content; pressure from other sources and teacher

antipathy to lecturing, and the importation of disciplinary conceptions and skills from

previously validated programmes that teachers consider to be essential and should not

be excluded from the new or current programmes:

Researcher: 'So the choice of group work wasn't just because you like group work?'

'No, probably not. I mean I do, personally, enjoy doing group work em but I admit it would have been easier to actually to just make it all lectures, but because it was preparation for practice that probably wouldn't have gone down too well em in certain quarters and em…'

Researcher: 'With your colleagues?'

'Yeah, and personally I felt that if it was practice it shouldn't be all lectures anyway. We should be able to and the fact that we already have something, you had catheterisation that we wanted to do there. So it was coming up with other things and the other thing is this course, it was the 97 programme so we were actually adapting things that we'd done in the previous programmes. So we were looking at things we'd done in the previous programme and thinking, 'Where could we slot them in?' So we were looking at things like nutritional assessment and thinking, 'That needs to go in somewhere. It would work here so lets do it.' And we'd always done it as a group work session, so it was feasible to put it in there. So some things are decided on by, you know, other, other things going on, you know, the fact the course structure and the time tabling. Because you can't close your eyes to that, you need to make something work, feasibly, and especially when you're talking about hundreds of students. To try and, I mean it's really easier sticking them all in one lecture theatre, although there's not enough of them em and not having to…You don't need as many teachers either. I mean that's another problem with this group work is you need more teachers…' (AN5, F)

Using a student active method that enables students to acquire the content of the

material is also viewed by teachers holding this conception as a good way of acquiring

the professional aspects of their role. This is particularly the case when the method

involves students working in small groups, as opposed to individual work, which is

viewed as an important part of role that the students will be required to adopt in their

professional nursing practice:

'I mean I think there are times when you encourage them to do something on their own's good. But I think within this particular em career as it were, this particular field, that working with others is a useful thing to be able to do. So, em I'm not saying it's the be all or end all but it's quite a good way of learning and it actually lends itself to this particular profession because you do want them to work within a group and be a good team person, you know, so they'll be able to work in a team. And in some cases the team working part of it is quite encouraged, you know, dividing up jobs and going away and doing them and having a leader and, you know, somebody who takes responsibility for feeding back and things like that. So these kinds of aspects can be brought out.' (AN5, F)

Student-centred teaching as helping students develop personally meaningful disciplinary conceptions and skills:

Teachers holding this conception of student-centred teaching, as in Conception A, focus on planning and providing learning events or situations in which students are actively involved in the acquisition of disciplinary concepts and skills. However, and unlike Conception A, student prior experience and how the student can be helped by teachers to actively make links between what they already know to new concepts and skills to which students are being introduced is viewed as being very important. Planning events and situations in this way will help the students to develop their self-confidence, motivation and trust in their abilities, and to experience changes that are taking place in their learning for themselves. The inclusiveness of more complete conceptions of student-centred teaching is illustrated in the following and subsequent quotations with reference to several conceptions:

'Where the student has a sense of control over their own learning. That they can share ideas with others in a non-threatening type of classroom way. Ok, four walls is still structure but what you do in those four walls, if it's student-centred, allows them to flex their own knowledge muscles, if you like. It allows them to test, to try, to sample, to share and it isn't, what, it isn't is easier. A question, of course, it isn't about sitting, expecting to takes notes, expecting to follow overheads through the mind of a teacher onto the paper of student and to be inwardly digested without thought. That is not student-centred learning to my mind. I'm not saying that all lectures can't, aren't student-centred but I think if you've allowed the student to see or demonstrate their own links with things that they already know and attach to them the new. And you've thought that through properly and they can see that they have got something that they can use before they work with what you're presenting today as the new, then it is, it's, it's allowing them the trust and the confidence in their own ability to see their progress, to demonstrate that they are developing (Conception B)(…) Some teachers think that if you call a session a workshop, it's student-centred because it usually involves small group work and people working round stations and picking up pieces of information off a board, or an article. But they're not actually necessarily doing anything with that information (Conception A), and they're not usually given enough time to discuss it and share it…But some teachers kind of wear it like a badge and they'll say, 'Well it's a workshop. Of course its student-centred.' But is it? If you actually look at some of that and what they've actually been asking, telling the students to do in that two-hour workshop, it actually is perhaps being teacher-dictated and teacher-lead all the way through.' (AN18, F)

As in Conception A, student-centredness in this conception is specifically related to formal teaching and learning events within specified locations and parameters, and with a specific focus on the students learning pre-specified content.

CONCEPTION C:

Student-centred teaching as attempting to enhance students' educational experiences and student learning through the nature of the teacher-student relationship:

In a similar way to Conceptions A and B, teachers holding this conception view teaching as encouraging student activity in their learning. However, and unlike Conceptions A and B, teachers holding this conception of student-centred teaching believe that the student learning experience is enhanced by teachers having a value system that positively values the students; the contact and relationships that can be developed between students and teachers, and a value system that informs the climate within which the student-teacher relationship and interaction takes place. Factors considered important in this conception of student-centredness relate to the idea that it isn't what the teacher does with the student that is of primary importance or the techniques utilised (teaching/learning method), it is the way in which the teacher is with the students and the nature of the relationship that is formed between teachers and students that is of significance. This relationship, and the nature of the relationship, is viewed as central to all aspects or spheres of contact that the teacher has with students and is not limited, unlike Conceptions A and B, to contact within the classroom or other formal learning and teaching interactions. In a similar way to teachers holding Conception B, teachers holding this conception are concerned with students learning in an environment that is non-threatening; however, some teachers

holding this conception are concerned with the students' experience of learning and factors influencing their learning during the entire programme:

'I don't know (laughs). Well what does it mean to me? Yeah, it's really difficult to answer this without thinking that you've go to remember what Carl Rogers says and stuff like that, which I won't because I suspect that's not what you're wanting. It doesn't mean methods to me. It means, I think it partly means, I think methods come into it. But I think it means more, it's more about philosophy and it's something that's about philosophy that informs a climate which doesn't just move past methods. I think it moves past the classroom as well.'

Researcher: 'Can you explain that?'

'Well it's about em, if you're a lecturer em and you want students to, and you've got a particular educational philosophy, em and you want students to respond to you and respond to their learning in a certain way. Then I think that's not just created em in terms of you going in for a classroom session and using a method (Conception A). I think maybe, I'm thinking kind of like a programme leader, I think it's created by trying to have a relationship with students in, I suppose in a climate of learning across a programme. And that's incredibly difficult to manage because, you know, other people, don't all do that. I think it's back to kind of, you know, I think to help students learn in a student-centred way, they've got to feel safe, respected, to respect the people, you know, that are around them. So I, I don't think that's student-centredness but I think that that kind of climate part of it is important (Conception B). Or the personal part of it, how you perhaps also interact with students and relate to students and not just the classroom. When you're seeing them about personal problems. When you're seeing them em about an essay, supervision or stuff like that.' (Conception C) (MH1, F)

For teachers holding this conception, moving beyond the confines of the classroom means looking beyond teaching methods to the relationships and the climate set by the teacher. For some teachers holding this conception means creating a climate in which both the teacher and the student respect each other and the contributions each of them make to the students' positive learning experience and the mutual respect that they have for each other. Part of the teacher's role in this latter sense is to be sensitive to the students' contribution and to value that contribution in a climate in which the student feels safe to do so:

'It's the whole, it's the whole ethos, I think. It's not just, no. I think if you take that approach there's a danger that student-centred learning becomes a modified lecture, a supervised demonstration, it just becomes another chapter in a book.' (CH3, F)

Researcher: 'It's not just methods then?'

'No. It' the whole, I keep going on about this learning manager thing, but to me a learning manager, it's not just about what goes on in the classroom (Conceptions A & B), it's about the pastoral care, or whatever you want to call it, em I suppose the equivalent to our personal tutor support, the academic,

it's about you over-viewing the whole student experience (Conception C). Now maybe that needs you to be superwoman I don't know, but em I think that student-centredness is a way of thinking, it's a belief system. Now I'll really get myself into hot water but that's what I think. It's not a teaching method. Part of it is reflected in your teaching method, but student-centredness is a set of beliefs if you like…It's about starting with your student and going…That's your starting point as far a I'm concerned.' (CH3, F)

In the context of formal teacher-student interaction, concern for the students' experience of learning may mean halting a class because of actual or potential extraneous events that may negatively impact upon the quality of learning that can take place within a classroom setting. Part of the concern that teachers have for the quality of the students' learning experience is reflected in the degree of empathy that the teachers have with the student experience and how it would affect their learning if they were in the students shoes:

'…and I mean, again, you're up against time and the curriculum pressures and all of these other things that we're all up against all of the time. But I think it's time well invested, I mean, if you think about the learning that's going to take place, if you've got 30 students sitting there furious because there's something else, I would take a guess that there's not an awful lot of learning going to happen, you know, I just, thinking about yourself as a learner if you've got something major that's really going round and round your head and you're thinking, 'The last thing I need right now is to be sitting listening to this' em, I think if you take the time to address that then the, once that's done, dealt with in some way. Or even, even just addressed, just say, 'Look clearly this is an issue maybe we could talk about this at the end' something like that. Then I think the quality of learning's going to be improved.' (Conception C) (CH3, F)

CONCEPTION D:

Student-centred teaching as promoting reciprocal rights and responsibilities in the learning process:

Teachers holding this conception of student-centred teaching view teaching and learning as containing complementary aspects of the respective roles that teachers and students have in the teaching-learning process. In a similar way to Conception C, teachers holding this conception attempt to enhance the student learning experience by having a set of values and beliefs that positively values students. But unlike

Conception C, where the emphasis is placed solely on the beliefs and values that the teacher holds and what the teacher does in relation to setting the learning climate, in this role reciprocity conception, both the teacher and the student have rights and responsibilities that can enhance the teaching and learning process. In many respects this conception of teaching/learning reflects the conditional nature of the teaching and learning endeavour for both teachers and students. Teachers holding this conception of student-centred teaching view teaching and learning as a process in which both students and teachers engage. It is viewed as a partnership between the student and the teacher:

'Because, as well as getting the students to do some sort of academic hoop, which is what it is if we're saying that, 'This is what is required by management, but we really feel they're all priorities here in terms of student development' em there's got to be an aspect of the teacher which has to be accounted for in the, in this dyad as well, so the teacher has the right to job satisfaction, and the teacher has a right to the student being active and the teacher has a responsibility to the student to ensure that they give them the best deal possible. And likewise, then the student has a responsibility to learn as a student, and has a right to be enabled in that learning as a student. So, around the whole issue of student-centredness are the rights and responsibilities issue (Conception D). That's how I would sum it up (laughs), and some people would take their responsibilities more seriously than others. Either because they feel they have to meet outcomes for their own performance appraisal (Conception A), or because they get job satisfaction out of taking the responsibility down a particular road.' (Conception C)

'Well, yes, that's right and that's why I said depending on what the students like if you take their learning needs into account. If they come back and say, 'I'll say come in' and they'll say, 'Look I'm really struggling with this. I don't know where I'm going,' then part of my enabling role would be to meet that need. As in, 'There are ways you can go about this. You've got a number of options, but you now have responsibility to choose an option. Not take the one I'm giving you. Choose an option. Choose a road.' So, as I was saying, that if you take a particular teaching approach for a certain issue or topic or whatever, then you also have to take into account how the student will learn and if that's on an individual basis with students, like portfolio, that's much easier. They either want a hands-off approach, they want em some direction or they want to explore something they've thought about and, and they're on their own, they're off on their own track and just need you to basically nod your head and say they're ok. I think.' (CH8, F)

A feature of this conception, unlike Conception C, is the need for teachers and students to be fully aware of their respective rights and responsibilities within the relationship. An important part is for the teachers to make explicit what their respective roles and responsibilities are and what the student can and cannot expect from teachers. If teachers are able to make explicit what their rights and

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responsibilities are, there is an expectation and anticipation that the students will reciprocate those rights and responsibilities within their learning role. The fundamental basis for the effective implementation of students and teachers rights and responsibilities is the relationship that each has with the other:

Researcher: 'So, how do you form this relationship with people? If it's so important, how do you do it?'

'Well, it's a reciprocal thing isn't it? So, that, you can demonstrate a willingness to develop a relationship by being sort of open and as approachable as possible (Conception C) and, as I say, making yourself available and making it clear what you're there for (Conception D). And I think that's probably all you can do, and if the students see that and accept that, then that's kind of the other side of the relationship then starts to develop.' (AN11, F)

Role reciprocity in the process of teaching and learning may require both teachers and students to have a similar view, or 'mindset' about what effective learning and teaching is. This may require a change in both the student and teacher's conceptions of teaching and learning:

'…student-centredness, it's really difficult isn't it, really to define? And I think a lot of it is to do with a state of mind rather than…'
Researcher: 'Whose mind?'

'…em, I think both parties really.' (Conception D)

Researcher: 'Can you explain that further?'

'Well, it kind of links back to what I was saying about, if the student is of the mindset that a teacher will teach, then it's quite difficult for them to be functioning in a student-centred way, if you see what I mean. And the same for the lecturer. If the lecturer's very much of the opinion that it's to transfer facts from one individual to the other (laughs) and that's all it's about (Conception A), then…em, again, it's more difficult to think about what, from the student's perspective. When you talk about student-centred, I always think, 'Well, it's trying to think about from the student perspective and what they have to learn, what they want to learn, what they need to learn' all these sorts of things. But think it's really, really difficult to do.' (Conception D)

Researcher: 'But why do it then? Why do you want them to engage, to be active, to think? Why don't you make it easy and just give them a lecture? Why do you want to be student-centred?'

'Because, I suppose in a way, it's to redress the balance (laughs) when I come to think of it. I'm not saying that standing up doing the lectures and 'Here are the facts about something' is not important, but if it focuses too much that way, then you do have the thing where people learn like, 'This is what I've got to learn', they learn that and then they try to apply it without actually thinking about it (Conception A). I'm very cognitive about this aren't I (laughs)? But, I think that, having said that, learning is a creative experience as well as a sort of perhaps scientific and, you know, fact type thing. So, I suppose

what I'm saying is there needs to be some sort of balance in the way that people learn. But I suppose the danger is that they get mixed messages.' (AN11, F)

In this conception of student-centredness, as in Conception C but not in Conceptions A and B, teaching and learning is not viewed as being located within fixed parameters or contexts, for example the classroom. But unlike Conception C, teaching and learning is conceived of as a reciprocal process that may include classroom contact, but also includes related learning experiences in which both the student and the teacher engage over a period of time and in different contexts or environments and not just when the teacher is present:

'I think the student is em playing a role in, an active role, in their own learning. And hopefully it's done through either a variety or a choice of activities.'

Researcher: 'An active role in their own learning, em having choice and variety of activities? Do they decide the activities or is this a choice that's presented to them?'

'It could be either, but I think you need to think also about the resources. You have to be realistic that the students can't just come in and they want to do whatever (Conception D), but it might be appropriate at times where you would say, 'You need to learn so and so and I'm going to give you three different ways that you can do it in' (Conception A). That's fine if they can meet the learning outcomes, they can choose whatever they want. But equally it has to be something that's efficient, or reasonably efficient, like when you use resources too.' (Conception D) (AN3, F)

If teaching and learning is viewed as a reciprocal process teachers have responsibility for creating learning opportunities to take account of the different ways that students learn and to create opportunities for students to extend their learning repertoire; a responsibility to generate enthusiasm and demonstrate enthusiasm for the subject; a responsibility to ensure that the resources are in place that facilitate student learning and to encourage students to make realistic choices about how they themselves can meet the learning outcomes; a responsibility not to overburden or to put too much pressure on the students in terms of workload and assessment; a responsibility to be honest with students, and to view learning as a process within which both the teacher

and the learner take part and benefit from. In this latter sense there is a greater

emphasis placed upon the students learning in a way that the teacher intended.

Working in this way with students is thought to have positive outcomes for students' future learning and professional development:

'I think you can sometimes plan to an extent. But I think if you're in the area where you don't know what's necessarily going to come up and you can live with that, I think to enable me to live with that I have to be able to say to myself and to the students, 'I don't always know the answer to everything,' which is true. If they want to know facts about subject areas of which I'm an expert or familiar with, I would expect to know the facts and they would reasonably expect me to know the facts (Conceptions A & B). But being a facilitator doesn't necessarily, I don't think, require you to know all the facts of everything. Because part of your role is to refer students to places they can find out. Because when they're qualified they're going to have to learn to do this for themselves to be effective practitioners, or have learned to do it for themselves (Conception D). And, therefore, running off to the teacher is probably a student defence mechanism to try and get the answer to a particular situation. While they can do that maybe in practice to a certain extent, they're going to be able to develop themselves more if they can work as a team; do things collaboratively with others because, you know, if they get a little project on the ward it's better to do it if there's two or three of you than just one because you never get around to doing it.' (AN3, F)

In this conception of student-centredness, and unlike Conceptions A, B and C,

teachers also see themselves as having a responsibility to demonstrate to the students

why what they are learning in particular sessions or events has relevance to their

particular chosen career pathways. Failure to clearly demonstrate why students are

learning a particular topic or content will affect the students desire, ability and

motivation to engage with the material in a meaningful way, or in a way that makes

sense to students who are studying for a variety of different nursing disciplines, for

example, mental health nursing, adult nursing, child nursing and learning disabilities

nursing. Of particular concern is the view that all nursing students have homogenous

learning needs, particularly in the early part of most nursing programmes, and should

learn the same content at the same time and in the same way. There is concern that if

teachers do not provide examples of how 'generic' material can be applied to the areas

in which the students are most interested, the students will not engage with the

material and lose their sense of professional identity and, consequently, the relevance

for their learning:

'What's being student-centred to me? Em right, well that has to be, I think again, and it reflects the nature of our students... And if they can't identify something as clearly relevant to nursing, and if you can't give them, by your likes if not theirs, clear examples of why it relates to nursing, then they don't engage with it (Conception D)…Because in the early part of the programme, again, the notion was that we did a lot of the stuff that was across the board and which should notionally, again, be relevant to all nurses wherever they might be practising. And that, and that also is incredibly difficult because it loses meaning altogether when you try and talk about it in such a bland way that it could relate to any branch of nursing. It then becomes not very interesting and not relevant. So that is a basic conflict in what we have been expected to do over the years, and I think, I don't think that's one we've resolved.' (AN12, F)

However, focusing on purely what the students see as relevant nursing content, or

being exposed to content that has relevance to nursing by the students' standards, as in

Conceptions A and B, is thought to limit the breadth and scope of subjects that

students will entertain as being useful in their learning about nursing concepts and

practices. There is a concern that only focusing on what the students view as relevant

may, in fact, exclude other perspectives that also may help to inform nursing practice.

Some teachers think that giving students what they want may not be the best route to

take for a more informed approach to practice. This conception is similar to

Conception B in that students' prior life experience and thinking about nursing

concepts and skills is important to tap into; however, students' prior conceptions and

experience may limit the range of knowledge and understanding that is thought to be

necessary to become an effective nurse. Misconceptions about nursing concepts and

skills, a potential consequence in Conceptions A and B, may lead to a diminution of

the range of perspectives that the students will need in order to understand nursing in

the much broader sense that teachers intend:

'The students want to talk about nursing and they want to talk about nursing things. The trouble is that in their imagination, not all the time, but (changed tape)…'

Researcher: 'You were saying about the students wanting the stuff just to relate to nursing care rather than…'

'Hmm. Rather than the broader, underpinning knowledge that you need to work with people in any context. Em, and if we're not talking about sickness, we're not talking about nursing apparently and it therefore becomes not interesting enough. So that's, that's a conflict I think that it should be student-centred in the sense that they can make sense of it; that they can see the relevance of it; but, they can't always see the relevance of everything we teach and that is a problem for us…' (AN12, F)

Related to the above concerns is the idea that some of the theoretical assumptions underpinning the concept of student-centredness in the literature are idealistic and do not equate with teachers' experience of student-centredness in practice. From this perspective, the theoretical viewpoints on student-centredness are unrealistic and impractical, particularly on educational programmes where the 'end product' is determined in advance. Nursing programmes require teachers to provide students with content or experiences that have relevance to nursing practice, enshrined in legislation and, therefore, not open for negotiation between students and teachers. This does not mean, however, that there is no flexibility in teacher's ability to meet the statutory learning outcomes and content that teachers are obliged to include. Factors other than the statutory learning outcomes also influence teachers' thinking and ability to be student-centred in their practice. These factors relate to the nature of the students and the organisation's ability to provide the resources that are thought to be necessary by these teachers to be student-centred by their standards. However, teachers think that they do have flexibility in how student-centred they can be in their teaching but with a increased emphasis on the process of learning as opposed to the outcome of learning:

Researcher: 'So, it's not what the students think they need to learn, it's how they meet…?'

'Learning needs within the focus that em presumably sits in the framework of competencies of the UKCC that they have to demonstrate they can meet. Because that's what our modules are subsumed onto. You know, it's not a completely free reign on what they learn. But I also think that, in terms of personal growth and development, the process part, the thoughts are really important (Conception D) as well as the actual structured knowledge bits they have to learn.' (Conceptions A & B) (AN3, F)

'Ok, there's this utopian thing, Rogers' stuff. I don't think it's idealistic, I think it's em it's probably wrong actually (laughs)…Well, I don't think it'll ever work. Even if you've got the most highly motivated bunch of students in the world, I just don't think that would be, you know, I suppose it's a bit like my classes, there's just not one way of doing something. Simple. People have not been banging on in mass lectures for 500 years in universities because it's crap. They just haven't. It has a value, you know, and I think you cannot throw the baby out with the bath water here, you know. There's a whole heap of tradition there that you mustn't run away from and I do worry that we try and change things too quickly a lot of the time. We need to, you know, come up with educational guidelines for the next sort of 15 weeks, and eh, you know, hang on, we've been, you know, higher ed's been, well in Scotland well six hundred years the first university? It's a lot of time, should we be…?' (MH5, M)

CONCEPTION E:

Student-centred teaching as assisting self-empowerment of students:

In this conception of student-centred teaching, teachers have an awareness of the limitations of their role in facilitating changes to student conceptions of teaching, learning and nursing. As in Conception D, they believe that reciprocity in student and teacher roles may play an important part. However, and unlike Conception D, teachers holding this conception believe the balance of power should be firmly anchored in the students' domain. Reciprocity in respective student/teacher roles may provide equity and mutual benefit, but may not provide the student with a suitable basis for effective, and empowered, practice and learning that the students need to enhance their personal and professional development. As in Conception C, having a value base that values students may enhance the students' experience in learning can also be seen in Conception E. However, having positive learning experiences, in and of themselves, may not necessarily lead to the development of the kind of empowered practitioners who will provide effective, informed care and to facilitate client self-empowerment. Teachers holding this conception view student self-empowerment as a central component of the students' learning experience and personal and professional development. Teachers holding this conception do not view student-centredness as a teaching or learning method or technique, but as a set of assumptions and values that

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should underpin teacher thinking and practice – providing educational experiences that can lead to student self-empowerment in their learning, personal development and professional practice. The conceptual changes necessary for effective teaching and learning identified in Conception D are also seen in this conception. The main difference between Conception E and Conception D is the underlying beliefs and values that are seen to inform the process of teaching and learning and the link between the educational values and professional values that underpin effective nursing practice:

Researcher: 'Why is it student-centred? What does being student-centred mean to you?'

'What does it mean to me? Well it's philosophy really. It's about the balance of power between people who are in control and people who are being done to (Conception D). And student-centredness is about trying to reduce the gap between the two. So, it's a philosophy of empowerment I suppose. Self-empowerment.' (Conception E)

Researcher: 'Self-empowerment?'

'By the students (laughs), and it's been evident, you know, in the use, the service user field, it's, you don't empower service users all you can do is help them to empower themselves so that's actually what we're doing here. We're helping the students to empower themselves. We can do our bit to make sure that we're not disempowering the students as far as we can within the restraints of our working environment (Conception D), but em the most that we can aim for is to help the students to empower themselves, and some won't empower themselves. They won't take, they won't grasp the nettle. They'll take the easy way out and not make use of the opportunity. But many of them will.'(…) I feel that everything we do in the course has to reflect what we should be doing as nurses with the people that we're trying to help and that should be about empowerment; that should be about helping the people to empower themselves (Conception E); that we should be making sure that we don't disempower them (Conception D). So, that's simply it. It's an integrating of what we're doing on the course, module content, the assessment method that we use, the feedback that we give to students, integrating that with what nursing's all about (Conceptions A, B, C, D & E). What the philosophy of nursing should be.' (MH4, F)

The latter quotation illustrates the inclusive nature of the hierarchy to be found in the Conceptions of Student-Centred Teaching Outcome Space (Figure 2). The implications of student self-empowerment are considered to be of significance in other spheres of the student's life far beyond their current situation. Student self-empowerment is something that teachers can facilitate by providing opportunities for students to take control of and responsibility for their learning. Consistent with this

view is that the teachers are then responsible for monitoring and checking their own

interactions with students for disempowering practices that could result in the students

feeling disempowered and powerless when engaging in a teaching and learning

encounter:

Researcher: 'So, it's providing the opportunities for student-self empowerment?'
'Yes. And we watch ourselves all the time to make sure that, or to try as hard as we can, not to
disempower the students.' (MH4, F)

Teachers holding this conception view self-empowerment as a key facet not only in

the students' life within the university, but as a key value when students are dealing

with clients. Teachers holding this conception believe it is important that the values or

philosophy underpinning their educational practices should be consistent with the

values and beliefs used to inform nursing practice. In addition, these values and

beliefs should be consistent with the values and beliefs that teachers hold not only in

relation to student involvement in their learning, but in their everyday lives. Teachers

holding this view believe that their educational practice and nursing practice should be

based on consistent value bases that do not give students mixed or confusing

messages:

'Yes. Well, I mean, I think the whole…I mean partly it's just about how you would want to relate to
people anyway, in any context. So, if it's good enough for everyday life it's good enough for here. And
also it seems to me the whole notion of student-centredness is related to person-centredness and the
whole business of person-centredness comes out of a humanistic view of people. And, you know,
which, and of course, as you know, which is partly to do with recognising the value and the worth of
the individual and so on and, of course, why would you, why else would you really want to be person-
centred in any walk of life if you didn't value and recognise the worth of the individual? So, em, I think
the two go hand-in-hand. I mean, I don't think it's possible to have a very negative view of people but
at the same time, generally, but at the same time claim to be student-centred in your approach. I mean, I
think that just means that either you're lying (laughs) or you're just completely mixed up.' (MH7, M)

In some respects, teachers holding this view are 'role-modeling' the values and

assumptions underpinning effective and empowering nursing practice in an

educational setting – espoused values and values in action. It would be inconsistent for teachers arguing that students should always act in an anti-discriminatory way with clients in their practice when teachers espousing this way of working were working in ways that discriminated against students and their ability to empower themselves. Students should be practicing with clients in a way that offers the clients the ability to make informed choices about the care and treatment that they receive, and it is the nurse's responsibility to ensure that clients receive the information and support that is necessary for the clients to make informed choices about what does and does not happen to them:

'Yes. I don't think like that. My mind doesn't work like that. I think in concepts. I think quite abstractly. So, I don't, when you talk about student-centredness, I don't primarily think of an experience. I actually think of, though, the perfect kind of student-centredness as I imagine it to be, and I have two or three connections in my mind, yes. But they're not actually events that I have experienced. They are things that I've read about or heard other people talk about. For instance, and it's also related to experiences that are not to do with teaching for me. Like for me student-centredness is like psychotherapy, in a way, because that was my first experience of professional work with people. It's to do with putting the person at the centre, you know, like you have client-centredness, and you have student-centredness, and it's, things starting from their agenda rather than our agenda. And I think that's very important and I think that's the best form of psychotherapy I know because I think that's where the client leads the way (Conception E). And I much prefer that to dictated, professional dictating what's going to happen (Conceptions A & B). And, to me, student-centredness is a parallel to that, it's the student being able to dictate the way they learn, and to lead the way with us enabling, facilitating, giving, you know, advice, material and supporting as they move on in their learning.' (Conceptions D and C) (MH3, F)

As with Conception D, in order for students to empower themselves they need to change their conceptions of nursing practice and their views on teaching and learning. Being given the information and being encouraged to make informed decisions is part of the process of clients empowering themselves and taking control of their own lives. In a similar sense the teachers provide students with information (for example, learning outcomes, resources,) and it is then up to the learners to decide, within limitations, how they go about meeting the learning outcomes and thereby, empower themselves:

'Yes, in this particular module. But I mean I would say the same about working individually with students as well. I think that's what we should be doing.'

Researcher: 'Facilitating their self-empowerment?'

'Yes…because if you have a philosophy of nursing, then you have to have a philosophy of education that fits in with that…. and a personal philosophy of life. So, a kind of democratic philosophy I suppose. Working democratically with people.'

Researcher: 'So they can empower clients? The process is similar?'

'Yes. Checking on yourself for disempowering practices, attitudes and so on (Conception D). And ensuring that what you do enables individuals to empower themselves (Conception E)…And for some of them it clicks when they see the connection immediately and they make use of the opportunity, but for others I think they may, it may never click, or it may click in two years time, or they may think back after five years and say, 'Oh, yes. I see what that module was all about now.' But you can only provide an opportunity for people (Conception E), you can't force them to learn what you want them to learn (Conceptions A & B) and that's what we're doing here…I think the experience of empowerment, the experience of the opportunity of self-empowerment is quite different from being told what self-empowerment is (Conceptions A & B), or being told this is what you do to help people be self-empowered, or this is what you shouldn't be doing if you don't want to be disempowering, you know. I think you have to actually go through it and the experience is really important for this particular type of issue.' (Conception C) (MH4, F)

Working with students in a way which is consistent with educational and nursing philosophies requires teachers to have a very clear understanding that their lecturing role is not to be confused by their previous professional nursing roles and, thereby, avoiding being seen to be 'nursing' students:

Researcher: 'You also seem to equate student-centredness with person-centredness and patient, client-centredness?'

'Well, right, and I think yes. Well, I hope (laughs), I mean, I would hope that I don't sort of slip into that trap, and I would hope that I'm only equating it here by, by way of providing some kind of analogy or explanation, you know. Because I think one of the dangers I think of, particularly people who are lecturers now, but who have been nurses previously, is that they, in a way they try to perpetuate, not necessarily consciously, but want to perpetuate their nursing role and meet needs that were being met in relation to that role through their current lecturing role (Conception D). And I think that can add to, to confusion. But it's a tricky one but I think its, my own view is that they are related, you know. That person-centredness, student-centredness can all be understood under that kind of broadly humanist umbrella, you know, that nursing, that all nursing that I'm aware of in the UK, is based, at least, draws on and education as well.' (Conception E) (MH7, M)

However, working in this way to help students empower themselves in an educational and personal context, as in professional practice, may not be entirely successful and the outcomes may not be as enduring or as effective as teachers previously anticipated or intended:

'We want to make the link between giving power to the students through the peer assessment approach on the one hand, with trying to help service users help themselves, make that link and make that evident to them (Conception E). And I suppose what we're experiencing as lecturers is the frustration which many workers experience when they try to help service users to self-empower. They don't want to self-empower, or they resist attempts to help them to be self-empowering and so we're finding the same resistance with the students. They don't, some of them not all of them, but some of them don't want that responsibility of peer assessment and that is then indicated in the evaluations afterwards, or the informal comments that you hear from students afterwards (Conception D)…We get about 90% return, so we get good data and they can be very honest and because, and that's done anonymously… in balance, there's one question in the evaluation form which asks, 'Would you like more of this sort of assessment on the course?' and 50% of them say 'Yes' and 50% say 'No', and that's been the same each time we've run the module. But at the same time a very high proportion have valued the experience of doing it once, but they don't want it more than that (laughs)…they learn a lot from it in all sorts of different ways, but it's not necessarily something they want more of.' (MH4, F)

The preceding descriptions of the 'how' and 'what' of conceptions of student-centred teaching (structural and referential) components are shown in the Outcome Space (Fig. 2). The Outcome Space also provides a graphical representation of the relations between these categories of description.

Figure 2.

Conceptions of Student-Centred Teaching

Structural	Content (conceptions & skills)	Content (conceptions & skills of the discipline)	Student (development of student)
	Referential		
Teacher:			
(1) Helping students acquire content	**A**	**B**	
(2) Enhancing the student experience through the nature of the teacher/student relationship			**C**
(3) Promoting role reciprocity			**D**
(4) Creating space for self-empowerment			**E**

6.3 Relations between Student-Centred Approaches to Teaching and Conceptions of Student-Centred Teaching

In this section of the chapter the results of the quantitative analysis is presented in

Figure 3. Figure 3 reveals the relations between the 5 approaches to student-centred

teaching and conceptions of student-centred teaching.

Figure 3.   Relationship between Conceptions of Student-Centred Teaching and Approaches to Student-Centred Teaching

		CONCEPTIONS				
		CONTENT		STUDENT DEVELOPMENT		
		A	**B**	**C**	**D**	**E**
		Acquisition of disciplinary concepts and skills	Development of personally meaningful disciplinary concepts and skills	Enhancing the student experience through the nature of teacher/student relationship	Promoting reciprocal rights and responsibilities	Student-self empowerment
	APPROACHES					
TEACHER-FOCUSED	**A:** Expert knowledge and skills		AN18 (**1**)				**1**
	B: Acquisition of disciplinary knowledge and skills	AN5 (**1**)					**1**
STUDENT-FOCUSED	**C:** Conceptual and skill development			CH2; CH5 (**2**)	CH8; AN7 (**2**)		**4**
	D: Conceptual and skill change			LD1; MH6; AN1; AN12; MH5. (**5**)	AN8 (**1**)	MH3; MH7. (**2**)	**8**
	E: Affective development			MH1; CH3; AN9; CH4; MH2. (**5**)	LD2; AN3; AN11. (**3**)	MH4. (**1**)	**9**
		2		**12**	**6**	**3**	**TOTAL = 23**

Chapter 7 - Discussion

7.1 Introduction

The aim of this chapter is to restate the main findings of this study and to discuss the results in relation to the relevant literature reviewed in Chapters 2, 3 and 4. As has been stated previously, Chapter 2 was concerned with the main theoretical and philosophical perspectives (humanistic philosophies and theories of Rogers, Freire and Knowles) that are considered to dominate teacher thinking and practice in nurse education, and resulted in the identification of three interrelated and multi-dimensional concepts that are thought to inform student-centred teaching and learning in nurse education – promotion of self-direction in learning; promotion of experiential learning and the promotion of problem-solving. Student activity is seen to be a fundamental aspect to each of these three concepts. The multi-dimensionality of the concepts was seen to cause difficulties when applying these concepts to nurse education given the problems of attempts to define these concepts; the prescribed nature of the curriculum and its content; predetermined outcomes and the prescribed teaching method (problem-based learning). The inability of some nurse educators to reconcile these differences has resulted in growing demands for a revision of the theoretical and philosophical principles thought to influence nursing programmes, and, it seems, growing dissatisfaction with student-centred teaching and learning as identified from these humanistic perspectives.

Chapter 3 was concerned with a limited review of the research literature on student-centred teaching and learning within nursing education based on the aforementioned three interrelated concepts. Also in this chapter, there was the intention to utilise the

limited research on what nurse teachers' attitudes and beliefs towards student-centred teaching and learning was and students' experience of the same; the degree to which nursing programmes were student-centred, and the preferences of various teaching and learning methods used in nurse education. The results of the research reported in this chapter were inconclusive as to the effectiveness of various student-centred teaching and learning methods; lack of agreement between teachers and students about what experiential learning means (Burnard, 1992a and b; Jinks, 1997); lack of agreement between teachers and students as to what being self-directed in learning means (Hewitt-Taylor, 2001); the nature and extent to which programmes could and should be self-directed (Jasper, 1994; Burnard and Morrison, 1992; Alexander, 1983; Parfitt,1989); the amount of control and freedom students and teachers want and received in various nursing programmes (Välimäki *et al*, 1999; Janhonen, 1991; Leino-Kilpi, 1992); difficulties experienced when trying to implement a single teaching and learning method (PBL) (Williams, 1999; Badger and Rawstorne,1998), and the difficulties that students experienced when a hybrid combination of student-centred and teacher-centred methods are used (Biley, 1999; Andrews and Jones, 1996).

The difficulties seemed to arise due to the blanket application of student-centred teaching and learning methods for the majority of teaching and learning situations without adequate regard for the relational nature of teaching and learning – the need to take into account: situational variables, teacher variables and student variables (Pratt, 1988). Where student-centred teaching and learning was seen to be successful, these latter three areas were acknowledged and explicitly stated (reflective diary keeping as teaching/learning method utilised to focus on the students' experience of practice and

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how this could be used to improve practice (Durgahee, 1996)), and where students' interest, relevance of material being studied, and students feeling valued enhanced student activity in learning (Wilkinson *et al,* 1998). However, studies of the latter kind, whilst very important and illuminating, report the experience of only a few teachers' attempts to successfully employ student-centred teaching and learning in their practice. They do little, by and of themselves, to provide a broader understanding of the experience of student-centred teaching from the teachers' perspective, or of the qualitative variation that exists in student-centred approaches to teaching and conceptions of student-centred teaching.

In Chapter 4, research from other academic disciplines on conceptions of teaching and approaches to teaching seemed to offer a basis from which nurse teachers could benefit by offering a much clearer understanding of teacher-centred and student-centred thinking and practice. These studies suggest that teachers' experience of teaching is multi-faceted and, whilst reinforcing the dichotomy of teacher-centred and student-centred teaching, offered a varying but more complete understanding of the phenomena in question. The difficulty with the research reviewed in this chapter was that researchers were interested in exploring teachers' *experience of teaching*. This research has identified and reported qualitative variation in conceptions of teaching (Fox, 1983; Dunkin, 1990; Dall'Alba, 1991; Samuelowicz and Bain, 1992 and 2001; Dunkin and Precians, 1992; Gow and Kember, 1993; Pratt, 1992); qualitative variation in approaches to teaching and these have been categorised as either teacher-focused or student-focused (Prosser *et al,* 1994). Links were also identified between approaches to teaching and conceptions of teaching (Trigwell and Prosser, 1996; Kember and Kwan, 2002; Martin *et al*, 2000). However, the interpretation and

separation of conceptions of teaching and approaches to teaching has been largely as a result of the researchers' interpretation of what it means to be teacher-focused or student-focused in teaching.

The focus in this study on the experience of student-centred teaching is a departure from previous research in higher education that has focused upon teachers' *experience of teaching*. This study aimed to identify the qualitative variation that exists in conceptions of student-centred teaching and student-centred approaches to teaching from the perspectives of those nurse teachers who claimed to adopt student-centred methods in their teaching practice. The approach and focus of this study is also a departure from research into the experience of student-centred teaching in nurse education. Before moving onto the discussion of the results, it is important to establish the parameters of the study. This study is concerned with the experience of nurse teachers who claim to utilise student-centred methods in their respective teaching practice. This study, therefore, and in common with previously cited research into teachers' thinking and approaches to teaching, specifically focused on teachers' experience of student-centred teaching in their practice at a given time and in a specific context, and cannot be said to represent their approaches or conceptions about student-centred teaching in general (see for example, Martin *et al*, 2000, p.409). The approach adopted here is relational. That is, these teachers were responding to interview questions that focused upon these teachers' student-centred approaches to teaching and conceptions of student-centred teaching related to specific events or modules and no other (see below for an outline of the range of specific teaching/learning contexts explored in this study). This focus was maintained in each interview. Given the timescale and resources available for this study it was not

possible to observe these teachers' specific practices and does not make any claims in this respect. However, it should be noted that in this form of relational research close relations between action and self-reports of action have been found (Martin *et al,* 2000) and that student reports are aligned with teachers' reports (Trigwell *et al*, 1999).

7.2 Teaching and learning contexts – the focus of the interviews

In relation to the specific contexts of these teachers' teaching practice, and the subsequent focus of each of the interviews, the teaching methods and learning experiences ranged from simulation of an Accident and Emergency situation in which students played the role of nurses in an Accident and Emergency (A & E) unit where they had to prioritise patients for nursing intervention (one session of 3 hours duration); skills development workshop on elimination skills (catheterisation, enemas and product knowledge e.g. the type of solutions that may be used for different purposes (bowel evacuation, treatment or investigations - one session of 3 hours duration); one-to-one supervision on student practice portfolios and student assignments (varying lengths of time and number of meetings); modified lectures (including small-group work, discussions and role play - 3 hours duration one day per week for 15 weeks); on-going small group reflection sessions when students were on practice placements (one meeting every two weeks and lasting between one and one and a half hours. Reflective sessions were conducted with the same group and the same teacher for the duration of the students' programme); Problem-based learning and peer assessment (students working on pre-set patient problem scenarios - weekly meetings between small groups of students and teacher for 15 weeks for varying lengths of time); group project work and student presentations (weekly meetings of small groups of students and teacher, culminating in group presentation (teacher

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assessed) to other groups for 7 weeks duration for varying lengths of time); and finally, small group project work exploring and applying module content, culminating in a group presentation which was peer assessed (50% of total mark), peer assessment of other group member involvement and commitment to project (35% of total mark), and a reflective account of the experience of being involved in the process of developing a group project (15% of total mark – teacher assessed). All of the teachers in this study had some control over their teaching, with some having more control than others. Departments within the faculty were actively promoting more student-centred approaches to teaching and learning and this was in line with the stated aims and objectives of the university's LTA strategy (Learning, Teaching and Assessment strategy).

The remainder of this chapter will focus on the results of this study. The research questions that were asked in order to achieve this were:

- How do teachers experience what it means to be student-centred in their approaches to teaching in their respective programmes?
- How do teachers conceptualise student-centred teaching?

7.3 Discussion in relation to the first research question

In this section the discussion will focus upon the first research question: "How do teachers experience what it means to be student-centred in their approaches to teaching in their respective programmes?"

The finding demonstrates qualitative variation in these teachers' approaches to student-centred teaching. The analysis revealed five, relational (strategies and intentions) categories of description related to their experience of student-centred approaches to teaching: **Approach A**: Student active teacher-focused strategy with the intention of the students actively reproducing expert knowledge and skills; **Approach B**: Student active teacher-focused strategy with the intention of students actively acquiring and applying nursing concepts and skills; **Approach C**: Student active student-focused strategy with the intention of the students using their experience to develop personally meaningful conceptions of nursing and nursing practice/skills; **Approach D**: Student active student-focused strategy aimed at the students changing their conceptions and skills with a view to improving their practice; and **Approach E**: Student active student focused strategy aimed at the students developing their professional attitudes and values (affective components).

From the analysis of these teachers' descriptions of their student-centred approaches to teaching, there are two common and related aspects that permeate teachers' experiences when discussing their student-centred approaches to teaching: student activity in learning, the focus of the approach (what the teacher does), and the intentions for students as learners and students' nursing practice (why teachers adopt a particular strategy). These are also reflected in the categories of description related to

this phenomenon. For example, in Approach A the strategy employed is student active, but teacher-focused, with the intention of the students actively reproducing expert knowledge and skills. The anticipated outcome for these teachers is that if the students can be seen to replicate the teacher's knowledge and skills in a simulated environment, the students will be able to practice in a *safe* manner when applying the teacher's knowledge and skills in a real practice context. Alternatively, in Approach D, for example, the students are active participants in their learning, but the focus is on what the students are doing. In this latter sense, it is considered by these teachers that if students change their conceptions and skills in the learning context, they are more likely to apply this changed knowledge and skills in a clinical situation but with the effect of improving the quality of their practice and, therefore, improve the quality of patient care i.e. students are aware of their changed conceptions and nursing skills and are considered to be able to apply these changed conceptions and skills when it is appropriate. In essence, they have a more *effective* understanding about nursing knowledge, its context and practice. Being effective in their learning and practice means the students are the ones who determine what knowledge and skills are necessary, when they should apply their knowledge and skills, and how they will apply this in practice.

This study has demonstrated that there is a qualitative variation between each of the approaches to student-centred teaching. The variation, as constituted in this study, exists in the qualitative differences between the approaches, the teaching strategies and their related intentions. Approach A is considered to be more limited, or less sophisticated, than subsequent categories. Approach E is seen to be the most complex, most sophisticated, and more inclusive of the range of strategies and intentions

contained in the preceding categories or approaches. Teachers adopting Approach E are seen to have a wider repertoire of teaching approaches and intentions than those adopting the previous approaches. The inclusiveness of this hierarchy has been demonstrated in the illustrative quotations found within each of the approaches in the previous chapter. Teachers who are seen to have a more sophisticated approach to their teaching are seen to be in a better position to adapt their teaching to meet a range of circumstances that may confront them in their teaching practice. Teachers who have a range of strategies and intentions are, of course, in a better position to meet the range of student learning need than teachers who have more limited approaches. However, and whilst it would be accurate to say that one student-centred approach is better than any other, such a conclusion would ignore the contexts within which these teachers are operating.

The context within which teaching and learning is taking place may help us to understand some aspects of the qualitative variation that exists in the relational nature of these teachers' strategies and intentions. For example, teachers adopting Approach A were working within tight time schedules and resource constraints to ensure that each student could learn and apply fundamental practical skills and knowledge required to practice in a safe manner, and at a base-level of competence, with patients in an A & E setting prior to going on clinical placement the following week. The setting was not 'real' but simulated. There were over 80 students expected to undertake this experience in the space of one week. One session being devoted to the simulation exercise. Students were given lectures and took part in practice demonstrations prior to this session taking place. Lectures and supervised demonstrations were seen to be important in order to deliver 'knowledge' and to

enable the development of required skills that would be required to help students come to the 'correct' outcome ('correct' as in the expert's knowledge and skills). The session had to be repeated more than once to ensure that all the students could gain experience. Reliance on expert knowledge and skills was seen to be the preferred and intended option since the students would not have time within this week to gain the knowledge they would require to take part in this exercise. For students to have been seen to be practising safely, the students had to be actively involved in reproducing expert knowledge and skills. There were no other opportunities for further development after this session. A similar set of circumstances was in operation for teachers adopting Approach B; however, there were more students (180) than in Approach A and with less time available – 3 hours. The sessions took place on more than two occasions within the same week. Skills development and practice were supplemented by small group work aimed at students exploring a variety of sources (journal articles and textbooks) related to the practical skills to be acquired and applied. Teacher expertise and skills were utilised to reinforce the acquisition of the desired disciplinary knowledge and skills for safe practice.

Research on simulated professional practice indicates that it can improve students' ability to learn from practice in seven different ways: [by providing] space for guided reflection; permitting experiential learning; [by allowing the creation of] carefully structured learning experiences; [by providing a bridge between the] integration of theory and practice; [by exposing students to] vicarious experience; [by permitting the development of] base-line competencies, and [by permitting students to plan a] strategic approach to subsequent experience (Freeth, 1998). Freeth's research was conducted in an institution which had extensive resources (two skills laboratories with

up-to-date equipment, sophisticated mannequins, video equipment, closed circuit TV facilities and CD-ROM simulations), and adequate time for learning and skills development in this environment. Many of these resources, at the time this study was conducted, were not available to teachers adopting Approaches A & B in this higher education institution. These teachers also had limited control over student numbers and other resources but they claimed to be student-centred because they were promoting student activity in learning. Indeed, they asserted that students could not reproduce or acquire the necessary knowledge and skills unless they were active in the process. They also indicated that there was an expectation from others that student-activity in learning practical skills would happen. Experiential learning is an important feature of Approaches A and B. However, it was the immediate experience of engaging with simulated clinical experiences and skills workshop with limited, or no, account being taken of student prior experience in these areas. Student-self direction was limited and these teachers saw it as being their responsibility to ensure, or to validate, correct application of expert knowledge and skills in this situation. This finding is consistent with the research on students' experience of psychomotor skills development (McAdams *et al*, 1989); students' perceptions of experiential learning - role-play and clinical simulation (Burnard, 1992b; Green and Holloway (1997); teachers' experience of skills development (Badger and Rawstorne, 1998), and students' and teachers' preferences for a variety of teaching/learning methods (Sweeney, 1990; Burnard and Morrison, 1992). The results from previous research suggest that, in this environment, students are less likely to adopt deep approaches to learning (Trigwell, *et al*, 1999).

Teachers adopting Approaches C, D and E did not have the same constraints on their practice. These teachers worked with fewer students (8-40); had higher student-teacher ratios; had much more control over what they taught and how they approached their teaching; had 15 weeks, or more, within which students could develop personally meaningful conceptions, change their conceptions, skills and improve their practice, and to develop their professional attitudes and values for holistic learning and practice. Teachers adopting these student active student-focused strategies claimed to have greater student involvement with respect to relating their current learning to a range of prior experiences in order to develop student understanding and skills (Approach C); utilised increased amounts of self-direction in learning; utilised a range of perspectives in order to develop students' cognitive and problem-solving abilities, and utilised student's current and prior learning experiences in order to change conceptions and skills (Approach D), and, in addition to the latter, the development of professional attitudes and values (Approach E). For many teachers adopting Approaches C, D and E, an important factor in ensuring that there is consistency between their strategies and intentions is the need to monitor their performance when focusing on student understanding. Failure in this respect may result in them adopting approaches to teaching in which their knowledge and skills are seen to be more important than the development of the students' own understanding and attitude development. This is not a feature of student-centred teaching approaches A and B.

The student active student-focused approaches adopted by these teachers can be seen to be meeting the range of knowledge, skills and attitudes for effective care delivery and attitudes to learning identified by Richardson (1988) in chapter 2. However, and unlike the findings from previous research, the findings from this research provide a

much more coherent, logical, identification and understanding of what it means to adopt student-centred approaches in nursing education and the contexts within which this can happen (Jinks, 1997; Sweeney, 1990; Burnard and Morrison, 1992); despite the difficulties in defining self-directed learning (Nolan & Nolan, 1997), and despite the multi-faceted nature of student-centredness (D'A Slevin and Lavery, 1991). The results also suggest that nurse teachers do employ a variety of approaches to teaching and learning that incorporate both behavioural, or competency-based approaches (Approaches A and B), and student-centred enquiry based approaches resulting in the creation of a higher level of student inquiry and a more expert nurse (Approaches C, D and E) (Bechtel *et al*, 1999). This is despite previous writers' concerns that it is difficult to utilize two competing approaches to student learning and development (Ashworth and Morrison, 1991), and the simplistic assertion that lectures are teacher-centred and inhibit student development (Richardson, 1988).

Trigwell and Prosser (1997) found that if teachers perceive that they have some control over what they teach and how they teach it they are likely to adopt a more student-focused approach to teaching. This would seem to be the case with teachers adopting Approaches C, D and E in this research. Trigwell and Prosser also suggest that where teachers perceive that the teaching unit does not have a strong commitment to student learning, and where the teacher has little control over what is to be taught, teachers are more likely to adopt an information transmission / teacher-focused approach (teacher-centred approach). Results from this research would seem to suggest that the expert knowledge and skills reproduction / student active teacher-focused approach can be student-centred if students are actively involved in the process. The difference could, in some ways, be seen to be dependent upon what you

mean by 'active involvement' and why teachers want students to be active in their learning. For example, see Biggs (1999) for an overview of how various activities can be utilized depending on the contexts and intentions of teachers.

It could be argued that teachers adopting a student active teacher-focused strategy (Approaches A & B) were being as student-centred as they could be given the constraints within which they are working. Research by Jinks (1997) indicated that teachers in her study could not employ student-centred teaching methods due to large student numbers and they resorted to teacher-centred lectures. The findings of this research suggest that teachers make efforts to control the numbers that they are involved with at any one time by splitting larger groups into smaller groups, but they have to repeat the same session on two or more occasions. Giving a lecture would be the easiest way to avoid this and to reduce these teachers workload, but the teachers could not ensure safe nursing practice if they could not see students actively reproducing expert knowledge and skills or acquiring and applying nursing concepts and skills. However, it depends upon what you mean or understand by student-centred methods. For example it is suggested that the lecture method in nursing, if focused on student learning needs, need not be conceived of as wholly teacher-centred and may provide a valuable approach to teaching and learning to meet certain elements of student learning – it depends on how lecturing, as a method, is perceived, understood and delivered (Jones, 1990); how the lecture is designed, how the students are involved, and how the content can be related to students' experience to promote better understanding (Dowie and Park, 1988). See also Jackson and Prosser (1989) in relation to encouraging student activity in lectures. However, teachers adopting Approaches A and B in this study had very clear student active but teacher-focused

strategies with the related, and respective, intentions of students reproducing expert knowledge and skills and the acquisition of expert and disciplinary knowledge and skills for safe nursing practice.

This latter finding is an interesting, but surprising and unexpected, result from a study aimed at identifying the qualitatively different ways in which teachers perceive the phenomenon of the experience of student-centred approaches to teaching. Viewing student-centred approaches to teaching as including teacher-focused as the highest outcome is at odds with the majority of teachers' experience of approaches to student-centred teaching in this study. The collective experience, in this latter sense, means having a student-focus as the main outcome. Having a teacher-focused outcome is also at variance with other opinion in the nurse education literature. Support for this latter view in a nurse education context comes from Burnard (1989b) who states:

> "…the attitude towards nurse education should always remain
> student-centred. The issue is not whether or not the tutor or the
> student should serve as the focal point of the educational process
> but the means by which the students' educational needs are identified
> and satisfied. In this sense, then, the focus remains the student."(p. 304)

The implication for teachers adopting a teacher-focused strategy is that they need to change their approach to student-centred teaching if the profession is to provide educational experiences that focus on the students' conceptual development, conceptual change and attitude development. This is especially important given the emphasis on the development of nurses who can provide holistic care and who will see the need to continue their learning beyond the confines of their educational programmes. Failure to change approaches to teaching in this way may result in

students being less likely to adopt deeper approaches to their learning as was noted previously (Trigwell *et al*, 1999; Gow and Kember, 1993).

The results of this study into approaches to student-centred teaching have certain similarities with research conducted in other academic disciplines on approaches to teaching. For example, Trigwell *et al* (1994) identified five approaches to teaching constructed from the underlying strategies and intentions. However, only two of these approaches were considered to be student-focused (student-centred) – Approaches D and E (student-focused/conceptual development and student-focused/conceptual change respectively). Kember and Kwan's (2002) learning-centred approach to teaching concentrates on the student to ensure appropriate learning takes place and viewed encouraging student motivation as an intrinsic part of their role and made conscious attempts to motivate their students by emphasising interests and relevance of their teaching. Martin *et al's* (2000) study, said to expand the work of Trigwell *et al* (1994), identified Approaches D, E and F as being student-focused (student engagement with disciplinary knowledge/conceptual development; student engagement in the practice of the discipline/conceptual development, and student engagement in challenging their disciplinary understanding/professional practice / conceptual change respectively). The student-focused conceptual development and conceptual change approaches identified by Trigwell *et al* and Martin *et al* have similarities with the student active student-focused approaches identified in this study. However, the student active teacher-focused/information and skills transfer and acquisition of disciplinary concepts and skills approaches (the least complete/complex approaches to student-centred teaching) and the student active student-focused/attitude

development (the most complete/complex approach) do not appear in the results of previous research considered for this thesis.

The findings from this study indicate that the approaches to student-centred teaching adopted by nurse teachers represents a much broader range of approaches than has hitherto been identified. The categories of description extend our current understanding of teachers' experience of approaches to student-centred teaching indicating that nurse teachers have more limited/less sophisticated approaches to student-centred teaching at one extreme, and, at the other extreme, more complete/sophisticated approaches to student-centred teaching. Suggested reasons for this have been outlined previously and may, in part, be understood as a function of the relations between the degree of student activity and its focus (the strategies employed) and the teachers' intentions, and not simply the employment, or deployment, of various 'student-centred' teaching and learning methods (see for example, Hurst, 1982; UKCC, 1999). The approaches, strategies and intentions are considered to reflect the range of expectations that the discipline of nursing education has of its teachers, students and of the knowledge and skills seen to be necessary for effective student learning and nursing practice, but they are brought together in a much more integrated way that reflects teachers' experience of student-centred approaches to teaching.

7.4 The Collective Anatomy of Awareness in relation to Student-Centred Approaches to Teaching

As has been stated previously in Chapter 6, the outcome space portrays the logical relationships between the various categories and is a representation of the similarities

and differences in the ways in which participants have described their experiences of the phenomena and the way in which these experiences have been interpreted by the researcher. The outcome space describes the collective intellect, or the collective anatomy of awareness, and is viewed as an empirical map of the qualitatively different ways in which people experience or understand various aspects and phenomena in the world around them (Marton, 1986).

The outcome space for Student-Centred Approaches Teaching presented in Chapter 6 (Fig. 1) is the diagrammatic or graphical representation of the structural and logical relationships between teachers' intentions, strategies and the five student-centred approaches to teaching. The outcome space reveals that a student-centred approach to teaching is made up of two main categories of description (or groups) – Student-Active Teacher-Focused Strategies and Student Active Student-Focused Strategies, with each category related to two and three intentions respectively. The outcome space suggests that a hierarchical relationship exists between the strategies, intentions and approaches that they adopt in their teaching. In the first group, teachers adopting Student Active Teacher-Focused Strategies (A & B) have the teacher as the main focus of their strategy and their respective intentions is for students to actively reproduce expert knowledge and skills or to acquire disciplinary conceptions and skills. The Student Active Teacher-Focused Strategy with the intention of the students actively reproducing expert knowledge and skills is the most limiting, or least complex, in this empirical map (A). Teachers adopting approaches A and B, respectively, see teaching, in this context, as being about skills and knowledge reproduction and skills and knowledge acquisition for safe practice. Teachers in this group have a common strategy but two qualitatively different intentions. In the second

group, Student Active Student-Focused Strategy (C, D and E), teachers have a common strategy but with three qualitatively different intentions. Teachers adopting the Student Active Student-Focused Strategy focus on the students and their intentions are for students to develop their own conceptions, change their conceptions and to develop their attitudes and values to learning and professional practice in order to promote informed, effective and holistic care respectively. In essence, students are being helped to develop their own knowledge, skills and professional attitudes for learning and practice. This is unlike Approaches A and B where the teachers are passing on knowledge and skills. Approach E is suggested as being the most complete, complex, or more sophisticated approach to student-centred teaching that subsumes Approaches A, B, C and, D.

None of the two groups share the same strategy or intentions. However, student activity in learning is common to both groups. This may indicate that student activity is, in part, an important and shared dimension in student-centred approaches to teaching. This is the case whether the focus is on the teacher or the student and whether the teacher's intentions are to reproduce/acquire knowledge and skills or student conceptual development, conceptual change and attitude development.

Student-centred approaches to teaching, as constituted in this study, have different structural and intentional elements to that described by Trigwell and Prosser (1996) who identify only one structural category to student-focused approaches to teaching with three related intentions. This outcome space suggests that nurse teachers have an extended and broader experience of the phenomenon at both the simple and more sophisticated levels in the hierarchy, and thereby extending our awareness of student-

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centred approaches, strategies and intentions. This finding constitutes the discovery of an original set of related categories of description and an extension in the variation of teaching intentions than has previously been identified and discussed. The identification of original categories is also different to the one learner-centred category identified by Kember and Kwan (2002) and the approaches identified by Martin *et al* (2000).

7.5 Discussion in relation to the second research question

In this section the discussion will focus upon the second research question: "How do teachers conceptualise student-centred teaching?"

In a similar way to the findings on student-centred approaches to teaching, the findings in relation to the second research question also demonstrate qualitative variation in these teachers' conceptions of student-centred teaching. The analysis revealed five, logically related categories of description (structural – how the explanation was given by teachers, and referential – focus of teaching) related to their conceptions of student-centred teaching: **Conception A**: Student-centred teaching as helping students acquire the concepts and skills of the discipline; **Conception B**: Student-centred teaching as helping students develop personally meaningful disciplinary conceptions and skills; **Conception C**: Student-centred teaching as attempting to enhance students' educational experiences and student learning through the nature of the teacher-student relationship; **Conception D**: Student-centred teaching as promoting reciprocal rights and responsibilities in the learning process; and **Conception E**: Student-centred teaching as assisting self-empowerment of students.

As with the approaches to student-centred teaching, each of the above conceptions is qualitatively different from each other and form parts of an inclusive hierarchy. At one end of the hierarchy, teachers holding conception A talked about student-centred teaching as helping students acquire the concepts and skills of the discipline. The focus is on the content that teachers think students need to have and teaching, in this context, is to help students acquire this content using an appropriate method for doing so with no consideration of prior learning or experience. All that the students need to know in relation to the disciplinary concepts and skills is addressed within this context. Teaching is student-centred because of the student-centred method employed and is as a result of pressure from others (colleagues and faculty) and teacher antipathy to lectures. However, the focus remains firmly on the acquisition of quantity of disciplinary skills and content that can be covered at this time. Student-centred teaching in this sense is about teaching method and content acquisition and nothing else. There is a concern in the nursing and higher education literature that teachers who have a student-centred view of teaching are being influenced by external pressures to adopt teaching approaches that emphasise information transfer (Rolfe, 1993 and Entwistle, 1998, respectively). This does not seem to be the case with teachers in this study. In fact, teachers would appear to have a view of student-centred teaching that is based upon content acquisition with pressure from others to think about using student-centred methods. As with the Student-Centred Approaches to Teaching section of this chapter, it is important to be mindful of the context within which these teachers are talking about their conceptions of student-centred teaching and the constraints within which they claim to be working and how this may influence their conceptions of student-centred teaching.

Teachers at the more inclusive end of the hierarchy (Conception E), talked about student-centred teaching as assisting the students to self-empower. In this sense student-centred teaching is seen as including helping students to acquire disciplinary content (Conception A); helping students develop personally meaningful conceptions and skills (Conception B); enhancing students' educational experience and learning through the teacher-student relationship (Conception C); promoting reciprocal rights and responsibilities in learning (Conception D), however, it is the underlying, and reciprocal, educational and nursing practice beliefs and values that enable the teacher to focus on the students; their learning; personal development and professional practice that constitutes student-centred teaching. Humanistic perspectives heavily influence teachers holding this conception of student-centred teaching. Central features of this influence are a genuine concern for students, their learning and development and their professional practice. In these teachers' views, if students are exposed to educational experiences in which they feel valued, respected, are provided with information about their learning and can make choices on that basis, they are more likely to take control of their learning; make informed choices about their own learning and the outcome, and to be able to transfer these positive benefits to their working with clients. These teachers' conceptions of student-centred teaching (Conception E) are talked about in equal respect to the values and assumptions that they believe should underpin effective and empowering nursing practice. The qualitative differences between this conception (Conception E) of student-centred teaching and Conception A can be seen in the writing of Carl Rogers (1983) who states:

> "To give self-direction and freedom to children can clearly be
> a complete failure if it is simply a new 'method' **(Conception A)**.
> Commitment and conviction are essential" (p. 53)(…) "A person-

centred way of being in an educational situation is something that one grows into. It is a set of values, not easy to achieve, placing emphasis on the dignity of the individual, the importance of personal choice, the significance of responsibility, the joy of creativity. It is a philosophy, built on a foundation of the democratic way, empowering each individual" **(Conception E)** (p. 95)(Bold, my additions)

Teachers holding conceptions of student-centred teaching A and B would not feature in Rogers' polarised conception of student-centred teaching because of the focus on content acquisition. However, a criticism of Rogers' thinking and the development of his theoretical perspectives on education, whilst broadly appealing and reflected in much of the literature on student-centred teaching and learning in higher education, is that it does not have 'ecological validity' (Entwistle, 1997). Ecological validity, according to Entwistle, relates to the idea that educational theories must be developed from the places where they are to be applied. This is also reminiscent of the concerns expressed in relation to much of the work of Knowles and his theory of Andragogy, and the lack of concern for the context in which teachers teach and in which students learn (Pratt, 1988). Nevertheless, if nurse education, and indeed higher education, is strongly influenced by values underpinning student-centred teaching and learning, it is important to understand teachers' conceptions about student-centred teaching and how they understand its application to the specific situations and contexts within which they are teaching. In this latter sense, conceptions of student-centred teaching from this research do include a focus on content acquisition, and, as will be discussed later, this is also a departure from findings from other research into conceptions of teaching - particularly the student-centred groupings from the teacher-centred / student-centred conceptions of teaching.

Teachers holding Conception E believe that educational and nursing philosophies should be consistent with each other and that both are akin to the nature of the

psychotherapeutic helping relationship that promote psychological growth and from which students, and clients, can develop security and confidence in order to make informed and empowered decisions about their situation. Conceptions C, D and E are seen to be progressive and developmental in nature and are asserted as being essential parts of the process of student personal and professional development (Rolfe, 1994). For example, in Conception C teachers holding this conception believe that the teacher must be able to demonstrate that they have a genuine concern for their students and they think this can be achieved by providing learning environments that promote student-centred learning in which students feel safe, respected, valued and where the teachers have an empathic understanding of their learning context and factors that may influence this. If this kind of positive learning climate can be facilitated and fostered by the teachers, students will have the confidence to begin to see that they have something to offer that will enhance their own learning and begin to change their conceptions of the teaching and learning process. This is seen as a necessary first step to improving the quality of the learning experience for students. However, teachers holding this conception may only have an awareness of student-centred teaching as facilitating the enhancement of the students' learning experience. Teachers holding Conception D, on the other hand, think that when students feel safe, respected and confident they are then more likely to take more responsibility for their learning and to accept and acknowledge that they have rights and responsibilities in relation to their own learning. Having positive learning experiences is seen as a necessary starting point in the process of student personal and professional development from which they can then develop the confidence to engage in a reciprocal teacher-student relationship where the boundaries and expectations of each actor are clearly identified and reflected upon. While the limits of holding Conception

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C are in relation to the teachers providing the kind of climate within which students can begin to take more responsibility for their learning, teachers holding Conception D also have a responsibility to ensure that the learning that takes place has a clear focus and relevance for the students' area of practice. Similarly to teachers in Pratt's (1992) study and assertions made by Iwasiw (1987), approach D is not permissive and students cannot do only what they want to do. They have to work within the parameters and boundaries of the context and content within which they are studying. There is a clear focus for the process and outcome of learning and they have to work within the boundaries of the relationships being developed and the resources to achieve the outcomes. Teacher self-monitoring is also reported by some teachers holding conceptions C, D and E as being important when thinking about student development. This is not a feature of teachers holding conceptions A and B.

There is ample support for nurse education programmes being influenced and informed by the foregoing underpinning values that are thought to influence the learning/teaching climate in nursing education **(Conception C)**(Richardson, 1988; Rogers, 1980); role reciprocity in the teacher-student relationship (Freire, 1972; Happs, 1991; Mazhindu, 1990; Burnard, 1987b; Burnard, 1991; McManus and Sieler, 1998); the incorporation of adult teaching and learning techniques to support student-self direction and autonomy **(Conception D)** (Milligan, 1995; Sweeney,1986; Rideout, 1994; Rolfe, 1994; MacLean, 1992); the teacher-student relationship fostered in educational settings that is considered to be analogous to the nurse-patient relationship in client-centred approaches to nursing clients **(Conception E)** (Burnard, 1991; Milligan, 1995; Sweeney, 1986; Cohen, 1993 and Jasper, 1994). If students do not experience empathy, unconditional positive regard and being treated in a non-

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judgemental manner in the teacher-student relationship they are unlikely to practice in a client-centred way **(Conception C)** (Jones, 1981 citing Holden, 1979), and that it would be inconsistent to advocate that nurses should work in a patient-centred way to develop patient autonomy, and not to encourage practitioners to become autonomous in their learning practices **(Conception E)** (Burnard, 1989a). However, the results from this research (as was seen in the case of Student-Centred Approaches to Teaching) provide a more logical and relational perspective to conceptions of student-centred teaching than has hitherto been forthcoming in the nursing education literature.

Previous research into nurse teachers' beliefs and attitudes towards student-centred teaching by Jinks (1997) suggested that there was no evidence that nursing programmes were founded upon humanistic student-centred, andragogical tenets. The results of this research suggests that whilst not all teachers in this study talked about their teaching in these terms (Conceptions A and B), teachers holding Conceptions C, D and E firmly believe that their thinking about student-centred teaching is underpinned by humanistic values and beliefs and these are thought to strongly influence these teachers' thinking in relation to student-centred teaching. However, there is qualitative variation in how these teachers talk about the extent to which these values and attitudes influence their thinking about teaching. Teachers holding conception E talk in the most explicit ways of how student-centred humanistic perspectives influence their thinking about student-centred teaching and nursing practice. Teachers holding conceptions C and D talk about student-centred teaching using a range of student-centred humanistic values and terms without explicitly stating

them as such, for example, safety, respect, learning climate and empathy with student learning experience.

The link between Conceptions of Student-Centred Teaching (C, D and E) and their relationship with humanistic principles underpinning effective nursing practice can be demonstrated in the rather lengthy quotation below from Binnie and Titchen (1999). Where appropriate, direct links between humanistic nursing practice and conceptions of student-centred teaching are included in bold. If the reader substitutes the words 'client' and 'patient' with 'student,' substitutes the words 'nurse' and 'therapist' with 'teacher,' and substitutes the word 'medical' for 'educational' the thinking that seems to underpin, or to inform, these nurse teachers' conceptions of student-centred teaching becomes clearer:

> "The aim of Rogers' psychotherapy is to provide a relationship for the client in which the proper conditions for promoting psychological growth are present **(Conception C)**. The key characteristics of this 'helping relationship' are an openness and genuineness on the part of the therapist, a valuing of the client as a person, regardless of how he presents himself, and an empathic understanding of the client's world, an attempt to see it through his eyes **(Conception C)**. This kind of relationship can provide the client with the security and confidence he needs to examine his perceptions of himself and his world and to organise them in a healthier way…Instead of nurses doing things to or for patients, the emphasis shifts to nurses becoming involved with patients to help them deal with what they are facing **(Conception D)**. The patient's status changes from passive recipient, or object, of nursing care to active partner engaged in improving his own situation **(Conception E)** …It is the presence of the therapeutic nurse-patient relationship that lies at the heart of a patient-centred style of nursing. With this kind of practice, a nurse's starting point for caring is making real human contact with patients and addressing their perceptions and concerns **(Conception C)**. It means avoiding over-hasty categorisation of patients and avoiding assumptions about what they are experiencing. It means, instead, being ready to listen and watch with an open mind and attending to issues that patients present as readily as to those that arise from their medical problems. By working *with* patients, and making a commitment to see problems through with them, nurses can fine-tune the practical and emotional support they offer." (pp. 17-18)(Bold, my additions)

The conceptions of teaching from the literature from other disciplines suggest some contradictions in respect of the results of this study, for example, in Carpenter and Tait's (2001) study into lecturers from law, science and education. All these teachers

were aware of student-centred teaching and learning as the dominant philosophy but their conceptions of teaching and their teaching methods were information transfer and acquisition, especially within the early parts of their programmes (education teachers). Some nurse teachers in this study held conceptions of student-centred teaching as helping students to acquire content (A and B). Although both groups of academics support the idea of student-centred teaching, it would appear that active participation in content acquisition (nurse teachers), and passive recipients of information (law, science and education), makes one view of teaching more student-centred than the other but the end results are very similar. An attempt to explain this interesting contradiction could be that conceptions of teaching that involve the idea that students are actively engaged in content acquisition, as opposed to being passive recipients, could be seen as the intermediate conception between conceptions of teacher-centred teaching and conceptions of student-centred teaching. Certainly in terms of the inclusive nature of the hierarchical relationships between conceptions of student-centred teaching in this study, student-centred-teaching as helping students to acquire the concepts and skills of the discipline is seen to be the most limited, or least sophisticated, conception and does share part of its relational character with more teacher-centred conceptions to be found in other studies. For example, Fox's (1983) categorisation of teacher-initiated 'simple' theories, and travelling and growing theories as student-initiated 'developed' theories. We can see some evidence of the travelling theory that focuses on the content or subject to be learned (Conceptions A & B), but not the transfer theory. In Fox's estimation the travelling theory is teacher-initiated and centred and content oriented, whereas Conceptions A and B in this study are seen to be student-centred but content oriented. In the shaping and growing theories, the emphasis appears to be what is happening to the students and the

development of their attitudes, activities and personal skills and could be seen as having links to Conceptions C, D & E in this study. However, and although student development is a feature of this inclusive hierarchy, the latter links would appear to be more superficial than substantial given the different emphases on relationships, reciprocity and empowerment and links with thinking about the shared values underpinning both educational and professional practice.

In relation to Dunkin's (1990) 4 dimensions of teaching, it could be argued that Teaching as structuring learning has some aspects in common to Conceptions A and B in this study; as do Teaching as motivating learning and Teaching as encouraging activity and independence in learning (Conception D), and Teaching as establishing interpersonal relations conducive to learning (Conception C). However, the inclusive nature of the conceptions in this study would indicate that teachers in this study have multi-dimensional conceptions of student-centred teaching with their relationships with each other much more clearly delineated. This is not surprising giving the fact that Dunkin was reporting research involving new university lecturers and the teachers in this study were more experienced. The findings from Dunkin and Precians' (1992) research with award winning teachers could be said to have similarities with nurse teachers (conceptions B, C, D and E) who may also have multiple dimensions to their thinking about student-centred teaching. However, development of professional attitudes is not a feature of this work and may indicate that nurse teachers may have more sophisticated conceptions of student-centred teaching than award winning teachers. It is, however, difficult to make exact comparisons between this research and Dunkin (1990) and Dunkin and Precians (1992) given the different focus of the

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research and the fact that teachers in this study were exploring their experience of student-centred teaching in a particular context.

In chapter 5 it was suggested that meaningful comparisons between conceptions of teaching in nurse education and Gow and Kember's (1993) work would be difficult until research had been conducted. Now that the research has been conducted it would seem that the nurse teachers in this study have conceptions of student-centred teaching that do indeed straddle both learner facilitation and knowledge transmission conceptions of teaching, and they do so in more complex and multidimensional ways than Gow and Kember's research would suggest. Similar concerns would apply to the relationship between conceptions of teaching identified by Samuelowicz and Bain (2001); Prosser *et al* (1994), and Kember and Kwan (2002) and those identified in this research. Whilst there may be particular aspects in each of the above studies that could be seen as being similar, the differences between the conceptions of student-centred teaching and the student-centred part of the teacher-centred/student-centred dichotomies in these studies is considered to be quite different not only in terms of the descriptive category labels attached to the various conceptions of student-centred teaching, but also in terms of substance and breadth of inclusivity.

7.6　The Collective Anatomy of Awareness in relation to Teachers' Conceptions of Student-Centred Teaching

The outcome space for Conceptions of Student-Centred Teaching presented in Chapter 6 (Fig. 2) is the diagrammatic or graphical representation of the structural and referential relationships of these teachers' five conceptions of student-centred teaching ('how' and 'what' of student-centred teaching respectively). The outcome space

reveals that conceptions of student-centred teaching is made up of four categories of description (or groups) – (1) helping students acquire content; (2) enhancing the student experience through the nature of the teacher/student relationship; (3) promoting role reciprocity, and (4) creating space for student-self empowerment. Category 1 is related to two referential aspects: one in which the focus is on expert knowledge and skills alone, and the other focuses on both expert knowledge and skills and disciplinary knowledge and skills. The three remaining categories share the same referential aspect of student development. The outcome space suggests that a hierarchical relationship exists between the 'what' and 'how' of categories of student-centred teaching (the internal relations), and the structure of the hierarchy within the different categories of student-centred teaching. Category 1 is the least sophisticated, or complete, category, and category 4 being the most sophisticated, or more complete category of student-centred teaching.

Teachers holding category 4 have an awareness of the preceding 3 categories and view these as being part of their teaching and influences upon their teaching. For example, teachers holding this category view the purposes of student-centred teaching as employing student-centred methods aimed at helping students to acquire content (1) however, the process of student development is enhanced by the nature of the teacher-student relationship (2) with a view to promoting student responsibility in learning and practice (3) by creating space for students to take more control of their learning and practice in a similar way that nurses should be working to assist client self-empowerment. Teachers holding category 1 may not have an awareness of the other three successive categories and student development may not be an issue for these teachers. As with student-centred approaches to teaching, the context within which

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these teachers are working must be borne in mind when trying to understand the relationship between the categories, the how and what components of student-centred teaching. Teachers holding category 1, as with teachers adopting student-centred approaches to teaching A and B, had limited time, resources and greater student numbers which may serve to limit the development of their teaching beyond Category 1. Their contact with students was limited to one week prior to students going onto clinical placement and they did not see these students after this week. Teachers holding categories 2, 3 and 4 however, had regular and close contact with their respective students and over an extended period of time. In this latter sense, student development could be seen as a more realistic and achievable part of their thinking and practice. Indeed, as their comments make clear, student personal and professional development was a key feature of their thinking and this was influenced by having a shared educational and nursing philosophy to promote student, and client, personal growth. Student-centred teaching is a process within which both the teacher and student take part and from which the students, and clients, will ultimately benefit.

The categories identified in this section have not been identified as being shared with the findings from other research reviewed for this thesis. This outcome space suggests that nurse teachers have a different experience of the phenomenon at both the simple and more sophisticated levels in the hierarchy, and thereby extending our awareness of teachers' conceptions of student-centred teaching. This finding constitutes the discovery of an original set of related categories of description and an extension in the qualitative variation of conceptions of student-centred teaching than has previously been identified and discussed.

7.7 The Relationship between Student-Centred Approaches to Teaching and Conceptions of Student-Centred Teaching

For the quantitative analysis outlined in Figure 3 in the previous chapter, the researcher cross-tabulated the highest approaches to student-centred teaching and conceptions of student-centred teaching in order to identify the existence, or otherwise, of an empirical relationship between these two phenomena. Quantitative data analysis is not a feature of phenomenographic research. Two teachers share a teacher-focused approach/content focused conception of student-centred teaching. This is consistent with the contexts and constraints within which these teachers were working. There is also a suggested link between teachers who have a student-focused approach/student development conception of student-centred teaching ($n = 21$). However, closer scrutiny of the approaches and conceptions of these teachers reveals a strong, equivalent and empirical relationship between Approach E and Conception C. This suggests that some teachers holding conceptions of student-centred teaching C, D and E, approach their teaching utilizing the same, sophisticated approach but do not have more sophisticated approaches to their teaching despite the existence of qualitative variation in their conceptions. This result can be understood with reference to what these teachers claim to be their strategies and intentions and the thinking and feeling that seems to underpin their conceptions of student-centred teaching, and the analogy of patient-centred care that many teachers talked about.

Compared to other research into relationships between approaches and conceptions, in which it is considered to be logically not possible for teachers to use an approach that is more advanced than their conception (Trigwell and Prosser, 1996), this finding would appear to be to be an illogical relationship. However, and as has been stated

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above, Conception C is seen to be equivalent and not subordinate to Approach E. For example, in Figure 3, drawing a diagonal line from box A-A to box E-E would reveal boxes that contained 1 teacher with Conception A and Approach B; 5 teachers who held Conception C and adopted Approach D, and 8 teachers who held Conceptions C and D (5 and 3 respectively) and Approach E. This would suggest, at best, a confused relationship or, at worst, an illogical relationship. Confirmation of a logical relationship between approaches and conceptions would have boxes below and left of the diagonal line that were empty, and boxes above and to the right of the diagonal line filled in reflecting consistency between approach and conception. If, however, as has been suggested earlier, that Conception C is equivalent to Approach E then the diagonal line would be drawn from box A-A to box C-E, this would then more accurately reflect the relationship between both sets of qualitative data and reveal a more logical relationship between approaches and conceptions. In this latter sense there would be nothing below this diagonal line and this would confirm this analysis.

Illustrative examples of teachers relating Conceptions C, D and Approach E follow:

"Not necessarily, it could be, you know, when they're out on practice em, you know, it's relevant to their practice, it's relevant to their own em personal and professional development. Because, I think, this session in particular, does get them to look at their own values, beliefs, question their own attitudes and maybe get them to explore issues that they may not, they may, they may, have done before, but also they might have done it from a personal point of view but then they maybe, kind of, have to start to look at it from a professional point of view because that's where they're hoping to go, into a profession. And it's going to impact on their professional development and life throughout." **(Approach E)** […] Well, I mean it doesn't matter if everybody doesn't. I think it's just to get em a fairly em, I mean, to get the most people in the group to contribute and then hopefully em, you know, you get a broader idea of ideas that can come together that they can go away and explore, and different people will have different viewpoints, different opinions, some will be more knowledgeable than others in certain areas, and it's a way of them cross-fertilising that sort of knowledge from those that are less knowledgeable to those that are, or maybe sparks off, you know, somebody says something it'll spark somebody off to sort of say something against them or agree with them or whatever. Again, hopefully, it brings about a sense of trust in the group or honesty or respect for other people's views and ideas, which again, I suppose, is part of their life stroke (/) professional development. **(Conception C)** (CH3)

An example of a teacher relating Conception D and Approach E:

"So, and I really think, we're talking about the actual event, but I suppose, in talking about the preparation I was speaking about things like having the knowledge, broad knowledge about the topic area, and then sort of over to the students. But I think the preparation actually, when I think about it now starts much earlier than that. It starts right in the very first week in the module and I think it starts

with developing a relationship with the students **(Conception C)**. I didn't say that but I think that's really where it starts from em and, being quite explicit about not just what the module's about but about your role as well […] My role with regards to, and I suppose I'm quite up front about what I'm expecting from them as well **(Conception D)**. Because I think, you know, being a student as well at the present time, some of the time they're thinking, 'Well what are they wanting from me? What are they expecting from me?' isn't it, so, you know, part of the time you're thinking that as a student. So, I think, that if somebody says to you, 'This is what we're going to do with the module, and this is the area where you can develop your own thoughts and use your own experience and it's sort of developing, it's developing a relationship but it's also showing that you kind of will respect what they have to say as well, and I think right at the beginning we talk about things like the fact that, the group dynamics but also the dynamics between the lecturer and the students. We sort of talk about that a bit as well **(Conception C)**. […] Yes, so they, quite often with that kind of thing they're saying to me, well I usually, if they come and talk to me about it, I'll say, 'Why have you chosen this topic?' an they'll say, 'Well, I was working in such and such a place and Mr. Such and such was there and em, you know, he was exposed to all and sundry and nobody thought about covering him up and that was unacceptable' and I'll say, 'Why?' And then they'll relate it all back to issues concerning dignity and respect for people and, in fact, I'm thinking about one of the presentations just now as I'm saying that, and em there was three students doing the presentation. Two of them came to see me and they were actually very anxious because it was their assessment, but they were also anxious about the topic. But once we'd got to the root of why they were picking it and I was saying things to them, like em, well the girl actually said, 'Oh, well, everybody knows when you come into hospital you leave your dignity at the door'. I said, 'But what do we mean by that?' Because quite often that's a phrase that you hear being used and you say, 'What do you mean by that?' and that sort of brought her up sharp and she said, 'Well…' and she had to think about it quite a lot. And I said, 'Well, that's the kind of thing. Because you could even start with that in your presentation and that would really take you into a lot of aspects such as rights and whatever.' And eh, they spent a lot of time thinking about it obviously before they wrote it and it was brilliant, absolutely brilliant. They did it very well. I really admire them taking on a topic like human dignity because it's quite difficult to really focus on. But it's obviously something the students feel quite strongly about and there's the sense of, 'Well, I wouldn't like to be treated like that' or 'I wouldn't like a relative to be treated like that' **(Approach E)** (AN11)

One of the main differences between the results of this research and that of Trigwell and Prosser (1996) is the nature of the conceptions and the approaches. Trigwell and Prosser identified approaches and conceptions that had similar qualities and attributes. For example Approach A: teacher-focused strategy with the intention of transmitting information to students, and Conception A – teaching as transmitting concepts of the syllabus through to Approach E: a student-focused strategy aimed at students changing their conceptions, and Conception E: teaching as helping students to change conceptions. This latter research, then, confirmed this logical relationship between the conceptual change approach and conception. It would, therefore, be illogical to have a conception that views teaching as helping students to acquire teacher's knowledge (Conception C) with an approach that is aimed at students changing their conceptions.

The limiting factor in Trigwell and Prosser's work is that the most complete approach and conception is conceptual change. In this research the most complete approach is attitudinal (affective) development and its relationship to conceptions concerning student development. The results of this research subsumes the cognitive change approach within the inclusive hierarchy of approaches reflecting student affective development and this, in turn, is related to some teachers' thinking and feeling that relates to student personal and professional development. A criticism of previous phenomenographic research studies is that they have failed to take account of the affective, or emotional, components of teaching due to its focus on science teaching with mainly male teachers (Hazel *et al*, 1997). The findings of this research extends previous research and suggest that both male and female teachers see attitudinal, or emotional, development as an important factor in teaching and learning about nursing and this is linked to professional and personal development. Teachers in this study are not unlike the schoolteachers ($n = 40$) in Hargreaves (1998) study in terms of their strategies and intentions and their conceptions of teaching as positive emotional practice that includes emotional and cognitive components:

> "Students were at the heart of their teaching, and at the heart of why many of these teachers diverged from the conventional teaching norm. The emotional purposes or goals that teachers had for students and the emotional bonds or relationships that teachers established with them, underpinned virtually everything else the teachers in our study did" (p. 842)

And:

> "Teaching cannot be reduced to technical competence or clinical standards. It involves significant emotional understanding and emotional labor as well. It is an emotional practice. The teachers in our study valued the emotional bonds and understandings they established with students, and valued the purposes of educating their students as emotional and social beings as well as intellectual ones. Teachers' emotional commitments and connections to students energized and articulated everything these teachers did: including how they taught, how they planned, and the structures in which they preferred to teach. One important way in which teachers interpreted the educational changes that were imposed on them as well as the ones they developed themselves, was in terms of the impact these changes had on their own emotional goals and relationships. It is time for educational change

strategies and reform efforts, and for definitions of teaching and learning
standards to come to terms with and embrace these emotional dimensions
of teaching and learning – for without attention to the emotions, educational
reform efforts may ignore and even damage some of the most fundamental
aspects of what teachers do." (p. 850)

For some teachers the experience of student-centred teaching means approaching
teaching from the most sophisticated level (Approach E) in order to help students to
realize their self-empowering potential (Conception E). Focusing on students
experience is having an awareness that good quality learning is built upon a positive
relationship between students and teachers. The nature of the relationship is of
fundamental importance to improving students' experience of teaching and learning
and it is the starting point for student development in these teachers' thinking
(Conception C). Moreover, Approach E is not only the starting point but it is the
approach that some of these teachers continue to use throughout their contact with
students in the teaching contexts discussed.

Conceptualising student-centred teaching in different ways serves to emphasise that
teaching and learning is a process in which both teachers and students engage. In this
sense, it is the realization that the outcome of student-centred teaching is something
that neither happens immediately or automatically (Felder and Brent, 1996). Students
will not realize their potential by starting off from the least sophisticated strategy and
intention. Similarly, nurses, given the right conditions and context, do not start off
thinking about helping patients to realize their potential by adopting poor quality
nursing interventions. According to this line of reasoning, it is only through adopting
sophisticated approaches to nursing, utilized consistently, that nurses can assist
patients to self-empower. It is only by adopting the most sophisticated approach to
teaching that some of these teachers realise the more sophisticated benefits for

students from this way of thinking. Thinking about teaching and learning as a high quality process from start to finish is the experience of the most sophisticated approach to student-centred teaching and learning. Teachers start as they mean to go on and by doing so this will result in the production of nurses who practice in the most sophisticated way for the most sophisticated of reasons – it is the philosophy and emotional practice of teaching which underpins good teaching practice and nursing practice, and is related, in these teachers' experience, to 'practicing what you preach.'

The evidence for the strong relationship between the most sophisticated approaches to student-centred teaching and conceptions of student-centred teaching comes from a mental health teacher (MH4) who is the module leader for a module entitled, 'Anti-discrimination, Advocacy and Empowerment.' In this module students experience lectures, small group work in the classroom, small group project work exploring and applying module content, culminating in a group presentation which is peer assessed (50% of total mark), peer assessment of other group member involvement and commitment to project (35% of total mark), and a reflective account of the experience of being involved in the process of developing a group project (15% of total mark – teacher assessed). Students are also encouraged to review the marking criteria for the module assessment in negotiation with the module teaching team. The module lasts for 15 weeks and has direct relevance to mental health nursing practice. The module content, teaching strategies and intentions are aimed at introducing and helping students to reflect upon their prior understandings of the concepts of discrimination, advocacy and empowerment; to review their understanding of these concepts in relation to mental health; to change their conceptions and to develop professional attitudes that will enable them to assist clients to become self-empowered. The

conceptions of student-centred teaching are heavily influenced, but not governed, by

shared humanistic assumptions about nursing and education. In her own words:

'I feel that everything we do in the course has to reflect what we should be doing as nurses with the people that we're trying to help and that should be about empowerment; that should be about helping the people to empower themselves; that we should be making sure that we don't disempower them. So, that's simply it. It's an integrating of what we're doing on the course, module content, the assessment method that we use, the feedback that we give to students, integrating that with what nursing's all about. What the philosophy of nursing should be.

I think the experience of empowerment, the experience of the opportunity of self-empowerment is quite different from being told what self-empowerment is, or being told this is what you do to help people be self-empowered, or this is what you shouldn't be doing if you don't want to be disempowering, you know. I think you have to actually go through it and the experience is really important for this particular type of issue.' (MH4, F)

This, in some way, reflects those teachers' thinking about how they view students

potential – this means students have the ability to engage in their learning and have

the potential to develop in the ways that teachers think they should be developing. The

alternative is to view students from a deficit model perspective emphasizing that

students are unable to work in this way and teachers may approach their teaching in

line with this way of thinking. Students or people have assets to be developed and not

deficiencies to be dealt with and good teaching (approaches and conceptions) is what

aids that development.

Chapter 8

Conclusions and recommendations

Generally the study described in this thesis is seen as contributing to knowledge surrounding teachers' experience of student-centred teaching. More specifically, it is seen to expand the nature of awareness in relation to nurse teachers' approaches to student-centred teaching, nurse teachers' conceptions of student-centred teaching and the relationship between student-centred approaches to teaching and conceptions of student-centred teaching. Student-centred teaching is of obvious importance to nurse education programmes not only because of its asserted links with the provision of high quality patient-centred care, but also because of the importance ascribed by these teachers to providing students with high quality educational experiences that are considered to be important for both personal and professional development when undertaking these programmes.

The findings from this study suggest that there is qualitative variation in the ways that these teachers conceptualise student-centred teaching and qualitative variation in the way that they approach student-centred teaching. The findings also provide an empirical link between these teachers' conceptions and approaches to student-centred teaching. This suggests that the way in which teachers' conceptualise student-centred teaching has a direct influence on the way that they claim to approach their teaching practice. A summary of the findings of this study have important implications for the way in which student-centred teaching is conceptualised and approached in nurse education programmes and these are provided in the following section.

8.1 Summary of the findings

This thesis contains a number of significant findings in relation to the way that the experience of student-centred teaching has been described and reported in the nursing literature and in the higher education literature related to conceptions and approaches to teaching. Student-centred teaching is an under-researched area within the spheres of nursing and higher education. Previous research in nurse education into nurse teachers beliefs and attitudes concerning the nature of student-centred teaching and learning has revealed that student-centred teaching was difficult to define due to the multi-dimensional nature of the concepts thought to influence teacher thinking and practice; the difficulties in applying student-centred philosophical and theoretical perspectives in a heavily prescribed programmes both in terms of the content of the programmes as well as the teaching methods employed; difficulties with what self-directed learning (and teaching) mean; student-centredness as multi-faceted concept that means different things to different people; the difficulties in defining experiential learning (and teaching); and the inherent difficulties reconciling the possibility that self-directed learning requires no teaching at all with the fact that teaching is an important part of the learning process. The resultant confusion in the nurse education literature has resulted in student-centred teaching being viewed as the employment and deployment of various teaching methods by nurse educators that have little or no relationship to the context within which teaching is taking place, or the students or the teachers involved. In this literature, student-centred teaching and learning continues to be viewed as one part of the bipolar dichotomy of teacher-centred vs. student-centred teaching and learning. Simply stated, this means that teachers are either student-centred or teacher-centred and that if teachers employ student-active, experiential,

self-directed and problem-solving teaching methods in their teaching they are more likely to be student-centred in their practice.

The findings from this study reveal a more complex set of understandings in relation to approaches to student-centred teaching and suggest that, not only is there qualitative variation in student-centred approaches to teaching, but that there are consistent relationships between the different strategies that teachers employ in their practice and their intentions for their students. Teachers adopting student active teacher-focused approaches have strategies that actively involve students in their learning and have intentions for students to reproduce expert knowledge and skills or to acquire disciplinary knowledge and skills for safe practice. In this respect, the focus is upon the teacher and what the teacher is doing, but the students are active in their learning. This finding does not support results from previous research that suggests teachers who have an intention for students to reproduce information and skills do not value student activity in their teaching. Student activity is seen to be essential, and thereby valued, in order that these teachers can observe and assess student competency and safety when applying knowledge and skills gained from simulated activities and workshops. However, in order to promote student activity these teachers need to organize and structure their teaching sessions in a way that they can control student activity and learning by repeating sessions more than once. Approaching teaching in this way may have the impact of limiting student understanding and the development of professional attitudes and values for holistic learning and nursing practice. Learning how to apply teachers' knowledge and skills may lead to students adopting and acquiring expert procedural knowledge and skills that demonstrate safe

nursing practice; however, teaching and learning in this way will not result in more effective student learning and practice.

Teachers adopting student active student-focused approaches have strategies that actively involve students in their learning but with the related intentions for students to develop their own conceptions and skills, to change their conceptions and skills and for the students to develop professional attitudes and values. The focus in these latter approaches is on the students and what the students are doing. The approaches, strategies and intentions, constitute an inclusive hierarchy in which teachers adopting a student active student-focused strategy with the intention of students developing their professional attitudes and values being seen to be the most inclusive. Teachers adopting this latter approach have an awareness of the preceding strategies and intentions but approach their teaching in a qualitatively different way that is thought to promote holistic student learning and nursing practice.

It is argued that teachers adopting the more limited student active teacher-focused approaches are influenced by a number of factors that amount to constraints on their ability to approach their teaching in more sophisticated ways. For example, and although these teachers have control over the content, they are confronted with higher numbers of students, limited and more concentrated student contact, limited time and resources (human and technical) than teachers adopting the more student active student-focused approaches. The findings from other research studies support the findings in this study suggesting that other factors, for example, having departmental support, fewer students and more control over the teaching learning context have an impact on teachers approach to teaching and may lead to teachers adopting more

teacher-focused/information transmission approaches. In this study, however, student activity within a teacher-focused strategy/knowledge and skills reproduction or acquisition intention is seen to make this approach more student-centred than teacher-centred. Further research into the role that student activity plays in student-centred approaches to teaching is required to more fully understand this relationship and its effect on student learning.

The findings, as constituted in this research, suggest that teachers have two main approaches to their teaching, both of which involve student activity, and utilise a range of teaching methods/strategies with a range of intentions. This suggests that being student-centred in their approaches to teaching is not limited to one student-centred teaching method. Being student-centred in their approaches to teaching is seen as involving a relationship between the strategies employed and the teaching intentions and, whilst teaching method is a part of this relationship, the teaching method alone is not the sole determinant of whether approaches to teaching are student-centred or not. This is at variance from previous research into teaching in nurse education. The implications here mean that advocating a single teaching method for teaching and learning in nurse education may result in the blanket application of a strategy that fails to take account of the range of student active student-focused strategies that teachers utilize in their teaching practice that are linked to their related intentions and gives teachers mixed messages that there is one right way to teach in all contexts. The findings from this research suggest that the promotion of a single student-centred teaching method is flawed, unrealistic and undesirable.

In a similar way to the literature in nurse education, in the higher education literature student-centred teaching has not been explored as a phenomenon in its own right but, instead, has been empirically investigated as part of wider research exploring conceptions of teaching and approaches to teaching. This research has resulted in the perpetuation of the teacher-centred/student-centred dichotomy. The findings of this study in relation to the approaches to student-centred teaching have similarities to previous research, for example, student-focused/conceptual development and conceptual change approach. However, teachers in this study have an awareness of additional approaches to student-centred teaching, that is: student active teacher-focused/knowledge and skills reproduction or acquisition and student active student-focused/conceptual development, conceptual change and attitude development approach. This research extends our awareness of student-centred approaches to teaching in this sense. The implications of these findings suggest that in order for teachers to change their practice to incorporate more student active student-focused approaches in their teaching practice they need access to more human and material resources and fewer students. This, combined with the need to focus upon the teaching strategies that teachers employ in their practice in conjunction with their motivation, or intentions, has particular implications for staff development and teacher training programmes aimed at developing and enhancing student-centred approaches to teaching. Failure in this respect may result in teachers continuing to adopt student active strategies that remain teacher-focused with reproductive and acquisition intentions that may not take account of student prior experience in order to develop more meaningful learning and attitude development.

Previous research in a nurse education context revealed that whilst nurse teachers thought that student-centred teaching and learning was underpinned by humanistic perspectives, these teachers could not employ student-centred methods in their teaching practice due to factors out of their control, for example, high student numbers and lack of human resources. In this research teachers conceive of student-centred teaching in a variety of ways and their thinking does not support the belief that it is the teaching method that makes teaching student-centred. The interpretation in this study suggests that teachers conceptions of student-centred teaching comprises of four categories related to three referential components. Like the approaches to student-centred teaching, conceptions of student-centred teaching are also constituted in terms of an inclusive hierarchy. The least complete conception viewed student-centred teaching as helping students to acquire content with a focus only on the content to be acquired. The most complete conception viewed student-centred teaching as creating space for student self-empowerment with a focus on students and their personal and professional development. Underpinning the most complete conception is the relationship between humanistic perspectives, education and nursing practice. In this sense, it was thought that students who experience self-empowerment in their educational experiences are more likely to practice in a way that empowers clients with whom they come into contact. There is a great deal of opinion in the nursing education literature in support of this most complete conception; however, the findings from this study provide the first empirical link with the assertions connecting conceptions of student-centred teaching and learning and nursing practice from the teacher's point of view. Teachers holding the least complete conception, it is suggested may, in part, be influenced by the constraints identified earlier in this chapter.

The implications from this finding are that the constraints within which teachers are working may directly influence their conceptions of student-centred teaching resulting in a conception that focuses on content and the acquisition of disciplinary content and skills. Where teachers have more control their conceptions are more likely to focus upon promoting positive student experiences through the development of the teacher-student relationship, a reconceptualization of the respective roles that teachers and students have in the teaching/learning process for both students and teachers, and providing space for students to self-empower, all with a focus on student development. These findings indicate that there are differences between the findings from this research and research conducted on conceptions of teaching in other higher education disciplines. Possible reasons for this variation are posited as: the different ways in which nursing academics and other academics are influenced by their respective professional background experiences and practice; the relationship between underlying philosophical and theoretical perspectives used to inform teaching and learning in nurse education and its asserted analogous relationship with professional nursing practice; knowledge, skills and attitudes required for 'therapeutic' nursing practice; attitudes towards students, their development and the 'end product' of this disciplinary educational enterprise. To further complicate matters the differences in teachers' conceptions of student-centred teaching and their conceptions of nursing will also have to be taken into consideration on staff development programmes and for managers when allocating resources to implement changes in teachers thinking about student-centred teaching.

In a similar way to previous research from other higher education disciplines into the relationship between approaches to teaching and conceptions of teaching, there are empirical relations between student-centred approaches to teaching and conceptions of student-centred teaching. However, there are stark differences between the findings of this and other higher education research. Teachers adopting a student active teacher-focused/reproduction and acquisition approach view student-centred teaching as helping students to acquire content/disciplinary skills. This is seen as the most limited empirical relationship between student-centred approaches and conceptions of student-centred teaching. Teachers adopting a student active/attitude development approach have a conception of student-centred teaching as a process within which both students and teacher engage over a period of time and is focused on developing student-teacher relationships to enhance student experience, a reconceptualization of the respective roles that teachers and students have in the teaching/learning process, and providing space for students to self-empower. Again, this relationship is analogous to the nurse-patient relationship. These teachers' practice involves an approach to teaching that is optimally student-centred, and it is thought to be important to maintain this most inclusive approach to teaching for the duration of the student-teacher contact to aid student development and nursing practice.

The empirical relationship between student-centred approaches to teaching and conceptions of student-centred teaching, in conjunction with their respective relationships to the quality of nursing practice thought to take place as an outcome of these relationships, has implications for teachers who want to be student-centred in their teaching approaches and conceptions - particularly if this is to reflect current thinking and beliefs about empowering nursing practice. The implications of these

findings suggest that not only do nurse teachers need to critically reflect upon their teaching strategies and intentions when they teach, some teachers will need to change their approaches and conceptions of student-centred teaching to reflect the values and beliefs that view student-centred teaching and learning as a process of student development. Other teachers who possess more inclusive approaches and conceptions may need to further develop their approaches and conceptions as opposed to changing their conceptions and approaches, in order to ensure that students develop in the way that the teachers intend them to learn and to practice. This is in addition to critically reflecting on how their conceptions and approaches reflect contemporary beliefs and values said to underpin patient-centred and empowering nursing practice.

8.2 Future research as an outcome of this study

It was been stated previously that the aim of this research was to explore the qualitative variation in nurse teachers' experience of student-centred teaching. The adoption of a relational approach to the exploration of how teachers experience student-centred teaching has revealed significant relationships between teachers' strategies and intentions, their conceptions of student-centred teaching and the identification of an empirical relationship between the act of student-centred teaching and how it is conceptualised by the teachers in this study. The study specifically focused on how teachers experienced student-centred teaching within specific contexts identified by teachers taking part in this study. The results of this study, therefore, are not necessarily transferable to student-centred teaching in other contexts. The omission of students' experience of student-centred teaching and the omission to broaden the focus of the study to include teachers from a variety of

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institutions may limit its applicability to other teachers who claim to be student-centred in their teaching.

This study focuses on how lecturers experience student-centred teaching in one context. It is believed that further research could be conducted to extend this study by: (1) conducting research of a similar nature in other contexts; (2) looking at the practice of those lecturers who describe the qualitative variation; (3) exploring the ways students perceive differences between student-centred and teacher-centred teaching; and (4) further analysis of the relations between approaches and conceptions and the hypothesis that conceptions are a limitation on approaches to student-centred teaching.

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APPENDIX 1

Professor Beth Alder
Chairman, Faculty Research Committee
Napier University
74 Canaan Lane
EDINBURGH
EH10 4TB

Dear Professor Alder,

As part of my PhD studies at Lancaster University I will be undertaking a study for my dissertation. The study is provisionally titled:

'Lecturers' experience and conceptions of student-centred teaching?'

This study aims to explore lecturers' views and experience of student-centred teaching. I am interested in exploring lecturers' experience of student-centred teaching in their practice, and to discuss the impact that student-centredness has had on their role as a lecturer within the programmes with which they are involved.

The study will involve a qualitative approach to the collection and analysis of data. This will involve conducting one-to-one interviews with lecturers from adult nursing, mental health nursing, learning disability and child health nursing. I am hoping to recruit between 20 and 30 lecturers to take part in the study.

Lecturers will be approached in writing in order explain the nature of the study and to gain their consent to take part in the study. Only lecturers consenting to take part in the study will be invited for interview. In order to protect the lecturers' anonymity, names of lecturers and any other details with which they could be recognised, will be omitted from all documentation.

I am therefore, seeking your permission to write to a sample of lecturers who currently teach on the Diploma of Higher Education in Nursing in order to gain their consent to take part in this study. I am hoping to conduct the interviews during 2001. The first interview will commence in February 2001.

I have attached copies of the Participant Information Sheet for lecturers, consent forms and brief questionnaires that lecturers are being asked to complete.

I look forward to hearing from you in the near future.

Yours sincerely

Norman L. Brown
Lecturer & Teaching Fellow

APPENDIX 2

Participant Information Sheet
Lecturers

Research Project - Lecturers' experience and conceptions of
student-centred teaching.

As part of my PhD studies at Lancaster University, I am conducting a qualitative research project. I would be greatly appreciate your participation in this study.

This study aims to explore lecturers' views and experience of student-centred teaching. I am interested in exploring your experience of student-centred teaching in your practice, and to discuss the impact that student-centredness has had on your role as a lecturer within the programmes with which you are involved.

The study will involve a qualitative approach to the collection and analysis of data. This will involve conducting one-to-one interviews with lecturers from three nursing disciplines (mental health, child health, learning disabilities and adult nursing). I am hoping to recruit between 20 and 30 members of lecturing staff to take part in this study.

The Faculty Research Committee has given me permission to approach you to gain your consent to take part in this study. Only lecturers consenting to take part in the study will be invited to the one-to-one interviews. In order to protect participants' anonymity, their names and any other details, with which they could be recognised, will be omitted from all documentation. The interviews will take place in private at Napier University premises at Comely Bank Campus in the throughout 2001. If you agree to participate in the study, I will contact you nearer the date to let you know the time and the room.

Your views and experience constitute a very important part of this study and it is not the intention of the researcher to judge the perceptions and views that you hold.

To assist in the analysis of the information collected, I would like to tape-record the interview. If you do not wish the interview to be tape-recorded notes will be taken instead.

Interview tapes or notes will only be listened to or read by the researcher and by his supervisor at Lancaster University, and individual participants will not be identified by name. The interview tapes or notes will be kept in a locked and secure place, and the researcher and his lecturer will be the only people to have access to the information collected during the course of this study.

On conclusion of this small study a report will be written and submitted for assessment to Lancaster University. All tapes and notes will be destroyed at this time.

If you agree to take part in the study you have the right to withdraw from participation in the study at any time.

If you agree to participate in this study it would be extremely helpful if you could complete the enclosed questionnaire as fully as possible, in addition to signing the Participant Consent Form. Please return the completed questionnaire and the Participant Consent Form to me in the enclosed, self-addressed envelope.

Thank you in advance for your assistance.

Norrie Brown
Lecturer & Teaching Fellow
Napier University

APPENDIX 3

Participant Questionnaire

Research Project - Lecturers' experience and conceptions of student-centred teaching.

Please answer the questions below as fully as possible:

1)   How long have you worked as a lecturer?

2)   Sex: **Male/Female** (Please delete)

3)   What part of the professional register is your nursing qualification recorded?

4)   Do you currently use what you consider to be student-centred teaching and learning methods in your teaching?

5)   If the answer to question (4) was 'Yes', can you state which student-centred teaching and learning methods you use and why you consider them to be student-centred?

6)   Please feel free to make additional comments below:

APPENDIX 4

Participant Consent Form

Lecturers

Research Project - Lecturers' experience and conceptions of student-centred teaching.

An explanation has been given to me about the nature and purpose of the above research project, and I agree to participate in this study.

Signed: _____   Date: _____

APPENDIX 5

Pilot Interview Semi-structured

Interview Schedule

Get the interviewee to focus on a module or teaching/learning event that they have experienced. Where it fits in with the rest of the trimester or programme? What's their role in the module, and how much control they have over the teaching/learning methods used.

To start off with:

In questionnaire that you completed and returned to me, you said that you used …..method and then you said why you considered it to be student-centred.

1)   Can you tell me a bit about your decision to select this method for that event? What informed that choice of method?

2)   How did you go about planning the event?

3)   What was it that you had in mind that you wanted students to get out of this session?

   Probing questions:

         Can you explain further?
         What do you men by that?
         Is there anything else you would like to say about…?

4)   Why do you want students to learn this or that?
5)   How do you know that they've learned this or that?
6)   From what you've said so far, can you tell me / describe what student-centred means to you?

APPENDIX 6

MAIN STUDY INTERVIEWS

REMEMBER TO FOCUS ON STUDENT-CENTRED ASPECTS

Explanation and scene setting:
Before I start the interview I'd like to tell you what I'm trying to achieve. I am conducting a phenomenographic study of student-centred teaching. I am trying to describe the qualitative different ways which a group of nurse lecturers understand and experience student-centredness in their practice. I am interviewing 23 individuals from various nursing disciplines e.g. mental health, learning disabilities, adult and child health nurse lecturers. In this interview I would like to explore your ideas of student-centredness and how it affects or influences your practice. I have prepared several key questions to ask you in three areas – how you prepare for teaching/learning events; your actual teaching practice and what you think being student-centred is. Depending on your responses, these questions may be followed up by other questions aimed at exploring your understanding of student-centredness and what it means to you. The aim of these interviews is to collect data from which categories should emerge. I do have knowledge and experience of student-centred teaching and learning and I am aware that this may influence both this interview and the analysis of the data that I am collecting.

1) From the questionnaire that you returned to me, you indicated that you used what you considered to be student-centred teaching/learning in your practice, **can you tell me which module this relates to and where this module fits in with the rest of the programme and what your role in the module is and how much control they have over the teaching/learning methods used?**

2) **I would like you to focus on a teaching/learning event that you have recently been involved with and to tell me how went about preparing for that event, how you approached it?**
   Prompts:
   What are you thinking about when you were planning this session?
   Why do you do these things?
   Why do you approach these events in this way?
   What is it that you're trying to achieve at this point?
   Can you explain what you mean by that?
   When you say that, what do you mean by that?
   What other things do you do?
   Is there anything else that you would like to say about that?

3) **Can you tell me why you chose this particular teaching/learning method?**
   Prompts as above

4) **What was it that you wanted the students to get out of this event by using this method?**
   Prompts as above

5) **If I can turn to the event itself, what is your role at this time?**
   Prompts as above

6) **Why do you want students to learn this or that, and in this way?**
   Prompts as above

7) **How do you know if they've achieved what you've set out to achieve?**
   Prompts as above

8) **We've now come to the last section of the interview. From what you've said so far, can you now tell me what student-centred teaching means to you?**
   Prompts as above

APPENDIX 7

Notes from 1st stage of analysis

Code	Notes
CH8, F	The intention here was to read through the whole of the transcript to get a flavour of what was being said and to try to summarise the essence of the transcript in as short a paragraph as possible. Initially, I read the notes taken at the time of the interview and my thoughts, or initial analysis at that time, in conjunction with the main transcript. However, because I had structured the interview in such a way as to reveal the consistencies or inconsistencies between three main areas - preparation for teaching event(s), approaches to teaching the event(s) and the lecturer's conceptions and perceptions of student-centredness, I found it difficult to summarise the interview transcript as whole. I decided, therefore, to break the summary down into the three main sections as had been conducted during the interview. This, however, revealed other difficulties since each section was not as distinct or as separate than might have been imagined at the outset. Although there were three separate areas to the interview, the data in each section related to one another and so weren't as discrete to make this part of the analysis easy to manage. For example, asking this teacher about how she prepared for an event or session often linked to how she approached her teaching and was also linked to how she viewed or perceived the notion of student-centredness – each section was inextricably intertwined and not easily dealt with individually. Questions raised during the interview also related back to previous sections in an attempt to clarify previous statements and understandings and to illuminate data in subsequent stages of the interview. In one way this seemed to make sense and revealed that teaching and ideas about teaching and the concept of student-centredness was quite complex and not easily separable. It also revealed the consistencies within this teacher's view of her practice and her perception of what she did and why. It also revealed that whilst she was aware of how formal knowledge could, and did, inform her practice she was also able to identify the strengths and limitations that educational theory and philosophies had for her practice, and the need for her to develop her own awareness and understanding of what this meant for her. Her non-formal understandings were apparent, cohesive and, to her, justifiable from her experience. This part of the process of analysis has taken six and a half hours. By the end of this I found myself becoming tired and not looking for the meaning in what was being said, rather I started to write down what she was saying without thinking too much about it. At this point I stopped having accumulated 4 pages of interview breakdown. Need to finish off this interview and find an alternative way of summarising the remaining interviews in shorter periods of time. **(11/12/01)** What she is saying is that she values people in many ways but that she has an awareness that she values people in different ways and at different times and that how she values people depends on their respective relationships – teacher-student (and its reciprocal rights and responsibilities – teacher being paid to do a job, the student is in receipt of a bursary and there is an expectation that the student will fulfil their respective rights and responsibilities). She is also aware that the student has a right to expect the same from her. She wants to see each student as an individual and to treat them with respect, honesty and to make them feel important and valued and that she is aware of who they are and what they have been doing as well as their intentions and so on, so she ensures this by preparing/keeping notes about meetings and decisions made. Her ability to value and respect the student is not unconditional – it is conditional on their respective roles, rights and responsibilities, and her approach to teaching reflects this. She is also aware of the rhetoric contained in course documentation and the educational research that she thinks informs her practice – but her own views are there and she has a healthy degree of questioning about these as well as her own practice e.g. talking too much, being too directive etc.

APPENDIX 8

Approach A was discovered as a result of the differences that were seen to exist within the pool of meaning. The penultimate interpretation at this stage of the category (or approach) of description in this example is given in bold **(1)**.
This has been the result of several attempts to arrive at a stable category or approach definition with the internal dialogue that the researcher has been having with himself. The journey to get to this latest **Approach** is outlined after the category description in square brackets **(2)**. The final category/approach description is the Approach contained within the square brackets with the question mark at the start **(3)**.

(1) APPROACH A: Teacher focused teacher/student interaction strategy with the intention of students' actively reproducing expert nursing knowledge and skills.

(3) [Student active teacher-focused strategy with the intention of the students' actively reproducing expert knowledge and skills.]

(2) [Teacher-student/student-student interaction strategy with the intention of the students acquiring and applying the concepts of the discipline (Possibly – almost definitely - Teacher-student/student-student interaction strategy with the intention of students acquiring and applying the concepts and skills of the discipline – I have a problem with this category. What seems to be happening here has an information transfer feel about it and to have a teacher-student / student-student interaction strategy is illogical. The teacher wants the students to acquire the concepts and skills of the discipline and to see the relationship between them. However, the knowledge to be gained is the expert's knowledge and view of disciplinary knowledge and the strategy is individual and small group work. Could this be a misconception about the relationship between strategy and intention? The more I think about it, the more I think that the relationship between this interpretation about intention and strategy doesn't work - Teacher-student/student-student interaction strategy with the intention of students reproducing expert knowledge and skills. NO - Teacher/student interaction strategy with the intention of students reproducing expert knowledge and skills – NO, still not convinced – Teacher-focused teacher/student interaction strategy with the intention of students actively reproducing expert nursing knowledge and skills]:

APPENDIX 9

Conceptions of Student-Centred Teaching and Approaches to Student-Centred Teaching – allocation by teacher.

Conceptions of Student-Centred Teaching		Approaches to Student-Centred Teaching	
Conceptions	**Teacher**	**Approaches**	**Teacher**
Conception A: Student active method to help students acquire the concepts and skills of the discipline	AN5 (**1**)	**Approach A:** Reproduction of Expert knowledge and skills	AN18 (**1**)
Conception B: Helping students develop personally meaningful disciplinary conceptions and skills	AN18 (**1**)	**Approach B:** Acquisition of disciplinary knowledge and skills	AN5 (**1**)
Conception C: Attempting to enhance the student experience through the nature of teacher/student relationship	MH1; AN12; LD1; CH2; AN1; CH3; AN9; MH2; MH6; CH5; MH5 and CH4 (**12**)	**Approach C:** Conceptual and skill development	CH2; CH5; CH8 and AN7 (**4**)
Conception D: Promoting role reciprocity	CH8; AN11; AN3; LD2; AN8 and AN7 (**6**)	**Approach D:** Conceptual and skill change	AN12; AN1; AN8; LD1; MH5; MH3; MH7 and MH6 (**8**)
Conception E: Creating space for student self-empowerment	MH4; MH7 and MH3 (**3**)	**Approach E:** Affective development	AN3; AN9; AN11; CH3; CH4; MH1; MH2; LD2 and MH4 (**9**)
TOTAL =	23		23

AN = Adult nurse teacher; CH = Child health teacher; LD = Learning disabilities teacher, and MH = Mental Health teacher.