

**A DESCRIPTIVE INQUIRY INTO THE EDUCATIONAL  
FOCUS OF A NURSING COLLEGE**

by

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June1997

***Dedicated to my husband***

***Johannes Phillipus Mouton***

***for his love, support and***

***endurance during the past***

***three years***

Student number: 423-8818

I declare that

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FOCUS OF A NURSING COLLEGE**

is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

C. Mouton

Signature

(Mrs. C. Mouton)

Date 30.1.98

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*I can do all things through Christ which strengtheneth me (Phillppians 4: 13).*

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## **ABSTRACT**

The question the researcher set out to answer during this research study was: **“What is the Educational Focus of a Nursing College, when viewed within Bevis and Watson’s Humanistic-Educative-Caring Curriculum Paradigm versus a Stimulus-Response Curriculum Paradigm?”**

To answer this question, an exploratory, descriptive and contextual study was undertaken. The population consisted of tutors employed at a College of Nursing. From this population a purposive sample was drawn. Data was collected by means of formal, semi-structured interviews and a questionnaire. Content analysis was used to analyse the data.

It was found that during the first year of students’ education and training, the Educational Focus of the College was on training but during the second year, the focus changed to the transitional phase. The transitional phase is situated between training and education. During the third and fourth year, the focus was also in transition, but the way students learn was at the training phase.

## **KEY TERMS**

Criteria for Teacher-Student Interactions  
Criteria for Selecting and Devising Learning Experiences  
Educational Focus  
Humanistic-Educative-Caring Curriculum Paradigm  
Learner Maturity Continuum  
Nursing College  
Stimulus-Response Curriculum Paradigm  
Training-Education Continuum  
Typology of Learning

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*compare 1/2 yours*

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## CHAPTER ONE

### ORIENTATION TO THIS STUDY

#### 1. INTRODUCTION

It is a much debated issue that the humanistic and caring aspect in nursing appears to have been lost in a highly technological and sophisticated health milieu (Benner & Wrubel 1989: xv; Hawthorne & Yurkovich 1995: 1088-1089; Kyle 1995: 506). Simultaneously, in addition to the nurse's conventional professional and community role, modern day society has necessitated new roles in the social, political and economic fields. In order to meet the demands of these new roles, the nurse<sup>1</sup> has to develop leadership skills in autonomy, advocacy and collaboration. However, nursing is a caring profession and within this context, the nurse also has to become a caring and an educated professional (Reilly & Oermann 1990: 11-12).

If this caring and educated professional status is to be obtained, then surely the educational milieu must facilitate this process, but does it? This qualitative study revolves around the Educational Focus in a College and the extent to which the College functions within a Humanistic-Educative-Caring Curriculum Paradigm.

#### 2. PROBLEM FORMULATION

##### 2.1 BACKGROUND TO THE PROBLEM

Being both a theoretical and clinical nurse tutor, the researcher was increasingly alarmed by the repetitive, procedural exactness which students strived for to the detriment of good human relationships between student nurses and their patients. After having read the book *"Toward a*

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<sup>1</sup> *No one has as yet offered a viable solution to the gender issues in writing. In this study all the informants were female nurse tutors. Additionally, the majority of student nurses are female. Therefore, female gender terminology is applied throughout this study.*

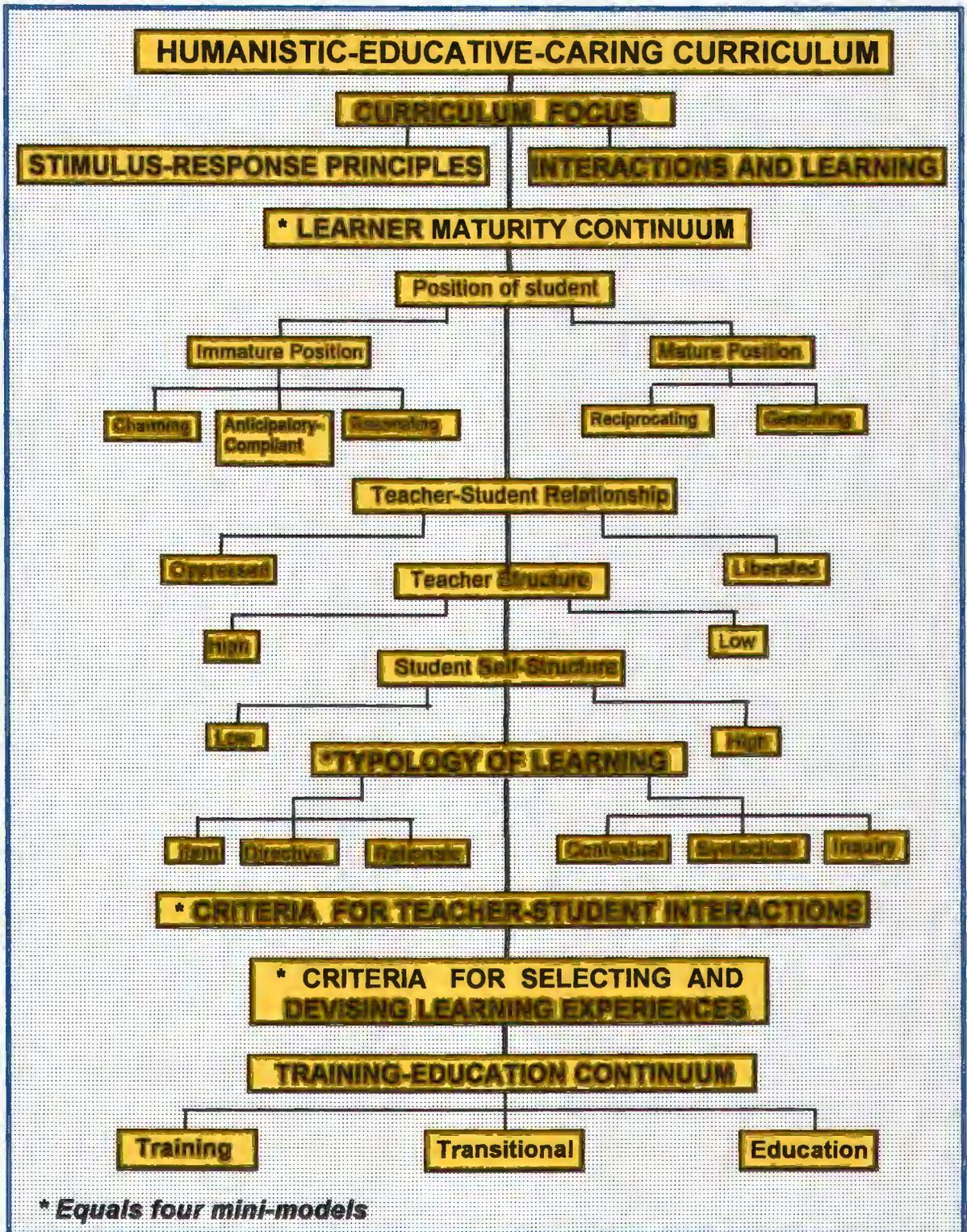
*Caring Curriculum: A new Pedagogy for Nursing*" by Bevis and Watson 1989, the researcher began to question the appropriateness of the Behaviouristic (Stimulus-Response) milieu (See Terminology p. 14) in which student nurses are *trained*. Nurses deal with human beings and this situation requires a humanistic, educative, caring milieu where the nurse is educated as opposed to trained. Thus, it appears important to discover the Educational Focus of the Nursing College within the parameters of Bevis and Watson's Humanistic-Educative-Caring Curriculum Paradigm, versus a Stimulus-Response Curriculum Paradigm (See Figure<sup>2</sup> 1.1, p.3).

Unfortunately during the past few years, Nursing Education has leaned greatly on the Behaviouristic Approach, that is, the functional or structural approach to the detriment of a Humanistic, Educative, Caring Approach. This statement is given credence by perusal of educational literature pertaining to curriculum aspects, which reveals an overwhelming emphasis being placed on Behaviourism in both general and nursing education (Klein 1986: 32; Kliebard 1995: 81; Marsh 1992: 107). For instance, in America, Klein (1986: 32) stated that Tyler's Syllabus, "*Basic Principles of Curriculum and Instruction*" (1950) was selected by the honorary group: Professors of Curriculum, as one of two publications which has had the most influence over the field of curriculum development. Further, the Tyler Model is applied as accreditation criteria for American Schools of Nursing which has only served to entrench Behaviourism in Nursing Institutions (Martin 1989: 109). In South Africa, perusal of various documents and regulations published by the South African Nursing Council (S.A.N.C.) revealed the wide use of Tylerian principles. For example, the S.A.N.C. sets minimum requirements for subject content and practice guidelines in regulations (S.A.N.C. 1985(a): 3) and directives (guidelines) which emanate from the Nursing Act 1978 (Act No. 50 of 1978).

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<sup>2</sup> The model is exhibited at this point for the convenience of the reader

**FIGURE 1.1 FINAL CONCEPTUAL FRAMEWORK:  
TRAINING-EDUCATION CONTINUUM**



(Adapted from Bevis & Watson 1989: 83, 88, 97, 206)

NB. See folder insert Appendix D, page 281 for your convenience and easy reference

Regulation R425 prescribes programme objectives, subjects and a minimum pass mark of 50% in each subject (S.A.N.C. 1985(a): 2-3). A nursing guideline, such as the guideline for the course leading to registration as a General, Psychiatric and Community Nurse and Midwife (S.A.N.C. 1985(b): 4) specifies stage objectives and defines objective as "*a specific description of measurable behaviour required from somebody at a given stage.*"

This situation exists despite the fact that the Objective and Behavioural Approach, or the Product Model or Behavioural-Objectives Model in Nursing Education is presently, and has been for the past few years, under fire. Its usefulness and appropriateness in a professional educational programme is being questioned. Overseas, especially in the United States of America, a Human Science Approach in opposition to a Natural Science Approach, is propagated (Leino-Kilpi 1989: 61-62). In an article on the 10th Anniversary Conference on Research in Nursing Education, sponsored by the Council for the Society for Research in Nursing Education (CSRNE) in America, Brink (1992:(a) 33) reported about the current buzz-word in Nursing Education, namely, curriculum revolution. Brink stated that "*the trend is to move away from the Tylerian (the Behavioural-Objectives) Model of curriculum development, which has prescribed nursing curriculum and the direction of nursing thought for the last 35 years, to a holistic caring model of curriculum development.*"

A Human Science Approach is important because nursing is a people orientated discipline, where human interactions and the caring aspect should feature prominently. Therefore, it must be emphasised that nursing cannot be placed in a mechanistic, atomistic formula, as the feelings, attitudes and personal experiences of people have to be considered at all times (Benner & Wrubel 1989: 6). In a research study concerned with the evaluation of learning, Leino-Kilpi (1989: 61, 65) found that student nurse graduandi in Finland have a highly atomistic, fragmentary understanding of

their professional knowledge. In South Africa, there is no reason to believe that this state of affairs is any different. These results are discouraging as the primary goal in Nursing Education is to learn to be caring towards human beings, integrally as well as individually (Brink 1990:38). This requires a holistic approach to training and educating students, so that they conceive knowledge and the patient as a *whole*. In South Africa, Searle, Brink and Beukes (1986: 88) also stated that "*the patient should be treated as a totality, not as sick parts.*" As it turned out, *wholeness* is also one of the underlying principles of Bevis and Watson's Curriculum Paradigm.

## **2.2 PROBLEM STATEMENT**

Within a Behaviouristic educational milieu, a great deal of manipulation (Townsend 1990: 66) and oppression has occurred and is still occurring in Nursing Colleges. For, instead of emancipating Nursing Education and producing an educated nurse, it has brought about a culture of slavish adherence to the attainment of objectives and the enforcement of the training aspect of Nursing Education. In a study, Brink (1989: 13,15) found that a considerable percentage of nurse tutors are still anchored in the traditional teacher centred approach to education.

The Educative, Caring Approach on the other hand, is liberating and more appropriate in the *new* South Africa which is a more open and transparent society, one *freed* from oppression with a newly kindled interest in human rights and democracy. In this context, liberating relates specifically to a caring educational approach where, within certain spaces and places, the teacher-student relationship is acknowledged as one of mutual exploration, knowing, creativity, respect and interdependence. Thus, it replaces the old relationship of power, domination and submission (Bevis & Watson 1989: xii; 170-171). An educational milieu in which a Behaviouristic Approach is used, may to some extent stifle human freedom and inculcate oppression and indoctrination.

Thus, there is a need for a more open, human and humane, educative and caring approach. It is the contention of the researcher that the status quo should be challenged and that approaches other than the Behaviouristic Approach to Nursing Education be investigated. As early as 1977, Searle (1977: 69, 71) stated that the *"primacy of the caring role in nursing is the core of all nursing education."* Searle further proposed that nurses needed to be well trained and well educated. This dual concept of training and education as a basis for professional preparation, relates to the concept that an educated person is someone who is educated and a competent practitioner, well-equipped with the technology and techniques of her profession (Searle et al. 1986: 104, 107). Diekelmann 1988 (Martin 1989: 109) suggested that a *"process be designed that would enable schools to petition the National League for Nursing, to suspend particular accreditation criteria and to substitute other criteria that would permit experimentation with models, other than the Tyler Model."* In America, the University of Colorado School of Nursing has designed a curriculum based on Humanism and caring and Georgia Southern College uses caring as the conceptual framework for their undergraduate curriculum (Clayton & Murray 1989: 50). The School of Nursing at the Florida Atlantic University, Boca Raton, Florida, *live* a caring based curriculum (Boykin 1994: xvii). Thus, the *Humanistic-Educative-Caring Curriculum Paradigm* by Bevis and Watson is proposed as such an alternative and viable approach in Nursing Education.

### **2.3 RESEARCH QUESTION**

The apparent dichotomy between modern technology, materialism and Behaviourism, in short, all that opposes the Humanistic, Educative and Caring Paradigm in nursing, has led to the following guiding question for this research:

***"What is the Educational Focus of a Nursing College, when viewed within Bevis and Watson's Humanistic-Educative-Caring Curriculum Paradigm versus a Stimulus-Response Curriculum Paradigm?"***

## **2.4 PURPOSE OF THE STUDY**

Based on the research question, the purpose of this study is to:

- ascertain through qualitative inquiry the Educational Focus in a Nursing College in terms of the Training-Education Continuum as represented by Bevis and Watson's Humanistic-Educative-Caring Curriculum Paradigm
- extend the contents and description of the Bevis and Watson Paradigm.

## **2.5 OBJECTIVES**

The objectives of this study are to:

- construct a Provisional Conceptual Framework from the work of Bevis and Watson by means of a literature review
- adapt the Provisional Conceptual Framework to include a Training-Education Continuum by means of a literature review
- describe each concept comprising the four mini-models of the Bevis and Watson Curriculum Paradigm by means of a literature review
- describe the Tyler Rationale by means of a literature review
- discuss the Tyler Rationale and the Bevis and Watson Curriculum Paradigm by means of a literature review
- formulate and validate criteria for each of the four mini-models contained in the curriculum paradigm by means of a literature review and focused (semi-structured) interviews with the informants
- formulate a diagnosis pertaining to the Educational Focus of Nursing when viewed within the Bevis and Watson Humanistic-Educative-Caring

Curriculum Paradigm by triangulating data obtained from the interviews with that found in the questionnaires

- formulate relevant guidelines in order to produce an educated, professional and caring nurse.

## **2.6 ASSUMPTIONS**

Assumptions are basic principles that are accepted as being true on the basis of logic or reason, without proof or verification (Polit & Hungler 1993: 13, 431). The following assumptions applicable to this study were formulated with reference to the three areas of commitment to any research undertaking as proposed by Kuhn (Mouton & Marais 1990: 146-147) namely:

- assumptions regarding Theoretic-conceptual commitments
- assumptions regarding Methodological-technical commitments
- assumptions pertaining to Ontological commitments.

### **2.6.1 THEORETIC-CONCEPTUAL COMMITMENTS**

Theoretic-conceptual commitments are commitments to the accuracy or truth of the theories and laws of the particular paradigm (Mouton & Marais 1990: 147).

**The following Theoretic-conceptual commitments are stated:**

- Nursing is a caring profession and as such is allied to Human, rather than exclusively to the Natural Science.
- The Qualitative Research Paradigm is applicable to the study of the phenomenon under investigation.
- It is assumed that the four mini-models contained in Bevis and Watson's Curriculum Paradigm are a suitable conceptual foundation for this study.

### **2.6.2 METHODOLOGICAL-TECHNICAL COMMITMENTS**

Methodological-technical commitments are commitments to the criteria regarded as scientific and of the methodology and instrumentation by means

of which a given view of what is scientifically valid, may be realised (Mouton & Marais 1990: 147; Mouton 1996: 124).

**The following Methodological-technical commitments are stated:**

- Guba's Model provided an adequate foundation to ensure rigor, that is, the assessment of trustworthiness in qualitative research.
- The focused (semi-structured) interviews and the questionnaires containing open-ended and close-ended questions were appropriate instruments for data collection and elicited the required information from informants.

### **2.6.3 ONTOLOGICAL COMMITMENTS**

The word ontological is derived from the following:

ontic meaning	=	real existence, givenness of something
	=	essence of something
	=	essence or real existence is sought in the abstract for example, the essence of the humanistic- educative-caring curriculum
logy meaning	=	logos, thought
ontology meaning	=	study of being or reality

Ontological commitments are assumptions concerning the nature of the research object (Mouton & Marais 1990: 147; Mouton 1996: 46, 124).

**The following Ontological commitments are stated:**

- The Bevis and Watson Model has the potential to describe an aspect of the Nursing Ontology or the Nursing Education Ontology.
- Nurse tutors can give objective and experiential Ontological information regarding the four mini-models contained in the Bevis and Watson Model.
- The experience nurse tutors have with students allow them to reflect on

this experience and to describe students in terms of the four mini-models.

### **3. SIGNIFICANCE OF THE STUDY**

This study is significant as it already expands and adds to nursing knowledge, improves curriculum practices, provides direct benefits to both the tutor and student and indirectly to the patient, through improvement in nursing practice and the quality of nursing care.

#### **3.1 CURRICULUM REFOCUS**

The primary benefit of this study is the refocusing of attention on the curriculum and the fact that nursing is a caring profession and as such, is allied to the Human and not the Natural Science Approach (Ford & Profetto-McGrath 1994: 341-342). This highlights the fact that a curriculum paradigm shift is required which will produce an educated, caring nurse as opposed to a nurse who has only been trained, that is, only possesses skills and fragmented knowledge and has not learned the process of how to learn and care (Mashaba & Brink 1994: 279). This caring aspect is of paramount importance in the present highly technological environment of health care that the patient finds himself in and the onus is now on the nurse to create a therapeutic environment, where the patient is treated as a *whole* human being and not as a mere object (Bevis & Watson 1989: 1).

Additionally, the criteria for the four mini-models formulated during this study may be implemented by nurse tutors during a situational analysis, prior to curriculum development if the aim is to add a caring or educative component to the curriculum.

#### **3.2 SCIENTIFIC FOUNDATION**

Nursing as a profession is obligated to develop, maintain and add to a body of scientifically obtained knowledge. Thus, this knowledge must be free of any speculation and empirically grounded. The knowledge referred to at this

point pertains specifically to *Nursing Education* and not to nursing practice in general. This study is an attempt to generate such knowledge for future application, investigation, elaboration and refinement (Rees 1992: 55). Thus, the conceptual framework and the criteria formulated for the four mini-models may be implemented by nurse tutors for future structuring of an Humanistic-Educative-Caring Curriculum Paradigm in Nursing Colleges. For instance, if nurse tutors intend to initiate a paradigm shift from Behaviourism to education, the findings from this study may be incorporated in a questionnaire to diagnose the general *air* at Colleges. This in turn could be used as a baseline data regarding the *Behaviourist* or *Caring* orientation from which the nurse tutor has to depart.

#### **4. CONCEPTUAL FRAMEWORK**

The Final Conceptual Framework (See Figure 1.1, p.3) within which this study is conducted, emanated from the literature review undertaken by the researcher. The Conceptual Framework comprises a Curriculum Focus, the four mini-models contained in Bevis and Watson's Curriculum Paradigm and a Training-Education Continuum. The mini-models are namely the Learner Maturity Continuum, Typology of Learning, Criteria for Teacher-Student Interactions and the Criteria for Selecting and Devising Learning Experiences. The researcher views the Curriculum Focus, the four mini-models and the Training-Education Continuum as a suitable conceptual foundation for this study. The Conceptual Framework will be discussed in detail in **Chapter Two: Literature Review**.

#### **5. RESEARCH METHODOLOGY**

##### **5.1 RESEARCH DESIGN**

A non-experimental research design using an exploratory, descriptive (Wilson 1993: 227) and contextual Qualitative Approach was undertaken (Mouton & Marais 1990: 43-45, 48). This design was chosen because it provides data about the present, tells what people are thinking, doing,

anticipating and planning in their naturalistic environments, that is, the emphasis is on the lived world of humans (Polit & Hungler 1991: 178).

## 5.2 RESEARCH TECHNIQUE AND INSTRUMENT

The research technique employed in this study was questioning by means of formal, semi-structured (focused) interviews using an interview schedule comprising open-ended questions. A research instrument in the form of a questionnaire which contained both open- and closed-ended questions was also implemented (Wilson 1993: 223).

## 5.3 SAMPLING DESIGN

A non-probability sampling design was utilised. The method was a purposive, expert sample (Burns & Grove 1987: 218; Treece & Treece 1986: 217). This design was chosen as informants had to be experts in the field of Nursing Education (Wilson 1993: 178-179). For this study, informants were considered to be experts if they met the following criteria:

- registered<sup>3</sup> nurses involved in the theoretical and clinical teaching of students
- registered nurse tutors involved in the theoretical and clinical teaching of students
- theoretically and clinically involved in the **four year diploma course**
- employed by a College of Nursing
- allocated to a specific *year group* of students.

The target population consisted of all the tutors employed in Colleges of Nursing in the Gauteng region. The accessible population consisted of tutors employed in a specific College of Nursing in the Gauteng region.

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<sup>3</sup> Not all personnel employed at a Nursing College had the additional qualification of Nurse Tutor.

#### **5.4 PILOT STUDY**

A pilot study was conducted to detect any problems that may be encountered during the research study, to introduce modifications where required and to ascertain trustworthiness (Treece & Treece 1986: 379, 382). A non-probability sampling design was utilised. The method was a purposive, expert sample of two informants who met the stated criteria (See p.12) for informants. This design was chosen as informants had to be experts in the field of Nursing Education (Wilson 1993: 178-179).

#### **5.5 DATA COLLECTION**

This study entailed three phases during which data was collected by means of multiple data collection methods, namely a literature review, formal, semi-structured (focused) interviews using interview schedules and by means of questionnaires. All the interviews were audio-tape recorded and transcribed by the researcher.

#### **5.6 DATA ANALYSIS**

During data analysis bracketing (See p.128), intuiting (See p.129), reflection (See p.128) and content analysis as described by Polit and Hungler (1987: 362-366) was used to analyse the data. From the data the researcher identified criteria for the four mini-models. These criteria were applied to the Education-Training Continuum in order to ascertain the Educational Focus of the Nursing College under study.

#### **5.7 TRUSTWORTHINESS DURING DATA COLLECTION AND ANALYSIS**

Guba's Model of Trustworthiness (See Table 3.17, p.135; Table 3.18, p.152) of Qualitative Research was applied during collection and analysis of data because this model is well developed conceptually, has been used by qualitative researchers especially nurses and educators for a number of years and provides structure and guidance to ensure trustworthiness (Guba

1981: 80, 83; Krefting 1991: 215). Several practical strategies appropriate to the four criteria of trustworthiness namely credibility, transferability or fittingness, dependability and confirmability were applied (Guba 1981: 80, 83; Krefting 1991: 215, 217).

All aspects relating to the research methodology are described in detail in **Chapter Three: Research Methodology**. A schematic representation of the progression of the research methodology is depicted in Table 1.1, p. 20.

## **6. ETHICAL CONSIDERATIONS**

Ethical issues pertinent to this study are consent, anonymity and publication of the findings. These considerations are discussed in detail in **Chapter Three: Research Methodology**.

## **7. LIMITATIONS OF STUDY**

Limitations applicable to this study are participant effect, population and data collection and analysis. These aspects are discussed in detail in **Chapter Five: Summary of Findings: Conclusions, Implications and Recommendations**.

## **8. TERMINOLOGY**

The following terminology is applicable to this study:

### **Behaviour**

Behaviour is defined as a response to one or more stimuli and describes the *observable* outcome of learning within a specific theoretical framework (Reilly & Oermann 1990: 8).

### **Behavioural Objectives**

Behavioural objectives are expected behavioural outcomes of the training process, either for an individual experience or a total programme of studies.

Learning as an outcome is manifested by either an *observable* or inferred change in behaviour (Huckabay 1980: 15; Reilly & Oermann 1990: 7).

### **Behaviourism**

When applied to education, Behaviourism refers to the specific theory of learning which stresses a direct relationship between a stimulus (S) and a response (R) as depicted in the paradigm, S-R (Huckabay 1980: 11; Reilly & Oermann 1990: 8).

### **Behaviouristic Educational Milieu**

A Behaviouristic educational milieu is an environment where the primary emphasis is on the attainment of pre-selected educational objectives, in order to produce an *observable* change in the behaviour of the student as proof that learning has occurred.

### **Conceptual Framework**

A conceptual framework consists of interrelated concepts or abstractions that are assembled together in some rational scheme by virtue of their relevance to a common theme (Polit & Hungler 1991: 641).

### **Caring**

Caring is a human process involving the cognitive, affective and psychomotor aspects with the beauty, art, ethics, intuition, aesthetics and spiritual awareness of the intersubjective human-to-human caring process and moral ideas (Bevis & Watson 1989: 53).

### **Curriculum**

From the perspective of a Humanistic-Educative-Caring Curriculum Paradigm, curriculum may be defined as the *interactions* and *transactions* that occur between and among students and teachers with the intent that learning occurs (Bevis & Watson 1989: 5).

From the perspective of a Behaviourist or a Stimulus-Response Curriculum Model, curriculum may be defined as the *content* that has to be learned through the attainment of pre-selected behavioural objectives.

### **Humanistic**

Humanistic relates to a human, that is an individual who is a person and describes the particular nature of the humanness of an individual (Kruger & Whittle 1982:11).

### **Inferred Behaviour**

Inferred behaviour relates to those intellectual skills which are indirectly observed. For example, although the skill of analysis is evident in a written presentation of a certain situation, the principles of logic and critical thinking required to achieve this analysis have to be indirectly inferred (Reilly & Oermann 1990: 7).

### **Nursing College**

A Nursing College is a tertiary institution whose mission it is to educate nurses in order to provide for the health needs of a community. According to the South African Nursing Council, a Nursing College is described as a post-secondary educational institution sanctioned by the South African Nursing Council to provide professional Nursing Education at a basic and post-basic level (South African Nursing Council 1985(a) : 1).

### **Learning, Training, Education, Educated and Caring Nurse.**

These terms are described in detail in **Chapter Two: Literature Review.**

### **Model**

A model is a symbolic representation of concepts or variables and the interrelationships amongst them (Polit & Hungler 1991: 649).

**Nurse Tutor**

A nurse tutor is a registered nurse directly involved in the theoretical and clinical education and training of student nurses. It thus includes both tutors registered with the South African Nursing Council as nurse tutors and registered professional nurses involved in the theoretical and clinical education and training of nurses, whether qualified as registered nurse tutors or not (Van der Wal 1992: 23).

**Nursing Education**

Nursing Education is a process which occurs within a nursing educational milieu. The product of this process is an educated, caring nurse.

**Nursing Educational Milieu**

For the purpose of this study, a Nursing educational milieu is an environment where all the interactions and transactions necessary to produce an educated, caring nurse occur between and among students and teachers.

**Paradigm**

A paradigm is a way of looking at natural phenomena that encompasses a set of philosophical assumptions that guides one's approach to enquiry (Polit & Hungler 1991: 651).

**Triangulation**

Triangulation is discussed in detail in **Chapter Three: Research Methodology**.

**9. OUTLINE OF THE RESEARCH REPORT**

The report consists of five chapters set out as follows:

**Chapter 1**

An introduction to the study is provided in this chapter. The background to the problem, problem statement, research question, purpose of the study, objectives, assumptions, significance of the study, conceptual framework, research methodology, terminology and format of the research report are discussed.

**Chapter 2**

This chapter comprises a literature review in which the construction and adaptation of a Conceptual Framework based on the work by Bevis and Watson (1989) and other authors, is described. Included in this description are the four mini-models namely the Learner Maturity Continuum, Typology of Learning, Criteria for Teacher-Student Interactions and Criteria for Selecting and Devising Learning Experiences. Concept criteria are formulated for the four mini-models. The Training-Education Continuum is described and the Tyler Rationale and the Bevis and Watson Paradigm are discussed. In order to obtain background knowledge and clarification about the problem under study, relevant research studies are discussed.

**Chapter 3**

The research methodology and Trustworthiness in Qualitative Research is discussed in this chapter.

**Chapter 4**

The results of the study, including findings and conclusions are outlined in this chapter.

**Chapter 5**

A summary of the findings, conclusions, implications and limitations are discussed in this chapter.

## **10. OUTLINE OF THE RESEARCH METHODOLOGY**

Table 1.1 which follows on the next page is a schematic representation depicting the progression of the research methodology.

**TABLE 1.1 SCHEMATIC REPRESENTATION OF THE RESEARCH METHODOLOGY**

RESEARCH OBJECTIVES	DATA COLLECTION	DATA ANALYSIS	SUBJECT/SAMPLE	STRATEGIES FOR TRUSTWORTHINESS
<p><b>Phase one</b></p> <ul style="list-style-type: none"> <li>• Construct and adapt a Conceptual Framework on which to base this study</li>   <li>• Describe each concept comprising the four mini-models of the Bevis and Watson Curriculum Paradigm</li>   <li>• Describe the Tyler Rationale</li>   <li>• Discuss the Tyler Rationale and the Bevis and Watson Curriculum Paradigm</li> </ul>	<ul style="list-style-type: none"> <li>• Literature review</li>   <li>• Literature review</li>   <li>• Literature review</li>   <li>• Literature review</li> </ul>	<ul style="list-style-type: none"> <li>• Analysis of written sources using: <ul style="list-style-type: none"> <li>◊ Bracketing</li> <li>◊ Intuiting</li> <li>◊ Reflection</li> </ul> </li>   <li>• Analysis of written sources using: <ul style="list-style-type: none"> <li>◊ Bracketing</li> <li>◊ Intuiting</li> <li>◊ Reflection</li> </ul> </li>   <li>• Analysis of written sources using: <ul style="list-style-type: none"> <li>◊ Bracketing</li> <li>◊ Intuiting</li> <li>◊ Reflection</li> </ul> </li>   <li>• Analysis of written sources using: <ul style="list-style-type: none"> <li>◊ Bracketing</li> <li>◊ Intuiting</li> <li>◊ Reflection</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• National literature.</li> <li>• International books, articles, research.</li>   <li>• National literature.</li> <li>• International books, articles, research.</li>   <li>• National literature.</li> <li>• International books, articles, research.</li>   <li>• National literature.</li> <li>• International books, articles, research.</li> </ul>	<ul style="list-style-type: none"> <li>• Strategies for ensuring Trustworthiness based on Guba's model: <ul style="list-style-type: none"> <li>◊ Credibility strategies</li> <li>◊ Transferability strategies</li> <li>◊ Dependability strategies</li> <li>◊ Confirmability strategies</li> </ul> </li>   <li>• Strategies for ensuring Trustworthiness based on Guba's model: <ul style="list-style-type: none"> <li>◊ Credibility strategies</li> <li>◊ Transferability strategies</li> <li>◊ Dependability strategies</li> <li>◊ Confirmability strategies</li> </ul> </li>   <li>• Strategies for ensuring Trustworthiness based on Guba's model: <ul style="list-style-type: none"> <li>◊ Credibility strategies</li> <li>◊ Transferability strategies</li> <li>◊ Dependability strategies</li> <li>◊ Confirmability strategies</li> </ul> </li>   <li>• Strategies for ensuring Trustworthiness based on Guba's model: <ul style="list-style-type: none"> <li>◊ Credibility strategies</li> <li>◊ Transferability strategies</li> <li>◊ Dependability strategies</li> <li>◊ Confirmability strategies</li> </ul> </li> </ul>

Continued on next page

TABLE 1.1 Continued

RESEARCH OBJECTIVES	DATA COLLECTION	DATA ANALYSIS	SUBJECT/SAMPLE	STRATEGIES FOR TRUSTWORTHINESS
<ul style="list-style-type: none"> <li>• Formulate concept criteria for each of the four mini-models contained in the Bevis and Watson Curriculum Paradigm</li> </ul> <p><b>Phase two</b></p> <ul style="list-style-type: none"> <li>• Formulate criteria and validate criteria for each of the four mini-models contained in the Bevis and Watson Curriculum Paradigm</li> </ul>	<ul style="list-style-type: none"> <li>• Literature review</li> <li>• Interviews using an interview schedule</li> </ul>	<ul style="list-style-type: none"> <li>• Content analysis according to Polit &amp; Hungler (1987: 362-366):               <ul style="list-style-type: none"> <li>◊ Selection of the unit of content to be analysed</li> <li>◊ Development of a category system for classifying the unit of content</li> </ul> </li> <li>• Bracketing</li> <li>• Intuiting</li> <li>• Reflection</li> </ul> <ul style="list-style-type: none"> <li>• Content analysis according to Polit &amp; Hungler (1987: 362-366):               <ul style="list-style-type: none"> <li>◊ Selection of the unit of content to be analysed</li> <li>◊ Development of a category system for classifying the unit of content</li> <li>◊ Quantification</li> </ul> </li> <li>• Bracketing</li> <li>• Intuiting</li> <li>• Reflection</li> </ul>	<ul style="list-style-type: none"> <li>• National literature.</li> <li>• International books, articles, research.</li> </ul> <ul style="list-style-type: none"> <li>• Non-probability, purposive, expert sample consisting of twenty six informants in one Nursing College in the Gauteng Province. This sample was then stratified according to tutors lecturing at different levels (years) of advancement as follows:               <ul style="list-style-type: none"> <li>◊ First year: six informants</li> <li>◊ Second year: seven informants</li> <li>◊ Third year: six informants</li> <li>◊ Fourth year: seven informants</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Strategies for ensuring Trustworthiness based on Guba's model:               <ul style="list-style-type: none"> <li>◊ Credibility strategies</li> <li>◊ Transferability strategies</li> <li>◊ Dependability strategies</li> <li>◊ Confirmability strategies</li> </ul> </li> <li>• Strategies for ensuring Trustworthiness based on Guba's model:               <ul style="list-style-type: none"> <li>◊ Credibility strategies</li> <li>◊ Transferability strategies</li> <li>◊ Dependability strategies</li> <li>◊ Confirmability strategies</li> </ul> </li> </ul>

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## **11. SUMMARY**

Nursing deals with people and should reflect caring, human interactions where the patient is seen as a *whole* being within their physical, psychological, spiritual and social dimensions. This perspective requires an educated nurse who does not merely have knowledge, but also displays insight, caring, compassion, reflection, creativity, flexibility and understanding. Bevis and Watson's Curriculum Paradigm offers a way of producing this educated, caring nurse.

In this chapter an orientation to the study was provided by describing the problem formulation, the significance of the study, the conceptual framework, the research methodology, terminology and the outline of the research report.

In the following chapter the construction and adaptation of the conceptual framework, the Bevis and Watson Humanistic-Educative-Caring Curriculum Paradigm, the Behaviouristic Approach in education and previous research studies are discussed.

## **CHAPTER TWO LITERATURE REVIEW**

### **1. INTRODUCTION**

In chapter one an orientation to this study was provided by discussing the background to the problem, the problem statement, research question, purpose of the study, objectives, assumptions, significance of the study, conceptual framework, research methodology, terminology and the outline of the research report.

The literature review contained in this chapter is centred around:

- the construction and adaptation of the conceptual framework
- the Bevis and Watson Humanistic-Educative-Caring Curriculum Paradigm
- the Behaviouristic Approach or Tylerian Rationale in education
- previous research studies pertaining to these aspects.

The Bevis and Watson Paradigm contains four mini-models namely:

- the Learner Maturity Continuum
- the Typology of Learning
- the Criteria for Teacher-Student Interactions
- the Criteria for Selecting and Devising Learning Experiences.

However, before these models and the concepts comprising them and other aspects are discussed in detail, a perennial dispute in qualitative research will be reviewed.

The dispute has centred around the aspect whether the literature review in qualitative research must be conducted before or after the study. However, various literature sources (Chenitz & Swanson 1986: 44 and Marshall & Rossman 1989: 114 in van der Wal 1992: 51) reveal that this aspect is

related to the purpose of the study and not when it must be conducted. Philips (in LoBiondo-Wood & Haber 1994: 111) states that the overall purpose of a literature review is to discover knowledge which will contribute to the development, implementation and results of qualitative research. If, for example, the purpose is to write a research proposal, the review will of necessity have to be conducted prior to the study. Thus, in order to write a research proposal (Brink 1992(b): 35-36) which was a prerequisite prior to commencement of this study, the researcher undertook a cursory literature review. The aim was to obtain background knowledge about the topic under study. Thereafter, a more detailed review was undertaken in order to fully orientate the researcher to the concepts contained in the Bevis and Watson Humanistic-Educative-Caring Curriculum Paradigm. This data was used to construct and adapt a conceptual framework and to formulate criteria for the four mini-models.

### **CLARIFICATION OF TERMINOLOGY**

In this section, for clarification purposes, the following terminology pertinent to the Bevis and Watson Humanistic-Educative-Caring Curriculum Paradigm and the Tyler Rationale are discussed namely:

- learning
- training
- education
- educated nurse
- caring nurse

#### **Learning**

Learning in the context of this study is viewed as an educative process which involves the transactions and interactions which occur between and among teachers and students (Bevis & Watson 1989: 5).

Bevis and Watson (1989: 265) defined educative learning as a process in which an individual cultivates the disciplined scholarship and experience necessary for expertise. This includes acquiring insights, seeing patterns, finding meanings and significance, seeing balance and *wholeness*, making compassionate and wise judgement while acquiring foresight, generating creative, flexible strategies, developing informed, skilled intentionality, identifying with the ethical and cultural traditions of the field, grasping the deeper structures of the knowledge base, enlarging the ability to think critically and creatively, and finding pathways to new knowledge.

La Monica (1985: 2) views learning as a continual process, in which the student is an active participant. Each facet of the learner, her thoughts, feelings and body are integrated into a learning modality that is based on content and experience. Learning in this situation becomes an individualised experience. However, it is important to remember that learning contains both a training and an educational component.

Woolfolk (1987: 166) defines learning as a change in the capabilities of an individual as a result of experience. Learning is viewed by Gagne 1965 (in Knowles 1990: 6) as a "*change in human disposition or capability, which can be retained, and which is not simply ascribable to the process of growth.*"

According to Rogers and Freiberg (1994: 36), experiential learning has various elements such as a quality of personal involvement, it is self-initiated, pervasive, evaluated by the learner and its essence, is meaning.

Gravett (1995(b): 2-3, 14) states that learning is viewed by many educational reformers as *conceptual change*. Conceptual change is defined as a **qualitative** change in the way an individual understands, conceptualises, experiences and interprets subject matter, that is concepts, principles and methods, of the particular discipline under study.

Therefore, as there are different types of learning and as the nurse of the past and particularly of the future is required to be a knowledgeable and skilled practitioner, it will at times be necessary to employ learning types such as Imitative, Directive and Rationale (See p.55) that provide the skills or training necessary for the nurse to provide quality care to the patient. However, it must always be remembered that the primary emphasis is on the education and not the training of the nurse (Bevis & Watson 1989: 5-6, 80-81, 91; See pp. 30, 44, 54).

The Behaviouristic Approach views learning as an outcome manifested by either an *observable* or inferred change in cognitive, affective and psycho-motor behaviour. This change in behaviour is brought about by the attainment of measurable, educational objectives which are seen as expected behavioural outcomes of the educational process, either for an individual experience or a total programme of studies (Reilly & Oermann 1990: 7). Learning is divided into three separate domains namely cognitive, affective and psycho-motor (Bloom 1956: 3,13,26).

### **Training**

According to Peters (1965: 32 in Searle et al. 1986: 107), training relates to the acquisition of a skill or a particular competence which has to be exercised in relation to a specific end or function. Training implies preparation to do a particular thing. It is specific.

Nadler (in Knowles 1990: 114) defines training as "*those activities which are designed to improve performance on the job the employee is presently doing or is being hired to do.*" The purpose of training is to either introduce a new behaviour or modify the existing behaviours so that a particular and specified kind of behaviour results. Glaser defines training as tending towards "*specific objectives such as following certain regulations*" (Knowles 1990: 115).

From a Behaviouristic viewpoint, training is a process where Stimulus-Response principles are the main focus, with the aim of producing a trained nurse who has acquired skills through attainment of pre-selected behavioural objectives in the theoretical and clinical situation (Huckabay 1980 15-16; Reilly & Oermann 1990: xix). Training involves a change in behaviour which is visible to the observer (Bloom 1956: 45). For example, after a nurse has been instructed how to administer an injection and has practiced the procedure repeatedly, evidence of a change in her behaviour will be demonstrated by her newly acquired skill or ability to administer an injection correctly, competently and safely. However, this narrow viewpoint of training is not supported by Hlebowitsh (Hlebowitsh 1992: 535; 1995: 90-91; See p.38). Hlebowitsh stated that Tyler advocated the use of mediating elements such as the nature of the learner, values and aims of society to counteract this mechanistic viewpoint of training.

### **Education**

Whitehead (1929 in Bevis & Watson 1989: 156) views education as the acquisition of the art of the utilisation of knowledge. Bevis and Watson (1989: 158) state that education provides the educated person with more, and different, ways to view their own world.

Further, education is a process where interactions and learning are the main focus with the aim of producing an educated nurse who displays the ability to think analytically, critically, evaluatively, creatively and can exercise independent judgement of scientific and non-scientific data during the nursing of a patient or client. During this process the learner is enriched in the Syntactical, Contextual and Inquiry categories of learning and grows in maturity (Bevis & Watson 1989: 73).

According to Peters (1965: 25 in Searle et al. 1986: 105) education *"implies that something worthwhile has been intentionally transmitted in a morally*

*acceptable manner.*" He (1965: 31 in Searle et al. 1986: 105) further states that to be educated requires a cognitive perspective. This is the ability to see the connection between the education an individual receives and the way in which she will use it within the patterns of life about her. This is why it is important to remember that education of a nurse means the education of the person who will practice nursing. The emphasis is on the **person** and not the specialised vocation called nursing (Searle et al. 1986: 105).

### **Educated Nurse.**

An educated person has the ability to think and reason, that is, she is creative, knowledgeable and analytically minded, and understands the *why* and *how* of the transmission of knowledge. In this lies the potential for extending the boundaries of knowledge (Searle et al. 1986: 106). The outlook of an educated nurse has been broadened and transformed by what she has learned. This transformation of outlook engenders a sense of commitment which is the essence of a professional service to mankind (Searle et al. 1986: 106). The previously stated concepts are relevant to the Bevis and Watson Model (Bevis & Watson 1989: 5, 41, 93-94, 142, 145; See Table 2.1, p.55).

An educated nurse is an expert in a particular field, has a broad knowledge of the world in which she lives, a wide understanding of man whom she serves and an understanding of the meaning of her own existence in relation to the world in which she lives (Searle et al. 1986: 105).

An educated nurse is one who understands man's struggle for existence and a meaningful life, one with an extensive knowledge of the ethos of nursing, its ethics and philosophy and of the scientific foundations and technical skills of the science and art of nursing (Searle et al. 1986: 105-106, 110). These concepts are also found in the Bevis and Watson Model (Bevis & Watson 1989: 17-18, 39, 47, 52-53, 141; See pp.30, 57).

## **Caring Nurse**

A caring nurse is a nurse who is trained and educated. This dual concept of training and education as a basis for professional preparation relates to the concept that an educated person is someone who is educated and a competent practitioner, well-equipped with the technology and techniques of her profession (Searle et al. 1986: 104, 107). Thus, a nurse who cares will ensure that her technical expertise is used in a way that the patient and/or doctor will be confident that she is able to ensure their safety and succour. However, caring extends beyond this technical expertise. Concern leads the nurse to acquire the depth and breadth of knowledge, vision and understanding that will enable her to deal with individuals in their social setting and with the increasing complex and varied responsibilities she is required to shoulder (Searle et al. 1986: 110).

In summary, Bevis and Watson (1989: 159) state that *"education provides a critical thought process with all that it implies including a sensitivity and respect for life that denotes a compassionate identity with all humanity, an attainment of style with its power and restraint, that is, its elegance, an ability to anticipate and confront difficult and complex problems and participate with others in developing creative and flexible options and the general moral obligation to act to improve global life. This implies mature wisdom, which includes such things as perspective, patience, historical views that help one see patterns and significance and hope."*

## **2. CONCEPTUAL FRAMEWORK**

The researcher views the Curriculum Focus, the four mini-models comprising the Bevis and Watson Curriculum Paradigm and the Training-Education Continuum (See Figure 1.1, p.3), as a suitable conceptual foundation for this study. The conceptual framework is suitable as it:

- provides a network of concepts and relationships within which the question (See p.7) pertaining to this study is asked and data is integrated (Burns & Grove 1987: 155; Woods & Catanzaro 1988: 66)
- integrates the four mini-models and suggests relationships to be considered in the study design (Burns & Grove 1987: 155; Woods & Catanzaro 1988: 66)
- provides a context for interpreting research findings that might otherwise be isolated and difficult to interpret (Burns & Grove 1987: 155; Lo-Biondo Wood & Haber 1994: 144; Polit & Hungler 1993: 110-111).

The Conceptual Framework is discussed in the following section according to the Provisional- and the Final Conceptual Framework.

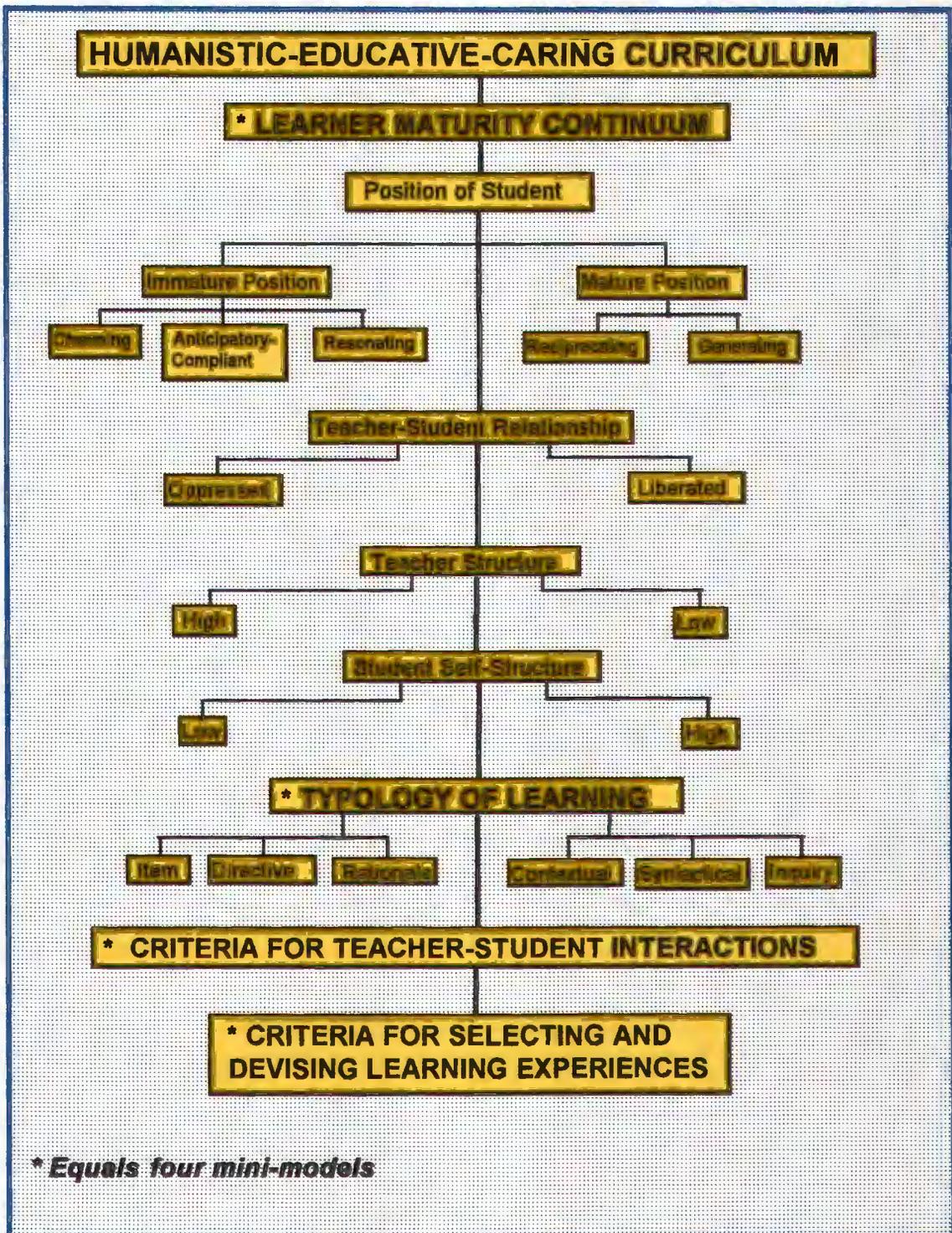
## **2.1 PROVISIONAL CONCEPTUAL FRAMEWORK**

The Provisional Conceptual Framework (See Figure 2.1, p.32) depicting the Bevis and Watson Humanistic-Educative-Caring Curriculum Paradigm emanated from a literature review undertaken by the researcher. The construction of the Provisional Framework involved describing each concept comprising the four mini-models in the Bevis and Watson Curriculum Paradigm. The mini-models are the Learner Maturity Continuum, the Typology of Learning, Teacher-Student Interactions and the Criteria for Devising and Selecting Learning Experiences.

Additionally, each concept, that is, each position on the Learner Maturity Continuum namely Charming, Anticipatory-Compliant, Resonating, Reciprocating and Generating was described according to the following headings:

- position of student
- goal of student
- teacher-student relationship
- learner characteristics

FIGURE 2.1 PROVISIONAL CONCEPTUAL FRAMEWORK



(Constructed from Bevis & Watson 1989: 83, 88, 97, 206)

- teacher structure
- student self-structure.

The immature positions namely Charming, Anticipatory-Compliant and Resonating also had flip sides. Only learner characteristics were used to describe these flip sides namely Hostile, Passive-Aggressive and Critical (See Table 5.1, p.221).

The Typology of Learning was described according to the six types of learning namely Item, Directive, Rationale, Contextual, Syntactical and Inquiry.

The researcher then adapted the Provisional Conceptual Framework during the construction of a Training-Education Continuum (See Figure 1.1, p.3; Appendix D, p.281), which forms the framework upon which this study is based.

## **2.2 FINAL CONCEPTUAL FRAMEWORK: TRAINING-EDUCATION CONTINUUM**

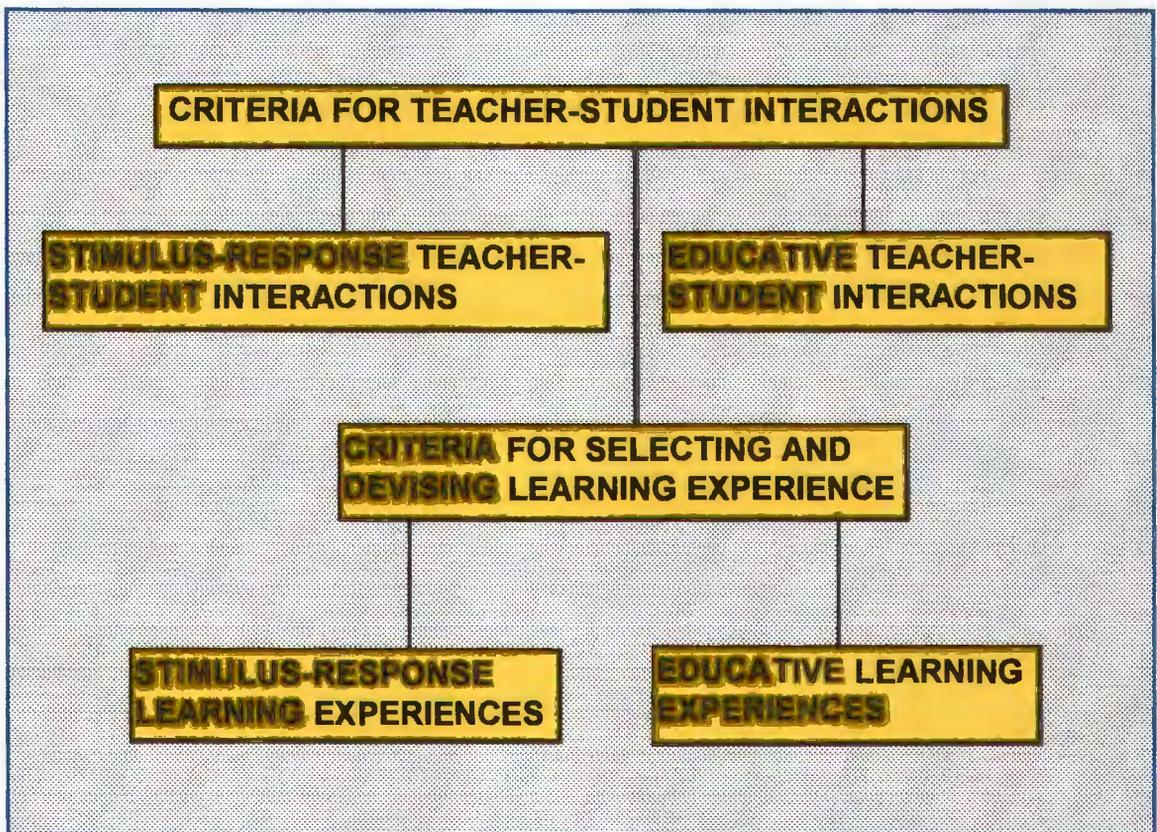
The Final Conceptual Framework, that is, the Training-Education Continuum (See Figure 1.1, p.3; Appendix D, p.281) was adapted by the researcher with the addition of the concept **Curriculum Focus**. This curriculum focus may emphasise either **Stimulus-Response Principles** or **Interactions and Learning**.

In addition, the concept **Training-Education-Continuum** was also added to the Conceptual Framework. The Continuum ranged from:

- a training position to
- a transitional position to
- an education position

Additionally, the word **educative** (See Figure 2.2 below) teacher-student interactions and educative learning experiences was added to the mini-models Teacher-Student Interactions (See Table 5.3.1, p.233) and Learning Experiences (See Table 5.4, p.240). An additional category, **Stimulus-Response** (See Figure 2.2 below) Teacher-Student Interactions (See Table 5.3.2, p.238) and Stimulus-Response Learning Experiences, (See Table 5.4, p.244) was formulated. The word **educative** and the category **Stimulus-Response** was added in order to differentiate between the concepts **training** and **education** contained in the Training-Education Continuum.

**FIGURE 2.2 ADAPTATION OF THE PROVISIONAL CONCEPTUAL FRAMEWORK**



(Adapted from Bevis & Watson 1989: 83, 88, 97, 206)

The Training-Education Continuum was used in conjunction with criteria (See Tables 5.1-5.4, pp. 221, 231, 233, 240 respectively) for the four mini-models, to ascertain the Educational Focus of the personnel employed at the Nursing College used in this research study. Criteria were obtained during a literature review from the work by Bevis and Watson (1989: 83-94; 379-382), the Tyler Rationale, other literature sources and data analysed during interviews.

### 3. THE BEHAVIOURISTIC MODEL OR TYLERIAN RATIONALE

The Product Model or Behavioural-Objectives Model is ascribed to Ralph Tyler and has been the bastion of Nursing Education for the past several decades (Klein 1986: 32). In his book "Basic principles of Curriculum and Instruction" (1949), Tyler propounded a Rationale for effective curriculum planning. He viewed education as a ***process of changing the behaviour patterns of people, using behaviour in the broad sense to include thinking and feeling as well as overt action*** (Pendleton & Myles 1991:220; Quinn 1988: 236; Tyler 1949: 5-6).

Tyler identified four fundamental questions which have to be answered during curriculum development, namely:

- What educational purposes should the school seek to attain?
- How can learning experiences be selected that are likely to be useful in attaining these objectives?
- How can learning experiences be organised for effective instruction?
- How can the effectiveness of learning experiences be evaluated ?

(Bloom 1956: 25; Quinn 1988: 236 ;Tyler 1949: 1).

Tyler's Rationale led to the development of the generic model of curriculum planning. This model consists of four components namely objectives,

content, method and evaluation. It is an Output Model as emphasis is placed on the achievement of objectives by the student who is viewed as the product.

The Rationale of Tyler can be classified under the educational ideology referred to as Instrumentalism (Pendleton & Myles 1991: 2-3). This ideology states that the purpose of acquiring knowledge is to ensure safe practitioners to meet the needs of a society which requires a skilled work force. Instrumentalism emphasises training as opposed to education. Two types of Instrumentalism are described. One is concerned with the acquisition of skills per se and the other, with the acquisition of general life skills which can be applied to situations in the workplace. Instrumentalists favour the Behavioural-Objectives Curriculum Paradigm. The four key features of such a paradigm are that :

- education can be defined as the process of changing behaviour
- objectives are stated in behavioural form
- objectives are measurable
- both the content of what is taught and the method by which it is taught are seen as a means to attaining these behavioural, measurable objectives (Pendleton & Myles 1991: 2-3, 12-13, 21, 44, 221).

Thus, should an entire nursing curriculum be based on Instrumentalism, it would imply **training** rather than **education**.

The applicable aspects from Pendleton and Myles have been added to the Criteria for Stimulus-Response Teacher-Student Interactions and Learning Experiences (See Tables 5.3.2 and 5.4, pp. 238, 244 respectively). The concepts **Training** and **Education** have been added to the Final Conceptual Framework (See Appendix D, p. 281).

During the preceding years, the Tyler Rationale has generated considerable controversy. However, amidst all this controversy regarding the Behaviouristic Approach, it is interesting to note a comment made by Sister Donley (1989: 6; Reilly & Oermann 1990: xx) where she states *"We cannot blame the Tyler Rationale or any organising framework for all of the nursing's curriculum troubles. It had a positive impact on the quality of nursing education. The strict insistence on measurable objectives backed by the force of law, custom and accreditation has produced an organised evaluation orientated system that provides services of a reliable quality."*

An adherent of the Tyler Rationale, Hlebowitsch (1992: 533-534) re-examined the Rationale. According to him *"there are serious instances of distortion and misrepresentation"* between what Tyler actually wrote and what he intended regarding curriculum development. Hlebowitsch was referring to an article written during 1970 by Kliebard.

Kliebard (Hlebowitsch 1992: 533-534) criticised the Tyler Rationale describing it as *"poverty stricken, constricting, tyrannically Behaviouristic in its quality and logically anchored in a line of thought that celebrates superimposing an industrial mentality upon the school curriculum, and a product-control function that justified Behaviouristic and efficiency-driven instruction, an efficiency, production model."*

Kliebard (1995: 81) challenged the Tyler Rationale as *"being the only reigning model for curriculum planning."* In reply Hlebowitsch (1992: 533, 543; 1995: 90) defended the Rationale stating that Tyler did not view his Rationale as the only model for curriculum development, but that he, Tyler, in fact saw it as an outline of questions that have to be considered during curriculum development. Kliebard (1995: 82) further stated that the Rationale failed to structure enough boundaries to be used in deciding what should be included and by implication, excluded in the curriculum. Although

the Rationale indisputably specifies that objectives have to be chosen, there are no guidelines as to what objectives to choose. In reply Hlebowitsch (1992: 535; 1995: 90-91) stated that Tyler advocated using the nature of the learner, values and aims of society and the consideration of specialised subject-matter, in order to counteract this mechanistic approach to curriculum planning.

Kliebard (1995: 83) also criticised and challenged the excessive rigidity and logic of the four questions on which the Rationale is based, despite the claim by Hlebowitsch (1992: 535; 1995: 90, 92) that Tyler had cautioned that the questions need not be used in a stepwise or rigidly linear fashion. In reply to this statement, Kliebard stated that the use of this rigid-logic absolutely requires the pre-determination of objectives at the outset and proceeding stepwise from this point. He stated that it is not possible for example, to determine if these purposes are being attained unless question one is first answered.

Regarding generality versus specificity, according to Kliebard (1995: 84) the *"father of behavioural objectives"*, Tyler, stated that objectives must be stated broadly or generally but immediately insisted that *"concrete behavioural manifestations be spelled out which will count as evidence of the fact that the larger objective has been achieved."* In reply Hlebowitsch (1992: 537; 1995: 91) stated that Kliebard is confusing clarity with specificity and that Tyler repeatedly warned against excessive specificity, in defining and measuring behavioural objectives.

In Britain, the General Nursing Council's educational policy document (77/19 B) stated that one of the characteristics of a satisfactory learning/training setting was that *"learning objectives and opportunities are identified and written worksheets are available for student and pupil nurses"* (Hume 1981: 2111).

During 1994, the College at which this research study was conducted evaluated their curriculum. It was found that numerous Behaviouristic principles pervaded the curriculum (See p. 42).

Hume (1981: 2111-2112), Assistant Area Director of Nurse Education, Sefton, Britain, comments on the use of behavioural objectives that were written for a training school in her area. She states that she is convinced it was a worthwhile exercise for the following reasons:

- the joint exercise of writing objectives has led to a closer relationship between the school and service and a better mutual understanding of the problems associated with the education of nurse learners
- more purposeful learning occurs, with students asking more questions that are relevant to what is being learned
- over-emphasis of content in one area, for example developmental paediatrics, to the detriment of other areas of paediatrics has been eliminated and rectified
- the use of objectives has provided a partial solution for the shortage of personnel, as teachers are now more effective being goal and objective directed
- mandatory evaluation, namely tests and examinations, are now based on written objectives and students regard it as a fairer test of their knowledge and abilities
- clinical teaching has improved since professional nurses know exactly what the student is expected to learn.

However, Hume (1981: 2111) also readily admits that the use of behavioural objectives, even when collaboratively decided upon, also has certain disadvantages, namely:

- formulation of learning objectives and the feedback model of education is time-consuming and increases the workload. It is easier to transcribe trivial skills into behavioural objectives than more important behaviours

which may not be easy to identify or be explicitly stated as behavioural objectives, for example, empathy

- pre-specification of explicit behavioural objectives may prevent the teacher from using instructional opportunities occurring unexpectedly, for example, a patient having an epileptic fit
- the nurse may not be able to attain certain behavioural objectives, for example if the patients do not accept the management of their own colostomy care, the nurse will be unable to teach them how to manage their self-care at home.
- It is difficult to evaluate a *good nurse* using behavioural objectives. In the first instance, how is objectivity going to be assured if what is being measured are behaviours of a *good nurse*. What is a *good nurse*? (Hume 1981: 2111). Secondly, there are many other important factors such as empathy which cannot be objectively and mechanistically measured. It is impossible to measure all the behaviours, so who is going to decide which behaviours will be measured to ensure that not only the trivial objectives are measured?.

In support of the previous statement Benner (Darbyshire & Stewart & Jamieson & Tongue 1990: 74) also challenged the Behaviouristic assumption that *“only those aspects of nursing that can be measured, predicted and guaranteed should be evaluated.”* She further states that *“Some of the most important outcomes of clinical nursing expertise cannot be guaranteed or legislated. They cannot be put into standards of patient care language. And you cannot promise to deliver them yourself, much less demand such feats from other nurses.”*

Bevis and Watson (1989: 31, 265-266) adopt a similar position when they state that it is also not possible, theoretically, to evaluate everything a student learns, for there is no conclusive evidence that for example,

understanding, intuition, insight, caring, compassion, reflection, creativity or flexibility can be measured. In this context, behavioural objectives are viewed as rigid and a deterrent to the dynamic processes involved in the teaching-learning experience (Reilly & Oermann 1990: ix). In this respect Diekelmann (1989: 27) also observed that "*We need to examine the assumption that if learning has not been evaluated we cannot know or prove that it has occurred. The experience of teachers and students negates this assumption.*"

However, Hume (1981: 2112) states that despite these disadvantages the application of behavioural objectives is a vast improvement on what we did in the past. They have "*improved nursing training immeasurably*" and for this reason should not be discarded until a suitable and viable alternative has been found to replace them.

Despite Hume's view, the exclusive use of behavioural objectives in Nursing Education is unacceptable as these objectives become the pivotal point from which the content, teaching methods and evaluation strategies evolve. This leads to a one-sided educational perspective which is detrimental to both the tutor and the student, for the reality of the situation is that the student is dealing exclusively with unique human beings and as such, has to adapt to each unique situation. In order to do this, she does not require *trained behaviour*, but an *educated mind* where she may use analytical, critical, reflective, creative and evaluative thoughts and actions to resolve these situations.

#### **4. HUMANISTIC-EDUCATIVE-CARING CURRICULUM PARADIGM**

The Humanistic-Educative-Caring Curriculum Paradigm on the other hand, only gained momentum during 1986, when the American Association of

Colleges of Nursing published a report on Essential Values pertaining to an educated person and educated nurse. It focused national attention on the fact that a values dimension is essential to Nursing Education. Nursing educator conferences with curriculum revolution as theme, were sponsored during 1987, 1988 and 1989 by the National League for Nursing (Clayton & Murray 1989: 43). Issues emanating from these conferences heralded possible significant mandatory changes in Nursing Education. All these conferences had as a common or recurrent theme, renewed emphasis on nursing's essential role, mission, commitment and function of human caring, a return to the human aspect of nursing and a moral-based educational perspective in individual settings.

The mandate was to shift from a focus on training to education, from technique to understanding, from strict control to critical clinical decision making, from product line thinking to value-based human caring education for an educated person, as well as an educated values driven professional (Bevis & Watson 1989: 39-40). In essence, to change from an Output Model to a Process Model. In order to comply with this mandate it is imperative to not only propose a viable alternative to the Behaviouristic Model, but also to deinstitutionalize the model. This will not prove an easy task as the Behaviouristic Model has, over the past 45 years, become entrenched not only in Nursing Education, but pervades our entire society from Education in the schools to Education in general, for example, in the mining and industrial areas (Bevis & Watson 1989: 2). For instance, the College<sup>4</sup> at which the present research was conducted, evaluated their curriculum during 1994. Behaviouristic principles pervaded the curriculum, namely:

- content orientated and overloaded
- program-, stage- and behavioural objectives serve as a common framework

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<sup>4</sup>No reference is stated as this is an unpublished report and would reveal the identity of the College where the research was conducted. This would breach the confidentiality ethic.

- theory-practice correlation is not realised due to a fragmented curriculum and minimal subject integration
- the lecture method is the most frequently used teaching strategy
- written evaluation is based on Bloom's Taxonomy
- written and clinical evaluation is based on grades.

The Curriculum Paradigm of Bevis and Watson (See Figure 2.1, p.32) has, as a point of departure, the premise that curriculum is the transactions and interactions that occur between student and teacher and amongst students with the intent that learning takes place (Bevis & Watson 1989: 189).

In this paradigm there is a change of alliance from

student	+	teacher and content	=	learning
		to		
student and teacher	+	content	=	learning

The teacher and the student are viewed as co-learners; the teacher is the expert learner and student the novice learner. In co-operation with the student the teacher gives expert criticism through her experience and interactions. The aim of this paradigm is to produce an educated graduate who is independent, self-directed, self-motivated, a life-long learner with an inquiring mind and familiar with inquiring approaches to learning (Bevis & Watson 1989: 81, 278-279). This paradigm underwrites principles such as caring, education, *wholes* and liberation (See p.5, 42), as reflected by the four mini-models contained in this paradigm namely:

- Learner Maturity Continuum
- Typology of Learning
- Criteria for Teacher-Student Interactions
- Criteria for Selecting and Devising Learning Experiences.

In addition, Bevis and Watson have proposed criteria for each of the mini-models (See Tables 5.1-5.4, pages 221, 231, 233, 240 respectively).

The paradigm develops excellence and, if correctly implemented, may produce a professional, educated, caring nurse and not only a trained or skilled nurse. In order to achieve this, all four of the mini-models have to be considered and will be discussed accordingly in the following section.

#### 4.1 DESCRIPTION OF BEVIS AND WATSON'S CURRICULUM PARADIGM.

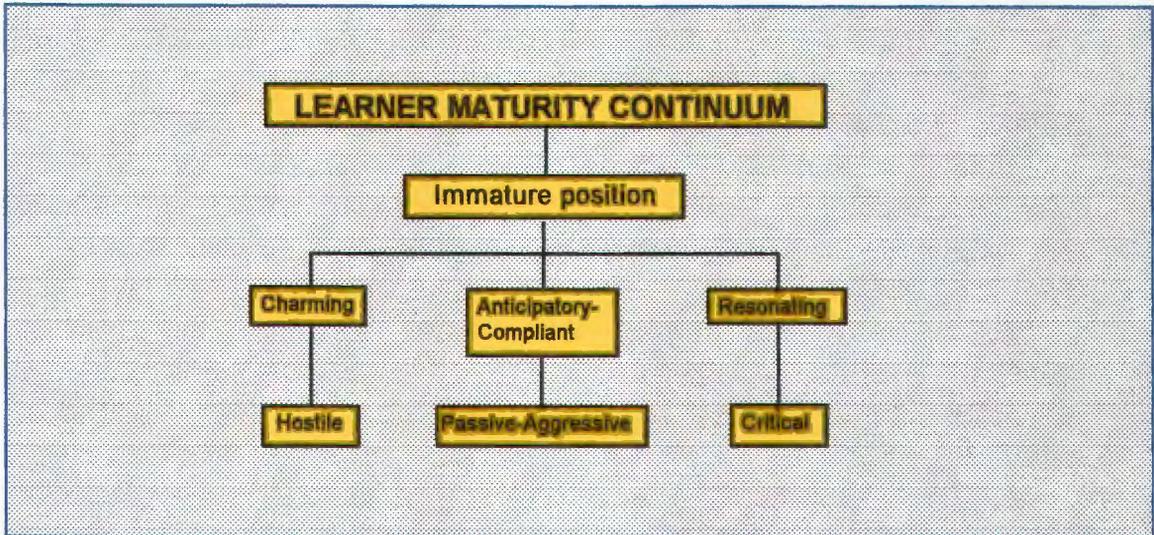
After the previous brief encounter with this paradigm, a more complete discussion is appropriate. The reader is referred to the folder insert Appendix D, page 281 for convenience and easy reference during the discussion which follows.

##### 4.1.1 LEARNER MATURITY CONTINUUM

The Learner Maturity Continuum mini-model defines the degrees of learner maturity. There are five basic student positions on the Learner Maturity Continuum. They are from lowest to highest position: Charming, Anticipatory-Compliant and Resonating, which represent an Immature Position, and, Reciprocating and Generating representing, a Mature Position. Each position has certain distinguishing learner characteristics which are summarised in Table 5.1, p.221. The *black* typescript represents criteria as proposed by Bevis and Watson and other authors. These criteria were obtained during the literature review. All additions to the criteria obtained from the interviews are highlighted in *red* typescript.

Each Immature Position (See Figure 2.3, p.45) has an opposite pole namely:

- Charming versus Hostile
- Anticipatory-Compliant versus Passive-Aggressive and
- Resonating versus Critical (Bevis & Watson 1989: 85-86).

**FIGURE 2.3 IMMATURE POSITIONS AND OPPOSITE POLES**

(Adapted from Bevis & Watson 1989: 85-86)

Additionally, these positions also represent the relationship between the student and the teacher. The immature positions represent oppressed and the mature positions a liberated relationship (Bevis & Watson 1989: 81, 83; See Figure 2.4, p. 75). Further, in the Immature Positions, the Teacher Structure is high and the Student Self-Structure is low. In the Mature Positions the opposite situation occurs namely, the Teacher Structure is low and the Student Self-Structure is high. Teacher-Student Relationship, Teacher Structure and Student Self-Structure refer to the extent of the involvement of the teacher and the student in the learning process.

***Teacher-Student Relationship, Teacher Structure and Student Self-Structure*** are discussed on pp.74-76.

The aim of the Learner Maturity Continuum is to attain the characteristics that distinguish maximum learner maturity. The Immature Positions will produce a trained or skilled nurse while the Mature Positions will produce a caring, educated nurse. The Learner Maturity Continuum can be entered at any position. It is not necessary to always begin in the oppressed position.

The criteria for the Learner Maturity Continuum phases, as it surfaced during the present research, are summarised in Table 5.1 (See p.221). Criteria obtained during the literature review are typed in **black** type script. Additions are highlighted in **red** type script.

#### 4.1.1.1 IMMATURE POSITIONS

##### **Charming**

At this point on the continuum there is a parent-child relationship between teacher and student. The student wants to please the teacher so that she will get the teacher's attention and be liked. The focus is on obtaining good grades (Bevis & Watson 1989: 83). The flip side of Charming is *Hostile* where the student appears to bristle even though she may be silent, not saying much to either other students or the tutor.

##### **Anticipatory-Compliant**

At this position the student guesses what the tutor expects and adapts as required. It is also a parent-child relationship with the focus on obtaining a good grade and not on learning. The student guesses or anticipates what content the teacher views as important and complies by studying only what the teacher wants learned (Bevis & Watson 1989: 84). The flip side of this position is *Passive-Aggressive* where the student is resistant to suggestions regarding what the tutor thinks is adequate scholarship. Some of the indirect ways of displaying resistance are misunderstanding directions, forgetting homework, assignments and being slow or stubborn.

The learner characteristics (See Table 5.1, p.223) indicative of the Anticipatory-Compliant position reminds one of Wiener's Attribution Theory of Motivation. Weiner (1979: 3) described his theory as an explanation that focuses on how people explain the causes of their own successes or failures, that is, what influences their motivation (Quinn 1988: 76; Woolfolk 1987: 316). A central concept to Attribution Theory is Rotter's idea of locus

of control which can be either internal or external (Frost 1994: 698; Weiner 1979: 6). The Anticipatory-Compliant student has an external locus of control as she attributes responsibility for her success or failure to her ability to *psych out* the teacher and learn what the teacher wants learned (Quinn 1988: 84-85). The applicable concepts from the Theories of Weiner and Rotter have been added to the Anticipatory-Compliant criteria (See Table 5.1, p.223).

The Charming and Anticipatory-Compliant positions also reminds one of the lower levels of Kohlberg's Theory of Moral Development. According to Kohlberg's Theory of Moral Development the student progresses through different levels and stages of moral development. The Charming position reminds one of the Pre-conventional level: Stage 1: The Punishment-obedience orientation. At the pre-conventional level the individual is responsible to cultural rules and labels of good and bad, right and wrong but interprets these labels in terms of either the physical or hedonistic consequences of action, for example punishment, reward, exchange of favours, or in terms of the physical power of those who make the rules and labels.

At Stage 1, the student acts just to avoid punishment or in deference to the power figure. She does not respect the authority of the power figure for the moral principle from which their reasoning may emanate, but from the basic need to avoid being punished. For example, the student at the Charming position who wants to please the teacher so that she can be noticed, liked and obtain good grades (Kohlberg 1981: 17).

At Stage 2: The instrumental relativist orientation, the right action of the student consists of that which instrumentally satisfies her own needs and occasionally the needs of others. She views human relations in terms related to those of the market place. Elements of sharing are present, but

are interpreted in a physical and pragmatic way and relative to hedonistic consequences, for example, you scratch my back and I'll scratch yours (Kohlberg 1981: 17). This is applicable to the student at the Anticipatory-Compliant position who spends all her time and energy attempting to pre-guess what the teacher wants her to learn, in order to satisfy her own need to obtain good grades. Thus, Kohlberg's earlier stages of moral development show the same dependability on opinions of others, that is, external issues, as do the positions of student immaturity.

The applicable issues from the Theory of Kohlberg have been added to the Learner Maturity Continuum at the Charming and Anticipatory-Compliant positions (See Table 5.1, p.221).

### **Resonating**

This is the transitional point on the continuum and is influenced by the charismatic leadership of the teacher. Students are highly motivated and display great respect, admiration and confidence in the teacher. This is the most productive of the oppressed positions, but the student is still primarily a passive learner. The flip side of resonating is **Critical** where the critical part of the student is always in gear. The tutor receives tremendous criticism and it is impossible to please the student who is a master of the double bind for example, the tests are either too difficult or too easy, the subject is never interesting and the tutor is always dull. Double bind refers to the student who always sees two opposite sides or poles to a situation. For example, the tests cannot just be *satisfactory* they are either too easy or too difficult.

Additionally, the three immature positions on the continuum are reminiscent of Pedagogy. Pedagogy is defined as the art and science of teaching children. It is a Greek word where **paed** means child and **agogos** learning. At these positions, the tutor is treating the student or the student wants to, or it suits the student to be treated, as a child and to be **led** by the tutor

(Knowles & Associates 1984: 9-12; Knowles 1990: 54-63; Quinn 1988: 46-49). The relationship of the teacher and the student is one of oppression by the teacher of the student. This oppression by the teacher may elicit feelings of hostility, passive-aggressiveness and criticism (Bevis & Watson 1989: 84; See Figure 2.3, p.45, Figure 2.4, p.75).

#### **4.1.1.2 MATURE POSITIONS**

##### **Reciprocating**

At this point the responsibility for learning rests with the student who seeks her own learning patterns. She has a more adult relationship with the teacher. This relationship revolves around transactions which meet the criteria for Educative Teacher-Student Relationships (See Table 5.3.1, p.233) and are involved in learning episodes that meet the criteria for Educative Learning Experiences (Bevis & Watson 1989: 86; See Table 5.4, p.240).

##### **Generating**

At this point the student is creative and applies her own initiative. The teacher is used as a consultant and expert learner. Evaluation for grades is replaced by criticism. Reciprocating and Generating positions indicate a liberated Teacher-Student Relationship and mature student positions on the Learner Maturity Continuum (Bevis & Watson 1989:86-87; See Appendix D, p.281).

#### **TEACHER-STUDENT RELATIONSHIPS**

The mature positions necessitate a liberated educational environment. This liberated educational environment (See Appendix D, p.281) reminds one of the Rogers Student-Centred Approach to Learning (Quinn 1988: 43-44; Rogers & Freiberg 1996: 154), where an important factor is the relationship that exists between the facilitator and the learner. The teacher as facilitator of learning shares feelings as well as knowledge with students, is viewed

as a genuine, real person by the students, accepts and trusts the students to whom she is empathic, sympathetic and understanding. Student participation, involvement and absence of threats in the classroom are also emphasised (Knowles 1990: 41-43, 77-89).

Regarding creativity and the absence of threats, Pruitt (1989: 53) states that creativity is fostered in a learning environment where a student is allowed freedom to make mistakes and to fail. In fact, the student is taught that rejection and failure are an important part of the creative process. Additionally, *"high doses of encouragement are necessary to keep the creative process alive."*

Further, this liberated Teacher-Student Relationship resembles the Andagogical Theory of Knowles (1990: 85-87). One of the seven elements in his theory relates to setting the climate for learning. This includes the physical and psychological climate and involves such aspects as mutual respect, collaboration, mutual trust, supportiveness, openness, authenticity, a climate of pleasure and humanness where the teacher and student form a partnership for facilitation of effective learning (Galbraith 1992: 11; Quinn 1988: 46). This facilitation entails emphasis being placed on teaching the student the process of acquiring knowledge (Hollis 1991: 51-52). The resources are provided so that the student is able to teach herself. The teacher is merely the facilitator and not the *teller* or purveyor of knowledge. The nurse displays self-direction, readiness and intrinsic motivation during the acquisition of knowledge (Quinn 1988: 48). The afore-mentioned aspects are supported by Galbraith (1992:10-11, 20) in an article in which he describes the *"Nine Principles of Good Facilitation"* (See p.52).

The applicable issues from the Theories of Knowles and Rogers and the work of Galbraith, Quinn and Pruitt have been added to the Learner Maturity Continuum at the Generating position (See Figure 5.1, p.228).

## TEACHER STRUCTURE AND STUDENT SELF-STRUCTURE

Teacher Structure and Student Self-Structure refer to the extent of the involvement of the teacher and student in the learning process. In Immature Positions, Teacher Structure is high and low in the Mature Positions. Student Self-Structure is low during Immature Positions and high during Mature Positions. The aspect under discussion here is how can the Reciprocating and Generating positions be facilitated so that the learning process will produce an educated, caring nurse (Bevis & Watson 1989: 88; See Figure 2.4, p.75). Structure is also related to the Teacher-Student Relationship in which inference or cause-effect relationship and what is cause and what effect, are difficult to determine.

### 4.1.2 TYPOLOGY OF LEARNING

In this section the following aspects are discussed:

- the different types of learning
- the Learning Typology

### DIFFERENT TYPES OF LEARNING

Prior to discussing the Bevis and Watson Typology of Learning, it is necessary to consider the fact that each student is an individual and as such learns in a different manner to other individuals. Some students learn through listening, observing, questioning; others by reading or doing things, that is active participation (Brink 1988:11; Davis 1990:405; Rogers & Freiberg 1994:189). Human learning is multifaceted as many internal and external environmental factors influence the ability of the individual to learn (van Hoozer & Bratton & Ostmo & Weinholtz & Craft & Gjerde & Albanese 1987:47). Learning style is concerned with the **how of learning** and refers to the distinctive behaviours or patterns that indicate how an individual learns from, and adapts to the environment or how she prefers to learn (Brink 1988:11).

Galbraith (1992: 10-11, 20) believes that facilitation should assist learners in *learning how to learn*. He further states that he has no clear cut definition of facilitation but has developed a set of nine principles of good facilitation. The principles are grounded in the conceptual and practical application of knowledge and experience of the facilitation and the adult learning process. The nine principles are namely develop a philosophy, understand the uniqueness of (adult) learners, eliminate load factor, provide a vision, be authentic and credible, provide challenges, foster praxis (See p.58), attend to how learners experience learning and encourage independence.

Other authors who subscribe to the fact that there are different types of learning are Hagland (1994:690), Huckabay (1980:11-12), Knowles (1990: 2, 11), Kolb (1976 in DeCoux 1990:202), Leino-Kilpi (1989:62-63), Pask (1976:132), Quinn (1988:3-5, 31), Reilly & Oermann (1990:28-30) and Woolfolk (1987:25).

Kolb's experiential learning model (Brink 1988: 12; Brockhaus & Woods & Brockhaus 1981: 27; Christensen & Lee & Bugg 1979:52; Hodges 1988: 342) describes four basic learning styles, namely diverger, assimilator, converger and accommodator. The learning process is viewed as a four stage cycle involving concrete experience, reflective observation, abstract conceptualisation and active experimentation (Laschinger & Boss 1984: 376; Rich & Parker 1995: 1051; van Schoor 1987: 117). Kolb's model integrates experience, perception, cognition and behaviour (Holbert & Thomas 1988: 31). Holbert and Thomas used Kolb's model (1988: 32-34) to guide the design and implementation of an instructional unit on gerontological nursing. They indicated that the use of the learning cycle offers nurse educators an approach for preparing students to integrate humanistic, caring, expert knowledge and technological competence. These concepts are relevant to the Bevis and Watson model (See pp. 30, 42-43).

In contrast DeCoux (1990: 202-207) reviewed the application of the Kolb Learning Style Inventory (LSI) in the examination of learning styles amongst nursing students. Various research studies were examined regarding generic (traditional) and RN<sup>5</sup> (non-traditional) students, Baccalaureate and Associate degree or diploma students, learning style and achievement, teacher/learner learning style match and learning style and the nursing process. DeCoux found minimal support for the validity or utility of the instrument (LSI). In general, lack of significant relationships between learning style and other variables was revealed in research conducted with nursing students. In the light of these findings she recommended that Kolb's LSI not be used in nursing education.

However, in South Africa, Luthuli, Masiea and Zuma (1992: 30) express reservations about the feasibility of applying the Western Model of Learning to Black students. Some of the theories applied in the Western model are Behaviourist, Cognitive and Humanistic Learning Theories. Thus, these theories were developed by Western theorists in the Western context and must of necessity be biased in favour of Western culture. The authors further stated that the cultural background of Black nursing students differ from those of their White counterparts. Black students come from a restricted life world where the majority of students had minimal or no access to television, books or radios. The language of instruction is regarded as foreign to them as it is not their mother tongue. Thus, the Black student enters nursing in an environment where she has to adapt to and internalise the sub-culture of nursing and the professional role, use technical terms and operate foreign technological gadgets and equipment. The authors further state that the Humanist Theory, if developed and extended, could possibly be applied to the cultural dimension of learning for the Black student (Luthuli & Masiea & Zuma 1992: 32-33).

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<sup>5</sup> Individuals with Baccalaureate or higher degrees in other fields who are career-changers and enter nursing (Brink 1992(a): 34).

## **DESCRIPTION OF THE TYPOLOGY**

The Typology of Learning mini-model may be used for selecting and sorting educational content, moving students forward on the Learner Maturity Continuum and for devising or choosing Educative Teacher-Student Interactions and Learning Experiences (Bevis & Watson 1989: 91).

According to Bevis and Watson (1989: 92) the Typology of Learning (See Table 2.1, p.55) consists of six types of learning. The first three; Item, Directive and Rationale learning can be placed on the Immature side of the Learner Maturity Continuum and the last three; Contextual, Syntactical and Inquiry on the Mature side of the continuum. The first three types of learning lead to training and the last three types to education.

It is important to remember that all the types of learning are appropriate depending on the circumstances. For example, during her education a nurse has to acquire certain skills where Item, Directive and Rationale learning may be the appropriate types of learning to implement.

### **4.1.2.1 ITEM LEARNING**

This category deals with the student learning separate pieces of information, individual factors and simple relationships such as lists. Item learning helps acquire skills or tasks mechanically and ritualistically, for example how to bath a baby (Bevis & Watson 1989: 91).

Item learning is reminiscent of the work, by Marton and Svensson (1982) and Marton and Saljo (1984) which is described in a study undertaken by Leino-Kilpi (1989: 62). These authors describe an atomistic or surface approach to learning. During the atomistic or surface approach to learning, the student concentrates on facts, details, separate parts and does not attempt to achieve an integral picture of the subject matter (Table 5.2, p.231). Details or facts are not combined with reference to the main theme.

TABLE 2.1 CRITERIA FOR LEARNING TYPOLOGY

ITEM	DIRECTIVE	RATIONALE	CONTEXTUAL	SYNTACTICAL	INQUIRY
<ul style="list-style-type: none"> <li>• Pieces of information</li> <li>• Individual factors</li> <li>• Lists</li> <li>• Procedures</li> <li>• Using tools and materials</li> <li>• Simple relationships between items</li> <li>• Task centred</li> <li>• Mechanical</li> <li>• Descriptions</li> </ul>	<ul style="list-style-type: none"> <li>• Rules</li> <li>• Injunctions</li> <li>• Do's and don'ts</li> <li>• Expectations</li> <li>• Instructions</li> <li>• Directions</li> </ul>	<ul style="list-style-type: none"> <li>• Underlying theory</li> <li>• Sequencing items and directives</li> <li>• Why's</li> <li>• Use of formal properties</li> <li>• Relationships of skills and interventions to items and directions</li> <li>• Applying research to practice</li> </ul>	<ul style="list-style-type: none"> <li>• Caring and concern</li> <li>• Nursing culture, mores and folkways</li> <li>• Language jargon</li> <li>• Perceive world as a nurse</li> <li>• Politics</li> <li>• Power</li> <li>• Ethics</li> <li>• Work-role relationships</li> <li>• Aesthetics</li> <li>• Nursing Philosophy</li> <li>• Professional activities</li> <li>• Professional identification</li> </ul>	<ul style="list-style-type: none"> <li>• Grounded in practice</li> <li>• <i>Wholes</i></li> <li>• Broad relationships</li> <li>• Setting aside rules, generating personal rules and guides</li> <li>• Individualised care</li> <li>• Using personal guides</li> <li>• Acknowledging personal paradigm experiences</li> <li>• Consequential reasoning</li> <li>• Insights</li> <li>• Meaning</li> <li>• Interpretations</li> <li>• Significance</li> <li>• Comparisons</li> <li>• Patterns</li> <li>• Using informal properties</li> <li>• Deeper structures of the field</li> <li>• Praxis</li> </ul>	<ul style="list-style-type: none"> <li>• Creativity</li> <li>• Investigating</li> <li>• Theorising</li> <li>• Strategizing</li> <li>• Researching</li> <li>• Idea generating</li> <li>• Visualising</li> <li>• Determining assumptions and implications</li> <li>• Scholarly feelings, standards, activities</li> <li>• Questioning</li> <li>• Intuitive leaps</li> <li>• Analysing</li> <li>• Synthesising</li> <li>• Criticism</li> </ul>

The student adopts a passive attitude with no personal involvement. Thus, the outcome remains narrow and restricted, that is, surface learning occurs (Hattie & Watkins 1988: 345; Leino-Kilpi 1989: 62-63; Quinn 1988: 107).

In line with the above finding, McGovern and Valiga (1997: 29) found that students tend to be at the lower levels of Perry's Cognitive Development Scale rather than at the more advanced levels.

#### **4.1.2.2 DIRECTIVE LEARNING**

This category deals with rules and guidelines, the "DO's" and the "DON'Ts." Directive learning follows Item learning or can be learned concurrently (Bevis & Watson 1989: 93).

Directive learning is also reminiscent of the work by Marton and Svensson (1982) and Marton and Saljo (1984), which is described in a study undertaken by Leino-Kilpi (1989: 62). The reader is referred to point 4.1.2.1 Item learning, the second paragraph, p.54.

Directive learning is also reminiscent of Ausubel's Reception or Expository learning. During Reception learning a student acquires knowledge primarily through being presented with and receiving concepts, principles, facts and ideas (Ouellette 1986: 16; Woolfolk 1987: 272, 276-277). Expository means explanation or setting forth of facts and ideas. During expository teaching, for example during a lecture, the teacher presents material in a complete, carefully organised, sequenced and finished form to the student. The student thus receives the most usable material in the most efficient way (Ausubel & Norvak & Hanesian 1978: 120).

#### **4.1.2.3 RATIONALE LEARNING**

Rationale learning uses theory to support nursing practice. This category deals with the whys, the reasons or rationales of nursing. For example, why

is a nursing intervention such as pressure care implemented in a specific manner? This category is concerned with learning the underlying theories and rationales, when they apply and their use in practice. It involves arranging items and directives in some logical order and finding theories on which to base nursing practice. It allows the rational use of formal properties of activities and theories and enables an individual to relate data and ideas to plan interventions and skills. Rationale learning exerts an influence on judgement and decision-making and enables learners to apply research to practice. It permits grounding practice in realities that are classical and fit known patterns. Rationale learning facilitates the structuring of nursing work and knowledge in a manner consistent with common, or expected consequences of nursing care or intervention. For example, basing nursing practice and thus nursing interventions on the Orem Self-Care Model of Nursing (Bevis & Watson 1989: 93; Fawcett 1984: 175-200; Fitzpatrick & Whall 1983: 137-153).

#### **4.1.2.4 CONTEXTUAL LEARNING**

This category forms the cultural framework in which the discipline of Nursing and its practice exists. It is the essence of Nursing and deals with socialising aspects, nursing literature, world perspectives as a nurse, political expertise and aesthetics. It is the aspect of nursing that helps an individual become a person who thinks and feels like a nurse. Contextual learning is the language of nursing and its symbolism, values, ethics and general philosophy. It entails learning to view nursing as a human science in order that transactions and interactions with patients and colleagues are caring, compassionate and positive (Bevis & Watson 1989: 93).

#### **4.1.2.5 SYNTACTICAL LEARNING**

This category deals with the logical structure of data into meaningful *wholes*, broad relationships, insights, patterns between elements and intuition. During Syntactical learning, the student delves deeper into learning and

finds or seeks meaning (Bevis & Watson 1989: 93-94, 294). It is the welding together of theory and practice into praxis. Praxis is defined as enabling theory and practice to inform and shape each other and as the precise symbiosis between reflective action and critical theorising (Bevis & Watson 1989: 56, 223, 236; Ford & Profetto-McGrath 1994: 342; Galbraith 1992: 11).

Syntactical learning is reminiscent of the work by Marton and Svensson (1982) and Marton and Saljo (1984), which is described in a study undertaken by Leino-Kilpi (1989:62). These authors also describe a *wholistic* or deep approach to learning. During the *wholistic* or deep approach to learning the student concentrates on *wholes*, (Table 5.2, p.231) where she actively and personally attempts to create an integral *whole* organised around a central theme. An integral *whole* is formed by organising the relations between the parts of the *whole* and by utilising details to clarify and support the main theme. During this process deep learning occurs (Hattie & Watkins 1988: 345; Leino-Kilpi 1989: 62-63; Quinn 1988:107).

#### **4.1.2.6 INQUIRY LEARNING**

This category is the creative aspect of the student where themes are generated and ideas, dreams and visions are developed (Bevis & Watson 1989: 94).

Inquiry learning is reminiscent of Bruner's Discovery Learning (Woolfolk 1987: 272, 274-276). Discovery Learning implies that the teacher should provide intriguing questions, (Table 5.2, p.231) baffling situations or interesting problems that stimulate the students to actively discover the structure of the subject matter for themselves. Structure refers to the fundamental framework of ideas, relationships or patterns of the subject, that is, the essential information.

To solve problems the student uses intuitive and analytical thinking. Intuitive thinking may be defined as imaginative leaps to correct perceptions or workable solutions. Bruner (in Woolfolk 1987: 275-276) suggests that teachers can nurture this type of thinking by encouraging students to make guesses based on incomplete evidence and then confirm or disprove the guesses systematically through research. This reminds the researcher of hypothesising, that is, making an educated guess. When, for example, a nurse tutor wants a student to learn about raised intracranial pressure; she may ask the student to guess the dangers. Thereafter, through systematic research, that is, reading about and discussing the subject with others or doing a case study on a patient with raised intracranial pressure, substantiate the answers. Thus, instead of explaining how to solve a problem, the teacher provides the means to solve the problem, for example, by providing appropriate material resources or encouraging the student to make observations, form hypotheses, (educated guesses) and to test if the answers are correct. Unfortunately, educational practices often discourage intuitive thinking by punishing incorrect guesses and rewarding safe, but uncreative answers.

In support of the previous statement, Hattie and Watkins (1988: 346) state that a deep level approach to learning (See p.58) has been shown to be necessary to achieve higher level learning outcomes such as critical thinking and independence of thought. However, independence of thought is not often rewarded by academic grades, especially not in a Behaviouristic orientated approach.

Concepts, such as investigating, theorising, researching, idea generating, questioning, intuitive leaps and analysing, mentioned in Bruner's Discovery Learning are also contained in the Bevis and Watson mini-model: Typology of Learning (See Table 5.2, p.231).

Regarding analytical thinking (See p.59), Jacobs, Ott, Sullivan, Ulrich and Short (1997: 20) used a literature review, extensive discussion, student participation and evaluation to formulate a theoretical and operational definition of critical thinking. **Theoretically**, they defined critical thinking as the *“repeated examination of problems, questions, issues and situations by comparing, simplifying and synthesising information in an analytical, deliberative, evaluative, decisive way.”* The **operational definition** was defined as *“In nursing, critical thinking is the repeated synthesis of relevant information, examination of assumptions, identification of patterns, prediction of outcomes, generation of options and choice of actions with increasing independence.”*

Taba (1971 in Kyriacos 1992: 48) defined critical thinking as a *“way of life involving many skills and abilities in treating ideas and facts.”*

The aim of this mini-model is to place greater emphasis on the educative types of learning. Thus, the aspect under discussion here is how can this Typology of Learning be applied or matched to the Learner Maturity Continuum so that the end product of nursing is an educated, caring nurse.

#### **4.1.3 CRITERIA FOR TEACHER-STUDENT INTERACTIONS**

Teacher-Student Interactions may be defined as guidelines relating to the manner in which teachers and students interact with one another in order that learning occurs (See Table 5.3, p.233). For example, the teacher is open and non-defensive with the student. (See Table 5.3.1, Criterion no. 7, p.234). Teacher-Student Interactions are critical to successful teaching and education, and those effective in facilitating the learning of students should be selected.

Interactions may be non-verbal, written or oral. The interactions will reflect the faculty’s definition and philosophy of teaching and will relate to their

purposes and aims desired for the education of the students (Bevis & Watson 1989: 192, 195). Four broad categories of Teacher-Student Interactions (See Table 2.2, below) are creativity, style of presence, reciprocal interactions and Teacher-Student Interactions that support Contextual, Syntactical and Inquiry learning (Bevis & Watson 1989: 208).

**TABLE 2.2 TEACHER-STUDENT INTERACTIONS**

BROAD CATEGORIES	TYPE OF LEARNING FACILITATED
Creativity Style of presence Reciprocal interactions Teacher-Student Interactions	Contextual Syntactical Inquiry

(Bevis & Watson 1989: 208)

Certain kinds of Teacher-Student Interactions support educative learning and are useful in moving students forward on the Learner Maturity Continuum. For example, *the teacher provides a positive milieu that is conducive to activities that promote learning such as discussion and small group work, confrontation, role playing and case studies* (See Table 5.3.1, Criterion no. 20, p.236). Therefore, educative and caring teacher-student interactions must be selected (Bevis & Watson 1989: 81, 191).

Vaughan (1990: 925, 929, 932-933) investigated the attitude of student nurses towards teaching/learning methods. Findings from this study indicated that students were more positively predisposed towards student-centred than teacher-centred, teaching/learning methodologies. The most preferred methods were games and discussion. The least preferred method was the lecture, but was the method most widely used by tutors. The results indicated that students prefer teaching/learning methods that are learner-

centred where they can actively participate in the teaching method. This study also highlights the importance of taking the views and individual needs of students into consideration when planning and implementing a curriculum.

Videbeck (1997(b): 26-27) also states that the lecture continues to be the most frequently used teaching strategy. However, she adds that regardless of how *“pertinent, relevant or well delivered a lecture is, it does not provide practice in using critical skills.”*

In line with Vaughan’s view that the individual needs of students have to be taken into consideration, Cioffi and Markham (1997: 265, 271) indicated that clinical decision-making by midwives is based mainly on their clinical experiences. Hence, the importance of providing varied clinical experiences when developing midwifery programmes.

Weimer (in Bevis & Watson 1989: 205) stated that teachers should clearly think about the knowledge and skills desired in students that will serve them well the rest of their lives, examine what can be done to best achieve this learning and consider ways to enable students to become responsible for their own learning.

In line with Weimer’s view, Oermann (1994: 215) in an article entitled *“Reforming Nursing Education for future practice”* comments on a report by the National League for Nursing published during 1991. This report entitled *“Nursing’s Agenda for Health Care Reform”* reported a shift in health care to the community and an expanded community based primary health care role for the nurse of the future. This health care reform also necessitates reform in Nursing Education such as teaching strategies that promote critical thought (Kataoka-Yahiro & Saylor 1994: 351) among students, more experiential teaching methods, building on past experiences, providing more opportunity for students to examine ideas, discuss them with teachers and

others. These discussions of student's ideas and thinking about practice, provide opportunity for development of critical thinking and other cognitive skills, as well as examining values and feelings that learners bring to the clinical situation (Ford & Profetto-McGrath 1994: 341; Oermann 1994: 218; See Table 5.3.1, p.233). As stated by Diekelmann (1989: 37-38), "*the teacher must be an explorer of meanings with the students.*" These concepts are also applicable to the Bevis and Watson Model (See pp.55, 58, 64).

The views expressed by Oermann in her article entitled "*Reforming Nursing Education for future practice*" are in line with views held by South African nurse leaders. Gumbi (1996: 5) commenting on primary health care and education, advocates a partnership between the community and the nurse to ensure maximum involvement of the community. She further promotes the idea of a participatory educational context, where the teacher and student are viewed as co-learners and co-decision makers. Education should be integrated, community- and problem-based (Gumbi 1996: 4). A nurse is a professional, accountable for her own acts and omissions. Therefore, she requires intellectual, technical and emotional skills that allow her to solve problems and think critically (Gumbi 1996: 1).

Some of the views expressed by Oermann are also supported by the World Health Organisation. WHO (1996: 50) advocates that innovative approaches to curriculum planning, teaching and learning methods be encouraged so that Nursing Education programmes are:

- problem-based to promote skills of critical thinking and problem solving
- rooted in the **philosophy** of Primary Health Care.

In Canada, health care reforms include an increased emphasis on Primary Health Care. This resulted in Nursing Education changing its emphasis to the community and health promotion (Attenborough 1997: 232-233). In America, Buerhaus, Clifford, Erickson, Fay, Miller, Sporing and Wiessman

(1997: 14-15) reported that teaching priorities in medicine and nursing have not kept pace with changes in the health care market. These aspects are Managed Health Care and Primary Health Care and should receive immediate attention.

#### **4.1.4 CRITERIA FOR SELECTING AND DEVISING LEARNING EXPERIENCES**

Learning Experiences (See Table 5.4, p.240) refer to all the processes available to nurses to ensure that learning occurs, for example, reflection, criticising, problem solving and writing. When Learning Experiences are selected and devised, learning types must be taken into consideration and the student assisted to derive meaning from the Learning Experiences. Learning Experiences that meet specified criteria, for example, those that enable students to develop critical thinking skills, make judgements about relevant rules and values, maintain personal and professional integrity while rejecting obsolete, outdated rules, values and beliefs (Bevis & Watson 1989: 203); those that support Educative Learning and are concomitantly useful in moving students forward on the Learner Maturity Continuum, should be selected (Bevis & Watson 1989: 81).

Regarding the fact that Learning Types should be considered when Learning Experiences are selected and devised, Hattie and Watkins (1988: 349) reported that students who applied a deep level learning strategy (See p.58) preferred classrooms to be enjoyable and orientated to independent study. These students preferred to take responsibility for their own learning, to choose their own way of learning, that is, to learn at their own pace and preferred teaching to be individualised.

According to Bevis and Watson (1989: 198) Learning Experiences must emphasise connectedness, understanding, collaboration, allow time for knowledge to emerge from first hand experiences and encourage students to

evolve their own patterns of work based on the presented problems. Reilly & Oermann (1990: xvii) support this viewpoint by stating that in the 1990's, interaction is viewed as the key element in the teaching-learning process.

Thus, during learning experiences students should be confronted with real problems in order to develop the higher cognitive skills of problem solving, reflection, creativity, critical thinking and evaluation.

Bevis and Watson state that learning experiences have an introduction, a working phase, a culmination and a resolution. These four broad categories (See Table 2.3 below) are used to categorise and conceptualise criteria for the Learning Experiences mini-model (Bevis & Watson 1989: 208).

**TABLE 2.3 CATEGORIES OF EDUCATIVE LEARNING EXPERIENCES**

<ul style="list-style-type: none"> <li>• Introduction</li> <li>• Working phase</li> <li>• Culmination</li> <li>• Resolution</li> </ul>
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A very important aspect of learning experiences is the establishment of a climate conducive to learning, as climate is also viewed as a learning experience (Galbraith 1992: 11; Hollis 1991: 49). Rogers and Freiberg (1994: 188) state that in classrooms where teachers facilitate learning, the *“focus is on creating the climate for learning and the experiences that support student understanding of the wholes rather than its modularised parts.”* Further, no matter how good, effective or what the quantity or quality of learning experiences may be, they will have little impact on the learning process if the climate is not supportive of learning. For this reason, Knowles

(1990: 120, 124) views climate setting as the most crucial aspect in the learning experience. An effective physical and psychological environment has to be created and maintained. Physical conditions that are comfortable must be provided such as adequate seating, temperature, ventilation, lighting, good acoustics, access to adequate material and human resources and to refreshments and rest rooms (Knowles 1990: 85, 121-122). The psychological environment should promote good interpersonal relationships by fostering mutual trust, respect and helpfulness, freedom of expression, acceptance of differences and especially respect for cultural differences, caring and understanding of others (Knowles 1990: 85,122-123).

The implementation of peer interaction as advocated by Gravett (1995(b): 16-17) would enhance the psychological environment as described by Knowles in the previous paragraph. This in turn may facilitate learning during learning experiences as peer interaction:

- gives learners the opportunity to reflect on their learning
- allows students to share and negotiate knowledge in a community of learners
- enables the sharing of a complex problem and through this sharing, the problem becomes more manageable for the individual learner and as a result the construction of understanding is supported
- permits exposure to alternative viewpoints
- creates an atmosphere where learners feel less threatened and will express both negative and positive views, more freely
- facilitates the communication of ideas, as a learner is able to more readily identify a co-learner's misconceptions, as the distance between the understanding of students is far less than the distance between the understanding of the student and the teacher.

Cheng (1994: 221, 233-234, 236-237) indicated that the quality of the physical and psychological classroom environment was one of the strongest

indicators of affective performance of students. In effective classrooms the physical environment was perceived as being equipped with appropriate physical facilities, having sufficient space, being neat, clean and free of pollution. The psychological environment was characterised by a teacher who cared for the students. This caring was evidenced by the teacher being considerate, paying attention to teaching and not forcing punishment but giving appropriate rewards. The teacher influenced the students through her professional knowledge, personal morality and personality. Thus, in this instance climate is viewed as a learning experience.

Redmond and Sorrell (1996: 27) also view climate setting as an important aspect in learning. Redmond and Sorrell (1996: 22, 25, 27) explored the meaning of caring as experienced by students. The two patterns that emerged from this study were the ***power of the faculty*** and ***creating a caring learning environment***. They indicated that the key to creating a caring learning environment lay in first establishing a ***caring*** relationship with the student. A trusting, supportive teacher-student relationship is necessary for students to think critically and feel empowered to implement caring nursing care. Additionally, Redmond and Sorrell (1996: 27) believe that the teacher is the primary instrument in structuring a caring learning environment.

The findings of Redmond and Sorrell reinforce those of Hughes (1992: 60-61) who stated that female nursing students experience a climate of caring through interactions with the teacher. Examples of such interactions are modelling, dialogue, practice and confirmation. During these interactions it is important that the student perceives herself as the recipient of care provided by the teacher. In addition, the student must be able to see and use the *self* as caring.

Additionally, Paterson, Crawford, Saydak, Venkatesh, Tschikota and Aronowitz (1995: 600) reported that male nursing students learn to care as nurses through educative learning experiences such as the interactional strategies of storytelling, modelling, being cared for, the "aha" encounter and observing and giving care.

In America, during a study concerning critical thinking, Sedlak (1997: 11) found that students who enrolled in the first clinical course of a Baccalaureate Nursing Programme did think critically. Additionally, he indicated that critical thinking is facilitated by dialogue occurring in a supportive environment.

Regarding critical thinking, Videbeck (1997(a): 7, 9) found that in America, critical thinking as an outcome in Nursing Education (Kataoka-Yahiro & Saylor 1994: 351) is currently being evaluated using a variety of methods and processes indicative of educative learning experiences. For example, case study presentation, written nursing care plans, journals or logs, process papers or recordings, management or change papers, teaching projects, small group projects, critique of research literature and research projects. These methods should be employed during learning experiences as educative learning experiences.

The applicable aspects from the work of Cheng, Galbraith, Hattie & Watkins, Hughes, Knowles, Redmond & Sorrell, Rogers & Freiberg and Sedlak have been added to the criteria for Learning Experiences (See Table 5.4, p.240).

Regardless of the fact whether a Humanistic or Behaviouristic Approach is used, it is important to remember that students are individuals who use different learning styles and apply their own frame of reference regarding knowledge, experience, values and motivation. It is, therefore, incumbent on the tutor to be creative and utilise an appropriate teaching strategy or

strategies applicable to the student's style of learning, thus facilitating a meaningful teaching-learning experience (Reilly & Oermann 1990: 13).

### **Impact of Benner's research**

Once a Nursing College has implemented Bevis and Watson's Curriculum Paradigm, a logical conclusion would be that a new clinical evaluation system should follow suite. Bevis and Watson suggested applying Benner's Model of Evaluation. It was Benner who first took the Dreyfus and Dreyfus model of skill acquisition and applied it to nursing. In her book "*From novice to expert*" Benner (1984: 46) described the domains of nursing practice as the helping role, the teaching-coaching function, the diagnostic and patient-monitoring function, effective management of rapidly changing situations, administering and monitoring therapeutic regimes, monitoring and ensuring the quality of health care practices and organisational and work-role competencies.

Each domain is comprised of certain competencies. In the helping role one example of a competency is providing comfort measures and preservation of dignity and self-esteem in the face of pain and extreme breakdown (Benner 1984: 55-56). A second competency relating to the helping role is being with a patient where she uses the term *presencing* (Benner 1984: 57-58; Benner & Wrubel 1989: 411; Darbyshire et al. 1990: 74-75). Benner's research-based, practice centred, caring and Humanistic Approach to evaluation may be the ideal approach to adopt, as this framework encourages the student to view caring *holistically*, critically, reflectively and interpretively (Darbyshire et al. 1990: 74). In addition, these concepts also correlate with Bevis and Watson's Typology of Learning, namely Syntactical and Inquiry Learning, which are found on the education side of the Training-Education Continuum (See Figure 1.1, p.3; Appendix D, p.281). An example of this is in Syntactical Learning where the student deals with logical structure of data into meaningful *wholes*; in Inquiry learning with analytical, critical, reflective,

creative and interpretative ideas and thoughts (Bevis & Watson 1989: 93-94).

The research of Benner has impacted on teaching as far afield as Glasgow, Scotland (Clayton & Murray 1989: 47-48). Here the authors Darbyshire et al. (1990: 74-75) report that they have moved away from the Behaviourist Approach in clinical evaluation and are implementing a Continuous Assessment Profile (CAP), adapted from Benner's domains of nursing practice. An essential component of this system is the encouragement of students to take increased responsibility for their own learning in the clinical areas (Darbyshire et al. 1990: 75). In Bevis and Watson's Learner Maturity Continuum, the student takes responsibility for her own learning from the Mature position of Reciprocating (Figure 1.1, p.3; Appendix D, p.281).

Darbyshire et al. (1990: 74-75) state that one of their reasons for this move to the Continuous Assessment Profile, is Benner's promotion of the primacy and power of *caring*, as the central theme of nursing care (Benner & Wrubel 1989: 5-7). This *caring* aspect has become even more important as internationally, health care is dominated by an era where commercialism and drastic curtailment of financial expenditure prevails. This leaves the patients even more vulnerable and dependent on a nurse who cares for them as individuals and views them as *wholistic*, human beings (Darbyshire et al. 1990: 74-75). Caring and *wholistic* are concepts central to the Bevis and Watson Paradigm (See pp. 5, 42-43).

### **Triple Jump Method**

Reed (1992: 57-59) reports that in Canada, the McMaster University has implemented the Triple Jump Method to evaluate clinical competence. The Triple Jump Method evaluates the students' degree of self-directedness in relation to their ability to gather information independently and apply their skills of critical analysis, decision-making, problem-solving and self-

evaluation. These concepts are all relevant to the Bevis and Watson Typology of Learning (See Table 5.2, p.231). The Triple Jump Method contains an oral and a practical component. It is a structured exercise with three distinctive steps, hence its name, the Triple Jump. **Step one** is problem definition and formulation. The student is presented with a scenario from which an initial hypothesis is identified. The students may then request additional information after which the problems and nursing requirements are summarised. The teacher then inquires about which nursing interventions should be implemented and how the effectiveness of care delivered, will be evaluated. The teacher and student together, identify knowledge deficits that may hinder the student to deliver effective nursing care. **Step two** involves two hours of independent study during which the student has to solve the problems in any way she deems fit. When reporting back, the problems must be justified and prioritised. **Step three** is self-assessment. The student reflects on her performance and shares perceptions with the examiner who provides immediate feedback.

When reviewing the steps comprising the Triple Jump, the researcher concludes that it would be quite feasible and more appropriate to implement the method at the patient's bedside and not in a simulated position. Nursing is, after all, applied at the patient's bedside.

In conclusion, it is the viewpoint of the researcher that all the concepts contained in Bevis and Watson's Curriculum Paradigm are interrelated for the following reasons:

- The Learner Maturity Model enables nurse tutors to develop a curriculum that supports learner maturity, for without learner maturity, education reaps few lasting benefits for students.
- Obtaining clarity regarding the Types of Learning enables nurse tutors to select types that are educative and thereby facilitate learner maturity.

- The criteria for Teacher-Student Interactions enables nurse tutors to modify their relationships with students in ways that support educative learning and therefore, maturity.
- The criteria for Selecting Learning Experiences provide the platform, content and focus for educative learning (Bevis & Watson 1989: 89).

Thus, if all the concepts contained in Bevis and Watson's Curriculum Paradigm are optimally combined they will produce an educational milieu which has the potential to provide an educated, caring nurse.

## **5. DISCUSSION OF THE TYLER RATIONALE AND THE BEVIS AND WATSON CURRICULUM PARADIGM**

In the following discussion, the four questions contained in the Tyler Rationale and the four mini-models comprising the Bevis and Watson Curriculum Paradigm, are compared (See Table 2.4, p.73). The aim of this discussion is to highlight the differences between the two paradigms thus providing further background knowledge to the problem under study.

**NB:** The reader may want to keep the folder insert, Appendix D, page 281 ready for the discussion which follows.

### **5.1 QUESTION ONE**

***“What educational purposes should the school seek to obtain?”***

Tyler's first question relates to pre-selected behavioural objectives (Tyler 1949: 1). A prerequisite to the selection and organisation of curriculum content and teaching activities is the selection of behavioural objectives (Guilbert 1987: 1.49). This selection is influenced by what students need to know, what society thinks should be taught, what subject specialists consider important to their academic disciplines and values and beliefs

consistent with the philosophy of the educational institution (Marsh 1992: 107; Reilly & Oermann 1990: 31). Thus the focus of the curriculum in the Tyler Rationale is the teacher and the content. This is basically the essential difference between the two approaches namely, the Focus of the Curriculum.

**TABLE 2.4 TYLER'S FOUR QUESTIONS AND BEVIS AND WATSON'S FOUR MINI-MODELS.**

TYLER'S FOUR QUESTIONS	BEVIS AND WATSON'S FOUR MINI-MODELS
1. What educational purposes should the school seek to obtain?	1. Learner Maturity Continuum
2. How can learning experiences be selected which are likely to be useful in attaining these objectives?	2. Typology of Learning
3. How can learning experiences be organised for effective instruction?	3. Teacher-Student Interactions
4. How can effectiveness of learning experiences be evaluated?	4. Learning Experiences

In contrast, when comparing this question to the Learner Maturity Continuum of Bevis and Watson, it is important to note that it is broad aims that have to be attained and not pre-selected objectives. The most important aspect is not content, the opinions of society or specialists but the alliance existing between the teacher and student; for it is from the interactions and transactions between the teacher and the student that learning occurs. The characteristics displayed by the student at each position on the continuum are indicative of what she regards as being important to attain her aims during the learning process and to satisfy the teacher. At the Charming position for example, her aim is to obtain good grades and at the Anticipatory-Compliant position to only study what she thinks the teacher

views as important. The Resonating position is a transitional period, where she either remains at the training stage or crosses over to the educational side of the continuum. At the Reciprocating position, the student takes responsibility for her own learning and at the Generating position, her aim is to use the teacher merely as a consultant (Marsh 1992: 107; Reilly & Oermann 1990: 31). Thus, at the Charming, Anticipating-Compliant and Resonating positions the student is being *trained* and at the Reciprocating and Generating positions, she is being *educated*. The position adopted by the student also represents her degree of Maturity or Immaturity. The Charming, Anticipating-Compliant and Resonating positions represent Immaturity and the Reciprocating and Generating positions represent Maturity. The use of pre-selected behavioural objectives in a curriculum results in the student adopting the three Immature Positions on the Learner Maturity Continuum. This may be viewed as a defense mechanism in order to survive the oppressive teacher behaviour and obtain acceptable grades (Bevis & Watson 1989: 83; See Figure 2.4, p.75).

The essence is thus that the Behaviouristic Approach cultivates, fosters and maintains a subservient immature student; a state of affairs totally incompatible with the character of the professional, independent nurse practitioner Behaviourists supposedly aim at producing.

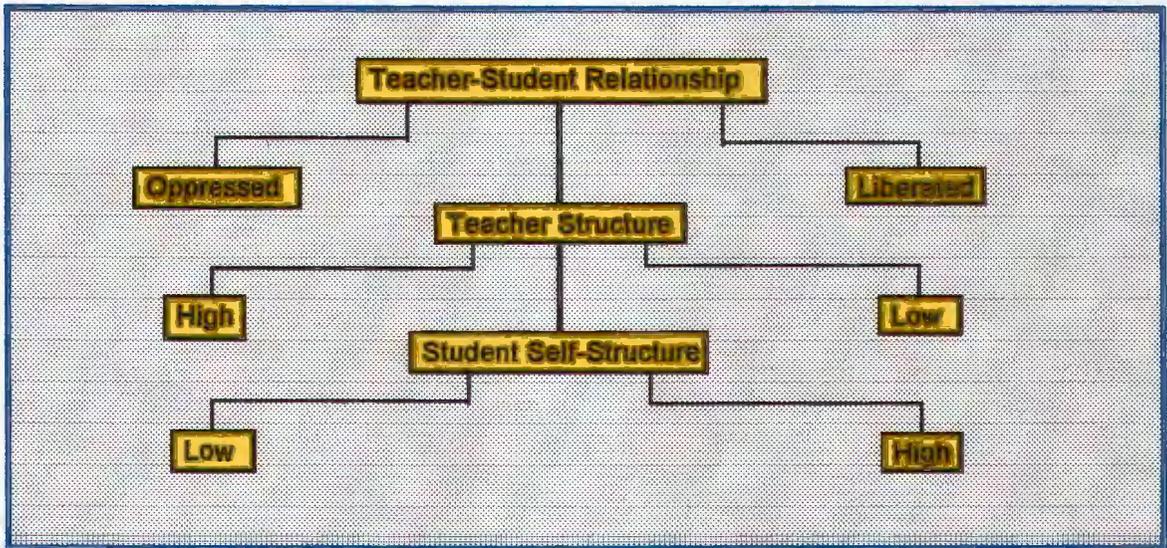
### **5.1.1 TEACHER-STUDENT RELATIONSHIP, TEACHER STRUCTURE AND STUDENT SELF-STRUCTURE**

As a preamble to the discussion that follows the above stated concepts are first defined. Teacher-Student Relationship, Teacher Structure and Student Self-Structure refer to the extent of the involvement of the teacher and the student in the learning process (See p. 45, 51; Figure 2.4, p.75).

### 5.1.1.1 IMMATURE POSITIONS ON THE LEARNER MATURITY CONTINUUM

The relationship between the teacher and an immature student is one of oppression and dominance by the teacher (See Figure 2.4 below). The student is viewed as a child who has to be controlled by the parent (the tutor). The teacher is the authoritative figure who strictly directs and controls every facet of learning. The tutor is the purveyor of knowledge while the student sits passively, absorbing content. The student learns by attaining behavioural objectives. Evaluation is based on a change in behaviour with the focus on skills training (Bevis & Watson 1989: 83, 85, 121-122).

**FIGURE 2.4 TEACHER-STUDENT RELATIONSHIP, TEACHER STRUCTURE AND STUDENT-SELF STRUCTURE**



(Adapted from Bevis & Watson 1989: 83, 88, 97, 206)

In the Immature Positions, during the learning process, the Teacher Structure is high and the Student Self-Structure low (Bevis & Watson 1989: 88). In this situation, the student does not take responsibility for her own learning but expects all the input to come from the teacher. The teacher manipulates and controls the learning environment. The Immature Positions

are typical of, and fostered by, the adoption of a Behaviouristic Curriculum Paradigm.

#### **5.1.1.2 MATURE POSITIONS ON THE LEARNER MATURITY CONTINUUM**

The relationship between the tutor and a mature student is one of liberation or freedom. The tutor respects and treats the student as another adult. A partnership exists where the tutor and student are co-learners. The tutor is the expert learner and the student the novice learner. The student is actively involved in the learning process. The focus is on educative learning (Bevis & Watson 1989: 86-88, 122).

In the Mature Positions, during the learning process, the Teacher Structure is low and the Student-Self-Structure is high (See Figure 2.4, p.75). The latter implies that the student takes responsibility for her learning, is actively involved in the process and the teacher is a facilitator providing guidelines and support for the student (Bevis & Watson 1989: 88). The Mature Positions are typical of, and fostered by, an educative learning environment as propagated by the Bevis and Watson Model.

## **5.2 QUESTION TWO**

***“How can learning experiences be selected which are likely to be useful in attaining these objectives?”***

The second question focuses on the content to be learned (Tyler 1949: 1). In this instance, the curriculum is viewed as a scientific document in opposition to Bevis and Watson’s (1989: 5) view that curriculum is the interactions and transactions that occur between and among students and teachers, with the intent that learning occurs.

Tyler considered it important that students obtain sufficient learning experiences in order to meet the objectives of the curriculum. This is

accomplished by ensuring that students are actively aware from commencement of these learning experiences of the objectives and behaviours expected of them, upon completion of these learning experiences and that they have to obtain ample opportunity to practice the desired behaviours (Marsh 1992: 107). In the Typology of Learning in Bevis and Watson's Paradigm, there is a change of alliance on the one hand *from* student, to content and teacher, to learning, and on the other hand *to* an alliance of teacher and student, to content, to learning (See p.43). The focus is not only on content as in Behaviourism, but on Teacher-Student Interactions with the intent that learning occurs. The student concentrates on how to learn, that is, the *process* and not what to learn (Bevis & Watson 1989: 81; Marsh 1992: 107; Rogers & Freiberg 1994: 152; Rose 1992: 7).

Having made the previous statement, it is interesting to note an alternative to curriculum or content organisation, that is, *what to learn*, as suggested by Diekelmann (1989: 36). She suggests that students organise their own curriculum by having a dialogue with all concerned parties, namely teachers and clinicians, in order to reach consensus on what should be learned.

Another alternative to *what to learn* is demonstrated by an individualised, inservice programme developed by Hagland (1994: 690-695). He incorporated experiential learning, reflective practice, self-directed learning and learning by contract into a programme for Intensive Care Nurses. Experiential learning is defined as learning through and from experience. Reflective practice is a process where the student considers and changes her actions to suit the situation, thus enabling the student to learn in the practical situation by questioning and reflecting. Questioning and reflection are criteria contained in the Bevis and Watson Typology of Learning (See Table 5.2, p.231).

**Learning by contract** is an individual approach which allows learning to occur independently at a pace, depth and breadth determined by the learner in agreement with the teacher. A contract is a document negotiated between the student and the teacher. The aim is to identify what the student will learn, how this will be achieved, for how long and how learning will be evaluated. Stevin and Lavery 1991 (in Hagland 1994: 694) described the Teacher-Student Relationship in this situation as one where the student decides and the teacher, who acts as a facilitator, responds. In conclusion, Hagland (1994: 695) states that this combination of experiential learning, reflective practice, self-directed learning and learning by contract, encouraged the participants to assume greater responsibility for their own learning and increased their motivation to learn. The preceding statement is in line with, and supported by the Bevis and Watson Approach. The applicable concepts from Hagland have been added to Educative Teacher-Student Interactions (See Table 5.3.1, p.233).

In support of Hagland, Knowles (1990: 139-140) states that learning by contract is without doubt the most **potent invention** he has discovered to facilitate learning and solve problems. Knowles states that it solves the problem of :

- the wide range of backgrounds, education, experience, interest, motivation and abilities that characterise most adult groups by providing a way for individuals to tailor-make their own learning plans
- getting the learner to have a sense of ownership of the objectives she will pursue
- identifying a wide variety of resources so that different learners can go to different resources for learning the same things
- providing each learner with a visible structure for systemizing her learning
- providing a systematic procedure for involving the learner responsibly in evaluating the learning outcomes.

In essence, the very act of participating in the process of diagnosing her own learning needs, formulating objectives or aims, identifying resources, choosing strategies and evaluating her accomplishment, enables the learner to develop a sense of ownership of, and commitment to, the learning contract (Knowles 1990: 213).

Conversely, in Behaviourism, learning activity is structured and controlled by the teacher. The teacher is the authority figure with the power impact. Therefore, the learner is told what objectives to attain, what resources to use, how and when to use these resources and how her accomplishment of the objectives will be evaluated (Knowles 1990: 212).

Learning by contract is further supported by findings from a study by Gettly (1997: 13, 19). Gettly reported that implementation of a learning contract :

- facilitates the learning process
- implies the creation of a relaxing atmosphere within which dialogue between the teacher and the student is established
- permits the student, in partnership with the teacher, to manage the learning process
- allows the student, in co-operation with the teacher, to formulate the content, objectives, teaching methods and learning strategies
- permits the student to be self-directing
- permits the student to apply self-evaluation.

The learning contract contains concepts such as facilitator of learning, dialogue, partnership in the learning process, active participation, independent and self-directed learning. All these concepts are pertinent to the Bevis and Watson Paradigm (See Table 5.4, p.240).

*The Learning Contract* embraces the idea of Carl Rogers (Rogers & Freiberg 1994: 151) who states that **“teaching is a relatively unimportant and vastly overvalued activity.”** According to Rogers people cannot be taught anything. Instead, the proper setting and available resources can only facilitate the process of individual learning (Rose 1992:7). Climate setting, that is, creating a climate conducive to learning, is a concept contained in the Bevis and Watson Paradigm. The student is encouraged to be an active learner and to take responsibility for her own learning. The teacher provides the means through which the student is able to learn independently (See Table 5.4, p.240).

### **5.3 QUESTION THREE**

**“How can learning experiences be organised for effective instruction?”**

Question three relates to the teaching and learning methods which may be utilised to ensure that the stated pre-selected behavioural objectives and scientifically validated content are learned (Tyler 1949: 1). The tutor is the authority figure and manipulates the learning environment to promote the attainment of learning objectives. Tyler considered it important that major concepts, skills and values be identified and incorporated by means of vertical and horizontal organisation, that is, repeated incorporation of these three criteria in one subject and across different subjects. In Bevis and Watson's Paradigm during Teacher-Student Interactions, the student is viewed as a colleague, the teacher is the facilitator, the expert learner and the student the novice learner. Both teacher and student decide together what type of teaching interactions will best suit the student's type of learning. The student is an active participant and not passive, as in Behaviourism (Bevis & Watson 1989: 7; Marsh 1992: 109).

### **5.4 QUESTION FOUR**

**“How can effectiveness of learning experiences be evaluated?”**

Question four relates to the evaluation of the student's performance, in the

theoretical and clinical situation, according to pre-selected behavioural objectives and scientifically validated content (Tyler 1949: 1). In contrast, evaluation using Bevis and Watson's Paradigm, takes into consideration where the student is placed on the Learner Maturity Continuum, the Type of Learning employed by the student, the Teacher-Student Interactions and the Learning Experiences. The focus here is on Teacher-Student Interactions and Learning Experiences where an Interpretive-Criticism Approach is applied.

***An Interpretive-Criticism Approach*** is an activity used to evaluate the educative learning process. The educative learning process is an activity where teachers perceive themselves as expert, co-learners with the novice learner, the student and where active learning is the primary mode of teaching and learning. As co-learners, the teacher and the student explore ways to learn and to interpret and criticise what has been learned. During this participatory-criticism process, students are helped by the tutor to learn to use knowledge and experience to make comparisons, and be critics of learning. Criticism and criticising then become teaching and learning experiences, as the very act of criticising enables students to grow towards meeting standards and improving their expertise. The process of criticism replaces evaluation for grades, as the purpose of criticism is to support improvements and not for marking. A successful Interpretive-Criticism Approach demands a trusting relationship between the teacher and the student and power sharing. It is a continuous process centred around the process of learning and not around behavioural objectives. The Interpretive-Criticism Approach applies words like understanding, appreciation, insights and feelings instead of behavioural objectives (Bevis & Watson 1989: 87, 267, 269, 271, 276, 280-281, 298). According to proponents of the Bevis and Watson approach certain aspects in the nursing curriculum are not ***evaluatable*** in the conventional or traditional Behaviourist terms. In support of this statement Benner (in Darbyshire et al. 1990: 4) states that the "*most*

*important outcomes of clinical nursing expertise cannot be guaranteed or legislated.*" Hume (1981: 2111-2112) also states that important behaviours like empathy are not easy to state as behavioural objectives.

By applying the Interpretive-Criticism Approach, **students** are helped to interpret, criticise and judge nursing care, their own reasoning, scholarship and growth, and to initiate improvements if required. If a Behaviouristic Approach is implemented, **teachers** evaluate or judge the nursing care given by the students (Bevis & Watson 1989: 270, 284).

The ultimate aim of the teacher implementing an Interpretive-Criticism Approach is to enable students to be connoisseur critics. In order to do this, the teacher must be a connoisseur which means an expert, not only in nursing content but also in the processes of the educated mind, that is, in learning. Additionally, the nurse connoisseur must be an expert nurse practitioner able to describe, interpret, compare and criticise nursing care (Bevis & Watson 1989: 279, 283-284). During critical dialogue, tutors and students endeavour to find ways that provide clues to learning such as:

- what meanings do students attribute to their experiences
- what patterns do they see emerging in their nursing care and
- how do they *know* and what types of *knowing* do they experience.

(Bevis & Watson 1989: 279).

Besides evaluating learning during application of the Interpretive-Criticism Approach, tutors may discover deficits in learning such as lack of insight, compassion, ethical awareness, flexibility or the simple ability to perceive patterns of nursing care (Bevis & Watson 1989: 281).

In essence, Bevis and Watson advocate applying a Process Model, as opposed to a Product Model as used in the Behaviouristic Approach. A Product Model emphasises the end result, outcome or worth of the learning

experience (Knowles 1990: 6; Marsh 1992: 109; Richardson 1995: 1044). In contrast a Process Model emphasises the learning process, that is, how the student learns (Rogers & Freiberg 1994: 152).

### **THE PRESENT TREND IN SOUTH AFRICA**

The use of behavioural objectives has influenced Nursing Education throughout the world, for instance, in the United States of America and Britain (See p.2). *In South Africa*, de Villiers (1996: 15-16, 19-20) found that not only was the use of behavioural objectives wide spread in Nursing Colleges in the Gauteng Province, but that numerous other Behaviouristic principles also featured prominently in their curriculums. The findings of de Villiers are discussed accordingly:

#### **Curriculum content : Curriculum organisation and subject content**

Ann Latsky and Ga-Rankuwa Nursing Colleges base their curriculum on the Behavioural-Objectives Approach and their curriculum is overloaded with content (de Villiers 1996: 14-15).

#### **Teaching strategies and learning climate**

At Ann Latsky Nursing College, the main focus of classroom teaching is the transmission of knowledge by means of the lecture method. Students are passive absorbers of knowledge. Clinical teaching concentrates on practising clinical skills under the guidance of the tutor (de Villiers 1996: 16). At B. G. Alexander Nursing College, the lecture is the most frequently used teaching strategy, students tend to learn by rote and to compartmentalise knowledge (de Villiers 1996: 17).

#### **Evaluation of learning**

At Ann Latsky Nursing College, evaluation of learning is done within a framework of the programme objectives as stipulated by the South African Nursing Council and behavioural objectives set by the tutor. At Ga-Rankuwa

Nursing College, evaluation of learning is objective orientated (de Villiers 1996: 19).

However, it is important to state that despite the above findings of Behaviouristic practices, there is a definite indication of a movement towards a Humanistic-Educative-Caring Curriculum Paradigm in South Africa.

From grassroots level up to national level there is a similar move afoot to effect change not only in Nursing Education, but also in General Education (Fourie 1996: 12; Herbst 1996: 3; Kotzé 1997: 51; South Africa 1997(c) :157; Uys 1997: 40-41). Credence is given to this statement by perusal of various newspaper articles, books, documents from working groups and policy documents for example, the White paper on Higher Education (South Africa 1997(a): 9).

The researcher is a member of the Gauteng Curriculum Committee. The committee has a mandate to provide at meso-level, a standardised or common curriculum for Colleges of Nursing in the Gauteng Province for the Four Year Diploma course. At micro-level Colleges will have individual freedom of choice as to what is viewed as important and what should be included in the curriculum. Commencement date for implementation of the standardised (common) curriculum is 1 January 1998.

The point of departure, taken by the Gauteng Curriculum Committee, for renewal in Nursing Education is based on the following documents:

- Discussion document entitled "A unified nursing education system for South Africa" by the South African Interim Nursing Council (1996)
- Reconstruction and Development Programme (1994)
- African National Congress: A National Health Plan for South Africa (1994)
- Draft White Paper on Education and Training (1994)

- Draft White Paper on Higher Education (1997)
- Draft Higher Education Bill (1997)
- White Paper for the Transformation of the Health System in South Africa (1997)
- Curriculum 2005: Lifelong learning (1997)

### **Curriculum 2005**

Curriculum 2005 refers to the concepts of education and training and emphasises that these two concepts should be integrated (Department of Education 1997: 1, 4-5, 14). Therefore, Curriculum 2005 supports a confluence of education and training. Curriculum 2005 is the new outcomes-based education system which aims to prepare students in General Education to meet the challenges of the 21st century. Outcomes-Based Education is linked to the National Qualification Framework (Bellis 1997: 33; Bruce 1996: 48; Smit 1997: 46; South Africa 1994: 29; South Africa 1997(b): 54). The National Qualification Framework (NQF) provides learning opportunities for learners regardless of age, circumstances, gender and level of education and training. It allows learners to learn on an on-going basis. This is referred to as lifelong learning and is central to the NQF. Outcomes-Based Education (OBE) is an approach that aims to not only increase the general knowledge of the learners, but to develop their skills, critical thinking, attitudes and understanding (Department of Education 1997: 4,8). The focus of education is changed from content to outcomes and the processes required to meet the outcome (Bellis 1997: 33; Department of Education 1997: 9; Smit 1997: 46).

Curriculum 2005 has been built around concepts such as **critical outcomes** that emphasise abilities such as communicating effectively, using creative thinking to solve problems and organising and managing oneself responsibly. The teacher's role is one of a facilitator who guides activity-based learning and in the process assists learners to achieve the outcomes

specified. The focus of assessment will also change from summative evaluation to a system of continuous evaluation implemented throughout the year. Videbeck (1997(b): 27) refers to continuous evaluation as formative evaluation where data is gathered throughout the educational process. Assessment becomes a team effort where both the teacher and student use a variety of methods to assess the progress of learning towards the specified outcomes (Department of Education 1997:16; Sowetan 1997:1). Critical outcomes are also referred to as *critical cross-field outcomes* or *essential outcomes*. The Gauteng Curriculum Committee has adopted the phrase **essential outcomes** and have adapted and added to the essential outcomes as proposed by "Curriculum 2005" (Department of Education 1997: 16). For instance, an essential adapted outcome is **to communicate effectively using verbal and non-verbal skills in the modes of oral and/or written presentation**. An example of an additional essential outcome is **to work effectively with the individual, family and community members**. All of the afore-mentioned concepts are to be built into the standardised (common) nursing curriculum and are also concepts contained in the Bevis and Watson Model. For example, interactions may be verbal, written or oral (Bevis & Watson 1989: 195; See pp. 64-65, 236, 240).

Lehoko (1997: 2) reporting in the Sunday Times, states that the new system, Curriculum 2005, has other relevant aspects such as:

- students are actively involved in finding and interpreting information for themselves
- pupils learn to think critically, to reason, reflect and then act
- emphasis is placed on integrating the different types of knowledge relevant to the pupils
- teachers act as facilitators for small groups or teams of pupils, with the emphasis on pupils finding out information
- syllabus is seen as a guide with teachers having to adopt innovative and creative ways of helping their pupils to learn

- pupils take responsibility for their own learning, but are motivated by feedback and praise from teachers
- emphasis is on what the pupils understand
- comment and suggestions from parents and the public is encouraged (Department of Education 1997: 6-7).

The above stated aspects will be included in the standardised nursing curriculum and are also issues central to the Bevis and Watson Model. For example, at the Generating position, a mature student is actively involved in the learning process (See pp. 49-50, 74, 76, 82, 229, 233).

A quote by Professor Johan Muller, head of the Education Department at the University of Cape Town sums up the essence of Curriculum 2005. He stated that *"the curriculum puts the spotlight on the learner rather than on content"* (Anstey 1997(a): 2). Bevis and Watson support this view by emphasising that interactions revolve around the teacher and student and not around the teacher and content (See p.43).

In addition, a course in teacher training in the new Curriculum 2005 has been piloted in the Gauteng province by Emilia Potenza, a curriculum specialist (Anstey 1997(b): 2). One of the participants reports that implementation of Curriculum 2005 has made students aware that textbooks are not the only source of information and has helped to stimulate analytical and creative thinking. Anstey (1997(c): 2) personally participated in a lesson based on Curriculum 2005. She stated that her attention had been kept all the time as she had been actively involved in the learning process and the experience had been fun. These aspects are also relevant to the Bevis and Watson Model. For example, during educative learning experiences the student is required to use a variety of sources and rationales as evidence from which to draw conclusions (See pp. 49-50, 236, 240).

In summary, the ultimate aim of *Curriculum 2005* is to produce a thinking and caring learner (Department of Education 1997: 29).

### **South African Interim Nursing Council**

A discussion document entitled "A unified nursing education system for South Africa" was disseminated by the South African Interim Nursing Council during 1996. In the glossary of this document (S.A.I.N.C. 1996: 11), reference is made to value frameworks in the definition of capabilities. Capability is defined as "*a basic enabling component of performance which involves generic abilities acting in relation to defined content areas, contexts and value frameworks.*" In the definition of performances, reference is again made to values and in addition **holistic** is added. Performance is defined as **holistic or integrated demonstrations of mental, affective and manual activities**. All these concepts are found in the Bevis and Watson Model. For example, during reciprocal interactions the tutor provides a climate that communicates a valuing of caring and concern as the moral imperative of nursing (See p.235). Additionally, performances also express particular values. Demonstration of performance for assessment requires completion of specified tasks, as well as explanation of the rationale for doing tasks in particular ways. This is a definite move away from behavioural objectives and just observing a change in the behaviour of the student.

Regarding the concepts education and training, although the word training is not specifically stated, the document does refer to **education** and **skills** and specific reference is made to **educated** and **competent**. In the term **generic**, reference is made to the dichotomy of qualifications for **learning to learn** as opposed to **learning to do**. In institutions which adhere to liberal and general teaching, their graduates are regarded as educated. Other institutions concentrate on special or vocational teaching and refer to their graduates as competent. The S.A.I.N.C. states that regardless of the balance that is desired between the *liberal* and *vocational teaching*

components of undergraduate education, there are generic or transferable attributes which are applicable in a diverse range of settings or contexts. For example, generic skills in nursing are those skills that are basic to nursing in all situations including preventive, promotive, curative and rehabilitative. An example of such a skill may be the physical assessment of a patient (S.A.I.N.C. 1996: 13).

Bellis (1997: 32) states that skill is more than the performance or execution of a manual skill and suggests that a skill be viewed as **a generalised performed capability in any domain of human learning and endeavour**. Additionally, he states that competence is more than **merely the correct performance of a task**. Learning, when viewed within the context of the NQF, is described as an outcome. This outcome is a statement of learning capability and is viewed as integration of the ability to **perform** and **understand** a task. He proposes the following definition of competence:

- a skill or cluster of skills
- executed within an indicated range (context)
- to specific standards of performance
- integrated knowledge and understanding with
- the ability to transfer the skills to other related contexts.

When viewed within the Bevis and Watson Curriculum Paradigm, Bellis's concept of skill and competence is important and relevant to Nursing Education. During *holistic* nursing care, a concept contained in the Bevis and Watson Paradigm, the student will at certain times and under certain conditions have to perform certain skills such as pressure care. Thus, in these situations the student will of necessity have to employ types of Learning that lead to training namely Item and Directive Learning. However, it is important that the student does not only perform the skill but that she also understands the underlying reason for its implementation (See pp.5, 27, 30, 54).

### **The National Health Plan**

The **contents** of the National Health Plan lean towards the education **pole**. The African National Congress (ANC) has developed a National Health Plan (NHP) based on a Primary Health Care Approach. The NHP is linked to the Reconstruction and Development Plan (RDP) which involves all sectors of society. Health is viewed as an integral part of the socio-economic development plan of South Africa (ANC 1994(a): 7-8). The National Health Plan (ANC 1994(a): 9-11, 19, 90) stipulates the following principles that are applicable to nursing education:

- nursing education should be community based and problem orientated.
- the health worker should be an adaptable practitioner.

Problem orientation is implied in the Bevis and Watson mini-model Typology of Learning (See Table 2.1, p.55). One of the types of Learning, namely Inquiry learning, contains concepts that help the student to learn how to identify, clarify and categorise problems encountered in nursing. The Typology also contains ways or approaches to solving these problems, for example, investigating, theorising, researching, questioning and analysing (Bevis & Waston 1989: 92, 94).

### **The Reconstruction and Development Programme**

The **contents** of the Reconstruction and Development Programme lean towards the education **pole**. The Reconstruction and Development Programme (RDP) is an integrated, coherent, socio-economic policy framework with the central objective of improving the quality of life of all South Africans (ANC 1994(b): 1, 15). The RDP also stipulates that, a single, National Ministry responsible for education and training, must be developed. One of the responsibilities will be to manage higher education and training (ANC 1994(b): 61).

The Reconstruction and Development Programme (ANC 1994(b): 43-48) states principles for health care delivery. The Curriculum should empower nurses to implement these principles. The principles are as follows:

- management practices that support effective and *caring* health care
- respect for human rights
- accountability
- community involvement and empowerment
- cost-effective health care delivery
- co-operation with traditional healers
- implementation of the National Health Plan with a Primary Health Care Approach within the context of comprehensive health care delivery.

The Bevis and Watson Model (1989: xi, 29, 39, 42, 92, 94, 183-184) also advocates concepts such as caring, accountability and respect for human rights.

### **The White Paper on the Transformation of the Health System**

The *contents* of the White Paper on the Transformation of the Health System in South Africa lean towards the education *poie*. The White Paper on the Transformation of the Health System in South Africa (South Africa(c)1997: 15, 36, 60, 64-65) states the following principles which are pertinent to nursing education:

- education and training programmes should be aimed at recruiting and developing personnel who are competent to respond appropriately to the health needs of the people they serve
- particular emphasis should be placed on training personnel for the provision of effective primary health care
- curricula for nurses should be revised and upgraded to include Primary Health Care Approaches

- the experience of people using the health system should be one of caring and compassion. A *culture of caring* has to be created throughout the health services. Credit for displaying compassion and caring must be given during clinical examinations for health sciences students.

All the aforementioned principles are also contained in the Bevis and Watson Model (See pp.42, 70).

It must also be borne in mind that many countries, especially the United States of America, have laboured under an accreditation system where Behaviourist or Tylerian prescriptiveness was indispensable for course accreditation and validation (Bevis & Watson 1989: 128-129; Donley 1989: 6; Martin 1989: 109). In South Africa, one only has to refer to the various regulations and documents published by the South African Nursing Council, for example, programme objectives (S.A.N.C. 1985(a): 2-3) and stage objectives (S.A.N.C. 1985(b): 4; S.A.R.V. 1994: 5, 7).

## **6. SUMMARY**

In this chapter the discussion revolved around:

- the construction and adaptation of the Conceptual Framework
- the Bevis and Watson Humanistic-Educative-Caring Curriculum Paradigm
- the Behaviouristic Approach or Tylerian Rationale and
- related research studies.

From the literature review, a Provisional Conceptual Framework was constructed based on the work of Bevis and Watson. This conceptual framework was adapted during the construction of a Training-Education Continuum and forms the framework upon which this study is based. The Tyler Rationale and all concepts comprising the Bevis and Watson Model

were described and concept criteria formulated for the four mini-models. Tyler's four questions and the four mini-models comprising the Bevis and Watson Humanistic-Educative-Caring Curriculum Paradigm were discussed. Related research studies were also discussed in order to obtain background knowledge and clarification about the problem under study.

In the following chapter the Qualitative Research Paradigm underlying this study is discussed. The research design, technique and instruments, sampling design, pilot study and trustworthiness, during and after data collection and analysis, are described.

## CHAPTER THREE

### RESEARCH METHODOLOGY

#### 1. INTRODUCTION

In this chapter the Qualitative Research Paradigm underlying this study is discussed. The discussion is structured around the research design, techniques and instruments, sampling design, pilot study and trustworthiness during and after data collection and analysis.

##### **Qualitative research issues**

A literature review revealed numerous ways of interpreting qualitative research. According to Schmid (1981: 105), the purpose of qualitative research is to study the empirical world from the viewpoint of the person under study. During qualitative research it is important to remember that the researcher is interested in the subjective meanings and perceptions of the informants. In order to critically assess the data obtained, the researcher has to remember that besides being influenced by the physical and psycho-social-cultural environment, behaviour also goes beyond what is observed by her. Kirk and Miller (1986: 9) proposed the following definition of qualitative research that reflects these concepts. They defined it as a *"particular tradition in social science that fundamentally depends on watching people in their own territory and interacting with them in their own language, on their terms."* Boyd (1990 in LoBiondo-Wood & Haber 1994: 254) defines qualitative research as the involvement of *"broadly stated questions about human experiences and realities, studied through sustained contact with people in their natural environments, generating rich, descriptive data that help us to understand their experiences."*

Regarding the position of qualitative research, LoBiondo-Wood and Haber (1994: 254), state that during the past few years interest has been rekindled in this type of research. This statement is substantiated by reviewing and noting the increase in the number of qualitative research reports in nursing journals (Playle 1995: 982). This increase may also be attributed to the fact that overseas, especially in the United States of America, a Humanistic Approach in opposition to the Behaviouristic Approach is propagated. Another factor is that nursing deals with human beings. Thus, an approach such as qualitative research that lends itself to subjective inquiry, is appropriate.

Another issue pertinent to this study is the debate whether qualitative and quantitative approaches should be combined. Some researchers, for example, Leininger (1992 in Lo-Biondo-Wood & Haber 1994: 277) states that it is quite acceptable to combine methods within approaches but not across approaches. She does however concede that findings from the two approaches may complement each other as revealed in a study by Beck during 1992 (in Lo-Biondo-Wood & Haber 1994: 258-259, 277). Another researcher, Morse (1991 in Lo-Biondo-Wood & Haber 1994: 278) suggests that methods from the two approaches may be combined and labelled it *simultaneous or sequential triangulation*.

According to Polit and Hungler (1993: 334-335) there is an emerging trend to integrate qualitative and quantitative data within single studies, or co-ordinated clusters of studies. They further state that many other researchers believe that the judicious blending of qualitative and quantitative data enriches many areas of inquiry. This they attribute to the fact that as methods and measures used by researchers are not infallible and by integrating different methods and ways of analysis, the weaknesses of a single approach may be diminished or overcome.

Further, the two fundamental languages of human communication namely words and numbers can be used to complement each other and combining methods, enhances validity.

An international conference entitled "*Expanding Boundaries of Nursing Education Globally*" was held in Bolzano, Italy during October 1993. The Scientific Committee of the Bolzano Conference (1996: 28) recommended an eclectic approach to research, using both qualitative and quantitative approaches, according to the phenomenon to be studied. Combination of these two approaches is recommended to achieve integration between them.

Cioffi and Markham (1997: 265-271) also combined qualitative and quantitative methods in their single study entitled "*An approach to defining and operationalizing critical thinking.*"

For the purpose of this study, the researcher implemented certain aspects usually associated purely with quantitative research, such as a pilot study and the use of a questionnaire. These measures added to the trustworthiness of the study as discussed under **Pilot Study** (See p.100).

## **2. RESEARCH DESIGN**

A non-experimental research design using an exploratory, descriptive (Wilson 1993: 227) and contextual qualitative approach was undertaken (Mouton & Marais 1990: 43-44, 49-50). This design was chosen because it provides data about the present and tells what people are thinking, doing, anticipating and planning in their naturalistic environments, that is, the emphasis is on the natural world of humans (Polit & Hungler 1991: 178). Exploratory, descriptive and contextual research is defined as follows:

**Exploratory**

According to Mouton and Marais (1990: 43) the aim of exploratory research is to explore a relatively unknown research area in order to gain new insights into the phenomenon under study, rather than collecting accurate and replicable data.

During this study, the researcher explored the literature and the natural setting of tutors and their experiences at a specific Nursing College. This was done in order to extend the contents and description of the Bevis and Watson Paradigm.

**Descriptive**

During descriptive research, emphasis is placed on an in-depth description of a specific individual, situations, groups, interaction or social object (Mouton & Marais 1990: 43; Mouton 1996: 133).

During this study the Educational Focus of a Nursing College when viewed within Bevis and Watson's Humanistic-Educative-Caring Curriculum Paradigm versus a Stimulus-Response Curriculum Paradigm is described. This naturally led to an extension of the description of the Bevis and Watson Paradigm.

**Contextual**

According to Mouton and Marais (1990: 50) the aim of contextual research is to give an extensive and in-depth description of the phenomenon, event or group within the context of the unique setting of the domain phenomenon.

This study is contextually bound to the unique time, space and value context of the specific Nursing College where the research was conducted. It is site-specific and can only be an educational setting in

Nursing Education. Thus, these findings are only valid within the context of the specific Nursing College.

### **3. RESEARCH TECHNIQUE AND INSTRUMENT**

The research technique employed in this study was questioning. The research instruments were formal, semi-structured (focused) interviews using an interview schedule and a questionnaire. The interview schedule contained open-ended questions. The questionnaire comprised both open- and closed-ended questions. (Wilson 1993: 223). The interview, interview schedule and questionnaire are discussed in detail under *Pilot Study* (See p. 100).

### **4. SAMPLING DESIGN**

A non-probability sampling design was utilised. The method was a purposive, expert sample (Bless & Higson-Smith 1995: 95; Burns & Grove 1987: 218; LoBiondo-Wood & Haber 1994: 294; Treece & Treece 1986: 217; Wilson 1993: 178-179). This method was chosen as informants had to be experts in the field of Nursing Education. In addition, the researcher wanted to ascertain the progress of the student from the first to the fourth year regarding maturity and learning as perceived by Nurse Tutors. While describing the College orientation, the researcher decided that the only way in which to determine the student position, as this is not stagnant, was to have tutors from different years of instruction, giving a *cross-sectional* description of students. As a result, tutors had to be allocated to specific *year groups* of students as this was the most appropriate method to apply.

#### **Criteria**

Informants were considered to be experts if they met the following criteria:

- registered nurses<sup>6</sup> involved in the theoretical and clinical teaching of students
- registered nurse tutors
- theoretically and clinically involved in the **four year diploma course**
- employed by a College of Nursing
- allocated to a specific *year group* of students

Additionally, English and Afrikaans speaking informants from different cultural affiliations were included in this study.

### **Population**

The target population consisted of all the tutors employed in Colleges of Nursing in the Gauteng Province. The accessible population consisted of tutors employed in a specific College of Nursing in the Gauteng Province, who met the stated criteria.

### **Sample**

Initially the purposive, expert sample consisted of a total of twenty-seven tutors who met the prescribed criteria. These tutors were then allocated according to the year group in which they taught students. This resulted in a sample comprising six tutors in the first and third year groups, eight tutors in the second and seven tutors in fourth year groups. However, only twenty six interviews were conducted as one informant in the second year group could not be interviewed due to illness and was subsequently omitted from the study. Twenty six questionnaires were personally distributed by the researcher. Questionnaires were either collected personally by the researcher or placed in a collection box at the participating College.

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<sup>6</sup> Not all personnel employed at a Nursing College had the additional qualification of Nurse Tutor.

A total of twenty three questionnaires were completed as one informant was hospitalised, one resigned after receiving a severance package and one could not complete the questionnaire due to pressure of work. Thus, a return response of 86.46% was recorded. Table 3.1 below depicts the sample distribution.

**TABLE 3.1 SAMPLE DISTRIBUTION ACCORDING TO YEAR GROUP**

<b>YEAR GROUP</b>	<b>INTERVIEWS</b>	<b>QUESTIONNAIRES DISTRIBUTED</b>	<b>QUESTIONNAIRES RETURNED</b>
<b>First year</b>	6	6	5
<b>Second year</b>	7	7	6
<b>Third year</b>	6	6	5
<b>Fourth year</b>	7	7	7
<b>Total</b>	26	26	23

## **5. PILOT STUDY**

A pilot study was conducted to detect any problems that may be encountered during the research study, to introduce modifications where required and to ascertain trustworthiness (Treece & Treece 1986: 379, 382). A non-probability sampling design was utilised. The method was a purposive, expert sample comprising two informants who met the criteria stated for informants in the sampling design (See pp.98-99). One informant was from the first and the other, from the third year group. This design was chosen as informants had to be experts in the field of Nursing Education as per stated criteria (Wilson 1993: 178-179). Neither the subjects nor the data obtained were included in the main study. Two interviews, using an interview schedule and a questionnaire, were

conducted. The initial interview took place in the researcher's office and the second interview in a clinical department. These instruments were presented to experts for their comments and recommendations prior to, during and after the pilot study. The two experts were colleagues who have a Master's Degree and experience in qualitative research.

### **Interviewing technique**

All the principles of good interviewing technique were adhered to for example:

- time and place were pre-arranged
- a "*do not disturb*" notice was hung on the door
- the receptionist was requested not to put any telephone calls through to the researcher's office, or the clinical department where the second interview was conducted
- rapport established
- aim fully explained
- verbal, non-verbal and body language cues identified
- informant observed for fatigue and saturation
- and appropriate closure used (van der Wal 1992: 118).

Before discussing the findings of the pilot study, the researcher would like to state that first conducting a pilot study proved a most rewarding exercise and wishes to reiterate and emphasise how important and essential it is to conduct a pilot study, especially in research studies that provide for pilot studies. The researcher gained insight into potential and real problems, refined the questions in the interview schedule, applied content analysis methods and really felt that she had got to grips with qualitative research. It was a most rewarding and satisfactory feeling, especially after having regarded herself as a pure quantitative researcher. Having an adequate theoretical qualitative research

background is essential, but it also requires tenacity and perseverance during the actual implementation of the qualitative research process. This research project proved more than an academic venture; it was also a time of personal growth and self-discovery.

The pilot study and the findings are discussed accordingly.

## **5.1 THE FIRST INTERVIEW**

### **5.1.1 CRITERIA FOR THE FOUR MINI-MODELS**

An appointment was made with the first informant who was a tutor from the General Nursing Science Department. At this meeting, held in the researcher's office:

- an outline of the study was given
- concepts contained in Bevis and Watson's Curriculum Paradigm (See Figure 2.1, p.32) were fully explained
- the concept criteria for the four mini-models and the initial interview schedule (See Table 3.2, p.103) were given to the informant to study
- and the contract (See Appendices E and F, pp.282, 284 respectively) explained and completed at the subsequent interview.

The concept criteria for the four mini-models are those depicted in Tables 5.1-5.4, pp.221, 231, 233, 240 respectively, in **black** type script. These were also the criteria that were given to informants according to which they were to describe and evaluate their own naturalistic educational setting.

Thereafter, another appointment was made to conduct an interview in the office of the researcher. The aim of the subsequent interview was to ascertain by using the interview schedule, whether or not the concept criteria obtained from the literature review were relevant, the reason for their relevancy and to elicit any additions to the criteria.

**TABLE 3.2 INITIAL INTERVIEW SCHEDULE**

<b>INTERVIEW SCHEDULE</b>	
<b>Title:</b>	Criteria for the four mini-models comprising Bevis and Watson's Curriculum Paradigm.
<b>Main teaching discipline:</b>	.....
<b>Main year group:</b>	.....
<b>Date of completion:</b>	.....
<b>Aim:</b>	To formulate criteria for Bevis and Watson's four mini-models.
<b>Instructions:</b>	Use the questions in this interview schedule and the attached criteria for the four mini-models comprising Bevis and Watson's Curriculum Paradigm to ascertain: <ul style="list-style-type: none"> <li>• the relevance of the criteria</li> <li>• whether the informant agrees or disagrees with the criteria</li> <li>• the reason for the reply given by the informant and</li> <li>• additions to the criteria.</li> </ul>
<b>Criteria for the four mini-models:</b>	
<b>Learner Maturity Continuum</b>	
1. Relevance.....	.....
2. Agree/disagree.....	.....
3. Reason.....	.....
4. Additions.....	.....
<b>Typology of Learning</b>	
1. Relevance.....	.....
2. Agree/disagree.....	.....
3. Reason.....	.....
4. Additions.....	.....
<b>Criteria for Teacher-Student Interactions</b>	
1. Relevance.....	.....
2. Agree/disagree.....	.....
3. Reason.....	.....
4. Additions.....	.....
<b>Criteria for Selecting and Devising Learning Experiences</b>	
1. Relevance.....	.....
2. Agree/disagree.....	.....
3. Reason.....	.....
4. Additions.....	.....
<b>Thank you for your willingness to participate in this interview.</b>	

This interview was tape-recorded and notes were made. The tape recordings were transcribed verbatim and analysed by means of bracketing, intuiting, reflection and content analysis as described by Polit and Hungler (1987: 362-366). Findings appropriate to this interview are:

### **Interviewing technique**

Although the researcher had pre-arranged with the receptionist not to put any telephone calls through to her office, frequent interruptions occurred and the researcher disconnected the telephone. This precautionary procedure was adopted during all subsequent interviews.

### **Explanation of the study**

The researcher found that the informant was not entirely *au fait* with Bevis and Watson's Curriculum Paradigm. This occurred despite the fact that not only the Curriculum Paradigm, but the entire research project had been fully explained to the informant. This detailed explanation was given when the researcher personally made an appointment for the initial interview and prior to the commencement of the actual interview. As a result, before the commencement of each subsequent interview, the researcher again fully explained Bevis and Watson's Curriculum Paradigm and the criteria for the four mini-models. This ensured that the informant had the necessary knowledge which enabled her to respond with insight to the questions posed during the interview.

### **Explanation of unclear words**

The informant did not understand the term **dissonance** which appears in the criteria for Educative Learning Experiences (See Table 5.4, p.241). Therefore, the researcher added the words **discord**, **jarring** and **clashing** which defines dissonance (Fowler & Fowler 1964: 355).

### **Method of recording data**

During the interview the researcher found it increasingly more difficult to concentrate and follow the train of thought of the informant and to simultaneously record notes. Consequently, it was decided to just audio-tape record all subsequent interviews for the following reasons:

- Note taking during an interview is difficult. The interviewee often gains the impression that the interviewer is not listening because she is so busy concentrating on recording notes.
- Important facts or cues that should be probed in more depth can slip the attention of the interviewer.
- Notes are often in an overall, incomplete and disorganised state (van der Wal 1992: 121-122).

This approach enabled the researcher to sharpen her interviewing techniques and at the second and subsequent interviews was more at ease, able to concentrate fully, probe better and thus elicit a greater quantity and quality of data.

### **Format of interview schedule**

During the interview and after data analysis, it became apparent that conducting the interview using the original format (See Table 3.2, p.103) would not attain the objectives of this study and that radical revisions had to be implemented for the following reason:

- When asked about the relevance of the criteria for the four mini-models, the informant perceived relevance and agree/disagree as having the same meaning and thus superfluous.

Thus, to ascertain if the criteria were relevant it was decided to only include three questions under each mini-model in the second interview schedule, namely relevance/irrelevance, reason and additions (See Table 3.3, p.106).

**TABLE 3.3 SECOND INTERVIEW SCHEDULE****INTERVIEW SCHEDULE****Title:**

Criteria for the four mini-models comprising Bevis and Watson's Curriculum Paradigm.

**Main teaching discipline:**.....

**Main year group:**.....

**Date of completion:**.....

**Aim:** To formulate criteria for Bevis and Watson's four mini-models.

**Instructions:**

Use the questions in this interview schedule and the attached criteria for the four mini-models comprising Bevis and Watson's Curriculum Paradigm to ascertain:

- the relevance/irrelevance of the criteria
- the reason why the criteria is relevant/irrelevant
- additions to the criteria.

**Criteria for the four mini-models:****Learner Maturity Continuum**

1. Relevance/irrelevance.....

2. Reason.....

3. Additions.....

**Typology of Learning**

1. Relevance/irrelevance.....

2. Reason.....

3. Additions.....

**Criteria for Teacher-Student Interactions**

1. Relevance/irrelevance.....

2. Reason.....

3. Additions.....

**Criteria for Selecting and Devising Learning Experiences**

1. Relevance/irrelevance.....

2. Reason.....

3. Additions.....

**Thank you for your willingness to participate in this interview.**

However, after further bracketing (See p.128), intuiting (See p.129) and much reflection (See p.128) about the analysed data the researcher formulated yet another interview schedule (See Table 3.4, p.108). The reason was to obtain criteria for the mini-models and to ascertain the progression of students, as perceived by tutors, in each year of study according to their level of maturity, how they learned, the teacher-student interactions and their learning experiences.

The criteria obtained using the third interview schedule (See Table 3.4, p.108) could also be contrasted and compared to that in the second interview schedule (See Table 3.3, p.106). At a follow up interview this modification was discussed with the informant who agreed that this made the questions more meaningful. The second and third interview schedules were used during the second interview with the second informant.

**TABLE 3.4 THIRD INTERVIEW SCHEDULE**

<b>INTERVIEW SCHEDULE</b>	
<b>Title:</b>	Criteria for the four mini-models comprising Bevis and Watson's Curriculum Paradigm.
<b>Main teaching discipline:</b>	.....
<b>Main year group:</b>	.....
<b>Date of completion:</b>	.....
<b>Aim:</b>	To formulate criteria for Bevis and Watson's four mini-models.
<b>Instructions:</b>	Use the questions in this interview schedule to obtain a description of criteria relevant to the four mini-models.
<b>Criteria for the four mini-models</b>	
<b>1. Learner Maturity Continuum</b>	
In your educational milieu describe your perception of:	
1.1. an immature learner	.....
1.2. a mature learner	.....
1.3. the teacher-student relationship	.....
<b>2. Typology of Learning</b>	
In your educational milieu describe your perception of:	
2.1. how students learn	.....
2.2. the nature of knowledge students are exposed to	.....
2.3. the type of knowledge displayed by students	.....
<b>3. Criteria for Teacher-Student Interactions</b>	
In your educational milieu describe your perception of:	
3.1. the teacher-student interactions	.....
<b>4. Criteria for Selecting and Devising Learning Experiences</b>	
In your educational milieu describe your perception of:	
4.1. the learning experiences	.....
<b>Thank you for your willingness to participate in this interview.</b>	

### **5.1.2 EDUCATIONAL FOCUS OF THE NURSING COLLEGE**

At a subsequent interview the first informant was asked to indicate the Educational Focus of the Nursing College by using the concept criteria (See Tables 5.1-5.4, pp.221, 231, 233, 240 respectively) for the four mini-models and the Training-Education Continuum (See Figure 1.1, p.3; Appendix D, p281). The researcher again used an interview schedule (See Table 3.5, p.110).

After data analysis, the researcher decided that the same data could be elicited by using a questionnaire containing open-ended questions (See Table 3.6 p.111).

This would also aid trustworthiness as methodological triangulation would be used during data collection, namely an interview and a questionnaire. At a follow up interview the informant agreed with the feasibility of this revision. During the second interview with the second informant the same procedure was followed using this questionnaire (See Table 3.6, p.111). After data analysis the final questionnaire (See Table 3.7, p.112) was formulated. Section 1.1 - 1.3 was added where the informant only had to mark the appropriate square.

At a follow up interview, the informant stated that this addition would make answering the questions easier. Subsequently, the researcher found that analysing the questions was easier and proved less time consuming. The final format (See Table 3.7, p.112; Appendix H, p.287) together with a covering letter was used during the main study.

**TABLE 3.5 INTERVIEW SCHEDULE TO ASCERTAIN THE EDUCATIONAL FOCUS OF THE NURSING COLLEGE**

<b>INTERVIEW SCHEDULE</b>	
<b>Title:</b> The Educational Focus of a Nursing College when viewed within an Educative-Caring-Curriculum Paradigm versus a Stimulus-Response Curriculum Paradigm.	
<b>Main teaching discipline:</b> .....	
<b>Main year group:</b> .....	
<b>Date of completion:</b> .....	
<b>Aim:</b> To ascertain the Educational Focus of a Nursing College.	
<b>Instructions:</b> Use the questions in this interview schedule in conjunction with the attached Training-Education Continuum and the criteria formulated for each mini-model, to ascertain the Educational Focus and the reason for this focus in the Nursing College.	
Educational Focus	Reason
1. Learner Maturity Continuum	
2. Typology of Learning	
3. Criteria for Teacher-Student Interactions	
4. Criteria for Selecting and Devising Learning Experiences	
<b>Thank you for your willingness to participate in this interview.</b>	

**TABLE 3.6 QUESTIONNAIRE**

<b>QUESTIONNAIRE</b>	
<b>Title:</b> The Educational Focus of a Nursing College when viewed within an Educative-Caring-Curriculum Paradigm versus a Stimulus-Response Curriculum Paradigm.	
<b>Main teaching discipline:</b> .....	
<b>Main year group:</b> .....	
<b>Date of completion:</b> .....	
<b>Aim:</b> To ascertain the Educational Focus of a Nursing College.	
<b>Instructions:</b> Indicate, by using the attached Training-Education Continuum and the criteria formulated for each mini-model, the Educational Focus and the reason for this focus in your Nursing College.	
<b>Educational Focus</b>	<b>Reason</b>
<b>1. Learner Maturity Continuum</b>	
<b>2. Typology of Learning</b>	
<b>3. Criteria for Teacher-Student Interactions</b>	
<b>4. Criteria for Selecting and Devising Learning Experiences</b>	
<b>Thank you for your willingness to complete this questionnaire.</b>	

**TABLE 3.7 FINAL QUESTIONNAIRE**

<b>QUESTIONNAIRE</b>	
<p><b>Title:</b> The Educational Focus of a Nursing College when viewed within an Educative-Caring-Curriculum Paradigm versus a Stimulus-Response Curriculum Paradigm.</p>	
<p><b>Main teaching discipline:</b>.....</p>	
<p><b>Main year group:</b>.....</p>	
<p><b>Date of completion:</b>.....</p>	
<p><b>Aim:</b> To ascertain the Educational Focus of a Nursing College.</p>	
<p><b>Instructions:</b> By using the attached Training-Education Continuum and the criteria formulated for each mini-model, indicate the Educational Focus and the reason for this focus in your Nursing College. Mark the appropriate square with an X.</p>	
<b>Educational Focus</b>	<b>Reason</b>
<p><b>1. Learner Maturity Continuum</b></p>	
<p>1.1 Train <input type="checkbox"/></p>	
<p>1.2 Transitional <input type="checkbox"/></p>	
<p>1.3 Educate <input type="checkbox"/></p>	
<p><b>Reason</b></p>	

Continued on next page

**TABLE 3.7** Continued

Educational Focus	Reason
<b>2. Typology of Learning</b>	
2.1 Train <input type="checkbox"/>	
2.2 Transitional <input type="checkbox"/>	
2.3 Educate <input type="checkbox"/>	
Reason	
<hr/>	
<b>3. Criteria for Teacher-Student Interactions</b>	
3.1 Train <input type="checkbox"/>	
3.2 Transitional <input type="checkbox"/>	
3.3 Educate <input type="checkbox"/>	
Reason	
<hr/>	
<b>4. Criteria for Selecting and Devising Learning Experiences</b>	
4.1 Train <input type="checkbox"/>	
4.2 Transitional <input type="checkbox"/>	
4.3 Educate <input type="checkbox"/>	
Reason	
<hr/>	
<b>Thank you for your willingness to complete this questionnaire.</b>	

## 5.2 THE SECOND INTERVIEW WITH THE SECOND INFORMANT

The second interview with the second informant, proceeded exactly as the first interview had, except that it was only tape-recorded and included all the stated revisions. The second (See Table 3.3, p.106) and third interview schedules (See Table 3.4, p.108) were used. Findings appropriate to this interview are:

### **Format of the Interview Schedule: Table 3.4**

#### **Generally: Questions one to four**

In Table 3.4, p.108 the words *your perception of* were deleted and the words *your educational milieu* emphasised at all subsequent interviews. This revision was necessary as it appeared that the informants tended to forget the fact that they were required to describe, for example, an immature learner in **their** educational milieu and reverted to giving their idea of the typical type of *immature learner*. In addition, informants had to be repeatedly reminded that all the questions related to students doing the Four Year Diploma course as some of the tutors also taught post-basic, pupil nurse and bridging courses. Therefore, the researcher made a point of also emphasising the year group of the informant for example "*in your educational milieu, the first year.*"

#### **Question one: Learner Maturity Continuum**

In Table 3.4, p.108 *sub-question 1.3* was deleted as it elicited the same data as question 3.1 and confused the informant. The Teacher-Student Relationship, Teacher Structure and Student Self-Structure was deduced from data obtained about the immature and mature learner.

#### **Question two: Typology of learning**

In Table 3.4, sub-question 2.1 and 4.1 elicited similar data. These sections were also unclear and visibly confused the informant. To quote

from the transcript "*what did we say, I cannot even remember what you asked me.*" To avoid confusion, *sub-question 2.1* was omitted. Sub-questions 2.2 and 2.3 elicited the required data for this mini-model.

#### **Additions: Question five**

The researcher included Table 3.3, p.106 as a fifth question in the interview schedule without compromise to the attainment of the objectives of the study. Thus, the necessity of using two interview schedules was obviated. This final format (See Table 3.8, p.116; Appendix G, p.286) was used during the main study.

## **6. DATA COLLECTION**

This study entailed three phases during which data was collected by means of multiple data collection methods. These methods comprised a literature review and formal, semi-structured (focused) interviews using interview schedules and by means of questionnaires. These multiple data collection methods were used to enhance trustworthiness. All the interviews were audio-tape recorded.

### **6.1 PHASE ONE**

#### **6.1.1 CONCEPTUAL FRAMEWORK**

Phase one commenced with a literature review in order to collect data to construct a Provisional Conceptual Framework. During the construction of a Training-Education Continuum the Provisional Conceptual Framework was adapted and forms the foundation on which this study is based. This entailed describing the Tyler Rationale and each concept comprising the four mini-models contained in the Bevis and Watson Curriculum Paradigm (See Appendix D, p.281). The Conceptual Framework is discussed according to the Provisional- and Final Conceptual Framework in detail in Chapter Two (See pp.30-35).

**TABLE 3.8 FINAL INTERVIEW SCHEDULE**

<b>INTERVIEW SCHEDULE</b>	
<b>Title:</b>	Criteria for the four mini-models comprising Bevis and Watson's Curriculum Paradigm.
<b>Main teaching discipline:</b>	.....
<b>Main year group:</b>	.....
<b>Date of completion:</b>	.....
<b>Aim:</b>	To formulate criteria for Bevis and Watson's four mini-models.
<b>Instructions:</b>	Use the questions in this interview schedule to obtain a description of criteria relevant to the four mini-models.
<b>Criteria for the four mini-models</b>	
<b>1. Learner Maturity Continuum</b>	
In your educational milieu describe:	
1.1. an immature learner	.....
1.2. a mature learner	.....
<b>2. Typology of Learning</b>	
In your educational milieu describe:	
2.1. the nature of knowledge students are exposed to	.....
2.2. the type of knowledge displayed by students	.....
<b>3. Criteria for Teacher-Student Interactions</b>	
In your educational milieu describe:	
3.1. the teacher-student interactions	.....
<b>4. Criteria for Selecting and Devising Learning Experiences</b>	
In your educational milieu describe:	
4.1. the learning experiences of the student	.....
<b>5. Criteria for the four mini-models comprising Bevis and Watson's Curriculum Paradigm</b>	
5.1. Is the criteria for the :	Learner Maturity Continuum
	: Typology of Learning
	: Teacher-Student Interactions
	: Learning Experiences
5.1.1. Relevant/irrelevant	
5.1.2. Reason/s	
5.1.3. Additions	
<b>Thank you for your willingness to participate in this interview.</b>	

### **6.1.2 CONCEPT CRITERIA FOR THE MINI-MODELS**

During the literature review, data was collected to formulate concept criteria for each mini-model namely the Learner Maturity Continuum, the Typology of Learning, Teacher-Student Interactions and the Criteria for Devising and Selecting Learning Experiences.

### **6.2 PHASE TWO**

Phase two commenced with individual in-service education to all twenty-six informants to ensure that all the concepts contained in Bevis and Watson's Curriculum Paradigm were fully understood by the informants participating in the study. At this session, the informants also received copies of:

- the contract which was explained and completed (See Appendices E and F, pp.282, 284 respectively) at the subsequent focused interview
- the Training-Education Continuum (See Appendix D, p.281)
- the concept criteria (See Tables 5.1-5.4, pp.221, 231, 233, 240 respectively) for the four mini-models obtained from the literature study in phase one and the interview schedule (See Table 3.8, p.116)
- and individual appointments were made with the informants for focused interviews.

During these subsequent focused interviews, data was obtained from the twenty-six informants by using the Interview Schedule (See Table 3.8, p.116) as a guideline.

#### **Motivation for the use of interviews**

According to Polit and Hungler (1993: 201, 437), a focused interview is a loosely structured interview in which the researcher guides the informant through a set of questions using an interview schedule. Focused interviews were used because they allowed the researcher:

- more freedom to move from one topic to another in order to follow up on cues suggested by the informants (LoBiondo-Wood & Haber 1994: 357; Wilson 1993: 223)
- a great deal of freedom in exploring and discovering in depth whatever appeared important to the researcher and informants
- clarify responses informants did not understand (LoBiondo-Wood & Haber 1994: 357; Polit & Hungler 1993: 205)
- reword or rephrase questions so that they were more easily grasped by the informants (Burns & Grove 1987: 303; Wilson 1993: 225)
- promoted the likelihood that responses would be spontaneous, self-revealing and personal which aided insight into the study (Polit & Hungler 1987: 231-232; Wilson 1993: 225).

### **Aim of the interviews**

The aim of these interviews was twofold:

**Firstly**, to ascertain, from the perspective of the nurse tutor, the status and progression of the students in each year of study according to their level of maturity, how they learned, the teacher-student interactions and their learning experiences. Additionally, the researcher aimed to simultaneously but indirectly, elicit criteria from this data to validate the concept criteria and to obtain additions to the criteria for the four mini-models. This was achieved by using the first four questions in the interview schedule as guidelines (See Table 3.8, p.116).

**Secondly**, to directly ascertain from the informants the relevance/irrelevance of the criteria, the reason for their reply and any additions to the criteria. Question five on the interview schedule (See Table 3.8, p.116) was used to achieve this aim.

### **Environment in which the interview was conducted**

All interviews were conducted either in the office of the researcher at the College, or in the office of the informant in the clinical setting. The researcher conducted all the interviews in her own private time. A “**do not disturb**” sign was put on the door of the office. The receptionist was informed that an interview was in progress, but as an added precaution the telephone was disconnected. This guaranteed privacy and no interruptions. The researcher kept to the pre-arranged time and date of each interview (Burns & Grove 1987: 309). One hour was planned for each interview and the length of interviews varied from twenty-five to fifty-five minutes (Van der Wal 1992: 118). At each venue the researcher ensured that prior to the interview the following aspects were given careful consideration:

- the room was well lit and ventilated
- glass and jug with water were available
- comfortable chairs were available
- had an extension cord in case the plug was not within easy reach of the tape recorder
- used a high quality tape recorder and tape which was tested before each interview
- the tape recorder was strategically placed between the researcher and the informant so that the dialogue could be clearly recorded and thus facilitate transcription.

### **Interview schedule**

During semi-structured or focused interviews the researcher had an outline of the topics in the form of five open-ended questions which she intended to investigate (See Table 3.8, p.116). As the interview progressed, both the interviewer and informant were free to deviate from the prepared agenda and to introduce thoughts or observations that were

particularly relevant to their personal perspective (Wilson 1993: 223). However, although the researcher spent various amounts of time interviewing each informant, she endeavoured to ensure that at the end of the interview, all the predetermined questions had been covered in some sequence or form, with each informant (Wilson 1993: 223).

### **Interview technique**

During the interviews the researcher adhered to the principles of interviewing as follows:

- Before commencement of the interview, the aim of the interview was fully explained and the informant given the opportunity to ask questions.
- Interviews were introduced by using an ice-breaker in order to make the informant feel at ease, provide a comfortable, non-threatening environment and thus establish rapport with the informant.
- During the interviews, the researcher made every effort to be flexible, adopting either a passive or active role as the situation demanded.
- All interviews were audio-tape recorded as it was found during the pilot study that this gave the researcher emotional security. This in turn enabled her to be more at ease and thus put the informants at ease and allay their fears, communicate warmth, empathy and to concentrate fully on the objectives and what was being said. Taping also allowed the researcher to ask appropriate questions, to probe unclear concepts and thus elicit a greater quantity and quality of data (Burns & Grove 1987: 308).
- Eye contact was maintained with the informant, verbal, non-verbal and body language cues were identified and appropriately acted upon. The informant was observed for signs of fatigue such as listlessness, disinterest, irritability and repetition of information. When this was observed the interview was discontinued for ten minutes. This allowed

the informant time to leave the room, walk about and then complete the interview with no ill effects being observed.

- At the closure of the interview the informant was reminded that follow up interviews would be made if any aspects were unclear (Van der Wal 1992: 115; 118, 119).

The analysed responses obtained during phase two were submitted to informants during follow-up interviews, in order to gain consensus on unclear aspects.

### **6.3 PHASE THREE**

During phase three, twenty-six informants were given copies of

- the questionnaire (See Table 3.7, p.112 and Appendix H, p.287)
- the Training-Education Continuum (See Appendix D, p.281)
- and the validated criteria (See Tables 5.1-5.4, pp.221, 231, 233, 240 respectively) for the four mini-models.

The process was again thoroughly explained individually to the informants. They were requested to use the criteria for the four mini-models and indicate the Educational Focus and the reason for that focus in the Nursing College, by completing the accompanying questionnaire. The researcher was available to help with any queries at all times and was on numerous occasions requested to again explain unclear aspects to several of the informants. A total of twenty-three questionnaires were either personally collected by the researcher, or placed in a collection box at the participating College. A questionnaire was used as the researcher thought the informants would feel more free to answer spontaneously. It was also a means of verifying the findings of the data obtained during the interviews, to that obtained by means of questionnaires. The analysed responses obtained during phase three

were submitted to informants during follow-up interviews in order to gain consensus on unclear aspects.

## **7. DATA ANALYSIS**

During data analysis bracketing (p.128), intuiting (p.129), and reflection (p.128) were used to analyse the data. **Content analysis** as described by Polit and Hungler (1987: 362-366) was employed, namely the:

- selection of the unit of content to be analysed
- development of a category system for classifying the units of content and
- quantification.

### **THE CONTENT ANALYSIS PROCESS**

The process of content analysis involved the following:

- **Selection of the unit of content to be analysed.**

The units of analysis applied during this study were words and themes. A theme is defined as a phrase, sentence or paragraph embodying ideas or making an assertion about some topic (Polit & Hungler 1987: 364).

- **Development of a category system for classifying the units of content.**

Categories derived from the conceptual framework developed through a literature review were supplemented with data from interviews. The categories comprised the Learner Maturity Continuum, Typology of Learning, Teacher-Student Interactions and Learning Experiences.

Each category was also divided into a sub-category namely Learner Maturity Continuum into Mature and Immature positions. Immature Positions were Charming, Hostile, Anticipatory-Compliant, Passive-

Aggressive, Resonating and Critical. Mature Positions comprised Reciprocating and Generating. The Typology of Learning comprised the sub-categories Stimulus-Response and Educative Interactions. Learning Experiences comprised the sub-categories Stimulus-Response and Educative Learning Experiences. A coding system was then developed for each category and sub-category. Each category, sub-category and the coding system was based on the conceptual framework underlying this study and guidelines as stated by Miles and Huberman (1984: 57).

The categories, sub-categories and coding system are outlined in Table 3.9 (See p.124).

**TABLE 3.9 LIST OF CODES USED DURING DATA ANALYSIS**

CATEGORY	SUB-CATEGORY	CODE	KEY TO PLACE OF ORIGIN OF DATA, FOR EXAMPLE, CODE/ QUESTION/ SUB-QUESTION IN INTERVIEW SCHEDULE AND QUESTIONNAIRE
Learner Maturity Continuum		L M C	Question 1
	<b>Immature Position</b>	ImmPos	1.1
	• Charming	Imm Char	1.1
	• Hostile	Imm Host	1.1
	• Anticipatory-Compliant	Imm Ac	1.1
	• Passive-Aggressive	Imm Pasag	1.1
	• Resonating	Imm Res	1.1
	• Critical	Imm Crit	1.1
	<b>Mature Position</b>	Mat Pos	Question 1
	• Reciprocating	Mat Recip	1.2
	• Generating	Mat Gen	1.2
Typology of Learning		Typ	Question 2
	<b>Types</b>		
	• Item	Typ It	2.1 -2.2
	• Directive	Typ Dir	
	• Rationale	Typ Rat	
	• Contextual	Typ Con	
	• Syntactical	Typ Syn	
	• Inquiry	Typ Inq	
Teacher-Student Interactions		Inter	Question 3
	• Stimulus-Response	Inter SR	3.1
	• Educative	Inter Edu	
Learning Experiences		Exp	Question 4
	• Stimulus-Response	Exp SR	4.1
	• Educative	Exp Edu	4.1

(Adapted from Miles &amp; Huberman 1984:58-59)

- **Quantification**

Quantification of data was omitted during the first phase of data analysis. A binary index (See Table 3.10, below) and enumeration was used during the second phase of data analysis. A binary index is a simple measurement scale comprising two elements. The binary index implemented during this study comprised the concepts *relevant* and *irrelevant*. These concepts were used to analyse the informants' responses to the question whether the criteria for the four mini-models were relevant or irrelevant (Polit & Hungler 1987: 365).

**TABLE 3.10 BINARY INDEX OF CRITERIA**

CRITERIA RELEVANT	CRITERIA IRRELEVANT
26	-
<b>Total 26</b>	-

Simple enumeration was used during the third phase to analyse the responses of the informants to the question regarding the Educational Focus of the college.

## 7.1 DATA ANALYSIS PROCESS

During data analysis the following process was followed:

### 7.1.1 PHASE ONE

During the literature review bracketing (See p.128), intuiting (See p.129) and reflection (See p.128) was applied and the descriptions of Bevis and Watson's four mini-models and various other concepts found in their work was used to construct a Provisional Conceptual Framework (See Figure 2.1, p.32). The Final Conceptual Framework was constructed by adapting

the Provisional Conceptual Framework during the construction of the Training-Education Continuum (See Figure 1.1, p.3; Appendix D, p.281).

During analysis of the concept criteria bracketing, intuiting, reflection and content analysis was applied. However, the third phase of the content analysis process namely quantification was omitted. The unit of analysis applied during the literature review was words and phrases. Data was then coded using the List of Codes (See Table 3.9, p.124).

In addition, the concept criteria for each position on the Learner Maturity Continuum was analysed according to the following headings:

- position of student
- goal of student
- teacher-student relationship
- learner characteristics
- teacher structure
- student self-structure.

Only learner characteristics were formulated for the flip sides of the Immature Positions. The flip sides are Hostile, Passive-Aggressive and Critical (See Table 5.1, p.221).

These concept criteria formulated for the four mini-models were used during the subsequent interviews during phase two of the data collection process.

### **7.1.2 PHASE TWO**

During phase two, the twenty-six interviews were first transcribed verbatim. These transcriptions served as a permanent, written record and a valuable reference point for the researcher during and after the analysis process. Before discussing the analysis process it is important

to note that both Afrikaans and English speaking informants were interviewed during this research. Thus, in order to maintain the exact meaning of Afrikaans informants and to combat loss of information, analysis was conducted first, and only afterwards were the findings translated into English (van der Wal 1992: 109).

### **Analysis process**

No names appeared on the tapes or transcripts, only identification and colour codes. Additionally, each colour was represented by a specific symbol. For example, an identification code *Inter/1 Att* was typed on each transcript and the transcripts were also colour coded (See Table 3.11, p.128) respectively from blue, green, yellow and red according to first, second, third and fourth year groups. This made identification between the groups easier for the researcher during the actual coding process.

This coding system was known only to the researcher. It was used because it was essential when triangulating data obtained during the interviews with that obtained from the literature review and the questionnaires. All the tapes were initially transcribed verbatim. This entailed noting all the incomplete sentences, silences, enthusiasm and any other psychological indicators. No attempt was made to correct the grammar of the informant. During this transcription process, when the researcher was unable to decipher a word or sentence, a comment was typed on the transcript to this effect and the informant consulted to clarify the discrepancy. The transcript was then reread to confirm that it was fully understood.

**TABLE 3.11 COLOUR CODES USED DURING STUDY**

SYMBOL AND COLOUR		YEAR GROUP
	Blue	First year
	Green	Second year
	Yellow	Third year
	Red	Fourth year

The unit of analysis was words and phrases. Thereafter, the data, that is, the transcribed interview, was coded by the researcher using the List of Codes (See Table 3.9, p.124). The analysis was done on the transcription using three columns (See Table 3.12, p.129). The left hand column was used for the code, the middle column for reflective remarks designated by double parentheses and the right hand column contained marginal remarks (Miles & Huberman 1984: 65). **Reflective** remarks reflected any thoughts, feelings, ideas or insights the researcher wished to make and the marginal remarks referred to observations and connections to other parts of the data and any new interpretations (Guba 1981: 83; Kreftig 1991: 217; Poggenpoel & Muller 1996: 9).

In addition, the researcher applied bracketing and intuiting during the process of analysis. **Bracketing** is referred to as placing preconceived ideas in brackets, that is, suspending or laying aside what is known

about an experience being studied. **Intuiting** entails looking at, and focusing all awareness and energy on the phenomenon of interest during the process of analysis (Burns & Grove 1987: 80-81, 742, 748; LoBiondo-Wood & Haber 1994: 262).

**TABLE 3.12 ANALYSIS OF TRANSCRIPTION**

CODE	((REFLECTIVE REMARKS))	MARGINAL REMARKS
TypDir	Learning not tied to culture but to maturity level of student	This observation is found in all the previous transcripts

Memoing was also used and reference to the memo recorded in the right hand column. A memo is a written, conceptual communication linking ideas about the codes or remarks made during the data analysis. All memos were addressed to the researcher, dated, titled with the key concept discussed and connected by codes with the transcripts that generated the thoughts (See Table 3.13, p.130). The memos were filed under the appropriate concept separately from the transcripts (Burns & Grove 1987: 556-557; Miles & Huberman 1984: 69).

During the coding process, the actual coded transcript and any new additions were transferred to the corresponding criteria for the four mini-models (See Tables 5.1-5.4, pp.221, 231, 233, 240 respectively), which had been obtained from a literature review. The data obtained from these two sources were compared to confirm the interpretation of the findings.

During the entire analysis process, the informants were repeatedly consulted in order to clarify any unclear aspects.

**TABLE 3.13 EXAMPLE OF A MEMO**

<p><b>Memo:</b> Mem 1</p> <p><b>Reference:</b> Inter 2 Att p. 3</p> <p><b>Title:</b> Objectives</p> <p><b>For attention:</b> The Researcher</p> <p><b>Date:</b> 26 June 1996.</p> <p><b>Concepts/Aspects discussed</b></p> <p>Tutor and student feel overpowered by objectives. Students are hung up on objectives, obsessed for example a remark from the Afrikaans group stating "you haven't done this objective, the English group did objective six and we didn't."</p>
---

After each interview had initially been transcribed and analysed, a contact summary sheet (See Table 3.14, p.131) was used to summarise the main themes, issues, problems and questions encountered during the interview (Miles & Huberman 1984: 50). This contact summary sheet served as a field note. A contact summary sheet is a written summary of an activity, for example an interview, undertaken during a study.

The data was then recoded for the second time using a **red** pen to distinguish the recoding process. Thereafter peer examination (Guba 1981: 85) by two colleagues, who both have a Master's Degree in Nursing Education and experience in qualitative research methods verified the credibility of the transcripts and codes.

**TABLE 3.14 A CONTACT SUMMARY SHEET**

<b>CONTACT SUMMARY SHEET</b>	
1. Code:.....	
2. Date of contact:.....	3. Length of contact:.....
4. Investigator:.....	5. Today's date:.....
6. What people, events, or situations were involved?	
.....	
.....	
7. What were the main themes or issues during the contact?	
.....	
.....	
8. On which research questions did the contact bear most centrally?	
.....	
.....	
9. What new hypotheses, speculations or guesses about the situation did the contact suggest?	
.....	
.....	
10. Where should the most energy be placed during the next contact?	
.....	
.....	
11. What sort of information should be sought during the next contact?	
.....	
.....	
12. What was this situation like for you? For example, was it particularly tiring; did it give you a feeling of satisfaction? Explain your feelings, thoughts, ideas, questions, problems, frustrations (Krefting 1991:218; Miles & Huberman 1984: 50-51; Woods & Catazaro 1988: 441).	
.....	
.....	
.....	

(Adapted from Miles & Huberman 1984: 50-51)

They were given two tapes, chosen at random by the researcher and all twenty-six transcripts to critically assess whether transcriptions were transcribed correctly and that the coding was correctly interpreted. Using randomisation they examined four transcripts in each year group (See Table 3.15 below). At the debriefing session the research process, findings, insights and problems were discussed with the colleagues. Searching questions by these colleagues contributed to deeper reflexive analysis by the researcher. Reflexive analysis or reflexivity (See p.141) refers to the assessment of the influence of the researcher's own background, perceptions and interests on the qualitative research process (Krefting 1991: 218-219). This was followed by member checking, where the coded interview and the final data analysis was then given to one of the informants in each year group to verify that this was what she had meant in the transcript. Thereafter, the transcripts were recoded for the third time. The criteria obtained were added to the existing concept criteria (See Tables 5.1-5.4, pp.221, 231, 233, 240 respectively). All data obtained from the transcripts are highlighted in red type.

**TABLE 3.15 PEER EXAMINATION OF TRANSCRIPTS**

PEER GROUP	INTERVIEWS	TRANSCRIPTS EXAMINED
FIRST YEAR	6	4
SECOND YEAR	7	4
THIRD YEAR	6	4
FOURTH YEAR	7	4
TOTALS	26	16

Next, the progression of the students as perceived by the tutors, in each year of study was analysed according to their level of maturity, how they learned, the teacher-student interactions and their learning experiences.

This data was also coded twice by the researcher. The data was again given to the two colleagues to verify the coding and the researcher coded the data for a third time.

### **7.1.3 PHASE THREE**

All questionnaires were given an identification and colour code as discussed in phase two. The questionnaire administered during phase three contained open- and closed-ended questions (See Table 3.7, p.112; Appendix H, p.287). To ascertain the Educational Focus in the College bracketing, intuiting, reflection and content analysis was used to analyse the open-ended questions. Closed-ended questions were quantified according to the themes *training*, *transitional* and *education*. The data obtained in phase three was triangulated with the data obtained during interviews in phase two. Data was again coded twice by the researcher, verified by two colleagues (See Table 3.16, p.134) and then recoded for a third time by the researcher. The coded data and the final data analysis was then given to one informant in each year group, to verify that this was what she had meant in the transcript.

## **7.2 RIGOR IN QUALITATIVE RESEARCH:**

### **The assessment of Trustworthiness.**

Despite a growing interest in qualitative research, limited attention has been given to establishing its rigor, that is, the assessment of the trustworthiness or merit of qualitative research (Krefting 1991: 214; Lo-Biondo-Wood 1994: 254). Qualitative research is frequently evaluated according to criteria appropriate to quantitative research, for example, validity and reliability.

**TABLE 3.16 SAMPLE DISTRIBUTION ACCORDING TO YEAR GROUP**

<b>YEAR GROUP</b>	<b>QUESTIONNAIRES DISTRIBUTED</b>	<b>QUESTIONNAIRE RESPONSE</b>	<b>TRANSCRIPTS EXAMINED</b>
<b>First year</b>	6	5	4
<b>Second year</b>	7	6	4
<b>Third year</b>	6	5	4
<b>Fourth year</b>	7	7	4
<b>Total</b>	26	23	16

This practice is incorrect as the nature and purpose of qualitative and quantitative research is different. Agar (1986 in Krefting 1991: 215) suggested that the concepts reliability and validity are not relevant to qualitative research and should be replaced with terms such as credibility, accuracy of representation and authority of the writer.

Leininger (1985 in Krefting 1991: 215) redefined validity in a qualitative perspective to mean gaining knowledge and understanding of the nature, that is, the meaning, attributes and characteristics of the phenomenon under study. She contrasted this to the quantitative definition of validity, namely the degree to which an instrument measures what it is designed to measure (Kirk & Miller 1986: 19).

The researcher used Guba's Model of Trustworthiness of Qualitative Research (See Tables 3.17 and 3.18 on pp.135 and 152 respectively) during collection and analysis of data. Guba's model was used because it is well developed conceptually and has been used by qualitative researchers especially nurses and educators for a number of years and

provides structure and guidance to ensure trustworthiness (Krefting 1991: 215).

Guba's Model (See Table 3.17, below) describes four criteria of trustworthiness namely truth value, applicability, consistency and neutrality which are relevant to the evaluation of the worth of research. These four criteria are then described within both the qualitative and quantitative research perspectives. Based on the philosophical differences between Qualitative and Quantitative Approaches, several practical strategies for enhancing rigor are presented as a way for researchers to address the trustworthiness criteria (Guba 1981: 80, 83; Krefting 1991: 215, 217, 222).

**TABLE 3.17 GUBA'S MODEL OF TRUSTWORTHINESS OF QUALITATIVE RESEARCH: COMPARISON OF CRITERIA BY RESEARCH APPROACH**

CRITERION	QUALITATIVE APPROACH	QUANTITATIVE APPROACH
Truth value	Credibility	Internal validity
Applicability	Transferability/Fittingness	External validity
Consistency	Dependability	Reliability
Neutrality	Confirmability	Objectivity

(Guba 1981: 80; Krefting 1991: 217; LoBiondo-Wood & Haber 1994: 276-277)

### 7.2.1 TRUTH VALUE

Truth value establishes how confident the researcher is with the truth of the findings based on the research design, informants and context. In **quantitative studies** truth is assessed by how well threats to the internal

validity of the study and the instrument as a measure of the phenomenon under study, have been managed. Internal validity is supported when changes in the dependent variable are accounted for by changes in the independent variable, that is, when the design minimises the effects of competing confounding variables by control or randomisation (Krefting 1991: 215).

In **Qualitative research**, truth value is obtained from the discovery of human experiences as they are lived and perceived by informants. Truth value is subject-orientated and not defined by the researcher. Lincoln and Guba (Guba 1981: 80) termed this credibility. They agreed that internal validity is based on the assumption that there is a single tangible reality to be measured. If this assumption is replaced by the idea of multiple realities, the researcher has to represent those multiple realities revealed by informants as adequately as possible. The researchers then focus on testing their findings against various groups from which the data was drawn, or persons who are familiar with the phenomenon under study (Krefting 1991: 215).

Sandelowski (1986: 30) suggested that a qualitative study is credible when it presents such accurate description of interpretation of human experience, that people who also share that experience would immediately recognise the descriptions. Truth value is one of the most important criteria for the assessment of qualitative research and a number of methodological strategies are required to ensure strong credibility (Krefting 1991: 215-216).

### **7.2.2 APPLICABILITY**

Applicability refers to the degree to which the findings can be applied to other contexts and settings or with other groups. It is the ability to generalise from the findings to larger populations. In **quantitative**

**studies** applicability refers to how well the threats to external validity have been managed (Sandelowski 1986: 30). Payton (in Krefting 1991: 216) defined external validity as the ability to generalise from the study sample to the larger population and hence, the importance of sampling technique in establishing external validity.

Sandelowski (1986: 32) suggests that generalisation is irrelevant in many qualitative research studies. These studies are undertaken in naturalistic settings with few controlling variables. Each situation is unique and thus less amenable to generalisation. Generalisation is an illusion as every research situation is made up of a particular researcher, in a particular interaction with particular informants. Applicability is irrelevant to qualitative research as its purpose is to describe a particular phenomenon or experience; not to generalise to others.

Guba (1981: 81) refers to fittingness or transferability as the criterion against which applicability of *qualitative* data is assessed. Qualitative research meets this criterion when the findings fit into contexts outside the study situation, that are determined by the degree of similarity of goodness of fit between the two contexts.

Lincoln and Guba (1985 in Krefting 1991: 216) state that transferability is more the responsibility of the person wanting to transfer the findings to another situation or population, than the researcher of the original study. As long as the original researcher presents sufficient descriptive data to allow comparison, she has addressed the problem of applicability.

### **7.2.3 CONSISTENCY**

Consistency refers to whether the findings would be consistent if the study was replicated with the same informants or in a similar context (Guba 1981: 80).

In **quantitative** research reliability is the criterion concerned with the stability, consistency and equivalence in the study. It is the extent to which repeated administration of a measure will provide the same data or the extent to which a measure administered once, but by different people, produces equivalent results. Inherent in the goal of reliability is the value of repeatability; that replication of the testing procedure does not alter the findings (Duffy 1985: 230; Sandelowski 1986: 32-33). The restricted methods of observation and tight designs common in quantitative research are intended to pass this replication test. Consistency is also based on the assumption of a single reality (Guba 1981: 81), that there is something out there that is unchanging and can be used as a guideline. If the assumption of multiple realities is assumed, reliability becomes irrelevant (Krefting 1991: 216).

In contrast to the relatively controlled, structured experimental environment, the **qualitative** setting may be complicated by extraneous and unexpected variables leading to an unstructured and often spontaneous setting (Duffy 1985: 230). The key to **qualitative research** is to learn from the informants rather than control them. The instruments that are assessed for consistency in qualitative research are the researcher and the informants, both of whom vary greatly within the project.

Qualitative research expresses the uniqueness of the human situation, so that variation in experience, rather than identical repetition is sought (Sandelowski 1986: 33). Thus, variability is expected in qualitative research and consistency is defined in terms of dependability. Guba (1981: 81) defines dependability as *trackable variability*, that is, variability that can be ascribed to identified sources.

Explainable sources of variability may include increasing insight on the part of the researcher, informant fatigue or changes in the informant's life situation and the fact that qualitative research looks at the range of experience rather than the average experience, so that atypical or non-normative situations are important to include in the findings. In qualitative terms, the outlying data need to be identified to describe the boundaries of the experience or phenomenon. Although a person might not be completely representative of a group, her experience is considered important (Krefting 1991: 216).

#### **7.2.4 NEUTRALITY**

Neutrality refers to the degree to which the findings are a function solely of the informants and conditions of the research and not of other biases, motivations and perspectives, that is, freedom from bias in the research procedures and results (Krefting 1991: 216).

During **quantitative** research, objectivity is the criterion of neutrality and is achieved through rigor of methodology through which reliability and validity are established. Objectivity also refers to the proper distance between researcher and informants that minimise bias and is achieved through procedures, such as instrumentation and randomisation. Thus, the objective researcher is scientifically distant and is someone who is not influenced by, and does not, influence the study.

During **qualitative** studies, the researcher tries to increase the worth of the findings by decreasing the distance between the researcher and informants, for example, by prolonged contact with informants or lengthy periods of observation. Lincoln and Guba (1985 in Krefting 1991: 217) shifted the emphasis of neutrality in qualitative research from the researcher to the data, so that data neutrality and not investigator neutrality was considered. They suggest that confirmability be the

criterion of neutrality. This is achieved when truth value and applicability are established (Guba 1981: 82).

### **7.3 STRATEGIES TO INCREASE THE TRUSTWORTHINESS OF QUALITATIVE RESEARCH**

Specific strategies, summarised in Table 3.18 (See p.152) to increase the worth of qualitative studies, are described under each one of the four qualitative criteria for trustworthiness.

These strategies may be applied throughout the study; some during the study design stage; others during data collection and during and after data analysis. The strategies are defined under the criterion to which they are most frequently applied, but some strategies such as triangulation and reflexivity are applicable to more than one criterion. As stated by Krefting (1991: 217), it is important to remember that not all the strategies are appropriate to every qualitative study. Therefore, only those strategies applicable to this study will be discussed.

#### **7.3.1 CREDIBILITY STRATEGIES**

##### **7.3.1.1 PROLONGED AND VARIED FIELD EXPERIENCE.**

It is important to identify and document recurrent features such as pattern themes and values in qualitative research. This requires the researcher to spend adequate time with informants and to submerge herself in the research study. An important strategy is thus to spend an extended period of time, termed the prolonged engagement, with informants during which the researcher can check perspectives, allow informants to become accustomed to her presence, increase rapport and through familiarity may discover different and often more sensitive information than at the beginning of the study. There is no limit to the length of time and frequency of encounters; it depends on the design and purpose of the study (Krefting 1991: 217; Woods & Catanzara 1988: 453).

A threat to credibility is the preferred social response of the informant, that is, data is based on social desirability and not on personal experience. The extended time period (prolonged engagement) can be used to detect response sets where informants consistently agree or disagree with questions, and to counteract them by using hypothetical cases and reframing questions to elicit more personal responses (Krefting 1991: 218).

***This study*** extended over a period of three years in which the researcher had extensive and prolonged involvement with the informants and the data. Data involvement entailed a literature review, undertaking twenty-six interviews, analysing twenty-six interviews and twenty-three questionnaires and writing contact summaries. The researcher has also been involved with Nursing Education continuously for ten years and has wide experience (Field knowledge) of Nursing Education.

#### **7.3.1.2 REFLEXIVITY**

Reflexivity refers to the assessment of the influence of the investigator's own background, perceptions and interests during the qualitative research process. It includes the effect of the researcher's personal history in qualitative research as the researcher's background dictates the framework from which she will organise, study and analyse the findings (Krefting 1991: 218).

***In this respect***, as the researcher comes from a strong Behaviouristic background, she had to be constantly aware of and reflect on the influence this might have on a her perspective of a Humanistic-Educative-Caring Curriculum Paradigm, in contrast to a Behaviouristic Approach in Nursing Education (Townsend 1990: 66). In addition, the researcher also comes from a predominantly quantitative research

perspective which also had to be taken into account and given thoughtful reflection.

It is important to remember that during data collection and analysis, the qualitative researcher uses her own personality, bracketing (laying aside what is known) and intuiting (looking at), which requires an open context (mind). Thus, she must relinquish sedimented views, that is, deconstruct, and reconstruct; form new ideas (Burns & Grove 1987: 80). Thus, she must analyse herself in the context of the study. Therefore, during data collection and analysis the researcher compiled a contact summary (See p.131) after each interview, used the reflective remarks (See p.128) column on the transcript and memoing (See p.129) as a means of reflexivity during the study (See Data analysis process: 7.1.2, Phase two, p.126). While writing this personal information about the research process, the researcher became aware of biases and preconceived assumptions and thus altered the data collection and analysis approach in order to enhance credibility (Krefting 1991: 218). The results of the pilot study endorse the previous statement (See Pilot Study, p.100).

### **7.3.1.3 TRIANGULATION**

Triangulation is a powerful strategy for enhancing the quality of the research, particularly credibility. It is based on the idea of convergence of multiple perspectives for mutual confirmation of data to ensure that all aspects of a phenomenon have been investigated. The triangulated data sources are assessed against one another to cross-check data and interpretation (Kielhofner 1982(a): 76). The researcher considers how triangulation either contributed to confirmation of certain aspects of the study, or to the completeness with which the phenomenon of interest was addressed (Duffy 1985: 229; Kielhofner 1982(a): 76; Krefting 1991: 219).

Guba (1981: 85) defines **triangulation** as the use of a “*variety of data sources, different investigators, different perspectives (theories) and different methods*”, pitted against one another in order to cross-check data and interpretations. Norman (1992: 43-44) views triangulation as methods, sources of data and theories. According to Polit and Hungler (1993: 254, 448), triangulation refers to the use of multiple referents, methods and perspectives to collect and interpret data about some phenomenon. This is done in order to converge on an accurate representation of reality, that is, to draw conclusions about what constitutes the *truth or worth*, in order to provide a basis for convergence on truth.

The two types of triangulation used during this study were **Data** and **Methodological Triangulation** and are discussed accordingly.

## **TYPES OF TRIANGULATION**

### **◆ Data Triangulation.**

Data triangulation is the use of multiple data sources, for example, in this study interviewing multiple key informants about the same topic (Polit & Hungler 1993: 254). It is based on the importance of variety in time, space and person during observation and interviewing (Krefting 1991: 219). Place and space and person are discussed accordingly.

### **Place and space**

Place and space refer to the use of different settings such as different Colleges, in the classroom, clinical situation and Private and Public Health Institutions. **For this study**, interviews were conducted in the College setting and in the clinical situation. Data obtained from informants was based on their classroom and clinical experiences.

## **Person**

Person refers to the use of different groupings of people. *During this study* nurse tutors working in all four disciplines and holding different posts as either tutor or senior tutor were used as informants (Norman 1992: 45; Woods & Cantanzaro 1988: 217). Two experts also coded the data independently.

### ◆ **Methodological triangulation**

Methodological triangulation is the use of multiple methods to address a research problem, for example observation, interviews, documents, literature, questionnaires, work sessions and the Delphi technique (Guba 1981: 85; Polit & Hungler 1991: 356, 383; Woods & Catanzara 1988: 453). *During this study* the researcher used a literature review, interviews and questionnaires.

#### **7.3.1.4 MEMBER CHECKING**

A key issue to credibility of qualitative research is the ability of informants to recognise their experiences in the research findings. Member checking is a technique that consists of continually testing with informants the researcher's data, analytical categories, interpretations and conclusions. This strategy of revealing research materials to the informants ensures that the researcher has accurately translated the informants' viewpoints into data and decreases the chances of misrepresentation (Guba 1981: 85; Krefting 1991: 219; Woods & Catanzaro 1988: 453).

Member checking can be done by checking the information of one interview with another informant before a subsequent interview with the first interviewee, or the previous interview can be checked with the actual interviewee at a time acceptable to both parties. Additionally, summaries of taped interviews can be played to the informant for her response.

Work sessions may be held during which these summaries of taped interviews may also be played to informants to elicit their responses. At the end of the study a terminal member check should be done to check the overall interpretation. The only selection criteria for a terminal member check will be that informants may not critique any aspect for which they have previously conducted a member check.

Ethical dilemmas must be considered such as any information discovered by the researcher that might be harmful to the well-being of the informant. Another disadvantage is the tendency of informants to internalise the information they read which affects their subsequent responses. This therefore suggests not to re-interview informants on any aspect for which they have conducted a member check (Krefting 1991: 219).

***During this study***, the researcher had numerous follow-up interviews and discussions with informants to check the interpretation of the analysed data. These contacts occurred during and after data collection and analysis. A terminal member check was also done after the study had been completed.

#### **7.3.1.5 PEER EXAMINATION**

Peer examination is based on the same principle as member checks, but involves the researcher discussing the research process and findings with impartial colleagues who have experience with qualitative methods. Insights are discussed and problems presented as a form of debriefing.

Guba (1985 in Krefting 1991: 219-220) suggests that this is one way of keeping the researcher honest and searching questions may contribute to deeper reflexive analysis by the researcher. Colleagues can also increase credibility by checking categories developed out of data and by

looking for disconfirming or negative cases. The researcher may also discuss the evolving design of the study. The availability of the informants verbatim accounts for example, tape recordings or transcripts of interviews, is helpful so that the examiner can critically assess the interpretations from direct quotes.

***During this study***, two experts (See pp.130, 133) examined the interview schedule and questionnaire prior to, during and after the pilot study. They also checked codes from audio-tape recordings and verbatim transcripts and performed a dependability and confirmability audit.

#### **7.3.1.6 INTERVIEW TECHNIQUE**

Credibility is increased by applying the correct interviewing technique. For instance, to avoid misunderstanding or to obtain the exact meaning of questions, questions may be reframed, repeated or expanded to increase credibility. ***During this study***, the researcher adhered to all the principles of correct interviewing technique (See p.120).

#### **7.3.1.7 STRUCTURAL COHERENCE**

Structural coherence is defined as the assurance that there are no unexplained inconsistencies between the data and their interpretations. Although data may conflict, credibility is increased if the interpretation can explain the apparent contradictions. Accounting for rival explanations or deviant cases here, is important (Guba 1981: 85; Krefting 1991: 220).

***During this study***, the researcher obtained structural coherence by concentrating continuously on concepts contained in Bevis and Watson's Curriculum Paradigm and integrating the masses of data in the research report to form a logical, *holistic* picture of the findings.

The audio-taped interviews were initially transcribed verbatim into Afrikaans and only after analysis, were the findings translated into English. Two experts did a dependability and confirmability audit.

#### **7.3.1.8 ESTABLISHING THE AUTHORITY OF THE RESEARCHER AND REFERENTIAL ADEQUACY**

The essence of the credibility issue is the unique authority of the researcher, the "*I was there*" element. To strengthen the idea of authority, viewing the researcher as a measurement tool has been proposed. Miles and Huberman (1984: 233-234) identified four characteristics that are necessary to assess the trustworthiness of the human instrument, namely:

- the degree of familiarity with the phenomenon and the setting under study
- a strong interest in conceptual or theoretical knowledge
- the ability to conceptualise large amounts of qualitative data
- the ability to take a multi-disciplinary approach, that is, to look at the subject under investigation from a number of different theoretical perspectives
- good investigative skills, which are developed through literature review, course work and experience in qualitative research methods (Krefting 1991: 220).

One way of assessing these investigative skills or technical competence is to examine the researcher's background for any special training she has received that is relevant to the project, for example, experience in interviewing. Additionally, any steps undertaken to enhance the skills of the researcher in the project, for example mock interviews, video-taping, analysis of the researcher's interviewing skills and pilot interviews must be documented (Krefting 1991: 220).

The researcher has taught research and undertaken research projects during the past ten years. **During this study** the researcher undertook a literature review focusing intensely on Bevis and Watson's Humanistic-Educative-Caring Curriculum Paradigm. Special emphasis was placed on the criteria for the four mini-models and the Behaviouristic Approach in Nursing Education. A pilot study was undertaken during which pilot interviews were done and the correct interviewing technique applied.

### **7.3.2 TRANSFERABILITY STRATEGIES**

#### **7.3.2.1 NOMINATED SAMPLE**

A key factor in the transferability of data is representativeness of the informants for that particular group under study (Krefting 1991: 220).

The informants for this study had to be experts in the field of Nursing Education as per prescribed criteria (See pp.98-99). Therefore, **during this study**, the researcher used a purposive, expert sample thus ensuring representativeness of informants. Additionally, purposive-data sources, regarding Bevis and Watson's Curriculum Paradigm and the Behaviouristic Approach, were consulted.

#### **7.3.2.2 DENSE DESCRIPTION**

It is critical that the researcher provides dense background information about the informants and the research context and setting to allow others to assess how transferable the findings are to other studies. It is the duty of the researcher to provide an adequate data base to allow transferability judgements to be made by others, and not to provide an index of transferability. Another way of enhancing transferability is to consider the data rather than the informants.

The researcher must determine if the content of, for example, the interviews, is typical or atypical of the phenomenon under study (Krefting

1991: 220-221). **During this study** the researcher gave an adequate description about the informants, research context and setting.

### **7.3.3 DEPENDABILITY STRATEGIES**

#### **7.3.3.1 DENSE DESCRIPTION OF RESEARCH METHODS AND DEPENDABILITY AUDIT.**

Dependability relates to the consistency of findings, but there are no methodological shorthand descriptions such as interrater reliability as found in quantitative research. Therefore, the exact methods of data collection, analysis and interpretation in qualitative research must be described. This description provides information as to how repeatable the study might be or how unique the situation.

Guba (1981: 87) used the term **auditable** to describe the situation in which another researcher can clearly follow the decision trail used by the investigator in the study. Lincoln and Guba (1985 in Krefting 1991: 221) suggested that a single audit of the research can enhance both the dependability and confirmability of the study. The audit is discussed in detail under confirmability audit (See p.150).

**During this study** the researcher described the research methodology in detail and continuously examined the research process. A dependability audit was also undertaken by two experts (See pp. 130, 133, 146).

#### **7.3.3.2 CODE-RECODE PROCEDURE**

During the analysis phase of the study a code-recode procedure is carried out. After a certain period of time has elapsed, for example two weeks, the researcher recodes a segment of the same data and compares the result of her original findings.

***During data analysis***, the researcher recoded all data three times. Two experts also recoded data once and the findings were discussed to obtain consensus.

### **7.3.3.3 TRIANGULATION AND PEER EXAMINATION**

Triangulation and peer examination have previously been discussed under credibility (See pp.142, 145 respectively).

## **7.3.4 CONFIRMABILITY STRATEGIES**

### **7.3.4.1 CONFIRMABILITY AUDIT**

Guba (1981: 87-88) viewed neutrality not as research objectivity, but as data and interpretational confirmability. Guba described the audit strategy as the major technique for establishing confirmability. This strategy involves an external auditor attempting to follow through the natural history or progression of events in a project, to try to understand how and why decisions were made. Additionally, auditability suggests that another researcher could arrive at comparable conclusions given the same data and research context. The auditor considers the process of research, the product, data, findings, interpretations and recommendations.

According to Lincoln and Guba (1985 in Krefting 1991: 221) six categories of records that may be included in the audit are:

- raw data (field notes, video- and audio-tape recordings)
- data reduction and analysis products (quantitative summaries, condensed notes, working hypothesis)
- data reconstruction and synthesis products (thematic categories, interpretations, inferences)
- process notes (procedures and design strategies, trustworthiness notes)

- materials related to intentions and dispositions (study proposal, field journal) and
- instrument development information (pilot forms, survey format, schedules).

The audit should be a continuous process at the beginning, during and after the study (Woods & Catanzara 1988: 456).

**During this study** the researcher audited:

- raw data
  - ◊ audio-tape recordings
- data reduction and analysis products
  - ◊ contact summary sheets, memos, twenty-six verbatim interview transcripts
- data reconstruction and synthesis products
  - ◊ conceptual framework, criteria for the four mini-models, categories, sub-categories and codes for use during data analysis
- process notes
  - ◊ verbatim transcripts of twenty-six interviews
- instrument development information
  - ◊ interview schedules and questionnaires prior, during and after a pilot study

In addition, the researcher and two experts also undertook a terminal confirmability audit upon completion of the study.

#### **7.3.4.2 TRIANGULATION AND REFLEXIVE ANALYSIS**

Triangulation and reflexive analysis have been discussed under credibility (See pp.141-142).

Table 3.18, below is a summary of the strategies that were utilised by the researcher during this study to ensure trustworthiness.

**TABLE 3.18 STRATEGIES TO ENSURE TRUSTWORTHINESS**

STRATEGY	CRITERIA	APPLICATION BY RESEARCHER
Credibility	Prolonged and varied field experience	Researcher an advanced practitioner for 10 years. Three years involvement with study, twenty-six interviews, literature review, contact summaries.
	Reflexivity	Contact summaries compiled. Constantly reflected on Behaviouristic background. Used bracketing and intuiting.
	Triangulation *Data	Different data sources utilised: Keynote multiple informants, literature.
	*Methodological	Different methods of data collection utilised: interviews, questionnaires, literature review.
	Member-checking	Follow up interviews and discussions with informants Terminal member checks.
	Interview technique	Pilot study implemented: conducted pilot interviews, adhered to principles of good interviewing technique, interview schedule and questionnaire pre-tested. Instruments explicitly explained individually to informants
	Peer examination	Prior, during and after Pilot Study examined interview schedule and questionnaire. Two Master's prepared colleagues examined data analysis.
	Authority of researcher and referential adequacy	Advanced practitioner for 10 years Taught research theory, participated and implemented studies. Sound theoretical background to Bevis and Watson's Curriculum Paradigm and the Behaviouristic Approach obtained during literature review. Field experience of researcher during this study as discussed.
Transferability	Nominated sample	Purposive, expert sample obtained. Purposive-data sources regarding Bevis and Watson's Curriculum Paradigm and the Behaviouristic Approach consulted.
	Dense description	Adequate data base provided about informants, research context and setting.

Continued on next page

**TABLE 3.18** Continued

STRATEGY	CRITERIA	APPLICATION BY RESEARCHER
Dependability	Dependability audit	Researcher continuously examined research process. Two Master's prepared colleagues
	Dense description	Complete description of research methodology supplied
	Triangulation *Data *Methodological	Different sources of data and different data collection methods utilised.
	Peer examination	Two Master's prepared colleagues.
	Code-recode procedure	Recoded once by two experts Consensus discussion between researcher and two Master's prepared colleagues. Coded three times by researcher.
Confirmability	Confirmability audit	Researcher examined entire research process upon completion of study. Two Master's prepared colleagues.
	Triangulation	As discussed.
	Reflexivity	As discussed.

(Guba 1981: 83; Kreftig 1991:217; Poggenpoel & Muller 1996: 9)

## 8. ETHICAL CONSIDERATIONS

Ethical issues pertinent to this study are consent, anonymity and publication of the findings.

### Consent

All informants participating in a research study have the right to be fully informed regarding all the aspects pertaining to a study. In order to stay within this ethical parameter the researcher obtained informed, written, voluntary consent from informants by means of a formal contract (See Appendices E and F, pp.282, 284 respectively). Informed consent involved explaining the aim of the study to the informant, what her participation entailed, the methodology, for example the procedures to be used, the time involved and the potential risks and benefits.

Each informant received a formal contract during the second phase of the study where the entire study and the formal contract were fully explained. This contract was completed at the subsequent focused interview. A copy was retained by the informant and the researcher filed the original copy (LoBiondo-Wood & Haber 1994: 322-323, 328-330; van der Wal 1992: 133-135; Wilson 1993: 257).

### **Anonymity**

Anonymity is an important ethical issue as informants are more inclined to divulge information of a private nature, if they have the assurance that their names will not be mentioned. This also avoids biased responses from informants (Bless & Higson-Smith 1995: 103). This aspect of disclosure of identification was crucial as the informants were the researcher's colleagues. They, therefore, had to feel secure that data obtained from their respective interviews would not be traced back to them, as this could cause embarrassment or ill-feelings amongst colleagues. To this end, all interviews were taped and analysed in privacy. No names appeared on tapes or transcripts, only codes which were used; known only to the researcher (van der Wal 1992: 134).

These precautions, however, do not imply that all problems were eliminated as maintaining anonymity can also create problems. For example, although no identification appeared on the transcripts and questionnaires, analysing data according to year groups may make it easy for colleagues in the same year group, to identify tutors by their expressed views.

### **Publication**

Publication of research results in a qualitative study poses major problems regarding adherence to anonymity and confidentiality. Anonymity was maintained during publication by omitting identifiable

data, such as names on transcripts and the identity of the participating institution on all appendices (See Appendices A-C, pp.276, 278, 279). However, it was more difficult to adhere to confidentiality of data as the transcripts were published in exact transcribed form (See Appendix I, p.291). As a result, it was decided to publish only one transcript after obtaining the permission of the informant (van der Wal 1992: 135).

## **9. SUMMARY**

In this chapter the discussion centred around the Qualitative Research Paradigm. Each step of the research methodology implemented was fully described with special attention being paid to the aspect of trustworthiness.

A non-experimental research design using an exploratory, descriptive and contextual qualitative approach was undertaken. A pilot study was conducted to detect any problems that may have been encountered during the research study, to introduce modifications where required and to ascertain trustworthiness.

Data was collected by means of a literature review, interviews and questionnaires. Bracketing, intuiting, reflection and content analysis formed the basis of data analysis. Guba's Model of Trustworthiness of Qualitative Research was used to ensure that all the data obtained was trustworthy. Finally, the ethical considerations and limitations of the study were discussed.

In the following chapter the results of the study, namely the criteria and additions pertaining to Bevis and Watson's four mini-models and the Educational Focus of the College are presented and discussed.

## CHAPTER FOUR

### RESULTS OF THE STUDY

#### 1. INTRODUCTION

In this chapter the following findings of the research study are presented and discussed:

- the criteria and additions pertaining to Bevis and Watson's four mini-models namely the Learner Maturity Continuum, the Typology of Learning, the Teacher-Student Interactions and the Learning Experiences of the student
- the diagnosis of the Educational Focus of the College when viewed within a Humanistic-Educative-Caring Curriculum Paradigm versus a Behaviouristic Approach.

These findings emerged from the literature review, interviews and questionnaires which have been discussed in **Chapter Two: Literature Review** and **Chapter Three: Research Methodology**.

#### 2. CRITERIA PERTAINING TO BEVIS AND WATSON'S CURRICULUM PARADIGM

Before presenting the results it is important to emphasise that all twenty six informants (See Table 3.10, p.125) found the **concept criteria** used during the interviews relevant. The concept criteria were formulated by using the work entitled "*Toward a caring Curriculum: A new Pedagogy for Nursing*" by Bevis and Watson (1989), as a framework which was explored and extended during the literature review. Specific attention was paid to the criteria relating to Bevis and Watson's mini-models on pages 83-94, 97, 100-103, 206, 379-382. The **black type script** are the **concept criteria** which were obtained during the **literature review**. **Primary references** listed in Bevis

and Watson (1989), referring to the criteria for the Educative Teacher-Student Interactions and the Learning Experiences, quote only the **author** and the **year of publication**. Those referred to by the researcher contain the **name of the author, year of publication and page numbers** (See p.220; Tables 5.3.1 and 5.4, pp.233, 240 respectively).

During analysis of the twenty six interviews, it was also found that reference was made to all these criteria, either as being directly implemented by the informant or indirectly, meaning that this would be what the informants would like to do during their interactions and transactions with the students, but for various reasons find it difficult. All the **additions** to the criteria found during the **interviews** are highlighted in **red** typescript (See Tables 5.1-5.4, pp.221, 231, 233, 240 respectively).

## **2.1 LEARNER MATURITY CONTINUUM**

The additions to the Learner Maturity Continuum are discussed under Immature and Mature Positions. It is important to remember that these are the **perceptions** held by the informants who are tutors involved in first, second, third and fourth year teaching.

### **2.1.1 IMMATURE POSITIONS**

#### **2.1.1.1 CHARMING POSITION**

Under this position the learner characteristic, ***sums teacher up and takes a chance***, (See Table 4.1, p.158) was added as some informants perceived that the students did not necessarily want to charm the tutor but actually observed them closely before summing them up. They then decided whether or not to take a chance with a specific tutor. This occurred especially if the student did not know her work as she had not learned, for example, for a test. On the other hand, other informants thought that the tutor enticed

this Charming behaviour and strengthened it, as they wanted to be popular with the students.

The second learner characteristic (See Table 4.1 below) was included because informants perceived that although elements of seductive and manipulative behaviour were present in students, *in nursing students adopt a more submissive role where they view the teacher as the authority figure* and adopt an attitude of thankfulness for teaching them rather than seduction and manipulation. However, this submissiveness could also be attributed to the inexperience of the student in both the theoretical and clinical field as stated and viewed by an informant as the *unknown factor*.

**TABLE 4.1 ADDITIONS TO THE CHARMING POSITION**

- Sums teacher up and takes a chance
- In nursing, the student adopts a more submissive role where the teacher is viewed as the authority figure, more an attitude of "thank you for teaching me"

#### **Flip side: Hostile**

Under the flip side of Charming, namely **Hostile**, the informants found that not only were the students hostile in the classroom, but that this also extended to the clinical situation. Here the students were hostile not only towards the patient and the tutor but also towards the entire situation they found themselves in. They did not want to be in this situation but felt forced or compelled and as a result adopted the attitude of *I am in it and must do the best I can in the circumstances*. This perception of being forced or compelled may be attributed to the new South Africa and the cultural shock students encounter in their working environment, or they may not like the specific discipline they are working in. Other informants experienced this

behaviour as *typically childish*, almost akin to a *three year old having a temper tantrum*.

*Throws the ball back into the tutor's court*, (See Table 4.2 below) was added as informants stated that this was exactly what the students did and aptly described their behaviour in this position. They expected the tutor to take the responsibility for their learning.

#### TABLE 4.2 ADDITIONS TO THE HOSTILE POSITION

- In the clinical situation the student is hostile towards the patient, situation and tutor. She does not want to be in this situation, but adopts the attitude "I am in it and must do the best I can in the circumstances." She feels forced or compelled to do it
- Throws the ball back into the tutor's court

#### 2.1.1.2 ANTICIPATORY-COMPLIANT POSITION

No additions were found under this position only on the flip side, namely **Passive-Aggressive** (See Table 4.3 below). The informants experienced that the most prominent way of indirectly displaying resistance was by appearing to be *"terribly tired and exhausted."* They also agreed that this Passive-Aggressive student was more difficult to deal with than the Hostile student as she was unpredictable and ready to *"blow at any unsuspecting moment."*

#### TABLE 4.3 ADDITIONS TO THE PASSIVE-AGGRESSIVE POSITION

- Terribly tired, exhausted
- Can blow at any unsuspecting moment

### 2.1.1.3 RESONATING POSITION

No additions were found under this position only on the flip side, namely **Critical** (See Table 4.4, below). The informants perceived that the overriding characteristic exhibited by the critical student was the *tremendous* amount of *unconstructive*, and at times *unreasonable, criticism* levelled at the tutor. Some informants interpreted this as uncertainty on the part of the student and that the tutor should be sensitive enough to try and discover the underlying reason for this excessive criticism exhibited by the student. Some of the reasons suggested were feelings of insecurity, personal and emotional problems.

**TABLE 4.4 ADDITIONS TO THE CRITICAL POSITION**

- Teacher receives tremendous, unconstructive criticism

## 2.1.2 MATURE POSITIONS

### 2.1.2.1 RECIPROCATING POSITION

No additions were found under this position.

### 2.1.2.2 GENERATING POSITION

In this position, additions reported (See Table 4.5, p.161) by informants were that the students displayed *hypercritical thoughts* where they *analysed every question down to the finest detail*. They were concerned about facts that seemingly have no answer or explanation, for example, how do we explain physics and the Bible and ethical dilemmas. Additionally, as the educational environment in the Generating position is liberating, the student must be empowered to take full responsibility for her own learning and adopt the slogan *"I'm in charge."*

However, the informants stated that the tutor therefore also has a responsibility to ensure that the student is empowered to take responsibility and to be in charge of what is happening to her. This the tutor can achieve by helping the student to think and to manage change effectively. The student on the other hand, has to meet the challenge and do everything in her power to ensure that she will succeed.

#### **TABLE 4.5      ADDITIONS TO THE GENERATING POSITION**

- Hypercritical thoughts, analyses every question down to the finest detail, concerned about facts that seemingly have no answer or explanation, for example, how do we explain physics and the Bible, ethical dilemmas
- Student empowered to take full responsibility for own learning "I'm in charge" slogan

#### **2.1.3    TEACHER-STUDENT RELATIONSHIP, TEACHER STRUCTURE AND STUDENT SELF-STRUCTURE**

No additions were found under these categories.

#### **2.2      TYPOLOGY OF LEARNING**

The reader is reminded that the following findings relate to the *perceptions* held by the informants.

##### **2.2.1    ITEM LEARNING**

Informants reported that they viewed procedures and *demonstrations* (See Table 4.6, p.162) as having the same meaning and thus this word was also included. Students also learned by compiling *summaries* and observing the actions of the tutor and ward sister. Informants emphasised that this *role*

*modelling* by the student placed the onus on the tutor and all registered nurses to always act in a professional manner.

**TABLE 4.6 ADDITIONS TO THE TYPOLOGY OF LEARNING**

TYPOLOGY OF LEARNING	ADDITIONS
<b>Item</b>	Demonstrations Summaries Modelling
<b>Directive</b>	Objectives Principles
<b>Contextual</b>	Nursing language
<b>Inquiry</b>	Self-exploration

### 2.2.2 DIRECTIVE LEARNING

It came as no surprise to find that the informants viewed the attainment of *objectives* (See Table 4.6, above) as a method of learning. This can be attributed to the Behaviouristic background in which the informants were educated and the overemphasis on objectives in every sphere of the educational milieu. To quote an informant *"We give the students structured guidelines, you know objectives, students learn from objectives, but objectives are dangerous. Students are so hung up on objectives because the examination questions come from them. Some colleagues are objective orientated and just teach according to each objective in the study guide."*

### 2.2.3 RATIONALE LEARNING

No additions were analysed in this type of learning.

#### 2.2.4 CONTEXTUAL LEARNING

**Nursing language** (See Table 4.6, p.162) was added as the informants viewed language jargon more as the everyday use of nursing terms by nurses, not necessarily slang, but those terms used daily by nurses and understood by all categories of nurses. An example of such a word may be **fixing**, which is interpreted by all nurses to mean ensuring the patient's comfort by making the bed and tidying the ward in general. Nursing language is viewed as the subject language, the book knowledge, the scientific and formal language of the profession and the discipline of nursing.

#### 2.2.5 SYNTACTICAL LEARNING

No additions were analysed in this type of learning.

#### 2.2.6 INQUIRY LEARNING

**Self-exploration** (See Table 4.6, p.162) was added to Inquiry learning. The informants viewed self-exploration as a type of learning where the student explored her own abstract thoughts, that is, she abstractly exchanged her own ideas and used this process as a means of learning. During self-exploration the student also applies questioning, analysing, synthesising and criticism. Self-exploration is used in the classroom and in the clinical situation.

### 2.3 TEACHER-STUDENT INTERACTIONS

Additions to the Teacher-Student Interactions are discussed under the headings Educative Interactions and Stimulus-Response Interactions.

#### 2.3.1 EDUCATIVE TEACHER-STUDENT INTERACTIONS

The most interesting finding here was the clarification of the aspect **a sense of humour** (See Table 4.7, p.164). Informants viewed the criteria **the**

*teacher displays an appropriate sense of humour* to mean that depending on the nature of the teacher she uses humour as a means to initiate and sustain the learning process, while simultaneously ensuring that humour does not dominate the interaction. The teacher thus ensures that the learning process takes precedence over all other aspects (Gravett 1994: 20).

#### **TABLE 4.7 ADDITIONS TO EDUCATIVE TEACHER-STUDENT INTERACTIONS**

- Teacher displays an appropriate sense of humour which means that depending on the nature of the teacher she use humour as a means to initiate and sustain the learning process, while simultaneously ensuring that humour does not dominate the interaction. The teacher thus ensures that the learning process takes precedence over all other aspects
- Teacher adapts teaching style to learning style of student
- Teacher takes cultural differences of students into account and in the clinical situation cultural differences of patients. The background knowledge and life experiences brought to the learning situation varies from student to student. For example, at a basic learning level some students struggle with basic motor skills. Additionally, according to the basic skills they have, the speed at which they learn is affected and the teaching method they prefer when being taught varies, for example, some students prefer the lecture method
- Teacher provides an emotional climate for the student evidenced by warmth and caring, aware of her needs, wants her to do well, supports her in a crisis. The teacher treats the student with respect, does not criticise, gives her the right to voice her opinion, gives encouragement
- Use of self, use of own personal life experiences
- Insight portrayed by the student

Another interesting finding was the addition to criterion number nine (See Table 4.7 above; Table 5.3.1, p.234) namely the *teacher adapts teaching style to learning style of student*. This revealed that the informants were

aware of the importance of facilitating learning by using a teaching style that encourages student participation, such as group discussions.

During the analysis process repeated reference was made to the importance of **cultural differences** (See Table 4.7, p.164; Table 5.3.1 Criterion number 15, p.235). It is imperative that the teacher takes cultural differences of students into account and especially in the clinical situation, the cultural differences of patients. The background knowledge and life experiences brought to the learning situation, varies from student to student. For example, at a basic learning level some students, mainly students of different ethnic groups, struggle with basic motor skills. Additionally, according to the basic skills they have, the speed at which the different cultures learn is affected and the teaching method they prefer when being taught varies, for example, some students prefer the lecture method.

As an adjunct to the climate of caring and concern, the informants emphasised the importance of providing (See Table 4.7, p.164; Table 5.3.1 Criterion number 18, p.235) **an emotional climate for the student evidenced by warmth and caring, being aware of her needs, wanting her to do well, supports her in a crisis, treats her with respect, does not criticise, gives her the right to voice her opinion and gives encouragement**. Adding the criteria, **the use of herself, of her own personal life experiences** (See Table 4.7 p.164; Table 5.3.1 Criterion number 22, p.236) enables the student to develop her own meaningful ways of knowing and thinking .

Data analysis also revealed an example of an important goal that cannot be behaviourally measured namely **insight portrayed by the student** (See Table 4.7, p.164; Table 5.3.1, Criterion number 23, p.236).

### 2.3.2 STIMULUS-RESPONSE TEACHER-STUDENT INTERACTIONS

During data analysis numerous additions were found (See Table 4.8, below; Table 5.3.2, p.238) regarding the interactions, evaluation in general, evaluation in the classroom and the clinical situation. These criteria as *perceived* by the informants reveal an overwhelming Behaviouristic Approach to Nursing Education.

**TABLE 4.8 ADDITIONS TO STIMULUS-RESPONSE TEACHER-STUDENT INTERACTIONS**

CONCEPTS	ADDITIONS
Interactions	<ul style="list-style-type: none"> <li>• Tutor props knowledge into students Tutor bombards student with knowledge</li> <li>• Teacher has power impact Student given a great deal of structure and strict boundaries within which to function, for example, assignments, objectives, do this know and do that know Not allowed to deviate, to use own initiative, to think, to explore, to experiment</li> <li>• One way communication Student demotivated Strongly dependent on teacher Requires direction and guidance from tutor</li> <li>• Insufficient interactions Interactions kept strictly on a non-personal basis, confined to classroom</li> </ul>

Continued on next page

TABLE 4.8 Continued

CONCEPTS	ADDITIONS
<b>Evaluation: Generally</b>	<ul style="list-style-type: none"> <li>• <b>Rigid evaluation system</b> Based on attainment of behavioural objectives, not principles Learning demonstrated by change in behaviour Everything is measurable Quantity evaluated not quality Teacher's responsibility Grades assigned Emphasises competitive grades and relative rankings Compares students Compares results of student to students of other Colleges Effort is rewarded, not ability</li> </ul>
<b>Classroom evaluation</b>	<ul style="list-style-type: none"> <li>• <b>Content delimited</b> Content or book knowledge evaluated Bloom's Taxonomy applied Low cognitive levels evaluated, for example, list, name, state signs and symptoms, describe, discuss Purely memorisation of knowledge, facts At evaluation, regurgitates exactly what is given by tutor or in the book and is credited Higher cognitive structures, for example insight not evaluated</li> </ul>
<b>Clinical evaluation</b>	<ul style="list-style-type: none"> <li>• <b>Rigid evaluation instrument implemented, for example checklist</b> Task either performed correctly or incorrectly Rigid method of how to do a procedure is evaluated, not allowed to deviate from it or to use own initiative</li> </ul>

### **Interactions**

During interactions the tutor **bombards the student with** and endeavours to **prop knowledge** into her. The teacher has the power impact and gives the student a great deal of structure and strict boundaries within which to function, for example assignments and objectives. The student is not allowed to deviate, to use her own initiative, to think, to explore or to experiment. A one way communication exists between the student and the tutor. The student is demotivated and strongly dependent on the teacher from whom she requires direction and guidance. Interactions are insufficient and kept strictly on a non-personal basis and mainly confined to the classroom.

### **Evaluation: generally**

A **rigid evaluation system** is implemented, based on the attainment of **behavioural objectives** and not principles. Learning is demonstrated by a change in behaviour. Everything is measurable. Quantity and not quality is evaluated. Evaluation is the responsibility of the teacher who assigns grades. Evaluation emphasises competitive grades and relative rankings. The results of students are compared and comparisons are made between the results of students of different Colleges. Effort is rewarded, not ability.

### **Classroom evaluation**

**Content is delimited** so that the student only has to learn certain sections of the content. Content or book knowledge is evaluated by means of Bloom's Taxonomy (Bloom 1956: 18). Low cognitive levels, mainly pure memorisation of knowledge or facts are evaluated using, for example, questions such as list, name, state signs and symptoms, describe and discuss. During evaluation the student is required to regurgitate exactly what was taught by the tutor or is in the prescribed book and is then credited. Higher cognitive structures, for example, insight are not evaluated.

### Clinical evaluation

Once again a *rigid evaluation system* is implemented. The student is taught a rigid method, for example doing wound care. This *procedure* is then evaluated during which time the student is not allowed to deviate from the rules or to use her own initiative. A rigid instrument, for example, a *checklist* is used where a specific task is evaluated. All that is ascertained is whether the procedure has been performed correctly or incorrectly.

## 2.4 LEARNING EXPERIENCES

Additions to Learning Experiences are again discussed under the headings Educative and Stimulus-Response Experiences.

### 2.4.1 EDUCATIVE LEARNING EXPERIENCES

Informants reported that in the *clinical situation the student is required to have a sound knowledge (theoretical) base in order to successfully correlate theory and practice, so that the patient is viewed as a whole person and nursed in totality* (See Table 4.9 below; Table 5.4, Criterion number 20, p.242). Informants also reported that during any evaluation or *critique* of the student's work, both the student and the teacher should be involved.

**TABLE 4.9 ADDITIONS TO EDUCATIVE LEARNING EXPERIENCES**

CONCEPTS	ADDITIONS
Resolution	<ul style="list-style-type: none"> <li>• In the clinical situation, the student is required to have a sound knowledge (theoretical) base in order to successfully correlate theory and practice, so that the patient is viewed as a <i>whole person and nursed in totality</i></li> <li>• Additionally, critique is given by student and teacher</li> </ul>

## 2.4.2 STIMULUS-RESPONSE LEARNING EXPERIENCES

During the Learning Experience the tutor manipulates not only the learning environment, but also the learner in order to attain the preset learning objectives. It is the ***tutor who decides what content, teaching, and evaluation strategy*** is to be implemented (See Table 4.10 below; Table 5.4, p.244). The student is exposed to fragmented pieces of content and thus a fragmented curriculum.

Theory and practice are viewed as separate entities with the emphasis on low cognitive knowledge and skills training. During the Learning Experience the focus is on the ***product of training***, the nurse, and not the process of learning. In addition to implementing repetition and reinforcement as methods of learning, students also learn by using ***assimilation, reproduction, memorisation and regurgitation***.

**TABLE 4.10      ADDITIONS TO STIMULUS-RESPONSE  
LEARNING EXPERIENCES**

- Tutor manipulates the learner  
Tutor decides what content to use  
Student exposed to fragmented pieces of information and thus a fragmented curriculum  
Tutor decides what teaching strategy to use
- Theory and practice viewed as separate entities  
Emphasis on low cognitive knowledge
- Focuses on the product of training
- Methods of learning are assimilation, reproduction, memorisation, regurgitation

### 3. THE DIAGNOSIS OF THE EDUCATIONAL FOCUS OF THE COLLEGE WHEN VIEWED WITHIN A HUMANISTIC-EDUCATIVE-CARING CURRICULUM PARADIGM VERSUS A BEHAVIOURISTIC APPROACH

In the presentation of data and findings that follows, the researcher first gives an overview and discussion of the findings after which the data that emerged through the interviews and the questionnaires are presented separately, according to the topic addressed by these data collection instruments (See Tables 3.7 and 3.8, pp. 112, 116 respectively).

The researcher found that during the first year of students' study the tutor's *perception* was that the Educational Focus in the College was mainly on training. However, it was also revealed that as students progressed from the first to fourth year of study, an attempt was made to educate the student and the Educational Focus was in transition. Exceptions were found in certain year groups regarding how students learn. In order to substantiate this diagnosis, the progression of students is discussed in each year of study according to their level of maturity, how they learn, their interactions with the teacher and their learning experiences as found in the data obtained during the interviews. These findings are then triangulated with those found in the questionnaires.

It is important to remember that the findings regarding education and training as described in this study are the *perceptions* held by the informants who are tutors involved in first, second, third and fourth year teaching. Further, due to the extensive amount of data gathered, the researcher has at times *summarised* the findings of the informants (tutors) and at other times, *quoted* the actual words of the informants.

### 3.1 FIRST YEAR STUDENTS

The reader is reminded that the following findings are the *perceptions* of informants (tutors) regarding the education and training of first year students.

During the first year of study, the Educational Focus was on *training* as students were *perceived* by tutors as immature and they learned by attaining objectives. Further, Teacher-Student Interactions and Learning Experiences are characterised by the application of Stimulus-Response principles.

#### 3.1.1 INTERVIEWS

During analysis of the data obtained from the interviews, the above findings were substantiated by the following aspects:

##### 3.1.1.1 LEVEL OF MATURITY

###### THE IMMATURE STUDENT

The researcher found that all six of the informants (tutors involved in first year teaching), viewed the majority of first year students as immature learners. The recurring theme here was the inability of the students to take responsibility for their own learning as evidenced by the following characteristics:

- *students are strongly dependent on the tutor requiring a great deal of direction and guidance*
- *the tutor must take responsibility and is expected to give and do everything for the student, they only do the bare minimum*
- *this dependence and irresponsibility is interpreted by the tutor as a display of very childish behaviour*
- *this childish behaviour is exacerbated by the different personalities of the tutors and their attitude towards the student*
- *tutor must stand and preach, spit out the content*

- *students are unable to guide studies within the framework or structure of objectives given to them, the tutor has to continuously repeat instructions, students continuously consult the tutor as they are very unsure if the information is sufficient, correct or incorrect for a particular objective, every objective has to be spelt out, what must she learn, when must she learn, how much must she learn*
- *students cannot find objectives for themselves in the prescribed book, tutor must give exact page number, but even then students are unable to extract important aspects from text, the crux and summarise it, cannot synthesise objectives*
- *students will either over learn or waste time*
- *passive student will copy knowledge from transparencies or hand in assignments without consulting the tutor even if she does not understand the assignment*
- *student disinterested, comes to class unprepared although has the study guide, objectives and study programme*
- *student gives whole range of reasons for unpreparedness, "glib with the tongue"*
- *tutor wonders if student knows what an adult learner is*
- *student is tied to objectives and the content*
- *student expects tutor to delimit content before evaluation*
- *students are very critical of the tutor and this continuous criticism may take the form of "this test is either too easy or too difficult" and if their achievements or test results are not so good, the tutor or the quantity of work the students have to learn is at fault, in essence students rationalise their faults and poor test results.*

These characteristics are all typical of and can be found in the criteria for Bevis and Watson's mini-model, Learner Maturity Continuum (See Table 5.1, p.221).

One of the reasons for this immature behaviour as **perceived** by the informants is the role played by the tutor. Some tutors, for example *mother* the students. They treat them as children by always solving the students' problems for them. Instead, tutors should help or guide students to solve their own problems and thus enable them to take responsibility for their own actions. As stated by one informant *"One tutor is the absolute mother of the group and as it happens, they also see her as a mother."* So the interaction there is, *"I am listening to your problem and we will try to solve it or I will solve it for you."*

It is interesting to note that informants reported that this problem of immaturity is increasing annually as evidenced by the high failure rate. They attribute this fact to the selection process, which they quote as being *"different, maybe even easier than previous years and more culture friendly."* Some informants stated that the *"community expects all students to be given a chance as they have been disadvantaged in the past."* The criteria are not necessarily lower, but each student's application is perhaps viewed in relation to her environmental background. However, it is interesting to note that it is not only the English but also the Afrikaans students who are failing, so throughout the community a weaker student is being accepted. This fact is substantiated by examination of statistics and entrance criteria of students in the first year of study at the participating College.

Informants state that this may be attributed to lower school standards and/or the Behaviouristic manner in which students are taught at schools and at the Nursing College. One informant stated *"I think it's an inheritance from the schools because if you go and look how students are taught in our high schools especially in the disadvantaged areas of our community, there the student sits and listens and absorbs everything and then just regurgitates everything."* Another informant stated that *"children must be taught to think in school, when they come here they don't know how to think, they think that we must perpetuate this 'I'm standing here I'm telling you take this book.'"*

When viewed in perspective, it appears that an initial assessment of the maturity level of the student is vital, as this result will have a direct bearing on the way a student learns, the teacher-student interactions and the learning experiences required by the student. This may assist the tutor to help a student to progress from an Immature to a Mature Position.

***In summary***, immaturity is influenced by the inability of the students to take responsibility for their own learning, the role played by the tutor and the selection process.

## THE MATURE STUDENT

Regarding a mature student, the informants reported that they had encountered very few mature students in the first year of study. When encountered, the recurring theme was that the student took full responsibility for her learning. This responsibility is evidenced by the following characteristics:

- *the student is intrinsically self-motivated*
- *student requires minimal guidance from the tutor and is self-exploratory*
- *studies guided within her own framework or structure as uses study guide, works out her objectives and does not just write down verbal knowledge given by tutor or copy from transparency verbatim*
- *student takes responsibility for her own learning by knowing why she is there, not because the army did not want her or she could not get other work, she wants to be there, she wants to nurse, she is not necessarily the brightest of students but goes through the objectives, also not miss "goodie good shoes" either, realises must plan to pass, does her work daily, spends time correctly*
- *student comes to class prepared*
- *student participates actively in the learning process*
- *student asks numerous questions*
- *student communicates, reasons with tutor.*

However, informants also reported that they queried whether the few mature students of a specific ethnic group which they encountered were *"really mature, or if this maturity could be attributed to the fact that they were just enthusiastic learners."* Informants further stated that students of this specific ethnic group were *"eager to learn, appeared hungry for knowledge and prepared well for any learning experience."* Most of these students come from disadvantaged communities and it is the **perception** of the tutors that students feel that they *"want to make something of this experience, so they come prepared to class and do what they are told and most important, they learn."* Of the entire first year group, students of this specific ethnic group progressed the best and successfully completed their first year of study. This occurs, despite the fact that they do not initially have the abilities of

some of the other students who emanate from an advantaged school environment.

To **summarise**, the students who successfully complete their first year of study, are from a specific ethnic group who have historically been educationally disadvantaged and who have English as their second language, are more enthusiastic and consult on a regular basis with the tutor.

### 3.1.1.2 HOW STUDENTS LEARN

The researcher found that tutors **perceive** that students learn mainly by attaining Behavioural objectives from the prescribed books. Behavioural objectives, as **perceived** by the informants, have the following meanings:

- *statement, action, assignment, achievement by student, for example, monitoring blood pressure*
- *what students have to learn, what tutors direct them on and basic guidelines to learn what they must know within the curriculum*
- *the essence of a specific area of the content.*

Informants reported that the first six months of the student's training is a *nightmare* for both the tutor and the student because the student *cannot understand, analyse, synthesise or evaluate questions or correlate theory and practice*. This *nightmare* can be attributed to the fact that the student is *immature and learns by memorising, reproducing, assimilating and regurgitating an excessive amount of content or pure book knowledge mainly facts at a low cognitive level*. However, during the theoretical (tests, examinations) and clinical evaluation she is expected to function on a higher cognitive level such as analysis, synthesis and evaluation. This she finds extremely difficult because she has never been exposed to this type of learning. In addition, the student is also only exposed to the ideal condition

in the classroom which bears no relation to reality in the clinical situation. This situation can be attributed to the following aspects found in this study:

- **School system**

The informants reported that the first year student is *exposed to a highly cognitive, scientific subject language which is totally new to most students as only a few students have biology, science or mathematics as matriculation subjects. This situation is exacerbated by the fact that these subjects are no longer required as entrance criteria to the four year diploma course.* However, informants reported that even these few students experience problems during the learning process as they have acquired mainly *factual knowledge regarding these subjects by means of memorisation and reproduction.* In contrast, during nursing interventions, the student is required to *critically analyse and evaluate the nursing needs of the patient and then to apply her knowledge,* so that the patient receives the appropriate quality nursing care.

In support of this finding Entwistle and Meyer (1992: 593) state that ***“science learning in school relies on the acceptance of definitions and the recollection of procedures, but the relating of concepts in a new course depends on a more thorough understanding.”***

Besides the fact that biology, science and mathematics are no longer required as entrance criteria, informants reported that there has been a *shift in responsibility for certain educational aspects from the parents to the schools.* Home economics, religious and moral aspects used to be the prerogative of the parents and the church but these aspects are now taught by teachers. Students also use subjects such as Bible Study and Home Economics as *filler* subjects, where they can *spot questions* and *boost their matriculation results.*

Table 4.11, below summarises the subject list per year group during the Four Year Diploma Course. Ethos, Professional Practice and Pharmacology are not listed as separate subjects, but are offered on an integrated basis.

**TABLE 4.11 SUBJECT LIST PER YEAR GROUP:  
FOUR YEAR DIPLOMA COURSE**

YEAR GROUP	SUBJECTS
<b>First Year</b>	Fundamental Nursing Science Biological and Natural Sciences Social Sciences Clinical General Nursing Science
<b>Second Year</b>	General Nursing Science Biological and Natural Sciences Social Sciences Community Health Nursing Science Clinical General Nursing Science Clinical Community Health Nursing Science
<b>Third Year</b>	General Nursing Science Community Health Nursing Science Midwifery Psychiatric Nursing Science Clinical General Nursing Science Clinical Community Health Nursing Science Clinical Midwifery Clinical Psychiatric Nursing Science
<b>Fourth Year</b>	General Nursing Science Midwifery Psychiatric Nursing Science Clinical General Nursing Science Clinical Midwifery Clinical Psychiatric Nursing Science Clinical Community Health Nursing Science

- **Prescribed book**

Another problem is the English textbook prescribed for Fundamental Nursing Science. This book is written on an extremely high academic level. As a result, the Afrikaans students have difficulty in understanding the English text and as reported by informants *even the English speaking students have a problem, as it is not written in the language they are used to conversing in.* Thus, the student has difficulty in extracting the *crux, essence or most important facts from the unfamiliar text* and the student experiences problems with *interpreting and analysing the content.* This problem is perpetuated in the clinical situation where the student has difficulty in mastering the scientific or subject language. For instance, informants stated: *“after six months the student cannot remember words like faeces, urine or pyrexia, she just cannot master these words. I just do not know, and this after many terminology quizzes and tests.”*

In addition, the tutor only expects the student to know facts and not rationales. This again is reinforced by the prescribed book which contains no rationale for any nursing intervention. As a result the *student does not understand the reason for the intervention and does not learn to take accountability for her actions.* Accountability is essential in the clinical situation as it is fraught with many medico-legal hazards. In order to combat making mistakes and endangering the lives of the patients, informants stated: *“the student has to constantly analyse and evaluate the situation.”* In essence, she must be able to *“think, reason and take the appropriate action for the benefit of her patient.”*

Regardless of the language barrier, the prescribed book is not written within a South African context. Informants reported that *“it places great emphasis on highly modern technology”,* whereas *“South Africa being a third world country, should concentrate on the realities”* of South Africa and its unique nursing requirements, such as *“Primary Health Care.”*

However, at the **end of the year** informants stated that the *“majority of first year students undergo a phenomenal change.”* They have *“matured professionally, personally and academically at first year level.”* They are able to *“correlate theory and practice and answer questions with insight”* on a first year level, namely patient needs. This has required a great deal of effort and adjustment on the part of the student. Had the student’s maturity level and way of learning first been assessed, the student could probably have been guided from an immature to a mature learner without the accompanying stress and trauma.

- **Cultural aspects**

Regarding the different cultures, informants reported that *“there was no difference in the way students learn, but that students express their knowledge in different ways.”* For example, students from different cultures will summarise a text emphasising completely different concepts as main headings. Informants stated that this is *“not necessarily incorrect”* and could also be *“due to the perception held by the tutor as to what constitutes a main heading.”* This may be a question of the tutor imposing her own will as the authority figure. One informant stated: *“I don’t think they learn differently, when I had the Black students the first time I had my misconceptions and bias because of what you read about Bantu education and the Black schools and I thought we’re going to battle but they didn’t, their English was bad but so are the Afrikaners, their English wasn’t good either.”*

Another finding was that perceptions held by the different cultural groups led to misunderstandings. Some cultural groups are perceived by the informants as being *“very biased”*, for example they view *“all White Afrikaans speaking students as racists.”* Other cultural groups stereotype and for instance believe that *“some cultures are stupid just because of the colour of their skin.”*

This creates an extremely difficult situation when such a student gains the highest marks in a test or examination. Informants reported that questions are then raised as to the possibility of this being the truth. An informant stated *"I think the students got a shock, I like to look at their faces because if someone gets 79% that's the one we give a clap to, then I say the highest mark was Jenny 79% and you can see they didn't expect it and I think it's because we stereotype and they get quite a shock."* However, it was also found that such incidences served to show the students that learning and achievement has nothing to do with the **colour of a person's skin** but has everything to do with **motivation, ability and hard work**. It was also found that *biases and stereotyping decreased with continuous contact and discussion amongst the different cultural groups* and that by the end of the year, many conflicts and misunderstandings were either viewed in a different light, or had been resolved.

*In summary*, students learn mainly by attaining objectives. Learning is influenced by the school system, lack of certain matriculation subjects, the language barrier, especially with reference to the prescribed book and certain cultural aspects.

### **3.1.1.3 TEACHER-STUDENT INTERACTIONS**

During the first year of study the informants (tutors involved in first year teaching) **perceived** the Teacher-Student Interactions as characterised by the following aspects:

- *initially, during the first six months, the interactions are one directional as students are reluctant to participate as their frame of reference is limited and they feel overwhelmed by an overloaded, unrealistic curriculum*
- *the interactions are kept on an impersonal and unemotional level being confined to the work situation only*
- *communication is initiated by the tutor*
- *due to the Block system (method of allocating students to a period of theoretical instruction at a College of Nursing) and pressure of time, lectures and demonstrations are the primary teaching strategies*

- *during the second semester the student has had more exposure to the practical situation, therefore, the tutor makes use of participative interaction where the tutor is required to actively go out of her way and to concentrate on getting the student involved, otherwise interaction remains one directional*
- *this involvement requires using different teaching methods other than a lecture, for example, holding quizzes, using case studies and feedback from these studies, group discussions and assignments.*

The informants reported that the reason for the interactions being on an impersonal and unemotional level, stems from the immature behaviour of the student who *projects all her problems on the tutor*. For example, if anything goes wrong it is the tutor's fault and if the tutor pays too much attention to one student, this student is gaining an unfair advantage. As a result the tutor still attempts to present her lecture enthusiastically but is *cool, calm and more reserved*. One informant stated: *"You give the students information and you walk out, you try not to create risky situations where another student will be able to say "See you are giving that student an advantage, you are conducting more interviews with her."*

Informants stated that there is a *great deal of conflict* and at times almost a *feeling of desperation amongst the tutors*. This may be attributed to many different reasons. The most disconcerting factor, as *perceived* by the informants, appears to be the fact that most of the tutors would like to implement more *progressive teaching methods*, would like more *open communication*, would like to *facilitate learning where the student gives her input and applies reflection*, but are hampered by the following circumstances:

- the tutor is simply informed as stated by an informant: *"this is the study guide, do not deviate from the objectives, do not bombard the student with any additional information from personal experience and knowledge, use these transparencies and implement the lecture method."*

- another informant explained: *"It's like teaching a donkey to carry a sack of mielies from point A to point B and when he's reached point B then he stops there, at times I feel like a donkey driver."*

As a result, tutors perceive that they are in a *child-parent relationship* with their colleagues and completely unable to use their own initiative. Informants state that a great deal of this can be attributed to the *personality coupled to the self-ego* of some tutors, who are very *authoritative* and dominate the situation by *sheer force of personality*. Others think that their egos may suffer if another tutor provides more information to a class and her students do not receive the same information. This situation may lead to her students questioning her *knowledge, ability, experience and authority*.

Another contributory factor as perceived by the informants is the *attitude* of the student who *expects lectures* where she sits *passively* listening to the tutor, is unresponsive, takes no active part, is demotivated and learns by absorbing and regurgitating content. The Block System<sup>7</sup> compounds this situation as the tutor has to teach the content within certain time constraints and sees the lecture method as the only, and ideal way to get through all the content. As stated by a informant *"It is an attitude problem, students want you just to give them the information and you must give it straight forward."*

Informants (tutors) **perceived** that amongst all the different cultural groups, the group is regarded as more important than the individual.

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<sup>7</sup> The Block System is a method of allocating students to a period of theoretical instruction at a College of Nursing

This situation is evidenced by the following:

- *informants perceive that students from all cultural groups display a reluctance to participate actively and do not respond individually to questions. They either remain silent or respond as a group, to quote an informant "sing out the answer together." The reason given for this behaviour is that the individual may give the incorrect answer and thereby shame the group, or may show the other groups that they are ignorant and inferior. The student may also by this individual action, show that she is superior to the other members of her cultural group, which is unacceptable. Thus, the individual is pressurised, and to a certain degree, intimidated to conform to what is best for the group.*

As stated by an informant: *"Then I say no, I want an individual answer, so put up your hands, those of you who know the answer, then not one student puts up her hand because the group has told them "just you dare to put up your hand", then I said to them "I hear that group pressure is being applied here, and then the students laughed."*

**In summary,** teacher-student interactions vary due to the personality of the tutor, the attitude of the student and certain cultural aspects such as group identity.

#### **3.1.1.4 LEARNING EXPERIENCES**

During the first year of study the informants **perceived** the Learning Experiences in the classroom as Behaviouristic in nature. In this instance, the tutor is still the authority figure. She manipulates the learning environment and learning experiences of the student to promote attainment of learning objectives. During evaluation the criterion applied to evaluate that learning has occurred is that a **change in behaviour can be observed**. For example, after learning the student is able to list ten causes of malnutrition. One informant explained it as follows: *"I think it is about a system, where you have an input, a process where the input is converted to an output and if your input is the same as your output you are satisfied because know you have taught the student what you want her to learn."*

The student finds the learning experience traumatic as she has to adapt to the different tutors and the different teaching styles implemented by them. For example, when teaching the formulation of a nursing care plan, one tutor will emphasise that when writing nursing interventions the most important factor is to give a rationale and tomorrow a different tutor will tell her no, it is more important to ensure that every nursing intervention contains a verb, content and a time aspect. This same problem is encountered during the marking of a test or examination question involving any care plan, with each tutor insisting that her emphasis is the correct one. There is no standard, no consistency or continuity of teaching and this frustrates the student. The tutor has the power impact and maintains absolute control of any situation, at all times. As reported by an informant: *"You know what I think the student finds so traumatic is the fact that there are so many tutors in the first year. Every day she has to do with a different tutor so she does not get to learn the tricks of the tutors, there are too many different characters that run the show here."*

The same situation exists in the clinical situation but with the additional problem that theory-practice correlation is not achieved during the first six months of the course. This is due mainly to the discrepancy that exists between the ideal the student is taught in the classroom and the reality of the clinical situation. Care plans, for example, are non-existent and if available are of no teaching value as they bear no resemblance to how a plan should be formulated. Informants stated: *"There is just too great a discrepancy between the ideal that is taught and the reality of the practical background."* Informants **perceive** the clinical situation as an unsafe educational environment fraught with numerous medico-legal hazards and for this reason, the student must be accountable for her actions. As explained by a informant: *"But I feel because there are so many unsafe practices in the hospital, it is so unsafe, if the student can't account for her actions, can't say why she carried out an action, how is she going to account for actions say in a situation where they say but listen here you caused this patient's death."*

The student is also expected to think abstractly in the clinical situation but has never had the opportunity or been taught to do this. The *Whole Person Nursing Theory* they are taught is completely beyond their understanding in the classroom. As a result, they cannot implement it when nursing a patient in the clinical situation. An informant stated: *"the type of student we get cannot really function on an abstract level and this is what we expect from her in the clinical situation, to function on an abstract level while I believe the student needs to be led. The student that we get is exceedingly dependent and an immature learner and I think that a person must present the work in such a way that you take her through the steps so that in the end she is able to synthesise, evaluate, but I think in all honesty, a person will not get it right with this student."*

Add to this the fact that whether they are in the classroom or the clinical situation, their background knowledge of nursing is either non-existent or limited during the first six months. As one informant (tutor) explained: *"the student has tunnel vision, at the beginning of the year. Let me say their background knowledge or their frame of reference is not broad during the first half of the year."* Additionally, informants **perceive** that the use of a learning contract tied to objectives, the use of demonstrations as the main teaching method and the use of checklists to evaluate these procedures, does not encourage a student to think abstractly, critically or analytically.

Learning Experiences differ from one clinical setting to another. For example, some have too few patients and insufficient variety, that is, too many medical and too few surgical patients. Additionally, some have very sick, traumatised patients while others have ambulant patients; some view students as a pair of hands, the work force and use them beyond their scope of practice. As explained by informants: *"Clinically, certain of the hospitals have a lot of learning experiences others do not have, and this is a problem for me as students begin to say "Mrs. Brown at our hospital we have very traumatised, intensely sick patients while at other hospitals patients walk around."* These factors impact on the evaluation of students. In the clinical situation, some students have more

difficult patients compared to hospitals with inadequate learning experiences. The positive aspect of this situation is that during the second semester, in the classroom situation and during evaluation, the first student has the advantage of being able to draw from her more extensive clinical learning experience.

**In summary,** Learning Experiences are adversely affected by the inconsistent teaching styles adopted by tutors, the fact that theory is not related to the realities of clinical practice which leads to unrealistic expectations of the capabilities of the student and the variation of learning experiences available to students.

### **3.1.2 QUESTIONNAIRES**

After data analysis the findings obtained from the interviews were triangulated with those obtained from the questionnaires. Data from these two sources substantiated the diagnosis that the informants *perceived* that the Educational Focus of the College was on *training* and not educating students. The following aspects were found:

#### **3.1.2.1 LEARNER MATURITY CONTINUUM**

Tutors indicated that the majority of students were immature with one or two exceptional students displaying mature characteristics. The following aspects indicative of the Charming, Anticipatory-Compliant and Resonating positions were found:

- *students come from a high school climate of "spoonfeeding"*
- *students expect the tutor to be very actively involved with lesson presentation*
- *students do not see themselves in a participatory capacity except to listen*
- *students manipulate the teacher*
- *students anticipate the lecturer "giving" all the facts*
- *lectures bound by study guides with set objectives within given time limits*
- *students require a great deal of structure*
- *the majority show little interest*

- *students have little intrinsic motivation.*

Comparing the above findings and those obtained from the interviews to the criteria for the Learner Maturity Continuum (See Table 5.1, p.221) confirmed that the Educational Focus as ***perceived*** by the informants was on ***training***.

### **3.1.2.2. TYPOLOGY OF LEARNING**

Tutors indicated that the types of learning students implemented were Item, Directive and Rationale. The following aspects were found:

#### **Item learning:**

- *student displays little initiative and is task orientated*
- *clinical facilities are task orientated as a result of personnel shortage*
- *Item learning occurs with little subject integration*
- *demonstrations are one of the main teaching methods in the clinical field.*

#### **Directive learning:**

- *guidelines and objectives given with very little debating occurring*
- *follows a rigid structure with a great many rules, instructions and directions.*

#### **Rationale learning:**

- *students learn only what is stated in the study guides and have difficulty in understanding the rationale of the content*
- *try to apply underlying theory*
- *able to sequence items*
- *ask inquisitive questions sometimes.*

Comparison of the above findings and those obtained from the interviews to the criteria for the Typology of Learning, (See Table 5.2, p.231) confirmed that the Educational Focus as ***perceived*** by the informants was on ***training***.

### 3.1.2.3 TEACHER-STUDENT INTERACTIONS

Informants **perceived** that Stimulus-Response principles were implemented during Teacher-Student Interactions. The following aspects were found :

- *tutor is still seen as the authority figure with more knowledge than the student*
- *student is passive and expects tutor to supply information*
- *student is very unsure of herself and projects all her adaptation problems on to the tutor and the educational environment*
- *student wants a great deal of guidance and accompaniment*
- *many students have difficulty with expressing themselves verbally*
- *little time for role playing, discussion and debating*
- *the lecture and demonstration are the main teaching methods*
- *a core lecture is used sometimes with some discussion, but still too much input from the lecturer.*

The finding that the lecture is one of the main teaching methods is supported by a study by Vaughan (1990: 929), **who found that the lecture is one of the most frequently used teaching methods.**

Comparison of the above findings and those obtained from the interviews to the criteria for Teacher-Student Interactions, (See Table 5.3, p.233) confirmed that the Educational Focus as **perceived** by the informants was on **training**.

### 3.1.2.4 LEARNING EXPERIENCES

Informants **perceived** that Stimulus-Response principles were implemented during Learning Experiences. The following aspects were found:

- *tutor decides on content which is formulated from S.A.N.C. framework*
- *tutor decides on teaching strategy*
- *a great deal of psycho-motor skills have to be learned*
- *student works and learns very fragmentally*
- *evaluation is rigid, based on Bloom's Taxonomy*
- *practical area not conducive to learning although plenty of learning experiences available in some clinical facilities*

- *during the second semester, the student is exposed to group discussions and other strategies, for example case studies but the student is not always ready to accept the invitation or the challenge*
- *thus limited theory-practice integration is obtained.*

Comparison of the above findings and those obtained from the interviews to the criteria for Learning Experiences, (See Table 5.4, p.240) confirmed that the Educational Focus as ***perceived*** by the informants was on ***training***.

***In summary***, it is the ***perception*** of informants involved in first year teaching that it is the total educational environment, the study guides with behavioural objectives, the immaturity of students, the way students learn, the teaching methods used, the role of the tutor and the attitude of the student which lead to ***training*** being the Educational Focus in the College.

The above finding that the Educational Focus of the College is on training, is supported by similar findings emanating from a study in England by French (1990: 52). He found during a literature analysis of forty-four papers, that pre-registration learning followed a ***training-paradigm using biased and exclusive knowledge and autocratic teacher-student relationships***. The ***findings*** of this literature analysis were then ***confirmed*** during an opinion survey of ***student nurses*** who had completed their first year of training. Additionally, it was found that ***clinical nursing personnel had the most significant influence on the learning process***. In contrast, ***Schools of Nursing were ineffective in providing learning which was relevant to the clinical situation and information overload was common during pre-registration learning***.

### 3.2 SECOND YEAR STUDENTS

The reader is again reminded that the following findings are the **perceptions** of informants (tutors) regarding the education and training of second year students.

During the second year, the researcher found that the informants **perceived** that the Educational Focus was in the **transitional** phase. Tutors make a concerted attempt to apply teaching strategies such as group discussions and limited self-study. These teaching strategies lead students from immaturity to maturity by inducing them to take responsibility and actively participate in their own learning (Gravett: 1994: 1). Tutors encourage the use of educative learning types, for example, Contextual learning. This is achieved by teaching students caring and concern by role modelling these concepts, first during their contact with the students and then at the patient's bedside during clinical accompaniment. During Teacher-Student Interactions a teaching style is adopted where the tutor is positive, open, non-defensive, enthusiastic, encourages student participation and is a facilitator of learning. The tutor also endeavours to ensure that the student is exposed to Educative Learning Experiences. For example, she structures activities such as case studies and nursing a patient in totality so that the student discovers solutions, alternatives and consequences regarding the care of the patient for herself.

In support of role modelling, caring and concern, Yewcic (1993: 6), stated that **being a role model for students is of paramount importance**. This she endeavours to implement by maintaining strong personal values of caring, honesty and respect during teaching and especially in the clinical situation caring **for** and **about** the patient. This she achieves by allowing the student to observe the **nurse** in her by talking to her patients, assisting them with physical care and demonstrating therapeutic communication skills such as listening and touching.

### 3.2.1 INTERVIEWS

During analysis of the data obtained from the interviews, the above findings as *perceived* by the informants, were substantiated by the following aspects:

#### 3.2.1.1 LEVEL OF MATURITY

The researcher found that all seven of the informants indicated that the Maturity Level of the second year students lay between training and education. This *transitional* phase is evidenced by the following :

- *it is not necessary to feed information to the student, she studies independently using her own framework*
- *the student studies prescribed and other sources on her own*
- *in the classroom, she works and actively participates in group discussions by voicing her own opinion*
- *students prefer to be given problem situations, for instance case studies where they can actively participate by finding solutions for themselves*
- *students take responsibility for their own learning, but if unsure they consult the tutor and ask many questions*
- *student uses her own initiative especially in the clinical situation where she will assess the patients and plan their nursing care independently*
- *student applies her knowledge to situations*
- *student learns more than what the objective states, she delves deeper into the subject*
- *student comes prepared to class*
- *teacher is still the authority figure but there is less of a parent-child relationship as the student exchanges ideas with the teacher and with her peers*
- *the student tries to find patterns and meanings for her nursing interactions*
- *there is still evidence of some aspects of the immature behaviour displayed by first year students for instance*
  - ◊ *some students still depend on the tutor as a purveyor of knowledge*
  - ◊ *some students still only learn what they anticipate the tutor wants them to learn*
  - ◊ *some students still focus on obtaining good grades and not on learning.*

### 3. 2.1.2 HOW STUDENTS LEARN

The researcher found that the informants indicated that the students were in the *transitional* phase regarding how they learn. Although students were still tied to objectives, they also employed other ways of learning namely :

- *student applies, interprets and draws conclusions from the knowledge she obtains in the classroom and in the clinical situation*
- *student identifies, analyses problems and develops skills to solve problems*
- *student answers questions with insight*
- *student uses underlying theory, for example, the Whole Person Theory when nursing a patient*
- *student has mastered the scientific language of Nursing, for example, uses the correct terminology such as expiration and not breathes out*
- *students use tutors as role models and learn by observing how tutors react to them and to the patients in the clinical situation.*

However, evidence of training aspects were present for example:

- ◊ *some students are still tied to objectives and content*
- ◊ *some students still prefer the lecture method where they can sit and passively absorb information*
- ◊ *some students still find it difficult to obtain theory-practice correlation during the first six months of study; this is only achieved during the second semester.*

### Cultural aspects

Regarding culture and learning, tutors perceived that there was no difference in the way students from different cultures learn. On the contrary, learning was linked to the maturity of the individual student regardless of her cultural affiliation. The more mature the student is, the more she has grown personally and professionally, the more open she is to the application of, and the more she is able to apply these different methods of learning. An informant stated: *"It depends on the student, I think the more mature she is the less difference there is between how students learn and use learning methods. The more immature she is, the more the methods of learning differ from those of mature students. I think the two go hand in hand, there are cultural differences and different methods of learning in specific cultures, but the more mature they become the more they grow, the*

*more open they become regarding the use of the different types of learning.*" Additionally, informants reported that regardless of cultural affiliation, the *"immature student is a passive learner dependent on the teacher for direction, but the mature student is a self-directed active learner."* Further, informants reported that cultural biases and stereotyping appear to have disappeared in the second year. This they also attribute to a more mature student, who has adapted to her educational milieu and therefore, feels more secure and in control of her own learning.

### 3.2.1.3 TEACHER-STUDENT INTERACTIONS

As Teacher-Student Interactions were **perceived** to be at the *transitional* phase, aspects of both training and education were found namely:

- *the tutor still has the power impact*
- *students are still tied to preset objectives and the content*
- *teaching methods other than the lecture method are employed, for instance group discussions, case studies, assigning students to individual patients to nurse them comprehensively and limited self-study modules*
- *during the implementation of these teaching methods the tutor is always available and acts as a facilitator*
- *tutor gives limited structure then acts as a support system, as a source of knowledge and skills for the student, but the tutor is careful to stress that she is not the only source for example, other members of the professional team are also knowledgeable*
- *interactions are easier and more relaxed, especially in the clinical situation where the tutor has more time to get acquainted with the student and where both tutor and student can challenge each other*
- *tutor encourages an open relationship with the student by allowing the student to express her own opinions and ensuring her that her opinions are also important*
- *students are encouraged to be creative and use their own initiative, especially in the clinical situation.*

### 3.2.1.4 LEARNING EXPERIENCES

Informants (tutors) **perceived** that the Educational Focus of the Learning Experiences lay between training and educating as evidenced by the following findings:

- *although the tutor is still the authority figure, there is less manipulation of the learner and the learning milieu, because students are not tied to a learning contract emphasising objectives, but have a study package with broad guidelines. For example, the student has to nurse a patient with cardio-vascular pathology by assessing the patient, formulating nursing interventions, implementing and evaluating the effects of these actions. Students still use a given structure, the Whole Person Theory to assess the patient but are allowed to use their initiative and creativity in the manner in which it is implemented. The main aim here is that the student is able to obtain a comprehensive, total picture of the patient as a whole person with her specific nursing needs. However, checklists are still used to ensure that students obtain specific skills such as catherisation*
- *students are still tied to grades especially the top students who view a high grade as a status symbol, while the average student is only concerned with obtaining 50% and thus passing the course*
- *correlation is obtained between what the student is taught in the classroom and what she observes in the clinical situation, for example there are sufficient learning experiences such as cardio-vascular patients, but initially during the first semester some students have to be shown how to correlate the theory they have learned at the patient's bedside.*

### 3.2.2 QUESTIONNAIRES

After analysis, the findings obtained from the interviews were triangulated with those obtained from the questionnaires. Data from these two sources substantiated the diagnosis, as ***perceived*** by the informants, that the Educational Focus of the College during the second year was in ***transition***. The following aspects were found:

#### 3.2.2.1 LEARNER MATURITY CONTINUUM

Findings as ***perceived*** by the informants, revealed a definite movement along the Learner Maturity Continuum from an immature to a mature student. The following aspects were found:

- *in some cases, students are Anticipatory-Compliant as they only learn what they anticipate the tutor wants learned. Students focus on marks obtained rather than on how much has in reality been learned. There are also students who want to be like the*

*tutor and use her as a role model. However, a large group of students are more mature and exhibit characteristics of a learner at the Reciprocating position. At this position, students question and confront each other and the tutor. For them the tutor is an aid to their growth and development. A partnership exists between the student and the tutor, rather than a parent-child relationship. These students take responsibility for their own studies, use their own initiative, are inquisitive and ask questions. They want to feel in control of their own progress.*

Comparison of the above findings and those obtained from the interviews to the criteria for Learner Maturity Continuum, (See Table 5.1, p.221) confirmed that the Educational Focus as ***perceived*** by the informants was in ***transition***.

### **3.2.2.2 HOW STUDENTS LEARN**

Informants indicated that students learn by using Item, Directive and Rationale learning types and certain aspects relating to Contextual and Syntactical learning as evidenced by the following:

- *students learn by means of demonstrations. During student accompaniment procedures are still used; demonstrated, practised and thereafter checked by using a checklist*
- *students learn by attaining objectives. Specific objectives are specified in study guides and instructions are sometimes given relating to how to go about attaining objectives*
- *tutors encourage Contextual learning by demonstrating and exercising a nursing ethic of "caring", nursing philosophy and professional identity. This is achieved by role modelling caring and concern during contact with the students and at the bedside of the patients*
- *students learn by giving individualised care to patients and attaching meaning to, and interpreting the reason for this care*
- *students learn by using their own framework and plan of action to attain personal study objectives*
- *students are stimulated to reason, analyse, evaluate, interpret and compare information. They are also exposed to self-study on a limited basis where they are responsible for learning a certain aspect of the content on their own. Thus, although the teacher is still in control, the educational environment is less oppressive*
- *however, some students still exhibit immature behaviour such as:*

- ◊ *they only want to pass the course and are still tied to grades, they therefore learn like “parrots” instead of learning in order to apply the knowledge they gained in other and future situations*
- ◊ *they become irritated or do not participate when case studies or other self-study teaching strategies are implemented, whereas the more mature student is very keen to work independently and to be confronted with problem situations*
- ◊ *some students still prefer to be fed with the proverbial spoon and passively absorb pieces of information or lists.*

Comparison of the above findings and those obtained from the interviews to the criteria for the Typology for Learning, (See Table 5.2, p.231) confirmed that the Educational Focus as ***perceived*** by the informants was in ***transition***.

### **3.2.2.3 TEACHER-STUDENT INTERACTIONS**

Informants indicated that Teacher-Student Interactions lay between training and education as evidenced by the following:

- *in some cases students are still passive receivers of excessive amounts of unsuitable and unnecessary information which they receive within short periods of time. This is due to the fact that over the years, tutors have added the “nice to know” and what they personally think the student should know. This has only served to strengthen the focus on the alliance between the content and the tutor. The Block System has also added to this bombardment of knowledge and exacerbates the problem of theory-practice integration in the clinical situation. Skills, in the form of procedures, are evaluated by checklists in the clinical situation. However, during the final clinical evaluation the emphasis is placed on student capabilities to make independent decisions regarding the care of their patients evidenced by their ability to think, reason, debate and make comparisons regarding appropriate nursing care. To get the student to this position the tutor encourages and uses creative approaches to teaching, such as assigning students to individual patients during clinical accompaniment, developing open communication channels, acting as a facilitator of learning, who is always available to guide the student regarding any obstacles or problems she may encounter.*

Comparison of the above findings and those obtained from the interviews to the criteria for Teacher-Student Interactions, (See Table 5.3, p.233) confirmed that the Educational Focus as *perceived* by the informants (tutors), was in *transition*.

### 3.2.2.4 LEARNING EXPERIENCES

Informants indicated that Learning Experiences were also at the *transitional* position as they lay between training and education as evidenced by the following aspects:

- *although students are still exposed to a fragmented curriculum and in spite of the Block System, theory-practice correlation does occur at the end of the second semester as students are given the opportunity to be creative and to use their own initiative in the clinical situation. The students also acquire problem solving skills, learn to analyse and interpret data, substantiate and motivate conclusions scientifically*
- *student accompaniment is individualised during learning experiences*
- *students progress according to their own tempo, but guidelines for examination entrance and promotion are prescribed.*

Comparison of the above findings and those obtained from the interviews to the criteria for Learning Experiences, (See Table 5.4, p.240) confirmed that the Educational Focus as indicated by the informants was in *transition*.

### 3.3 THIRD YEAR STUDENTS

The reader is reminded that the following findings are the *perceptions* of informants (tutors) regarding the education and training of third year students. Further, due to the extensive amount of data gathered, the researcher has at times *summarised* the findings of the informants (tutors) and at other times, *quoted* the actual words of the informants.

During the third year, the informants indicated that the Educational Focus was in the *transitional* phase except regarding the *way students learn*; here the main focus was on *training*. This was a surprising finding as the

third year student is exposed to self-study in the form of modules. In this instance, she is expected to take full responsibility for her own learning by actively participating in the learning process and to use the tutor only as a facilitator, or a source of knowledge when she encounters problems. This finding may be attributed to the fact that although the tutor views the modular system as individualised learning, it is in fact just another teaching strategy like the lecture method. In this situation the student has no choice but to implement this strategy and learn the content in this way. The tutor is manipulating the educational environment and imposing her authority on the way a student should learn, without taking into consideration the different ways students learn. Informants indicated that the modular system should be just one of the many methods available to the student to learn. Individualised learning should provide the student with a choice from a variety of teaching strategies. For example, a student should be able to learn the theory regarding the normal birth process by either attending a lecture, viewing a video, using a computer programme, using a slide programme, attending discussion groups, tutorials, playing games and using a module in conjunction with prescribed and other literature. As explained by an informant: *"I think our teaching strategy, although we say we apply the modular system and this may be the first step to individualised teaching, we are still not sufficiently individualised because all that we now do is to perhaps not force the lecture method on her, but now we force what we call the modular system on the student, so in actual fact we still force our view of how a student ought to learn on them. So we do not, for example in order to make provision for differences, say, but there's a lecture scheduled, and there's also a computer programme or a video for your use, you can choose which one you will use."*

Another reason why students were still at the training phase regarding learning, may be due to the manner in which the modular system is implemented. Informants indicated that the student is required to complete the module in the clinical situation. She is allocated a specific number of hours during clinical accompaniment to work on the modules. If these hours are insufficient she has to complete the module in her own time. The aim of

the module is that the student should complete the theory and then immediately attain the preset, clinical objectives. This does not occur due to many different reasons. Students complete all the theory in the clinical department and then depending on availability of learning experiences, will complete the clinical objectives on the same day or maybe a week later, or sometimes they do not attain the objectives.

Informants indicated that not all clinical facilities have the appropriate teaching aids available, for instance, sometimes a student is required to view a video but it is either non-existent, of poor quality or one of the other tutors has it out on loan. In general, some teaching aids are not up to standard. Due to the pressure of work and the amount of content the student has to learn, she either copies the work from a previous third year student, or the modules are pooled and each student works out modules as allocated to her. As a result, informants *perceive* that the student learns like a *parrot* without really quite getting the *whole* picture.

Her entire learning process is geared to attaining the objectives at all costs. This teaching strategy, the modular system, is centred around objectives and content and is thus focused purely on obtaining information and not on developing thought processes.

Some informants felt that the student suffered from *burnout* accumulated from the first and second year of study. This condition is now manifesting itself because the student just cannot cope with the *excessive workload* and *overloaded content* in the third year. Informants indicated that in order to counteract the negative aspects influencing the way a student learns during the application of the modular system and to encourage the application of educative types of learning, a third year student who is mature, academically inclined, inspired and well disciplined is required. As quoted by an informant: *"I must say at the beginning, it [the modular system] (researcher inserted)*

*went well, but later I also began to realise that it's for your more mature, academically strong, inspired student."*

### **3.3.1 INTERVIEWS**

During analysis of the data obtained from the interviews, the above findings as **perceived** by the informants were substantiated by the following aspects:

#### **3.3.1.1 LEVEL OF MATURITY**

The researcher found that the Maturity Level of the student was in the **transitional** phase as evidenced by the following aspects:

- *the educational environment is to a certain extent more liberating although the tutor still maintains a certain amount of control over the student*
- *the teacher-student relationship is more one of adult to adult*
- *students do challenge each other and the tutor at times*
- *the student takes responsibility for her own learning and actively participates in the learning process, but with the sole aim of attaining the objectives*
- *some students use sources other than those prescribed by the tutor*
- *student plans her time so that her submission dates of objectives and assignments are met on time*
- *student consults the tutor when she requires help*
- *student learns at her own tempo and requires minimal guidance from the tutor*
- *student works within a given structure*
- *some students still focus on anticipating what the tutor wants learned and obtaining good grades.*

#### **3.3.1.2 HOW STUDENTS LEARN**

The informants indicated that the students were in the **training** phase regarding how they learn as evidenced by the following:

- *although students are expected to take responsibility for their own learning and actively participate in the learning process by completing modules in the clinical situation, they still learn by attaining Behavioural objectives based on the content*
- *the majority of students attain objectives by rewriting the content just as it appears in the prescribed book*

- *students do not deviate from the preset objectives, they only learn what is required of them, they display very little initiative*
- *they appear to have developed tunnel vision focusing just on objectives and obtaining 50% in order to pass the course*
- *students learn by using aspects from Item, Directive and Rationale learning such as they learn pieces of information, objectives, rules and apply underlying theory such as the Whole Person Theory when nursing a patient*
- *students focus mainly on obtaining information and not on developing thought processes*
- *in the clinical situation some students have difficulty analysing situations and viewing them as wholes. This is also seen during evaluation in the classroom where some students have difficulty analysing situations and viewing them as wholes, when confronted with case studies during tests and examinations*
- *regarding cultural aspects, it was found that there was no difference in the way students learn but that learning was coupled to emotional maturity. As the student matured emotionally she was better able to cope with learning.*

### **3.3.1.3 TEACHER-STUDENT INTERACTIONS**

Informants (tutors) indicated that Teacher-Student Interactions were at the **transitional** phase and therefore aspects of both training and education are found namely:

- *students do not receive any lectures, they are required to complete several modules independently*
- *these modules contain preset objectives centred around the content*
- *tutors maintain an open communication system where they are always available for consultation*
- *during consultation students come prepared and ask numerous questions*
- *tutors use humour during their interactions with the students*
- *evaluation system is still rigid but tutors have attempted to move away from Bloom's Taxonomy and formulate questions according to Mcquire's classification (Guilbert 1987: 1.38) namely evaluating knowledge, generalisations, solving of routine and unknown problems.*

### 3.3.1.4 LEARNING EXPERIENCES

Informants indicated that the Educational Focus of Learning Experiences was situated at the **transitional** phase as evidenced by the following aspects:

- *a variety of learning experiences are prescribed and accessible to the student in the clinical situation, but by first attaining all the theoretical and then the clinical objectives the student finds it difficult to correlate theory with practice. Theory-practice correlation is, however, achieved during the second semester and especially in Community Health Nursing Science*
- *although learning experiences are prescribed and accessible, students are responsible for finding and choosing their own experiences in the clinical situation*
- *theory related to certain subjects is more reality related than others and this enhances theory-practice correlation, for example, Community Health Nursing Science. Tutors find that what is taught in theory is found in the clinics and other learning situations in the community*
- *the student does take responsibility for her learning and is actively involved but only to attain her objectives*
- *the tutor encourages the student to use her own initiative and creativity while nursing patients to ensure that they receive total patient care*
- *although the student is given the Whole Person Theory as the structure within which she has to assess the patient, she is free to apply it as she thinks it relates to the patient's situation*
- *the student is required to identify, analyse and evaluate nursing interventions for her patient and to apply problem solving skills but some have difficulty achieving this*
- *during assessment of the patient, the student is required to obtain data and base all conclusions on a variety of sources, for example, objective and subjective data obtained from the patient, the relatives, the doctor and documents.*

### 3.3.2 QUESTIONNAIRES

After analysis, the findings obtained from the interviews were triangulated with those obtained from the questionnaires. Data from these two sources substantiated the diagnosis, as **perceived** by the informants, that the Educational Focus of the College, during the third year was in **transition**. The exception to this finding was the **way students learn**, which was found

to be situated at the **training** phase as students used aspects from Item, Directive and Rationale learning. The following aspects were found:

### 3.3.2.1 LEVEL OF MATURITY

The researcher found that the Maturity Level of the student was in the **transitional** phase as evidenced by the following aspects:

- *the student takes responsibility for her own learning and actively participates in the learning process*
- *during this process she is accompanied by the tutor who maintains a low profile*
- *an adult relationship exists between the tutor and the student*
- *the student is a self-centred adolescent who, with accompaniment becomes a care-giving, empathic adult at the end of the third year*
- *however, a small percentage of the students are still immature as evidenced by the following behaviour:*
  - ◊ *students view the tutor as an authoritative, expert figure who is responsible for their training and provides all the answers*
  - ◊ *students are just passive receivers of truths and answers.*

Comparison of the above findings and those obtained from the interviews to the criteria for the Learner Maturity Continuum, (See Table 5.1, p.221) confirmed, as **perceived** by the informants, that the Educational Focus was in **transition**, situated at the Resonating and Reciprocating positions.

### 3.3.2.2 HOW STUDENTS LEARN

The researcher found that informants **perceived** that the students were in the **training** phase regarding how they learn as evidenced by the following:

- *students learn by abiding to clearly prescribed objectives and rules focused on the content*
- *the learning environment and the student are manipulated to conform to prescribed requirements*
- *students only learn what is expected of them, concentrating on loose standing facts, simple solutions and apply the nursing process like a recipe*

- *the aim of the student is to master the content and practical skills with no thought for the actual learning process*
- *the student is bound to the structure provided by the tutor, that is, the student is module centred*
- *the student focuses on low order learning, mainly Item and Directive.*

Comparison of the above findings and those obtained from the interviews to the criteria for the Learning Typology, (See Table 5.2, p.231) confirmed, as **perceived** by the informants, that the Educational Focus was on **training**, as the students use aspects from Item, Directive and Rationale learning.

### 3.3.2.3 TEACHER-STUDENT INTERACTIONS

Informants indicated that Teacher-Student Interactions were at the **transitional** phase and therefore aspects of both training and education were found, namely:

- *tutor encourages student to be creative and make her own decisions*
- *tutor uses humour in certain circumstances to promote learning*
- *tutor applies principles of learning throughout interactions with the student*
- *tutor takes cultural differences of students into consideration*
- *rigid evaluation system is implemented*
- *evaluation is quantitative and aimed at grading*
- *interactions in the classroom are difficult due to the large classes, but in the clinical situation accompaniment is done on an individual basis.*

Comparison of the above findings and those obtained from the interviews to the criteria for Teacher-Student Interactions, (See Table 5.3, p.233) confirmed, as **perceived** by the informants, that the Educational Focus was in **transition**.

### 3.3.2.4 LEARNING EXPERIENCES

Informants (tutors) indicated that the Educational Focus of Learning Experiences was situated at the **transitional** phase as evidenced by the following aspects:

- *students are encouraged to apply their theoretical background to the clinical situation, to view the patient as a whole person and to nurse her/him in totality. This is fully realised during clinical accompaniment by the tutor, but only partially when she is absent. This is due to the reluctance of the ward sister to accompany the student due to an excessive workload and high personnel turnover. In some disciplines for instance, Community Health Nursing Science students do achieve totality of patient care in the clinical situation, regardless of whether the tutor is present or not. This may be due to the fact that directly after a theoretical block, the students do practica in the clinics and in other subjects, theory and practical application can differ as much as two months. Regardless of the discipline, students are more actively involved in the learning process in the clinical situation, than in the classroom*
- *in some instances, the tutor is only interested in the product at the end of training. The tutor decides what the student is going to learn and then ensures that specific learning experiences are available to attain her objective. She thus manipulates the learning environment and the student by preplanning her teaching activities.*

Comparison of the above findings and those obtained from the interviews to the criteria for Learning Experiences, (See Table 5.4, p.240) confirmed, as **perceived** by the informants, that the Educational Focus was in **transition**.

### 3.4 FOURTH YEAR STUDENTS

informants indicated that during the fourth year the Educational Focus was in the **transitional** phase except regarding the **way students learn**. At this point, as was **perceived** by informants in the third year, the main focus was on **training**. This is due to the fact that although students do try and are encouraged to apply certain aspects of Contextual learning, the modular system and objectives still inhibits them. However, informants indicated that at the end of the fourth year, students have achieved a professional identity and can perceive their world as a nurse.

The reader is reminded that the following findings are the *perceptions* of informants (tutors) regarding the education and training of fourth year students. Further, due to the excessive amount of data gathered, the researcher has *summarised* the findings of the informants.

### 3.4.1. INTERVIEWS

During analysis of the data obtained from the interviews the above findings, as *perceived* by the informants, were substantiated by the following aspects:

#### 3.4.1.1 LEVEL OF MATURITY

Informants indicated that the Maturity Level of students was in *transition*, situated between training and education as evidenced by the following aspects:

- *although the educational environment is liberating, the tutor is still viewed as the authority figure retaining a certain amount of power*
- *an adult relationship exists between the teacher and the student. The student is self-assertive, solves her own problems and is not afraid to confront the tutor. The tutor respects and treats the student as an equal.*
- *the student takes responsibility for her own learning, works independently and takes an active part in learning, but only to attain the objectives. She is able to cope and only consults the tutor when she really does not know what to do*
- *during consultations the student asks difficult questions which require insight and are at times even difficult for the tutor to answer*
- *students who do Psychiatry during the first semester are more mature in their approach to group discussions regarding Ward Administration, during the second semester and are more comfortable in either leading, or participating in the group (See p.209)*
- *some students are still immature, but this immaturity appears to be related to the fact that during the fourth year the student enters new territory without sufficient background knowledge and experience, especially practical experience so she is not ready to use her own initiative and qualities in this new environment she finds herself in; she is unable to go it alone as she lacks self-confidence.*

### 3.4.1.2 HOW STUDENTS LEARN

The researcher found that informants **perceived** that the students were in the **training** phase regarding how they learn as evidenced by the following:

- *the student learns superficial knowledge, facts and is tied to objectives*
- *student works within a given structure namely a study guide in the form of a module*
- *the content is delimited for the student*
- *students learn for the short term, just to pass the test or examination*
- *students appear to have some symptoms of burnout, as they are disinterested and exhausted. She finds her two main subjects not so difficult, but overloaded with content and presented fragmentally*
- *students have no choice in subjects. Due to the four year course they are compelled to do Psychiatry and Midwifery whether they like it or not. As a result, some students tend to learn the subjects they favour in more detail, while others feel they are only there to learn in order to pass the course and obtain a qualification*
- *students use the tutor as a role model initially but do try to adapt their own style of learning by the second semester*
- *the different cultural groups do not learn differently but learning is tied to the maturity of students, especially emotional maturity. However, some cultures appear to have a natural ability for empathy, warmth, and genuineness but are held back by their unbelievable shyness. This shyness may be attributed to their educational background and their belief that the group is more important than the individual. The different cultural groups have a harmonious working relationship.*

### 3.4.1.3 TEACHER-STUDENT INTERACTIONS

Informants indicated that Teacher-Student Interactions were at the **transitional** phase and therefore aspects from both training and education are found namely:

- *Teacher-Student Interactions are structured so that students are challenged to reason, criticise, analyse and evaluate but initially do not see this as a challenge*
- *tutor endeavours to create an atmosphere conducive to learning by making any encounter fun, interesting and stimulating*
- *in the classroom, interactions between the teacher and student differ according to the subject taught (See Table 4.11, p.178) and at what stage students are in Block. For example, when studying Professional Practice and in particular ethical issues, students are encouraged to obtain additional information from additional sources such as to*

*utilise the library, read up on ethical questions, use journal articles, discuss ethical dilemmas with students from other hospitals so that they are aware that frames of references other than their own do exist and to view videos depicting ethical aspects. Students participating in group classes for Ward Administration during the second semester, were able to cope better than students during the first semester. This is due to the fact that students are divided into two groups. The first group of students do their Psychiatric Nursing during the first semester and have practical experience of groupwork and are thus more participative, have more self confidence, display more initiative by initiating or continuing a group discussion even in the absence of the tutor. The tutor is only required as a facilitator. Group dynamics also have an influence, for example, some groups appear to have leaders with strong leadership qualities which gives impetus to the group and some groups establish good rapport with the tutor*

- *initially, during group classes students are very reluctant to participate. Even though they do choose a leader, the tutor still has to give guidance. However, by the second day they are responding more spontaneously and actively participating by, for example, first discussing the ethical dilemmas and then preceding to the clinical facilities to see how the theory correlates with the practical situation and what in reality is actually transpiring. The following morning the group discuss and debate the findings of their interactions. From this stage the group sessions are more open, students initiate their own groups and they are more participative, using their own frame of references and personal life experiences*
- *Psychiatric interactions are more open and informal, both in the classroom and in the clinical situation*
- *two directional communication exists, especially in the clinical situation*
- *evaluation is less rigid but students are still tied to grades. Some tutors use Mcquire's classification as reported in the third year, but fragmentation of tests and examinations are still prevalent as each tutor sets her own question. Others have compiled their own criteria and accordingly they only have a broad aim, look at how the student handles the situation and the patient and the quality of care or interaction. Tutors then review the student's performance in totality before assigning the final grade which is either that the student is effective or ineffective. Some tutors start evaluating the student from their first contact. Others evaluate the feedback students give during group discussions where knowledge, insight into the situation and the use of their own personal ideas and principles are applied, but the most important aspect is insight into the situation. Yet another form of evaluation is a ward round, in the form of an oral examination.*

#### **3.4.1.4 LEARNING EXPERIENCES**

Learning Experiences, as **perceived** by the informants, were at the **transitional** phase and therefore aspects from both training and education are found, namely:

- *student prepares for any learning experience using her own sources, shows insight when asked a difficult question by the tutor. Her first reaction will be not to say no she does not know the answer, instead she will first think about the question and if she has no answer she will tell the tutor that she will first give the question a bit of thought. She then returns with a well motivated answer by which the tutor can see that considerable thought has gone into the answer*
- *some students use experiences in which they are competent, from other disciplines and apply them to their new circumstances to enhance, enlarge, discover and extend any new learning experience they may encounter, such as, applying interviewing skills learned in General Nursing during assessment of Psychiatric patients*
- *learning experiences differ according to the clinical facilities students are placed at, for example, some have fewer wards and less equipment while others have more sophisticated equipment and Intensive Care Units. Thus, students have different frames of references*
- *during Ward Administration, for the first time students have the opportunity to view their learning experiences in perspective, as during the preceding three years they have depended entirely on the unit sister. However, they now have to approach their learning experiences from the perspective that they are in charge of the unit and when confronted with problems, they have to take full responsibility and use their own initiative to solve these problems satisfactory. This provides an ideal opportunity to apply the theory they implement so well in the classroom, in the clinical situation and of having the satisfaction of obtaining theory-practice correlation*
- *during Psychiatric learning experiences and discussion of ethical issues, students are exposed to abstract thinking, to feelings with underlying messages which the patients reflect, but students find it difficult to cope as they have not learned properly during the first, second and third years. Tutors have to encourage students to be aware of, and be more sensitive to, the feelings of patients and how to handle confrontation. Students cannot just rely on knowledge, but have to use insight, intuition, interpretation and visualisation. Students use interpretation, feelings and confrontation to initiate communication and read non-verbal messages so they can analyse and see that the patient is very anxious by observing certain signs such as voice intonation, facial expression and body movements, such as wringing of hands. Students have to apply*

*their knowledge on a more abstract, emotional and practical manner. Some students are able to use their own life experiences to help patients because they have been exposed to various life experiences, for example, death, divorce, disappointments in their love life which have made them more sensitive, empathic and tuned into the feelings of patients. Other students have had less exposure to trauma in their lives, or some are unable to do this due to their personality and negative attitude*

- *during Psychiatric learning experiences, students view the patient as a psychological, physical, social and spiritual being despite the fact that the clinical educational environment is not always conducive to effective learning. A custodial method of thinking and caring is applied so the student has an uphill battle to ensure that the patient is stimulated, that caring and concern are conveyed and that the patient is respected and accepted as a person*
- *students come into contact with patients from different cultural groups, with different views on certain aspects. At first, students find it difficult to cope but eventually use their therapeutic self to work out effective coping mechanisms. Reality is different to the ideal that is taught in the classroom. Everything cannot be learned from a book, for example, how to cope with swearing or unwanted sexual advances. Students either have to learn from experience or from somebody else who has been through a similar experience*
- *a certain duality exists between knowledge and skills as during learning experiences, theory and practice cannot be separated but must complement each other. The student has to have a sound theoretical background to apply her skills to a learning experience she has identified.*

### **3.4.2 QUESTIONNAIRES**

After analysis, the findings obtained from the interviews were triangulated with those obtained from the questionnaires. Data from these two sources substantiated the diagnosis, as ***perceived*** by the informants, that the Educational Focus of the College during the fourth year was in ***transition***. The exception to this was the ***way students learn***, which was found to be situated at the ***training*** phase. The following aspects were found:

### 3.4.2.1 LEVEL OF MATURITY

The researcher found that the Maturity Level of the student, as ***perceived*** by the informants, was in the ***transitional*** phase as evidenced by the following aspects:

- *in some instances the tutor is still the authority figure in control of the situation*
- *the student is actively involved in the learning process in that she has to complete her own modules, but focuses solely on attaining the preset objectives Some students are still manipulative and hostile towards the tutor. They require a great deal of direction and need to be compelled continuously to take responsibility*
- *students work within a certain structure, for instance, they are subject to specific Blocks, rosters, plans and programmes which are provided.*

Resonating position:

- *the tutor uses her charismatic personality to ensure that students are not bored but are kept excited about her subject*
- *students find the tutor attractive and want to be like the tutor*
- *the student perceives the teacher as stimulating and feels motivated to come to class well prepared*
- *the student displays a great respect and admiration for the teacher and uses the teacher as a role model.*

Reciprocating position:

- *the student takes responsibility for learning*
- *students exchanges ideas, challenge each other and the teacher, take the dialogue in directions that meet their needs*
- *students have reciprocal relationships with each other and with the tutor*
- *student actively looks for patterns, expresses insights and puzzlements, finds meaning, has egalitarian relationships with both peers and tutor*
- *tutors supply information, cues, models and paradigms only when asked and when the student is hindered in working with a problem, issue or client*
- *teacher-student relationship revolves around transactions that meet the criteria for educative teacher-student relationships.*

Comparison of the above findings and those obtained from the interviews to the criteria for the Learner Maturity Continuum, (See Table 5.1. p.221) confirmed, as ***perceived*** by the informants, that the Educational Focus was in ***transition***; situated at the Resonating and Reciprocating positions.

### 3.4.2.2 HOW STUDENTS LEARN

The researcher found that the students, as ***perceived*** by the informants (tutors) were in the ***training*** phase regarding how they learn as evidenced by the following:

- *the study guide in the form of a module still contains many aspects of guidelines, rules and objectives*
- *students are satisfied to only attain objectives, focused on the module and its contents*
- *students are not motivated to resource or discover broader knowledge, just to pass the subject and obtain a grade*
- *direct objectives are set for students in study guides and then direct questions are set from these objectives for examinations*
- *there is no room for self-exploration as the student is guided by learning through modelling others, procedures and demonstrations*
- *students do not really care yet about the "whys" during learning and some find the application of knowledge difficult.*
- *students give little thought to the actual learning process and higher thought processes such as criticising*

Rational learning:

- ◊ *students inquire about the reasons underlying certain nursing actions*
- ◊ *students indicate the relationships of skills and interventions to items and directions.*

Comparison of the above findings and those obtained from the interviews to the criteria for the Learning Typology, (See Table 5.2, p.231) confirmed, as indicated by the informants, that the Educational Focus was on ***training*** as the students use aspects from Item, Directive and Rationale learning. This implies a more training oriented viewpoint than an educational one.

### 3.4.2.3 TEACHER-STUDENT INTERACTIONS

Informants indicated that Teacher-Student Interactions were at the *transitional* phase and therefore aspects of both training and education are found namely:

Regarding Educative Teacher-Student Interactions (See Table 5.3, p.233) the tutor encourages creativity and applies several aspects from Style of Presence, Reciprocal Interactions and Contextual, Syntactical and Inquiry learning namely:

- *tutor accepts and encourages the student to develop creative approaches to the subject matter*
- *tutor acknowledges student's creative contributions in the class, to the subject matter and to the discipline*
- *tutor exhibits the general attitude that all students can show creativity*
- *tutor uses self as a positive force to produce an atmosphere that fosters creativity*
- *tutor is accessible for the purpose of an interactive critique of the student's work*
- *tutor demonstrates enthusiasm and a positive attitude towards the student and the subject matter*
- *tutor is open and non-defensive with student*
- *tutor displays an appropriate sense of humour which means that depending on the nature of the tutor, she uses humour as a means to initiate and sustain the learning process, while simultaneously ensuring that humour does not dominate the interaction. The tutor thus ensures that the learning process takes precedence over all other aspects*
- *teaching style encourages student participation*
- *tutor asks many questions and interacts with the student around the answers while preserving the student's dignity*
- *tutor shares student's feelings of excitement, joy, frustration*
- *tutor takes an active interest and provides encouragement to student*
- *tutor assists students to feel comfortable with their differences*
- *tutor-student interactions provide tutor and student with intellectual stimulation that requires disciplined thinking about the subject area*
- *tutor-student interactions occur in diverse situations which call for varied roles*
- *tutor-student interactions require responsibility on the part of student and the tutor to maintain a relationship conducive to learning*

- *tutor provides a climate that communicates a valuing of caring and concern as the moral imperative of nursing. Tutor provides an emotional climate for the student evidenced by warmth and caring, aware of her needs, wants her to do well, supports her in a crisis, treats her with respect, does not criticise, gives her the right to voice her opinion, gives encouragement*
- *tutor readily demonstrates expertise in the subject matter*
- *tutor helps student to develop own meaningful ways of knowing and thinking processes. Use of self, use of own personal life experiences*
- *tutor and student select goals that are important and may not be behaviourally measured, for example, insight portrayed by the student*
- *tutor and student share responsibility for critiquing student's work and this is more valued than the assigning of grades*
- *tutor-student interactions assist student in deriving meanings from the learning experiences*
- *tutor listens to a range of views carefully and uses questions to elicit amplification of issues, rather than arguing against opponents or attempting to resolve differences*
- *tutor encourages student to reflect upon professional life experiences in relation to the subject matter.*

However the followings aspects of Stimulus-Response Interactions are still prevalent namely:

- *tutor maintains strict control, still has the power impact*
- *some tutors still bombard student with knowledge*
- *student given a great deal of structure and strict boundaries within which to function, for example, assignments, objectives, do this now and do that now*
- *student not allowed to deviate, to use own initiative, to think, to explore, to experiment*
- *emphasis is still focused on pre-selected curriculum and behavioural objectives.*

Comparison of the above findings and those obtained from the interviews to the criteria for Teacher-Student Interactions, (See Table 5.3, p.233) confirmed, as **perceived** by the informants (tutors), that the Educational Focus was in **transition**.

### 3.4.2.4 LEARNING EXPERIENCES

Informants indicated that the Educational Focus of Learning Experiences was situated at the **transitional** phase and therefore aspects of both training and education are found, namely:

- *student is exposed to learning material and experiences that lead to mature learning, independent functioning, creative thoughts but some have difficulty in achieving this*
- *learning experiences are not always used as some tutors in the clinical situation provide too much direct structure within which the student has to correlate theory and practice, where it actually should occur spontaneously. This limits the student's space to explore outside the given objectives*
- *tutor is still seen as an authoritative figure with the power, rather than as a learning partner, but open communication does exist between the tutor and the student*
- *some students take responsibility for their own learning and choose their own learning experiences in the clinical situation*
- *students achieve theory-practice correlation while working in clinics during Community Health Nursing Science and Psychiatric Practica*
- *student is actively involved in learning, but only to attain pre-selected objectives*
- *student uses creativity during completion of assignments*
- *students ask questions*
- *as found during the third year, the student is required during assessment of the patient, to obtain data and base all conclusions on a variety of sources, for example, objective and subjective data obtained from the patient, the relatives, the doctor and documents.*
- *the student is required to nurse the patient in totality and use problem solving skills.*

Comparison of the above findings and those obtained from the interviews to the criteria for Learning Experiences, (See Table 5.4, p.240) confirmed, as **perceived** by the informants, that the Educational Focus was in **transition**.

## 4. SUMMARY

In this chapter additions to the criteria for Bevis and Watson's four mini-models and the Educational Focus of the College was discussed. It was found that during the **first year** the focus is entirely on **training**. During the **second year** the focus was in the **transitional** phase and a concerted effort

was made towards educating the student. During the *third* and *fourth year*, the focus was in *transition* excepting *how students learn*, which was at the *training* phase. This was a most surprising finding, as the modular system was introduced with the idea that this would compel the student to take responsibility and become actively involved in her own learning.

Unfortunately, the modular system proved to be just another teaching strategy, used just as ineffectively as the lecture was during the previous years. However, informants stated that at the end of the fourth year, the student is able to apply theory in the practical situation and has with time and experience, become a competent and professional nurse.

Although there is a definite move in the College towards *education*, several training aspects are still deeply entrenched. Eradication of these aspects will require a great deal of inservice education and a deliberate, committed effort from the tutor. Only then will the continuum be crossed from training and focus solely on education.

In the following chapter a summary of the study and the findings are presented. Conclusions are also drawn on which recommendations are based.

## CHAPTER FIVE

### SUMMARY OF FINDINGS, CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

#### 1. INTRODUCTION

In the previous chapter the findings of the study were presented and discussed in detail. These findings centred around the following aspects:

- The criteria and additions pertaining to Bevis and Watson's four mini-models, namely the Learner Maturity Continuum, the Typology of Learning, the Teacher-Student Interactions and the Learning Experiences of the student.
- The diagnosis of the Educational Focus of the College when viewed within a Humanistic-Educative-Caring Curriculum Paradigm versus a Behaviouristic Approach.

In this chapter, a summary of the study and the findings is presented. Conclusions are also drawn on which recommendations are based.

#### 2. SUMMARY OF THE STUDY

The research question the researcher set out to answer in this study was:

***"What is the educational focus of a Nursing College when viewed within Bevis and Watson's Humanistic-Educative-Caring Curriculum Paradigm versus a Stimulus-Response Curriculum Paradigm?"***

To achieve this, the researcher first conducted a literature review in order to construct and adapt a Conceptual Framework based on the work of Bevis and Watson and other authors. This entailed describing the Tyler Rationale, each concept comprising the four mini-models, namely the Learner Maturity

Continuum, the Typology of Learning, Criteria for Teacher-Student Interactions and the Criteria for Learning Experiences, contained in the Bevis and Watson Curriculum Paradigm. Concept criteria were formulated for each of the four mini-models. Additionally, the Tyler Rationale and the Bevis and Watson Paradigm were discussed.

However, before the main study, a pilot study was conducted. This proved a very important part of the study as many problem areas were detected and modifications introduced, which added to the trustworthiness of the study as discussed under Pilot Study in Chapter Three. The concept criteria for the four mini-models were then substantiated and additions procured during formal, semi-structured (focused) interviews with the informants. The informants were drawn from a purposive, expert sample consisting of twenty-six tutors employed at a College of Nursing. The substantiated criteria for the four mini-models and the Training-Education Continuum were then presented to the informants. The informants were asked to indicate, by means of a questionnaire, the Educational Focus of the College.

During data analysis, bracketing, intuiting, reflection and content analysis was implemented as the basis for analysis. Data obtained during interviews was triangulated with that obtained from the questionnaires. Guba's Model of Trustworthiness of Qualitative Research was used to ensure that all the data obtained was trustworthy. Several practical strategies appropriate to the four criteria of trustworthiness namely credibility, transferability or fittingness, dependability and confirmability were applied. From the data analysis, a diagnosis was made and guidelines formulated in order to facilitate a paradigm shift towards a caring and educative curriculum.

### 3. SUMMARY OF FINDINGS

Findings are summarised according to additions to the criteria for Bevis and Watson's mini-models and the diagnosis of the Educational Focus of the College. These findings are summarised here as follows:

#### 3.1 ADDITIONS TO THE CRITERIA FOR BEVIS AND WATSON'S MINI-MODELS

Besides the various additions which were made to the four mini-models, all the criteria formulated during the literature review were substantiated from data obtained during the interviews. The criteria and additions to the four mini-models are summarised in Tables 5.1-5.4, pp.221, 231, 233, 240 respectively. All additions are highlighted in **red** type script. The **black** type script represents the concept criteria obtained during the literature review.

The reader is reminded that *primary references*, listed in the work entitled "*Toward a caring Curriculum: A new Pedagogy for Nursing*" by Bevis and Watson (1989), regarding the criteria for the Educative Teacher-Student Interactions and the Learning Experiences, refer only to the

- *author* and the
- *year of publication*.

For example, **(Hicks 1979)**.

Those *referred* to by the *researcher* contain the

- *name of the author*,
- *year of publication* and
- *page numbers*.

For example, **(Kohlberg 1981: 17)**.

**TABLE 5.1 CRITERIA FOR POSITIONS ON LEARNER MATURITY CONTINUUM**

**A. IMMATURE POSITIONS**

**1. CHARMING**

**1.1 Position of student**

- Most immature position

**1.2 Goal of student**

- To please teacher and obtain good grades (Kohlberg 1981: 17)

**1.3 Teacher-student relationship**

- Parent-child adaptive, that is, teacher is authority-parent, the power figure (Kohlberg 1981: 17)
- Relationship of teacher-student in educational environment: oppressed

**1.4 Learner characteristics**

- Students adopt seductive and manipulative stance or position:
  - ◊ vies for teacher attention and teacher liking them (Kohlberg 1981: 17)
  - ◊ "teacher's pet" idea
  - ◊ dupes or deceives teacher into seeing them as special, being more forgiving and liking them
  - ◊ **sums teacher up and takes a chance**
  - ◊ message to teacher is "I'm cute, you are wonderful"
  - ◊ **in nursing, the student adopts a more submissive role where the teacher is viewed as the authority figure, more an attitude of thank you for teaching me**
- Forms of seductive and manipulative behaviour in lieu of serious scholarly activity are bringing gifts, cartoons and paying compliments
- Manipulation can be intentional or unintentional
- Difference is distinguished by the fact that:
  - ◊ in this position the afore-mentioned activities are the focus of the student's energy and her ultimate goal
  - ◊ careful not to brand student as Charming just because she enjoys occasional time-out moments with teacher or pays a compliment (Bevis & Watson 1989: 83-84)

Continued on next page

TABLE 5.1 Continued

## 1.5 Teacher structure: high

- Teacher structure refers to the extent of the involvement of the teacher in the learning process
- During a high teacher structure, the teacher manipulates and controls the learning environment (Bevis & Watson 1989: 88)

## 1.6 Student self-structure: low

- Student self-structure refers to the extent of the involvement of the student in the learning process
- During a low student self-structure, the student does not take responsibility for her own learning but expects all input to come from the teacher (Bevis & Watson 1989: 83, 88)

## 1.7. Flip side

- The flip side of Charming is **HOSTILE**

## 1.7.1 Learner characteristics

- Student appears to bristle
- Hostility radiates from the student even though she may be silent, not saying much to either other students or the teacher
- **in the clinical situation the student is hostile towards the patient, situation and tutor. Student does not want to be in this situation, but adopts the attitude "I am in it and must do the best I can in the circumstances."**  
**She feels forced or compelled to do it**
- Student displays little interest in the course or its activities and usually gives the teacher a poor evaluation
- The student does the work assigned to her and does it well
- The student may even challenge the teacher with "*you can't teach me anything*", **throws the ball back into the tutor's court** and still sits there hostility not learning anything just to prove herself right (Bevis & Watson 1989: 85)

Continue on next page

TABLE 5.1 Continued

**2. ANTICIPATORY-COMPLIANT****2.1 Position of student**

- Second most immature position

**2.2 Goal of student**

- To pre-guess teacher, obtain good grades (Kohlberg 1981: 17)

**2.3 Teacher-student relationship**

- Parent-child adaptive relationship, that is, teacher is authority-parent, the power figure (Kohlberg 1981: 17)
- Relationship of teacher-student in educational environment: oppressed

**2.4 Learner characteristics**

- Student is anticipatory, that is, her energy is spent on trying to "figure or psych-out" what the teacher requires and
- Compliant by studying only what she anticipates the teacher wants learned
- Focus of learner is on what satisfies her own needs (Kohlberg 1981: 17) that is, her focus is on obtaining good grades and not on learning
- Students do not take responsibility for success or failure personally, but place it on their ability to second-guess the teacher in this position (Kohlberg 1981: 17; Weiner 1979: 3)
- Activities characterised by following statements
  - ◊ *"I always make a low grade on the first test"*
  - ◊ *"It takes me at least until mid term to 'psych' out the teacher and learn what it is that she wants."* Thus, the student's locus of control is external (Bevis & Watson 1989: 84; Rotter in Quinn 1988: 84-85; Weiner 1979: 6)

**2.5 Teacher structure: high**

- ◊ Teacher structure refers to the extent of the involvement of the teacher in the learning process
- ◊ During a high teacher structure, the teacher manipulates and controls the learning environment (Bevis & Watson 1989: 88)

Continued on next page

TABLE 5.1 Continued

## 2.6 Student self-structure: low

- Student self-structure refers to the extent of the involvement of the student in the learning process
- During a low student self-structure, the student does not take responsibility for her own learning but expects all input to come from the teacher (Bevis & Watson 1989: 84, 88)

## 2.7 Flip side

The flip side of Anticipatory-Compliant is **PASSIVE-AGGRESSIVE**

### 2.7.1 Learner characteristics

- The student is resistant to suggestions regarding what the teacher thinks is adequate scholarship
- Indirect ways of displaying resistance are misunderstanding directions, forgetting homework, assignments, procrastination, **terribly tired, exhausted**, being slow, or becoming stubborn
- This student can be more difficult to work with than the overtly hostile person and may be likened to working with steam which you can see and feel, but which is hard to hold **and can blow at any unsuspecting moment** (Bevis & Watson 1989: 86)

## 3. RESONATING

### 3.1 Position of student

- Centre position on continuum

### 3.2 Goal of student

- To be like the teacher. Use the teacher as a role model

### 3.3 Teacher-student relationship

- Teacher is the authority figure, that is, still in control
- Relationships of the teacher-student in educational environment: oppressed

Continued on next page

**TABLE 5.1** Continued**3.4 Learner characteristics**

- Tutor uses charismatic leadership by force of her personality
- Student finds teacher attractive
- Student perceives teacher as
  - ◊ charismatic
  - ◊ stimulating
  - ◊ admirable
  - ◊ enjoyable
- Student highly motivated characterised by
  - ◊ read and
  - ◊ prepare for class
  - ◊ does not want to miss any part of the experience
  - ◊ are over eager recipients of teacher's wit, information and wisdom
- Displays great respect and admiration for the teacher
- Student still primarily passive with teacher in control doing frontal teaching
  - ◊ conducting discussions that are alternating from tutor to student and student to tutor
- Most productive of oppressed positions
- Danger here is that the charismatic leadership of the teacher can dominate in an oppressive way (Bevis & Watson 1989: 84)

**3.5 Teacher Structure: high**

- Teacher structure refers to the extent of the involvement of the teacher in the learning process
- During a high teacher structure, the teacher manipulates and controls the learning environment (Bevis & Watson 1989: 86)

**3.6 Student self-structure: low**

- Student self-structure refers to the extent of the involvement of the student in the learning process
- During a low student self-structure, the student does not take responsibility for her own learning but expects all input to come from the teacher (Bevis & Watson 1989: 84-85, 88)

Continued on next page

TABLE 5.1 Continued

### 3.7 Flip side

- The flip side of resonating is **CRITICAL**

#### 3.7.1 Learner characteristics

- It is impossible to please the student who is a master of the double bind for example,
  - ◊ if you give thorough directions about a paper or an activity, you are too rigid
  - ◊ if you give too much leeway and few instructions, you are too unstructured and disorganised
  - ◊ if you make jokes, you are not serious enough, if you do not you are too serious and need to loosen up
  - ◊ the tests are too hard or too easy, the room is too cold or too hot, the subject is never interesting and the teacher is always dull
  - ◊ **teacher receives tremendous, unconstructive criticism**
- The critical part of this student is in gear all of the time (Bevis & Watson 1989: 86)

## B. MATURE POSITIONS

### 4. RECIPROCATING

#### 4.1 Position of student

- Next to most mature position

#### 4.2 Goal of student

- Take active part in learning

#### 4.3 Teacher-student relationship

- Teacher-student relationship one of adult to adult, mutual respect and exciting exchanges
- Educational environment is liberating

Continued on next page

**TABLE 5.1** Continued**4.4 Learner characteristics**

- Student takes responsibility for learning
- Students exchanges ideas
  - ◊ challenge each other and the teacher
  - ◊ take the dialogue in directions that meet their needs
- Students have reciprocal relationships with each other and with the teacher
- Students actively look for patterns
  - ◊ express insights and puzzlements
  - ◊ find meanings
  - ◊ have egalitarian/collegial relationships with both peers and teachers
- Teachers supply information, cues, models, paradigms only when asked and
  - ◊ when student is stymied (hindered, obstructed) in working with a problem, issue or client
- Teacher-student relationship revolves around transactions that meet the criteria for educative teacher-student relationships and
  - ◊ are involved in learning episodes that meet the criteria for educative learning activities (Bevis & Watson 1989: 86)

**4.5 Teacher structure: low**

- Teacher structure refers to the extent of the involvement of the teacher in the learning process
- During a low teacher structure, the teacher is a facilitator providing guidelines and support for the student (Bevis & Watson 1989: 88)

**4.6 Student self-structure: high**

- Student self-structure refers to the extent of the involvement of the student in the learning process
- During a high student self-structure, the student takes responsibility for her own learning and is actively involved in the learning process (Bevis & Watson 1989: 86, 88)

Continued on next page

TABLE 5.1 Continued

## 5. GENERATING

## 5.1 Position of student:

- Most mature position
- Creative position

## 5.2 Goal of student

- Student takes full responsibility for learning

## 5.3 Teacher-student relationship

- Teacher-student relationship one of adult to adult, mutual respect and exciting exchanges
- Educational environment is liberating

## 5.4 Learner characteristics

- Student is actively involved in the learning process  
(Knowles 1990: 86; Rogers in Quinn 1988: 43)
- Student initiative is high
- Passivity low to non-existent
- Student initiates problems, is a self-initiating learner  
(Rogers & Freiberg 1994: 167) and
  - ◊ Introduces topics, content, issues
- Students move in new directions
- Explore ideas relevant to their goals and directions
  - ◊ are searching and inquiring
  - ◊ **hypercritical thoughts, analyses every question down to finest detail, concerned about facts that seemingly have no answer or explanation, for example, how do we explain physics and the Bible, ethical dilemmas**
- Teachers are used as true consultants and as expert learners
  - ◊ content experts
  - ◊ as strategy or methodological experts
  - ◊ as respected colleagues with whom students bounce ideas around  
(Rogers & Freiberg 1994: 156)

Continued on next page

TABLE 5.1 Continued

- Teacher is facilitator of learning (Knowles 1990:41, 77; Rogers & Freiberg 1994: 170; Rogers in Quinn 1988: 44) which means:
  - ◊ Teacher shares her feelings as well as her knowledge with the student (Knowles 1990: 41, 79; Knowles in Quinn 1988: 44; Rogers & Freiberg 1994: 154)
  - ◊ Teacher is viewed as a genuine, real person by the students (Quinn 1988: 44; Rogers & Freiberg 1994: 154)
  - ◊ Teacher sets the climate for a safe learning environment by allowing the student freedom to make mistakes (Pruitt 1989: 53)  
The teacher minimises threats (Knowles 1990: 42; Quinn 1988: 46; Rogers in Knowles 1990: 78, 85). This the teacher does by accepting and trusting students to whom she is empathic, sympathetic and understanding (Quinn 1988: 44; Rogers & Freiberg 1994: 156-157)
  - ◊ The teacher encourages mutual trust and respect, collaboration, supportiveness, openness and a climate of pleasure and humanness (Galbraith 1992: 11; Knowles 1990: 85-87; Knowles in Quinn 1988: 46)
  - ◊ The teacher emphasises the process of acquiring knowledge by providing resources so that the student is able to teach herself (Quinn 1988: 48; Rogers & Freiberg 1994: 186)  
This helps the student to develop self-direction, readiness and intrinsic motivation during the acquisition of knowledge (Knowles in Quinn 1988: 48)
- Student is the novice learner and the teacher is the expert learner
- Teachers relinquish their agenda and support the agenda of the student, for example, legitimate to have dialogue or debate about the agenda, but not legitimate for teacher to insist on an agenda
- Evaluation for grades is replaced by criticism
- Trust is the hall-mark (Rogers & Freiberg 1994: 156)
  - ◊ creativity and inquiry the motif and the outstanding feature
- **Student empowered to take full responsibility for own learning**  
**"I'm in charge" slogan**  
(Bevis & Watson 1989: 86-87)

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**TABLE 5.1** Continued**5.5 Teacher structure: low**

- Teacher structure refers to the extent of the involvement of the teacher in the learning process
- During a low teacher structure, the teacher is a facilitator providing guidelines and support for the student (Bevis & Watson 1989:88)

**5.6 Student self-structure: high**

- Student self-structure refers to the extent of the involvement of the student in the learning process
- During a high student self-structure, the student takes responsibility for her own learning and is actively involved in the learning process (Bevis & Watson 1989: 86, 88).

TABLE 5.2 CRITERIA FOR LEARNING TYPOLOGY

ITEM	DIRECTIVE	RATIONALE	CONTEXTUAL	SYNTACTICAL	INQUIRY
<ul style="list-style-type: none"> <li>• Pieces of information</li> <li>• Individual factors (Marton &amp; Svensson 1982 and Marton &amp; Saljo 1984 in Leino-Kilpi 1989: 62-63)</li> <li>• Lists</li> <li>• Procedures/ <b>Demonstrations</b></li> <li>• Using tools and materials</li> <li>• Simple relationships between items</li> <li>• Task centred</li> <li>• Mechanical</li> <li>• Descriptions</li> <li>• <b>Summaries</b></li> <li>• <b>Modelling</b></li> </ul>	<ul style="list-style-type: none"> <li>• Rules</li> <li>• Injunctions</li> <li>• Do's and don'ts</li> <li>• Expectations</li> <li>• Instructions</li> <li>• Directions</li> <li>• <b>Objectives</b></li> <li>• <b>Principles</b></li> </ul>	<ul style="list-style-type: none"> <li>• Underlying theory</li> <li>• Sequencing items and directives</li> <li>• Why's</li> <li>• Use of formal properties</li> <li>• Relationships of skills and interventions to items and directions</li> <li>• Applying research to practice</li> </ul>	<ul style="list-style-type: none"> <li>• Caring and concern</li> <li>• Nursing culture, mores and folkways</li> <li>• Language jargon</li> <li>• <b>Nursing Language</b></li> <li>• Perceive world as a nurse</li> <li>• Politics</li> <li>• Power</li> <li>• Aesthetics</li> <li>• Work-role relationships</li> <li>• Nursing Philosophy</li> <li>• Professional activities</li> <li>• Professional Identification</li> </ul>	<ul style="list-style-type: none"> <li>• Grounded in practice</li> <li>• <i>Wholes</i> (Marton &amp; Svensson 1982 and Marton &amp; Saljo 1984 in Leino-Kilpi 1989: 62-63; Rogers &amp; Freiberg 1994: 205)</li> <li>• Broad relationships</li> <li>• Setting aside rules generating personal rules and guides</li> <li>• Individualised care</li> <li>• Using personal guides</li> <li>• Acknowledging personal paradigm experiences</li> <li>• Consequential reasoning</li> <li>• Insights</li> </ul>	<ul style="list-style-type: none"> <li>• Creativity (Rogers &amp; Freiberg 1994: 176-178; Searle et al. 1986: 106)</li> <li>• Investigating (Bruner in Woolfolk 1987: 276; Rogers &amp; Freiberg 1994: 205)</li> <li>• Theorising (Bruner in Woolfolk 1987: 276)</li> <li>• Strategizing</li> <li>• Researching (Bruner in Woolfolk 1987: 275)</li> <li>• Idea generating (Bruner in Woolfolk 1987: 276; Rogers &amp; Freiberg 1994: 205)</li> </ul>

(Adapted from Bevis &amp; Watson 1989: 92)

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**TABLE 5.2 CRITERIA FOR LEARNING TYPOLOGY**    **Continued**

ITEM	DIRECTIVE	RATIONALE	CONTEXTUAL	SYNTACTICAL	INQUIRY
				<ul style="list-style-type: none"> <li>• Meanings (Rogers &amp; Freiberg 1994: 186)</li> <li>• Interpretations</li> <li>• Significance</li> <li>• Comparisons</li> <li>• Patterns</li> <li>• Using informal properties</li> <li>• Deeper structures of the field</li> <li>• Praxis (Galbraith 1992: 11)</li> </ul>	<ul style="list-style-type: none"> <li>• Visualising</li> <li>• Determining assumptions and implications</li> <li>• Scholarly feelings, standards, activities</li> <li>• Questioning (Bruner in Woolfolk 1987:275)</li> <li>• Intuitive leaps (Bruner in Woolfolk 1987:276)</li> <li>• Analysing (Bruner in Woolfolk 1987: 276; Searle et al. 1986:106)</li> <li>• Synthesising</li> <li>• Criticism</li> <li>• Self-discovery (Rogers &amp; Freiberg 1994: 143, 205)</li> <li>• <b>Self-exploration.</b></li> </ul>

(Adapted from Bevis & Watson 1989: 92)

**TABLE 5.3 CRITERIA FOR TEACHER-STUDENT INTERACTIONS**

**DEFINITION OF TEACHER-STUDENT INTERACTIONS**

Principles of procedure used as guides for teaching

Principles of teaching

Guiding the ways teachers relate to students

Character and quality of teacher-student interactions

Teaching strategies

Criteria for guiding teaching modalities (Bevis & Watson 1989: 100-101).

**TABLE 5.3.1 CRITERIA FOR EDUCATIVE TEACHER-STUDENT INTERACTIONS**

**A. CREATIVITY**

1. Teacher accepts and encourages the student to develop creative approaches to the subject matter (Hicks 1979; Torrance 1981), for example, students may organise their own curriculum by having a dialogue with the teacher and obtaining consensus on what should be learned (Diekelmann 1989: 36)
2. Teacher acknowledges student's creative contributions to the class, to the subject matter and to the discipline (Torrance 1981)
3. Teacher exhibits the general attitude that all students can show creativity (Torrance 1981) by allowing them freedom to learn in ways that are important to them (Rogers & Freiberg 1994: 176). Teacher allows the student to be self-directing (Knowles & Associates 1984: 9; Knowles 1990: 212)
4. Teacher uses self as a positive force to produce an atmosphere that fosters creativity (Krupey 1982; Stenhouse 1975; Torrance 1981)
  - Teacher creates an atmosphere of mutual respect, trust and freedom of expression (Galbraith 1992: 11; Knowles 1990: 85; Rogers & Freiberg 1994: 132,176)
  - Teacher is tolerant, humble, accepts annoying, oddball questions and wild, unusual thoughts and perceptions (Bevis & Watson 1989: 379; Rogers & Freiberg 1994: 177).

Continued on next page

TABLE 5.3.1 Continued

**B. STYLE OF PRESENCE**

5. Teacher is accessible for the purpose of an interactive critique of the student's work (Jacobson 1983; Potamianos & Crilly 1980; Stenhouse 1975)
6. Teacher demonstrates enthusiasm and a positive attitude toward student and subject matter (Krupey 1982; Potamianos & Crilly 1980)
7. Teacher is open and non-defensive with student (Miron 1983; Potamianos & Crilly 1980)
8. Teacher displays an appropriate sense of humour (Gravett 1995(b): 8; Miron 1983; Potamianos & Crilly 1980) **which means that depending on the nature of the teacher, she uses humour as a means to initiate and sustain the learning process, while simultaneously ensuring that humour does not dominate the interaction. The teacher thus ensures that the learning process takes precedence over all other aspects**
9. Teaching style encourages student participation (Bevis & Watson 1989: 379; Chickering 1989; Torrance 1981). Style is one of facilitator of learning **Teacher adapts teaching style to learning style of student**
10. Teacher asks many questions and interacts with the student around the answers while preserving the student's dignity (Noddings 1984; Rogers & Freiberg 1994: 132,178; Sandefur & Adams 1976; Torrance 1981)
11. Teacher shares student's feelings of excitement, joy, frustration (Noddings 1984; Torrance 1981)
12. Teacher takes an active interest and provides encouragement to student (Meredith & Ogasawara 1981)  
Teacher makes the interaction pleasurable by making the interaction an adventure, spiced with the excitement of discovery (Knowles & Associates 1984: 16)
13. Teacher assists students to feel comfortable with their differences (Bevis & Watson 1989: 379-380; Torrance 1981)

Continued on next page

TABLE 5.3.1 Continued

**C. RECIPROCAL INTERACTIONS**

14. Teacher-student interactions provide teacher and student with intellectual stimulation that requires disciplined thinking about the subject area (Jacobson 1983; Krupay 1982; Noddings 1984; Stenhouse 1975)

15. Teacher-student interactions are frequent and friendly (Chickering 1969; Meredith & Ogasawara 1981)

**Teacher takes cultural differences of students into account and in the clinical situation cultural differences of patients. The background knowledge and life experiences brought to the learning situation varies from student to student. For example, at a basic learning level some students struggle with basic motor skills. Additionally, according to the basic skills they have, the speed at which they learn is affected and the teaching method they prefer when being taught varies, for example, some students prefer the lecture method**

16. Teacher-student interactions occur in diverse situations which call for varied roles (Beirs 1986; Chickering 1969)

17. Teacher-student interactions require responsibility on the part of student and teacher to maintain a relationship conducive to learning (Noddings 1984)

18. Teacher provides a climate that communicates a valuing of caring and concern as the moral imperative of nursing (Bevis 1988; Griffith & Bakanauska 1983; Noddings 1984; Watson 1985)

**Teacher provides an emotional climate for the student evidenced by warmth and caring, aware of her needs, wants her to do well, supports her in a crisis. The teacher treats the student with respect, does not criticise, gives her the right to voice her opinion, gives encouragement (Bevis & Watson 1989: 380)**

Continued on next page

TABLE 5.3.1 Continued

**D. CONTEXTUAL, SYNTACTICAL AND INQUIRY LEARNING**

19. Teacher engages student in activities that develop cognitive structures and positive affective responses (Doll 1979; Low 1980; Rosner & Howey 1982)
20. Teacher provides a positive milieu that is conducive to activities that promote learning, such as discussion, small group work, confrontation, role playing and case studies (Knowles 1990: 86; Sandefur & Adams 1976; Vaughan 1990: 932-933)
21. Teacher readily demonstrates expertise in the subject matter (Krupey 1982; Mueller & Roach & Malone 1971; Potamianos & Crilly 1980; Scheck & Bizio 1977)
22. Teacher helps student to develop own meaningful ways of knowing and thinking processes (Eisner 1985; Hicks 1979-1980; Oermann 1994: 218)  
**Use of self, use of own personal life experiences**
23. Teacher and student select goals that are important and may not be behaviourally measured, **for example insight, portrayed by the student** (Peters 1973; Raths 1971; Stenhouse 1975)
24. Teacher and students share responsibility for critiquing student's work which is more valued than the assigning of grades (Stenhouse 1975)
25. Teacher-student interactions assist student in deriving meanings from the learning experiences (Bevis & Watson 1989: 380; Eisner 1985; Noddings 1984)
  - Teacher encourages peer interaction to guide student towards constructing meaning and the development of intellectual independence (Gravett 1995 (b) : 16-17)
26. Teacher-student interactions raise issues and questions about the subject matter that require the student to use a variety of heuristics (Botkin & Elmandjra & Malitza 1979; Hagland 1994: 693; Oermann 1994:218; Stenhouse 1975)
27. Teacher listens to a range of views carefully and uses questions to elicit amplification of issues, rather than arguing against opponents or attempting to resolve differences (Noddings 1984; Stenhouse 1975)
28. Teacher encourages student to reflect upon professional life experiences in relation to the subject matter (Benner 1984; Botkin & Elmandjra & Malitza 1979; Hagland 1994: 693; Noddings 1984)

Continued on next page

**TABLE 5.3.1** Continued

29. Teacher reacts in a constructively critical manner to the student's work, refining and developing standards and stressing a sense of scholarliness (Bevis & Watson 1989: 381; Raths 1971; Stenhouse 1975)
30. Teacher focuses on fostering the continuing process of learning (Rogers & Freiberg 1994: 213)
31. Student obtains personal goals through self-discipline (Bevis & Watson 1989: 381; Rogers & Freiberg 1994: 213).

**TABLE 5.3.2 CRITERIA FOR STIMULUS-RESPONSE  
TEACHER-STUDENT INTERACTIONS**

**Curriculum**

1. The curriculum is viewed as a scientific document
2. The emphasis is on pre-selected:
  - scientifically validated content (Tyler 1949: 1)
  - behavioural objectives in theory (Tyler 1949: 1) and the clinical situation
  - skills (Pendleton & Myles 1991: 12-13)

**Interactions**

3. The student passively absorbs information while the teacher actively imparts information by lecturing (Rogers & Freiberg 1994: 210)
  - Tutor props knowledge into student**
  - Tutor bombards student with knowledge**
4. The teacher maintains strict control (Rogers & Freiberg 1994: 210)
  - Teacher has power impact**
  - Student given a great deal of structure and strict boundaries within which to function, for example, assignments, objectives, do this now and do that now. Not allowed to deviate, to use own initiative, to think, to explore, to experiment**
5. One way communication
  - Student demotivated**
  - Strongly dependent on teacher**
  - Requires direction and guidance from tutor**
6. Insufficient interactions
  - Interactions kept strictly on a non-personal basis, confined to classroom**

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**TABLE 5.3.2** Continued**7 Evaluation: Generally****Rigid evaluation system****Based on attainment of behavioural objectives, not principles****Learning demonstrated by change in behaviour****Everything is measurable****Quantity evaluated not quality****Teacher's responsibility****Grades assigned****Emphasises competitive grades and relative rankings****Compares students****Compares results of students to students of other Colleges****Effort is rewarded not ability****8 Classroom evaluation****Content delimited****Content or book knowledge evaluated****Bloom's Taxonomy applied (Bloom 1956: 18)****Low cognitive levels evaluated, for example, list, name, state signs and symptoms, describe, discuss****Purely memorisation of knowledge, facts****At evaluation, regurgitates exactly what is given by tutor or in the book and is credited.****Higher cognitive structures, for example insight not evaluated****9 Clinical evaluation****Rigid evaluation instrument implemented, for example checklist****Task either performed correctly or incorrectly****Rigid method of how to do a procedure is evaluated, not allowed to deviate from it or to use own initiative.**

**TABLE 5.4 CRITERIA FOR SELECTING AND DEVISING LEARNING EXPERIENCES**

**CRITERIA FOR SELECTING AND DEVISING EDUCATIVE LEARNING EXPERIENCES**

**A. INTRODUCTION**

1. Teacher establishes a climate conducive to learning by ensuring a safe physical and psychological environment (Cheng 1994: 237; Gravett 1995(b): 1, 8; Knowles 1990: 120, 124)
  - **Physical Environment**  
Teacher provides physical conditions that ensure comfort such as adequate seating, temperature, ventilation, lighting, good acoustics, access to adequate material and human resources, refreshments and rest rooms (Cheng 1994: 221, 233, 237; Knowles 1990: 85, 121-122)
  - **Psychological Environment**  
Teacher promotes a psychological environment where good interpersonal relationships are fostered by mutual trust, respect, helpfulness, support, freedom of expression, acceptance of differences, especially cultural differences, caring and understanding of others (Cheng 1994: 234, 236-237; Knowles 1990: 85, 122-123; Redmond & Sorrell 1996:27; Sedlack 1997: 11)
2. Requires the student be actively involved in learning (Dewey 1902; Hattie & Watkins 1988: 349; Raths 1971)
3. Necessitates that the student becomes responsible for own learning (Dewey 1902; Hattie & Watkins 1988: 349; Sandefur & Adams 1976)
  - Student develops her own programme of learning by drawing up a contract, alone or in co-operation with the teacher and others (Gettly 1997: 13, 19; Hagland 1994: 694; Knowles 1990: 87, 139-140, 212-217; Rogers & Freiberg 1994: 213)
4. Structures for training or educative goals as appropriate to the subject matter inherent in the experience (Botkin & Elmandjra & Malitza 1979; Broudy 1982; Peters 1973; Stenhouse 1975)
5. Identifies the type of encounter the student is to have with the subject matter (Burton 1982; Eisner 1985)
  - Teacher ensures that a variety of learning experiences are provided (Rogers & Freiberg 1994: 177, 213)

Continued on next page

TABLE 5.4 Continued

6. Requires an exploration of the context in which problems and issues exist and are understood (Benner 1984; Bevis 1988; Broudy 1982)
  7. Makes clear the critique of the student's work which is the valued part of the learning process (Bevis & Watson 1989: 381; Stenhouse 1975)
- B. WORKING PHASE**
8. Creates a cognitive dissonance (**discord, jarring, clashing**) that requires the student to engage in educative heuristics such as reflection, incubation, dialogue, debate, imagining and hypothesising to approach the resolution of the dissonance (Bevis 1988; Dewey 1933; Eisner 1985; Metcalf 1963; Stenhouse 1975)
  9. Requires the student to practice creative approaches to the subject matter (Hicks 1979-1980; Torrance 1981)
  10. Uses writing to encourage students to perceive, create, reflect, represent and inquire (Torrance 1981; Wiemer 1988)
  11. Structures activities so that the student discovers solutions, alternatives and consequences for herself (Galbraith 1992: 11; Hanley & Whitley & Moo & Walter 1970; Raths 1971; Rogers & Freiberg 1994:205)
  12. Requires the student to use a variety of methods of inquiry in order to find or create information, raise questions (Hanley & Whitley & Moo & Walter 1970; Stenhouse 1975)
  13. Requires the student to use a variety of theoretical frameworks from which to view issues or problems (Hanley & Whitley & Moo & Walter 1970; Stenhouse 1975)
  14. Engages the student in intellectual or higher thinking modes such as analysing, critiquing, identifying and evaluating assumptions, inquiring into the nature of things, predicting, searching for patterns, engaging in praxis, viewing *wholes*, (Benner 1984; Bevis 1988; Galbraith 1992: 11; Krishnamurti 1953; MacDonald 1974; Wang & Blumberg 1983)
    - Encourages higher thinking thought processes by posing questions that require students to show understanding, interpret, evaluate, hypothesise, formulate and justify opinions, to solve problems and to link important concepts with reality (Gravett 1995(b): 19)
  15. Makes clear that the student's ideas are dynamic and will evolve over time (Bevis & Watson 1989: 381-382; Raths 1971)

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TABLE 5.4 Continued

**C. CULMINATION**

16. Requires student to support and defend formulated propositions, postulates, and hypotheses (Hanley & Whittle & Moo & Walter 1970; Stenhouse 1975)
17. Allows for interaction between the teacher and the student around the many possible outcomes of the experience (Belenky & Clinchy & Goldberg & Tarule 1986; Raths 1971)
- Teacher and student are co-learners (Rogers & Freiberg 1994: 167) and in the spirit of mutual inquiry the teacher exposes her own feelings and contributes her resources (Galbraith 1992: 11; Knowles 1990:86)
18. Promotes encounters with the artistic aspects of nursing such as meanings, relationships, context, patterns and new insights (Benner 1984; Eisner 1985; MacDonald 1974; Torrance 1981)
19. Requires the student to use a variety of sources and rationales as evidence from which to draw conclusions (Bevis & Watson 1989: 382; Hanley & Whittle & Moo & Walter 1970; Stenhouse 1975)
- Teacher provides a variety of resources and ensures that they are available and accessible to the students (Rogers & Freiberg 1994: 186-187)
  - The resources provided by the teacher include resources within herself and her own experience (Galbraith 1992: 11; Rogers & Freiberg 1994: 213)

**D. RESOLUTION**

20. Provides an impetus that encourages student to synthesise what has been learned (Torrance 1981; Wang & Blumberg 1983)
- In the clinical situation, the student is required to have a sound knowledge (theoretical) base in order to successfully correlate theory and practice, so that the patient is viewed as a whole person and nursed in totality**
21. Ensures that the interpretation of the quality of the student's work is guided by the teacher's understanding of the subject matter and is judged qualitatively in light of appropriate criteria (Bevis 1988; Stenhouse 1975)
- Student evaluates her own learning (Knowles 1990: 87; Rogers & Freiberg 1994: 213)
- Additionally, critique is given by student and teacher**

Continued on next page

**TABLE 5.4** Continued

22. Guides explorations of how experience may enrich future career goals  
(Dewey 1902; Galbraith 1992: 10; Torrance 1981)
- Teacher and student work collaboratively to acquire mutual goals within a caring, warm, supportive environment (Hughes 1992: 60-61; Rogers & Freiberg 1994: 7)
23. Allows for dialogue around finding meanings in experiences, such as making errors, acknowledging paradigm experiences, discovering diversity  
(Benner 1984; Bevis 1988; Diekelmann 1986)
- Learners must feel free to make mistakes and to voice their misconceptions (Galbraith 1992: 11; Gravett 1995(b): 12)
24. Allows the student to actively reflect upon the manner, quality and patterns of change in their own intellectual growth (Bevis 1988; Dewey 1938; Galbraith 1992: 11; Metcalf 1983; Noddings 1984; Raths 1971; Stenhouse 1975)
- Fosters reflective awareness by encouraging students to write about what they are learning and to engage in dialogue to explain and defend their views. Through verbalisation thoughts become an object for reflection (Bevis & Watson 1989: 382; Galbraith 1992: 11; Prawat in Gravett 1995(b): 16)

### CRITERIA FOR SELECTING AND DEVISING STIMULUS-RESPONSE LEARNING EXPERIENCES.

1. The tutor is the authority figure (Rogers & Freiberg 1994: 210) and manipulates the **learner and the** learning environment to promote attainment of learning objectives  
**Tutor decides what content to use**  
**Student exposed to fragmented pieces of information and thus a fragmented curriculum**  
**Tutor decides what teaching strategy to use**
2. **Theory and practice viewed as separate entities**  
 The emphasis is on skills training (Pendleton & Myles 1991: 12)  
**and low cognitive knowledge**
3. Product line thinking is the outcome (Knowles 1990: 6; Marsh 1992: 109; Richardson 1995: 1044)  
**Focuses on the product of training**
4. Methods of learning are repetition, reinforcement (Knowles 1990: 18; Quinn 1988: 38), **assimilation, reproduction, memorisation, regurgitation.**

### 3.2 DIAGNOSIS OF THE EDUCATIONAL FOCUS

The Educational Focus of the College, as perceived by the informants (tutors) is summarised according to the first, second, third and fourth year of study.

#### First year

During the first year, students display immature behaviour adopting learner characteristics from the Charming, Anticipatory-Compliant and Resonating positions on the Learner Maturity Continuum. Students implement Item, Directive and aspects of Rationale types of learning. Both the Teacher-Student Interactions and Learning Experiences are based mainly on Stimulus-Response principles.

**Second year**

During the second year, tutors endeavour to help students adopt mature learner characteristics by implementing teaching strategies such as group discussions and limited self-study, which induce them to take responsibility for their own learning. Students are situated between the Resonating and Reciprocating positions on the Learner Maturity Continuum.

Educative teaching types, such as Contextual learning, are encouraged by modelling caring and concern at the bedside of the patient and during all contact with the students. Teacher-Student Interactions are characterised by positive, open, non-defensive and two directional communication.

Students are exposed to Educative Learning Experiences, such as case studies and caring for a patient in totality, where they identify problems, discover solutions, alternatives and consequences regarding the care of the patient for themselves.

**Third year**

During the third year, the students display learner characteristics from the Resonating and Reciprocating positions. Students learn by using aspects from Item, Directive and Rationale learning types. This is a surprising finding as the modular system was introduced in an attempt to help the student take responsibility for her own learning. Although the student does take responsibility for, and actively participates in learning, she does this with the sole aim of attaining the preset objectives. The module is also just another method, like the lecture, which is forced on the student. Instead, a variety of teaching methods should be made available and the student should choose the one most suited to her style of learning. Both Teacher-Student Interactions and Learning Experiences contain aspects of Educative and Stimulus-Response principles.

### **Fourth year**

During the fourth year, findings similar to those found in the third year were obtained. Fourth year students display learner characteristics from the Resonating and Reciprocating positions. Students learn by using aspects from Item, Directive and Rationale learning types. As found in the third year, this can be attributed to the modular system which is viewed as just another teaching method, such as the lecture, which has been imposed on the students, whether they like it not. Both Teacher-Student Interactions and Learning Experiences contain aspects of Educative and Stimulus-Response principles.

## **4. CONCLUSIONS**

Based on the findings, the following conclusions are drawn:

### **Educational Focus**

- **First year**

In the first year, the Educational Focus was on training. Behaviouristic principles pervaded the total educational environment. Training is entrenched by study guides with their overemphasis on Behavioural objectives, the immaturity of students, the way students learn, the teaching methods used, the role of the tutor and the attitude of the student.

- **Second year**

In the second year, the Educational Focus was in the transitional phase regarding the maturity of students, the ways they learn and the Teacher-Student Interactions and Learning Experiences. Although Behaviouristic principles are to be found, a concerted effort is made to implement and maintain Educative principles.

- **Third year**

In the third year, the Educational Focus was in transition regarding the maturity of students, the Teacher-Student Interactions and the Learning Experiences. However, an exception was found in the way students learn; here the emphasis was on training.

- **Fourth year**

In the fourth year, it was also found that the Educational Focus was in transition regarding the maturity of students, the Teacher-Student Interactions and the Learning Experiences. The exception to this rule was also found in the way students learn; here the emphasis was on training.

Thus, in the first year, training of students is the norm. In the second year progression is seen to a transitional phase. At this point, it appears that tutors are well on their way to implementing Educative principles, but during the third year a relapse occurs in the way students learn. This manifestation is perpetuated during the fourth year.

## 5. IMPLICATIONS

The major implications in this study centre around the following core issues:

- ***The tutor has to move from implementing a Behaviouristic Curriculum, to a Humanistic-Educative-Caring Curriculum Paradigm from the first year of study and pay special attention to the way in which students learn.***

This statement implies that the tutor has to create a Humanistic-Educative-Caring educational environment from her first contact with the student. Thus, in the first year, the tutor must implement Educative principles which enable the student to move from an Immature Position to a Mature Position on the

Learner Maturity Continuum. In order to achieve this the tutor has to change her alliance from the content to the student. Tutors have to ensure that the process of learning is emphasised, that is, it is more important **how** the student learns than what she learns. A shift is required from the attainment of behavioural objectives to the attainment of broad, educative goals. Students have to be actively involved in, and take responsibility for their own, learning. Tutors and students have to collaborate as co-learners; the tutor as the expert learner and the student as the novice learner. The tutor also has to adapt her teaching methods to the way a student learns and in partnership with the student, select Educative Learning Experiences. Evaluation has to be frequent and aimed at determining the progress, development and growth of the student towards maturity and responsible learning. Thus, the tutor has to ensure that the content becomes the vehicle around which scholarly activities are developed.

By implementing sound Educative principles from the first year, the tutor is creating a solid educative foundation upon which the second, third and fourth years of study will be built.

- ***The tutor has to rethink and revise the exclusive use of a specific teaching strategy.***

During the third year, the tutor will have to reconsider the fact that the only teaching strategy employed is learning packages within the modular system. By including other strategies such as group discussions, the higher order thought processes such as questioning, analysing and criticising of the student, may be stimulated. This may lead to a change in the Educational Focus regarding how students learn from training, to a focus on education. This should then provide a platform for eliminating the perpetuation of the training aspect regarding how students learn in the fourth year.

This paradigm shift from Behaviourism to a Humanistic-Educative-Caring Approach, will not be an easy task for various reasons. Firstly, the tutor will have to realise that rigidity and limitations are self imposed. This situation stems mainly from the fact that the majority of tutors themselves have been educated in an educational milieu where they have been unaccustomed and even afraid of moving from the known to the unknown. This exposed them to a certain element of risk-taking with the ever present fear of criticism, rejection and disapproval from their colleagues. This fear in turn has proved to be a significant obstacle to creativity and in reality, has inhibited creative teaching. Secondly, this paradigm shift requires the tutor to make a deliberate and decisive choice. This choice will require a great deal of courage and self-assertiveness.

## **6. RECOMMENDATIONS**

Based on the conclusions and the implications deduced from the findings of this research, the following recommendations are made:

### **6.1 RELEVANT GUIDELINES**

The following relevant guidelines were formulated to produce an educated, professional, caring nurse able to function within Bevis and Watson's Humanistic-Educative-Caring Curriculum Paradigm:

#### **6.1.1 INITIATE A PARADIGM SHIFT FROM BEHAVIOURISM TO EDUCATION BY IMPLEMENTING THE FOLLOWING:**

##### **6.1.1.1 IN-SERVICE EDUCATION**

- The tutors have to receive in-service education to update them regarding the Bevis and Watson Humanistic-Educative-Caring Curriculum Paradigm especially the role change required from them regarding
  - ◊ new teaching approaches (as active, engaging, collaborative, expert learner, co-learning) and
  - ◊ different teaching aims (maturing, educative, professional, liberating) (Bevis & Watson 1989: 117)

- Update all personnel involved with the education of nurses in the clinical situation, that is, nursing services
- The students also have to be informed regarding this Educative Paradigm with emphasis on the following:
  - ◊ the focus is on the relationship between the teacher and the student and not the content and the teacher
  - ◊ the active participation of the student is essential
  - ◊ the teacher is the expert learner and the student the novice learner.

#### **6.1.1.2 CURRICULUM RECONSTRUCTION**

- Reconstruction of the curriculum giving careful consideration to the following aspects:
  - ◊ during reconstruction of the curriculum, all four of the mini-models namely, the Learner Maturity Continuum, the Typology of Learning, the Criteria for Teacher-Student Interactions and the Criteria for Learning Experiences have to be taken into consideration and viewed as a *whole* and not seen in isolation
  - ◊ curriculum should be viewed as all the transactions and interactions that occur between and among students and teachers with the intent that learning occurs. Initially, the maturity level of students and how they learn has to be assessed and then teacher-student interactions and learning experiences, which support educative learning, have to be formulated
  - ◊ restructure the curriculum to ensure that compassion, quality, caring, ethics and clinical competence coupled with the appropriate accountability, responsibility and autonomy are emphasised.

#### **6.1.1.3 EVALUATION SYSTEM**

- Implement a new evaluation system incorporating the following aspects:
  - ◊ the focus of any evaluation should be to ascertain that learning has occurred and not to focus on grades
  - ◊ focus on attaining broad educative aims, negotiated by the teacher and the student
- Evaluation criteria must be known to the student and preferably negotiated by the teacher and the student
- Evaluate frequently and ensure constructive feedback is given timeously, specifically relating to the progress of the student (Gravett 1995(b): 20)
- Use a variety of methods to evaluate, for example:
  - In the classroom

- ◇ traditional, written examinations
- ◇ revealed, written examinations, where questions are known to students prior to the examination
- ◇ revealed and unrevealed oral examinations
- ◇ open book examinations
- ◇ essays
- ◇ papers which refer to any assignment or project which requires independent research and reporting (Videbeck 1997(a): 7,9)
- ◇ group assignments
- ◇ journalism where the student is required to submit articles for newspapers and journals
- ◇ portfolios which consist of a limited selection of assessment tasks which a student has assembled consciously from a number of tasks produced over a semester or a year (Gravett 1995(a): 10, 12-14, 17, 20-21; Huckabay 1980: 469)
- ◇ allow the student to critique the examination either with the tutor or after the tutor has marked the examination.
  - **In the clinical situation**
  - ◇ Benner's Model of Evaluation which is a research-based, practice centred, caring and Humanistic Approach to evaluation (Benner 1984: 55-58; See p.69)
  - ◇ the Triple Jump Method which involves an oral and practical component (Reed 1992: 58-59; See p.70)
  - ◇ an Interpretive-Criticism approach where students are helped by the tutor who is a co-learner, to learn to apply knowledge and experience in order to make comparisons and be critics of learning (See p.81)
  - ◇ Case studies (Videbeck 1997(a): 7, 9).

## 6.2 FURTHER RESEARCH

Recommendations for further research are made regarding the following aspects:

### The Block System

The Block System has shortcomings as perceived by the informants in this study, therefore, alternative methods have to be found. Research should be done into the feasibility of using a combined method of theory-practice on a

daily basis. This should entail theory being presented in the College during the morning according to Educative principles and during the afternoon session, the application of this theory in the clinical situation. This may ensure theory-practice correlation.

### **School educational system**

First year students view the tutor as an authority figure who will impart all her knowledge to them. Students are only passive receivers in the learning process and they expect the tutor to take responsibility for all learning. These attributes appear to be a spill over from the present school system.

Although education in South African schools is set to change with the implementation of Curriculum 2005, research should be conducted to monitor this change process and the impact it may have on the tertiary education of students. For example, does it produce students who take responsibility for their own learning and are they actively engaged in the learning process?

### **Learning and teaching**

Students learn in different ways and tutors teach different subjects during which time they implement different teaching strategies, without thinking of the reason for their choice of strategy. Therefore, research should be conducted into the following areas:

- The effect of matching the way a student learns to the teaching method implemented by the tutor.
- The effect of matching a certain teaching strategy to a specific subject, for example, is a group discussion more appropriate for teaching ethics than the lecture method?

**Evaluation**

The evaluation system used in the College is rigid and focuses on obtaining grades. If an educated nurse is to be the product of nursing, then a new system of evaluating will have to be investigated and then implemented. Research should therefore be conducted into methods of evaluation which will ensure that this type of nurse is produced.

**Duplication of this study**

The present study is based on a Qualitative Research Paradigm which does not always provide for samples as large as those utilised in quantitative research. Therefore, it is recommended that a questionnaire be compiled based on the data gathered by the researcher and that the same study be repeated, using a Quantitative Research Approach.

**7. LIMITATIONS OF THE STUDY**

Limitations applicable to this study are participant effect, population and data collection and analysis.

**Participant effect.**

Although the assumption was accepted that informants would answer honestly and with integrity to reasonable questions posed during the interview and completion of the questionnaire, informants may have answered questions in a manner which they perceived as being more polite and not really as they felt about or perceived them. This participant effect, where the informants may have given the answers they thought the researcher expected, is commonly referred to as the Hawthorne effect (Mouton & Marais 1990:86; Polit & Hungler 1987: 129-130, 196; Wilson 1993: 10).

### **Population**

The population is too small, being limited by the participation of only one College. Although this raises the question as to what effect the inclusion of more Colleges would have had on the results obtained in this study, it must be remembered that this is a Master's degree and would thus have made the scope of the research study too large. Participation was also limited to nurse tutors. This again raises the question as to what effect the inclusion of students would have had on the results obtained in this study.

Further, qualitative research, due to the massive amount of information gathered and other logistical problems, does not always provide for samples as large as those utilised in quantitative research.

### **Data collection and analysis**

The use of open-ended questions and semi-structured interviews made data collection and analysis difficult and time consuming (Kielhofner 1982(b): 153; Polit & Hungler 1987: 232; Wilson 1993: 225).

## **8. SUMMARY**

Post-apartheid South Africa has many new policies regarding National Education and the manner in which health care should be delivered. This poses numerous questions for nurse tutors, especially regarding whether nurses are trained or educated within a caring milieu.

During this study, the question relating to a trained or educated, caring nurse was addressed by identifying the Educational Focus of a College. This was achieved by viewing education and training within the Bevis and Watson Humanistic-Educative-Caring Curriculum Paradigm, versus a Behaviouristic Curriculum Paradigm. Relevant guidelines were also formulated to facilitate a paradigm change to ensure that nurses are indeed

educated to serve the community by providing quality nursing care in a *caring* manner.

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**APPENDIX A: PERMISSION REQUESTED FROM GAUTENG  
PROVINCIAL ADMINISTRATION TO  
UNDERTAKE THIS STUDY**

Fax No. 3238348

P.O. Box 8496

Edleen

1625

1 September 1995

The Deputy Director-General  
Branch: Health Services Gauteng  
Private Bag X221  
Pretoria  
0001

**For attention:** Dr. J. Bornman  
Room A. 939

**PERMISSION TO UNDERTAKE A RESEARCH PROJECT**

I am registered for a MA (Cur) degree at the University of South Africa. My supervisor is Mr. D. van der Wal and the joint supervisor is Professor H. Brink.

I hereby request permission to undertake a research project at the XXXX XXXXXXXX College of Nursing. The personnel at the College, either stationed at the College or at one of the hospitals affiliated to it, will be included in the accessible population.

**Title**

A description of the nursing educational milieu within Bevis and Watson's Conceptual Framework.

**Research question**

What is the position of Nursing Education according to Bevis and Watson's Conceptual Framework, when viewed within the present Behaviouristic milieu in which nurses are educated?

**Aim**

The aim of this study is to describe the educational milieu within Bevis and Watson's Humanistic-Educative-Caring Curriculum Paradigm.

**Research Methodology**

A non-experimental design namely an interpretive study will be undertaken. A non-probability sampling design will be used, namely a purposive sample. The population consists of tutors employed at the XXXXXXXXXXXX College of Nursing. Data will be collected by means of an adapted Delphi technique. Data analysis will be done by using descriptive and statistical techniques aided by computer programmes.

The completion date of the study is November 1996.

Mrs. C. Mouton



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DEPARTMENT  
OF HEALTH

J.M. van Wyk

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PRETORIA

201-2985

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323-4018

Mrs C. Mouton  
P.O. Box 8496  
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**APPENDIX B: PERMISSION GRANTED BY GAUTENG  
PROVINCIAL ADMINISTRATION**

Dear Mrs Mouton

**RESEARCH : A DESCRIPTION OF THE NURSING EDUCATIONAL MILIEU WITHIN  
BEVIS AND WATSON'S CONCEPTUAL FRAMEWORK**

I have pleasure informing you that approval has been granted to do research at

The approval is subjected to the following conditions :

- i) The Principal of the College must be contacted by yourself to obtain permission to do research.
- ii) The research may not intervene with the service of the officers concerned.
- iii) The Principal of the College must always be informed concerning the project.
- iv) A copy of the completed treatise must be presented to this Administration.
- v) Please bear in mind the position of trust as well as the confidentiality of the treatise.

We wish you success with your project.

Yours faithfully

  
DIRECTOR-GENERAL

1995-09-19

/leb.vanwyk1.doc

Gauteng Department of Health, 30 Simmonds Street, Johannesburg. Cnr Pretorius and Bosman Streets, Pretoria.  
Private Bag X221, Pretoria.

Tel: (011) 240 1521/(012) 201 9111. Fax: (011) 834 1523/(012) 323 4018.

**APPENDIX C: PERMISSION REQUESTED FROM  
PARTICIPATING COLLEGE TO UNDERTAKE  
THIS STUDY**

P.O. Box 8496  
Edleen  
1625  
2 October 1995

The College Head  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXX  
XXXXXXX

**PERMISSION TO UNDERTAKE A RESEARCH PROJECT**

The attached copy of the correspondence dated 19 September 1995 refers.

I am registered for a MA (Cur) degree at the University of South Africa. My supervisor is Mr. D. van der Wal and the joint supervisor is Professor H. Brink.

I hereby request permission to undertake a research project at the XXXX XXXXXXXX College of Nursing. The personnel at the College, either stationed at the College or at one of the hospitals affiliated to it, will be included in the accessible population.

**Title**

A description of the nursing educational milieu within Bevis and Watson's Conceptual Framework.

**Research question**

What is the position of Nursing Education according to Bevis and Watson's Conceptual Framework, when viewed within the present Behaviouristic milieu in which nurses are educated?

**Aim**

The aim of this study is to describe the educational milieu within Bevis and Watson's Humanistic-Educative-Caring Curriculum Paradigm.

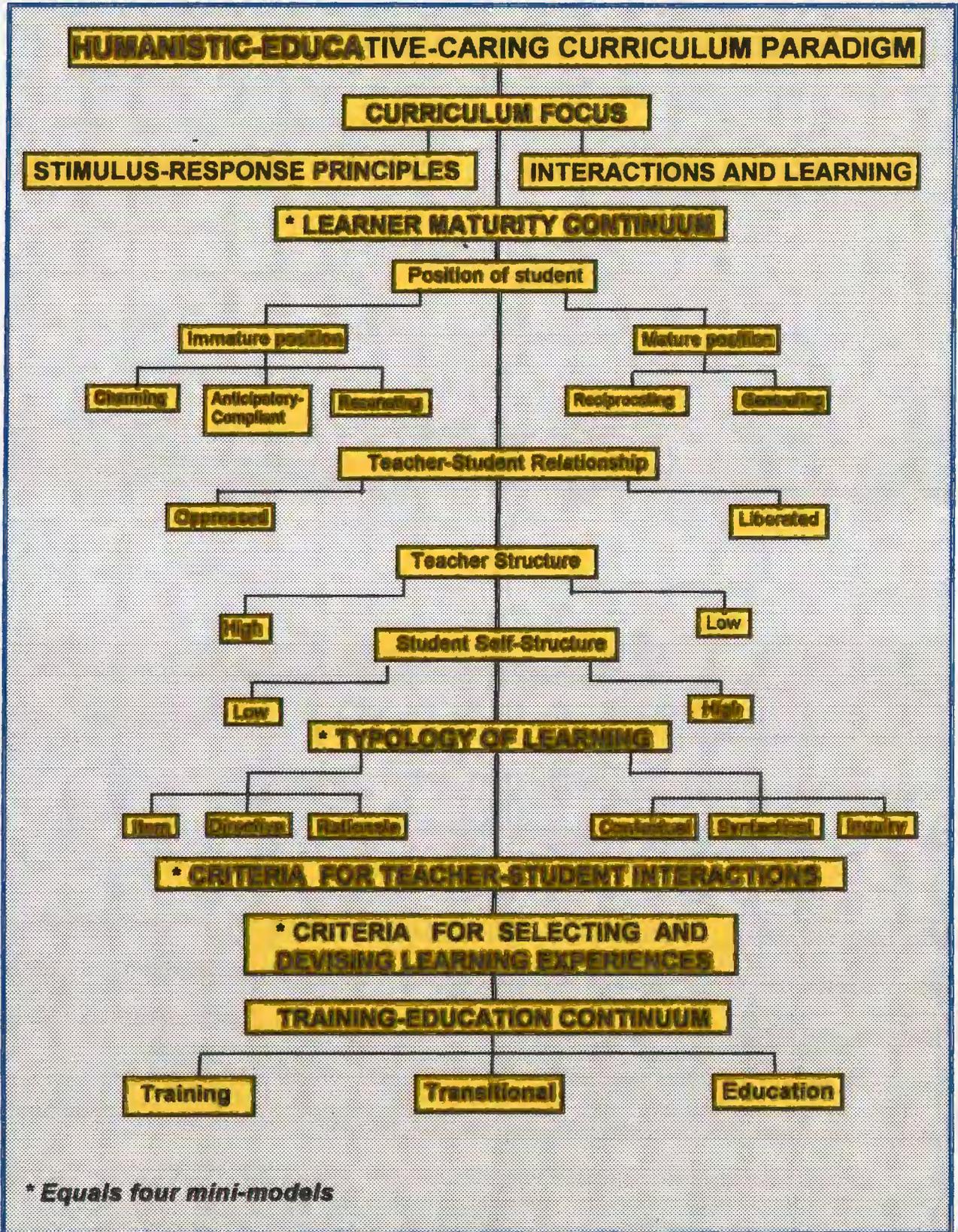
**Research Methodology**

A non-experimental design namely an interpretive study will be undertaken. A non-probability sampling design will be used, namely a purposive sample. The population consists of tutors employed at the XXXXXXXXXXXX College of Nursing. Data will be collected by means of an adapted Delphi technique. Data analysis will be done by using descriptive and statistical techniques aided by computer programmes.

The completion date of the study is November 1996.

Mrs. C. Mouton.

**APPENDIX D: FINAL CONCEPTUAL FRAMEWORK:  
TRAINING-EDUCATION CONTINUUM**



\* Equals four mini-models

## APPENDIX E: AGREEMENT

I, \_\_\_\_\_ on this the \_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_  
hereby consent to:

1. being interviewed by C. Mouton on the topic **"A descriptive inquiry into the Educational Focus of a Nursing College"**
2. follow-up interviews if necessary
3. the interviews being audio-taped
4. the use of data derived from these interviews by the interviewer in the research report as she deems appropriate.

I also understand that:

1. I am free to terminate my involvement or to recall my consent to participate in this research at any time I feel like it
2. information given up to the point of my termination of participation could, however, still be used by the researcher
3. anonymity will be maintained by the researcher and that data will under no circumstances be reported in such a way as to reveal my identity
4. more than one interview may be necessary
5. no reimbursement will be made by the researcher for information given or participation in this project
6. I may refrain from answering questions should I feel these are an invasion of my privacy
7. by signing this agreement I undertake to give honest answers to reasonable questions and not to mislead the researcher
8. I will be given the original copy of this agreement on signing it.

I hereby acknowledge that the researcher has:

1. discussed with me in detail, the aims and objectives of this research project
2. informed me about the contents of this agreement
3. pointed out the implications of signing this agreement.

In co-signing this agreement the researcher undertakes to:

1. maintain confidentiality, anonymity and privacy regarding the informant's identity and information given by the informant
2. arrange in advance a suitable time and place for an interview to take place
3. safeguard the duplicate of this agreement.

(Informant)

(Researcher)

(Witness)

(Date)

(LoBiondo-Wood & Haber 1994:322-330; van der Wal 1992:356-361)

## APPENDIX F: OOREENKOMS

Ek, \_\_\_\_\_ stem op hede die dag van \_\_\_\_\_ 19 \_\_\_\_  
daartoe toe dat:

1. C. Mouton met my 'n onderhoud mag voer oor die onderwerp  
" 'n **Beskrywende ondersoek ten opsigte van die Opvoedkundige Fokus van 'n Verplegingskollege**"
2. opvolg onderhoude gevoer mag word indien nodig
3. onderhoude op band opgeneem mag word
4. data wat gedurende hierdie onderhoude verkry word deur die navorser gebruik mag word in haar navorsingverslag soos sy dit toepaslik mag vind.

Ek begryp ook dat:

1. dit my vrystaan om te enige tyd my deelname te beëindig en my toestemming tot deelname aan hierdie navorsing terug te trek indien ek daarna sou voel
2. die inligting wat deur my verskaf is tot op die punt van beëindiging van deelname aan die navorsing wel deur die navorser gebruik mag word
3. anonimiteit deur die navorser gehandhaaf sal word en dat data nie op so 'n wyse gerapporteer sal word dat dit my identiteit sal openbaar maak nie
4. meer as een onderhoud nodig mag wees
5. geen vergoeding deur die navorser betaal sal word vir inligting wat ek verskaf of vir my deelname aan die navorsingprojek nie
6. ek nie vrae wat ek voel my privaatheid skend hoef te beantwoord nie

7. deur hierdie ooreenkoms te onderteken onderneem ek om eerlike antwoorde op redelike vrae te verskaf en nie die navorser te mislei nie
8. die oorspronklike kopie van hierdie onderneming aan my oorhandig sal word nadat ek dit onderteken het.

Ek erken hiermee dat die navorser:

1. die doelstellings en die doelwitte van hierdie navorsingprojek met my volledig bespreek het
2. my ingelig het aangaande hierdie ooreenkoms
3. die implikasies wat die ondertekening van hierdie ooreenkoms inhou aan my uitgestip het.

By die mede-ondertekening van hierdie dokument onderneem die navorser om:

1. vertroulikheid, anonimiteit en privaatheid betreffende die informant se identiteit en die inligting wat verkry is, gestand te doen
2. vooruit sal reël vir die voer van 'n onderhoud met betrekking tot plek en tyd
3. die duplikaat van hierdie ooreenkoms veilig te bewaar.

(Informant)

(Navorser)

(Getuie)

(Datum)

(LoBiondo-Wood & Haber 1994:322-330; van der Wal 1992:356-361)

## APPENDIX G: FINALE ONDERHOUDSKEDULE

### Onderhoudskedule

**Titel:**

Kriteria vir die vier mini-modelle soos vervat in Bevis en Watson se Kurrikulum Paradigma.

**Hoof onderrig dissipline:**.....

**Hoof jaargroep:**.....

**Datum van voltooiing:**.....

**Doel:** Formuleer kriteria vir Bevis en Watson se vier mini-modelle

**Instruksies:**

Gebruik die vrae soos vervat in hierdie onderhoudskedule om 'n beskrywing van relevante kriteria vir die vier mini-modelle te verkry.

**Kriteria vir die vier mini-modelle**

**1. Leerder Maturiteits Kontinuum**

Binne u opvoedkundige milieu beskryf:

1.1 'n onvolwasse leerder

1.2 'n volwasse leerder

**2. Leertipologie**

Binne u opvoedkundige milieu beskryf:

2.1 die aard van die kennis waaraan studente blootgestel is

2.2 die tipe kennis wat deur studente geopenbaar word

**3. Kriteria vir Onderwyser-Student Interaksies**

Binne u opvoedkundige milieu beskryf:

3.1 die onderwyser-student interaksies

**4. Kriteria vir die Selektoring en Daarstelling van Leerondervindinge**

Binne u opvoedkundige milieu beskryf:

4.1 die leerondervindinge van die studente

**5. Kriteria vir die vier mini-modelle soos vervat in Bevis en Watson se Kurrikulum Paradigma**

5.1 Is die kriteria vir die : Leerder Maturiteits Kontinuum  
 : Leertipologie  
 : Onderwyser-Studentinteraksies  
 : Leerondervindinge

5.1.1 Relevant/irrelevant

5.1.2 Rede/s

5.1.3 Byvoegings

Dankie vir u bereidwilligheid om deel te neem aan hierdie onderhoud.

## **APPENDIX H: FINALE VRAELYS**

Posbus 8496  
Edleen  
Kempton Park  
1625  
20 November 1996

**Geagte Deelnemer**

Gedurende ons vorige persoonlike en individuele onderhoude het ek aan u die verloop van die studie breedvoerig verduidelik, ingeligte, geskrewe, vrywillige toestemming verkry en verduidelik dat die derde en finale fase van hierdie studie uit 'n vraelys bestaan wat ek persoonlik sal versprei.

Die doel van hierdie vraelys is om die Opvoedkundige Fokus van die deelnemende Kollege te bepaal. Ek sal gedurende die verspreiding van hierdie vraelys persoonlik beskikbaar wees om enige navrae met betrekking tot die voltooiing van hierdie vraelys te beantwoord. Ek kan ook per telefoon by nommer (011) 394-3956 gekontak word. Vraelyste sal persoonlik deur my afgehaal word of dit mag in 'n posbus by die deelnemende Kollege geplaas word.

Die sluitingsdatum vir voltooiing van hierdie vraelys is 31 Desember 1996. Die bevindinge van hierdie studie sal aan deelnemers, op aanvraag, beskikbaar gestel word.

Dankie vir u bereidwilligheid om hierdie vraelys te voltooi.

**Mev. C. Mouton**  
Navorsers

P.O. Box 8496  
Edleen  
Kempton Park  
1625  
20 November 1996

Dear Participant

During our previous personal and individual interviews, I explained the entire study to you in detail, obtained your informed, written, voluntary consent and explained that the third and final phase of this study consisted of a questionnaire which I would personally distribute.

The aim of this questionnaire is to ascertain the Educational Focus of the participating College. During distribution of this questionnaire I will personally be available to answer any questions emanating from the completion of this questionnaire, or I may be contacted at telephone number (011)394-3956. Questionnaires will either be personally collected by me, or may be placed in a collection box at the participating College.

The closing date for the completion of this questionnaire is the 31 December 1996. The results of the study will be made available, on request, to participants.

Thank you for your willingness to complete this questionnaire.

Mrs. C Mouton  
Researcher

**VRAELYS**

**Titel:**

Die Opvoedkundige Fokus van 'n Verplegingskollege wanneer daar binne 'n Opvoedkundige-Sorgsame Kurrikulum Paradigma versus 'n Stimulus-Respons Kurrikulum Paradigma gekyk word.

**Hoof onderrig dissipline:**.....

**Hoof jaargroep:**.....

**Datum van voltooiing:**.....

**Doel:** Om die Opvoedkundige Fokus van 'n Verplegingskollege te bepaal.

**Instruksies:**

Deur gebruik te maak van die aangehegte Opleiding-Opvoedkundige Kontinuum en die geformuleerde Kriteria vir die vier mini-modelle, dui die Opvoedkundige Fokus en die rede vir hierdie fokus, in u Verplegingskollege aan. Merk die toepaslike vierkant met 'n kruis.

Opvoedkundige Fokus	Rede
<b>1. Leerder Maturiteits Kontinuum</b>	
1.1 Oplei <input type="checkbox"/>	
1.2 Transisie <input type="checkbox"/>	
1.3 Opvoed <input type="checkbox"/>	
<p style="text-align: center;"><b>Rede</b></p>	

Opvoedkundige Fokus	Rede
<b>2. Leertipologie</b>	
2.1 Oplei <input type="checkbox"/>	
2.2 Transisie <input type="checkbox"/>	
2.3 Opvoed <input type="checkbox"/>	
Rede	
<hr/>	
<b>3. Kriteria vir Onderwyser-Student Interaksies</b>	Rede
3.1 Oplei <input type="checkbox"/>	
3.2 Transisie <input type="checkbox"/>	
3.3 Opvoed <input type="checkbox"/>	
Rede	
<hr/>	
<b>4. Kriteria vir die Selekering en Daarstelling van Leerondervindings</b>	Rede
4.1 Oplei <input type="checkbox"/>	
4.2 Transisie <input type="checkbox"/>	
4.3 Opvoed <input type="checkbox"/>	
Rede	
<hr/>	
<b>Dankie vir u bereidwilligheid om hierdie vraelys te voltooi.</b>	

## APPENDIX I: VERBATIM TRANSCRIPT OF AN INTERVIEW

- N:** Ons doelwit vanoggend is om kriteria vir hierdie vier mini-modelle te bepaal, dus gaan ons gesels oor verskillende aspekte omtrent Bevis en Watson se Kurrikulum Paradigma. Toe ek 'n afspraak gereël het vir hierdie onderhoud het ek breedvoerig verduidelik wat die studie behels en wat ek van jou verwag. Het jy enige vrae, onduidelikhede omtrent die navorsing?
- S:** Nee dit is duidelik.
- N:** Reg nou die eerste vraag is, ek wil dit net eers beklemtoon dat die vrae toegepits is op die opvoedkundige omgewing waarin jy nou werk, byvoorbeeld, jou verwysingsraamwerk is die xxxxxxjaar student in die klaskamer en kliniese situasie. By die leerder maturiteits kontinuum hierdie eerste model, binne jou opvoedkundige omgewing beskryf 'n onvolwasse leerder.
- S:** Ek sal sê dis die leerder wat apaties is wat nie deelneem jy weet, sy sit daar in haar stoel en sy wag net vir informasie om haar kant toe te kom, dan sy het 'n probleem met take wat sy self moet verrig, sy sê sommer van die begin af sy kan dit nie doen nie so in die begin jy weet um.... sy het baie leiding nodig, sy jy weet, wil weet presies wat sy moet doen en waar sy dit moet kry um.... so sy kan nie uit haar eie uit die inisiatief gebruik om bronne te gaan naslaan en inligting uit die bronne te kry nie um.....
- N:** Reg, beskryf nou vir my jou volwasse leerder in die xxxxxxjaar.
- S:** Ja, dit sal nou die student wees wat onafhanklik kan studeer, wat nie nodig het om al die inligting gevoer te word nie, wat op haar eie, bronne bestudeer en van haar kant werk en deelneem in die klas en groepbesprekings en haar mening lug.
- N:** Reg as ons nou kyk na hoe studente leer binne jou opvoedkundige omgewing, beskryf die aard van kennis waaraan xxxxxxjaar studente blootgestel is, met ander woorde wat gee jy die student en die tweede vraag, wat ontvang jy terug van die student?
- S:** Um.. ek het nou met die studente begin nadat ek daai werkswinkel bygewoon het om hulle meer groepe te laat doen jy weet, somtyds vir hulle 'n lesing gegee of 'n kernlesing met die hoofinhoud en dan het hulle in groepe gewerk uit hulle voorgeskrewe bronne uit en dan het hulle direk sommer in die klas terugvoer gegee, soos die een groep sal byvoorbeeld kyk na, wat sê die bronne oor die patofisiologie van 'n

sekere toestand en dan sal 'n ander groep byvoorbeeld gekyk het na watter voorligting sal jy vir hierdie persoon, pasiënt gee en dan gesels hulle daarvoor jy weet, hulle beredeneer dit 'n bietjie en gesels daarvoor um.... en dan word daar vir hulle tuistoetse gegee om by die huis te gaan doen, jy weet heeltemal vrywilliglik, so die wat tuistoetse gaan doen het by die huis weet die tuistoetse het ek vir hulle opgestel en ek het spesifiek probeer om vir hulle toepassingsvrae wat verband hou met die werk, maar ook met die praktyk en daai studente wat daai tuistoetse gedoen het, het in die toetse wat hulle skryf en waarvoor hulle punte kry, het hulle baie beter gedoen, so dit het gewerk jy weet.

- N:** Jy vermeld dat voor jy die kursus bygewoon het, het jy die studente so onderrig. Hoe verskil die aard van die kennis waaraan die studente blootgestel was voordat jy die kursus bygewoon het, met wat hulle nou ontvang?
- S:** Ja, ek dink nie, wat daai kursus my gehelp het is hoe om um.. student betrokkenheid of korrekte metodes om student betrokkenheid te verkry. Jy weet in die verlede dink ek het ek ook gepoog om dit te doen, dat die studente deelneem en dat studente bydra tot die onderwerp maar dit was nie miskien so georden of gedissiplineerd as wat dit was nadat ek die kursus bygewoon het.
- N:** Wat beteken gedissiplineerd vir jou?
- S:** Um.... byvoorbeeld jy weet dat ek nou geweet het wat is die tegniek hoe om dit nou te doen dat jy, dat jy vir hulle baie pertinent sê wat die opdrag is, jy moet hulle genoeg tyd gee en dat hulle maar in die groep met mekaar kan praat, jy weet dit beteken nie noodwendig daar is nie dissipline nie, so wat hulle hulle het goed gedoen, hulle het tot tien voor tien om daai afdeling af te handel en dan beweeg mens maar tussen hulle deur en hulle vra vir jou vrae en jy gesels daarvoor en as die tyd op is dan sê jy maar goed ons tyd is nou op. So ek dink dit is in daai opsig miskien as 'n buitestaander in kom sal hy nie dink die klas is gedissiplineerd nie want jy kan hoor hoe die studente gesels en um....jy weet so word die outjies wat geneig is om 'n bietjie slap te lê of altyd jy weet "they just wait for you to give them the answers" hulle word eintlik soort van deur die groepdruk geforseer om daai, ook deel te neem want as hulle antwoord ook die groep kan as 'n groep antwoord. So daar's ook nie daai druk op die student dat sy voel die dosent pik op my jy weet, so as daar drie in die groep is of miskien vier dan kan hulle saam, saam jy weet die vraag beantwoord, waar die ene vashaak dan kan haar kollega of haar maat haar 'n bietjie aanhelp.
- N:** Reg en watter tipe kennis word deur jou studente geopenbaar?

**S:** Um.... ek weet nie nou wat jy, ek het nou vasgebrand met wat se soort kennis maar die studente wat ek met hierdie metode onderrig het, het in daardie afdelings van die werk met die eksamen baie goed gedoen weet, so ek glo dit is seker baie subjektief om dit so te sê want ek het nie regtig 'n.....

**N:** Hoekom se jy hulle het baie goed gedoen?

**S:** Die, die insig tipe vrae wat hulle gevra het kon hulle beter beantwoord as, as van die ander afdelings wat deur ander dosente, jy weet deur wie lesings aangebied was.

**N:** So hulle kon insig gebruik om die vrae te beantwoord.

**S:** Ja, ja.

**N:** Enige ander veranderinge?

**S:** Wel hulle voel goed jy weet hulle voel goed omtrent hulleself. Ek dink hulle, ek glo nie eers hulle kom agter eintlik wat 'n mens besig is om met hulle te doen nie, maar ek dink die blote feit dat hulle weet hulle presteer beter, hulle voel goed omtrent hulleself en ek kan nie dit ook staaf dat hulle in die praktyk beter korrelasie het met die teorie nie maar ek sou hoop dat dit sal gebeur. Die hele oogmerk is om, om juis terwyl hulle so besig is in die klas om hulle te vra wat is die voordeel wat die praktyk het en wanneer jy in die praktyk is om vir hulle te vra aah.... wat het jy nou daar mos in jou groepie bepraat van hierdie simptoom of manifestasie, dis maklik as mens in altwee terreine werk.

**N:** En hoe het hulle teoretiese en kliniese punt gekorreleer?

**S:** (Lang stilte)

**N:** Was dit binne 5 of 10% ?

**S:** Ek kan nou nie praat van die studente wat by ur.... ander hospitale was nie ur.... ja as ek nou ek kan nie nou so goed onthou van hulle punte nie, ek het nie die punte nou hier nie, ek dink nie daar was 'n groot diskrepans tussen hulle punte, nie meer as 10% nie.

**N:** So is dit net insig wat jy by jou studente waargeneem het ?

**S:** Um.... nie net dit, hulle het die vermoë ek dink hulle het begin om 'n vermoë te ontwikkel om, om objektief en krities te kyk na die inhoud, jy

weet wat hulle gehad het, wat hulle bestudeer het, jy weet dit nie net, hulle het nie net geleer dit is die oorsaak van die siekte en klaar nie, jy weet. Hulle kon dit 'n bietjie beredeneer en daarvoor dink en praat so ek dink dit het.

- N:** Reg nou die volgende vraag is, binne jou opvoedkundige omgewing beskryf die onderwyser-student interaksies wat plaasvind tussen jou en jou student.
- S:** Ek dink die wat ek graag wou bewerk het is eintlik 'n vertrouensverhouding of jy weet, nie 'n superiêre figuur en, en kindertjies wat moet stilsit en stilbly en vingers op hulle monde sit nie, maar dat daar 'n vennootskap is vennootskap eintlik ek dink dit is jy weet, die, hulle is mos nie meer kinders nie.
- N:** Wat bedoel jy met 'n vennootskap?
- S:** Jy weet, jy weet gee en neem eintlik die dosent ur.... ek dink as jy met volwasse leerders besig is, is jy mos net eintlik daar as soort van 'n persoon wat hulle net bietjie weet, dat kyk dat hulle nie van die oogmerke afwyk nie, weet wat hulle net soort van op die pad hou en vir hulle struktuur gee en dan hulle bou die res alles aan jy weet so jy gee vir hulle. So jy is basies daar om vir hulle 'n steunstelsel te bied, weet as 'n bron van baie kennis en vaardigheid waaruit hulle kan put, maar daar is ook baie ander bronne wat hulle ook kan gebruik, so jy weet ek voel die dosent moet nooit die student se Alfa en Omega wees nie.
- N:** Wat bedoel jy daarmee?
- S:** Jy weet dat die student dink dis net die dosent wat vir haar kan help en sy kan net leer by die dosent. Sy moet al die ander persone saam met wie sy werk moet ook vir haar bronne wees, weet sy kom in baie kontak met saalsusters en ander verpleegpersoneel wat nie noodwendig geregistreer is nie um.... dokters, natuurlik boeke en videos en selfs tydskrifte en al daai dinge is belangrike bronne vir haar.
- N:** Het jy nog iets wat jy daar wil byvoeg?
- S:** Nee.
- N:** Beskryf binne jou opvoedkundige omgewing die leerondervindinge van die xxxxxxjaar studente.
- S:** Jong, ja, jy weet die teorie, die stelsel wat ons het van blokke en dan na die praktyk toe is bietjie nadelig dink ek, want die studente is vir 'n kort

tydperk in die blok en dan word die teorie in haar ingeprop, of daar word van haar verwag sy moet daai teorie in daai kort tyd bemeester en daarvoor toetse skryf en in daai selfde tyd wat sy blok, moet sy die kennis internaliseer en sy moet insig openbaar en sy het nie baie tyd nie en dan gaan sy terug praktyk toe en in die praktyk um.. het ek vir hulle, jy weet met die pasiënte laat werk um.. hulle het natuurlik strukture sodat hulle weet wat van hulle verwag word in die praktyk, jy weet waartoe moet hulle in staat wees en dan het ek hulle op besoeke geneem waar, byvoorbeeld, dat hulle kan gaan kyk na gastroskopies en kolonoskopies en haemodialise wat jy weet, sodat hulle kan sien dit wat hulle geleer het in die teorie so lyk dit in die praktyk .

- N:** As jy nou praat van hulle het strukture in die klinies, wat bedoel jy daarby?
- S:** Ja, hulle het 'n studie riglyn weet soos, ons het dit nie eintlik 'n leerkontrak genoem nie, maar 'n hulle het 'n studiepakket wat eintlik die breë riglyne vir hulle daar stel van, van wat hulle moet bereik in die xxxxxjaar byvoorbeeld, dat hulle 'n pasiënt met patologie van 'n spesifieke stelsel moet kan beraam en dat hulle sorgplanne vir hulle moet kan skryf en dat hulle implementerings aksies by hulle kan uitvoer en dat hulle evalueer wat die effek van die sorg was um.... en dan het hulle kontrole kaarte wat vir hulle rig wat betref die prosedures, die spesifieke vaardighede wat hulle moet bemeester.
- N:** Wat bedoel jy met prosedures en vaardighede?
- S:** Umm.... die vaardigheid wat sy moet kan openbaar in sekere van die pasiënt om sorg te kan lewer aan die pasiënt um.... jy weet as sy, byvoorbeeld, 'n inspuiting vir 'n pasiënt moet gee, moet sy 'n idee hê van die basiese beginsels waarbinne sy moet funksioneer om veilig te wees. So, sy kan haar eie persoonlike karakter, eienskappe aan die hele proses gee, jy weet hoe sy met die pasiënt kommunikeer en dies meer maar die beginsel van hoe sy dit doen, dit moet sy geleer word.
- N:** Jy het netnou gesê sy het breë riglyne waarvolgens sy moet funksioneer nê?
- S:** Ja.
- N:** So binne daai breë riglyne kan sy ook haar eie inisiatief gebruik nê?
- S:** Ja nee absoluut ja, ons lê baie klem op die beramingsonderhoud byvoorbeeld en die fisieke ondersoek in die xxxxxjaar wanneer hulle nou pasiënte beraam en dan gee ek vir hulle aan die begin van die jaar

volledige struktuur van die inhoude wat hulle by die pasiënte moet verkry en maar later, laat ek hulle toe soos hulle deur die jaar vorder jy weet om hulle eie ding te doen. Hulle moet nou self, eintlik weet hulle presies wat die inligting is wat hulle wil hê en dan laat ek hulle toe soos wat die pasiënt hulle eintlik lei om die inligting by die pasiënt te kry so jy weet, ek verwag dat hulle ook nie 'n rigiede struktuur moet gebruik maar dat hulle hulle eie karakter aan hulle werk gee.

- N:** Jy het ook vermeld dat as hulle in die praktyk is, of ook in die klas, dan het hulle 'n studiegids.
- S:** Ja.
- N:** Wat bevat hierdie studiegids?
- S:** As jy dit hier in die teorie opstel?
- N:** O, ja en ook in die klinies, verskil dit?
- S:** Ja, daar is definitief 'n verskil
- N:** Wat is die verskil?
- S:** Jy weet, teorie, in die teoretiese studiehandleiding is eintlik baie sal ek sê, ek dink nie mens kan sê rigied nie, baie spesifiek jy weet hulle moet byvoorbeeld, vyf tekens en simptome van 'n pasiënt met gastro-enteritis of wat ookal, terwyl in die praktyk is dit eintlik hulle moet die pasiënt beraam. So jy weet sy gaan aspekte beraam by die pasiënt, maar 'n volgende verpleegster by 'n volgende pasiënt met dieselfde patofisiologie, gaan sy dalk ander goeters beraam en nie noodwendig wat sê die boek nie, die vyf wat sy geleer het in die teorie nie. So ek weet nie ek dink in die praktyk is, sy kan sy 'n bietjie jy weet, hierdie kop van haar gebruik.
- N:** Nou die manier of die teorie wat sy kry in die klas en wat sy eintlik in die praktyk doen, is daar enige korrelasie daar, met byvoorbeeld die inhoude?
- S:** Ja nee daar is. Ons het vroeër dink ek het hulle baie inligting gekry wat nie baie relevant was nie en ons het regtig probeer om bietjie af te skaal, omdat jy weet om te kyk na die inhoude om te sien dat die inhoude wat hulle wel doen, dat dit toepaslik is en ek moet sê wat ek probeer doen het, is as ons nou byvoorbeeld van die kardio-vaskulêre stelsel of die respiratoriese stelsel jy weet in die klas het ek dit ook so probeer doen, dat hulle eintlik leer wat is die algemene manifestasies

van enige patologie wat die hart betref so hulle moet dan nou weet daar is 'n verskil tussen hartversaking en endokarditis of miokardiale infarksie en ander toestande, maar as hulle 'n breë riglyn kry van wat is die algemene manifestasies, jy weet dan kan jy ook enige pasiënt beraam jy weet en verpleeg. Jy hoef nie te dink okay hierdie ou het endokarditis hoe moet ek hom verpleeg want ek het nou nie so mooi geleer van die verpleegsorg van endokarditis nie, maar as sy weet dat as sy vir hierdie manifestasies sê maar nou net hierdie pasiënt het nou borskas pyn of die pasiënt het sianose of die pasiënt het ur.... is moeg jy weet dan gaan sy weet as sy een pasiënt met hartversaking wat moeg is en een pasiënt met M.I. wat moeg is, is haar verpleegsorg gaan presies dieselfde wees want dit hou alles verband met die hart. So ek dink die inhoude wat die fisiologie betref en die verpleegkunde is, is relevant jy weet, dis belangrike inligting wat hulle moet teoreties, kennis wat hulle moet hê om effektief vir die pasiënt te verpleeg.

**N:** Hoe sien jy inhoude?

**S:** Ja dis nou 'n vraag.... dis seker maar die werk wat hulle moet bemeester jy weet die inligting wat hulle in staat gaan stel om die pasiënt se toestande te verstaan, te begryp hoe dit aanmekaar steek en ook hoekom die pasiënt op sekere maniere gaan reageer.

**N:** Nou die aspek, hierdie kriteria vir die vier mini-modelle dink jy dis relevant of irrelevant en die rede vir jou antwoord?

**S:** Nee ek dink dit is relevant.

**N:** Vir al vier mini-modelle?

**S:** Ja.

**N:** Hoekom sê jy byvoorbeeld, hoekom is dit relevant by die leerder maturiteits kontinuum?

**S:** Dit is maar net uit ervaring uit, dit is my ervaring dat um.. dat die volwasse student jy weet haar eie opinie vorm jy weet, sy kan 'n bron lees en sy kan self verder dink as wat die bron sê, jy weet sy kan self haar eie kennis ur.... kennis raamwerk opbou jy weet en dis eintlik maar uit ervaring.

**N:** En dan die kriteria vir die leertipologie hoe die student leer, is dit vir jou relevant, dink jy as jy na daai kriteria kyk dat 'n student wel so leer?

- S:** Ja, ek dink oor die algemeen lyk dit vir my of dit jy weet, ek bedoel hierdie, ons wil uiteindelik kyk al hierdie maniere gaan sy tog sekerlik gebruik as sy 'n student is. Dit hang af net watter tipe inhoude en waarmee sy besig is sy sal nie net, sy sal nooit kreatief kan optree as sy in die eerste plek nie geleer het dat as 'n persoon regop sit haal hy makliker asem nie, sal sy nie vir hom kan 'n plannetjie maak as hy 'n wond het aan die een kant nou hoe gaan hy, jy weet so sy sal en jy weet en, en sy moet eers om krities te kan dink moet sy ek weet nie, sy moet eers sekere take byvoorbeeld prosedures kan bemeester moet hy item tipe leer, dit lyk vir my relevant.
- N:** Reg en die onderwyser-student interaksies?
- S:** Um.... ja dis ook relevant sou ek sê.
- N:** Hoekom?
- S:** Hierdie is nou um.... want jy weet mens kry al hierdie tipes verhoudings tussen studente en dosente en daar's verskillende redes jy weet. Dit hang af van waar op die ontwikkelingsvlak die studente is van hoe die dosent haar behoort te benader, maar dit hang ook af van die dosent se voorkeur. Jy weet party ouens hou daarvan om 'n moederfiguur te wees vir 'n student, nie dat dit noodwendig reg is. Dit het seker baie te doen met jou persoonlikheid so ek glo al hierdie verhoudings sal sekerlik teenwoordig wees tussen studente en dosente.
- N:** Nou daai is eintlik verhoudings wat die ideaal is soos deur Bevis en Watson geskep en as jy nou kyk na hierdie Stimulus-Respons Interaksies, dink jy hulle is relevant of irrelevant en wil jy iets daar byvoeg?
- S:** Um.... nee, ek dink dit is ook, dit is ook belangrik.
- N:** En nou as ons na die laaste een kyk na die leerondervindinge is dit relevant of irrelevant?
- S:** Ja.
- N:** Dit is nou weer die ideaal.
- S:** Ja "introduction, working phase" ja ek weet net nie of die student se leerervaringe wat die blokstelsel betref so wonderlik is nie. Ek dink nie daar's genoeg tyd vir hulle tussen jy weet as hulle Maandag, Dinsdag en Woensdag sekere inhoude moes bemeester en hulle het al oor dit in

die klas gepraat jy weet, baie keer is dit vir hulle nodig om langer daarvoor te dink miskien om 'n pasiënt met daai patologie te verpleeg voordat hulle regtig getoets behoort te word jy weet, om insig in hulle ur.... in hulle vermoë om analities te dink en om dit so gou nadat hulle die inhoude ontmoet het, om dit te probeer toets jy weet dit is vir my 'n probleem. Ek dink die student moet 'n langer tydperk hê om blootgestel te word. Okay, ons laat hulle dan net, hulle skryf dan net aan die einde van die jaar eksamen en in die middel van die jaar en aan die einde van die jaar eksamen, so hulle het van die blok af darem 'n bietjie tyd om daai inhoude soort van internaliseer maar ek weet nie dit is 'n goeie metode.

**N:** So waar dink jy lê die probleem?

**S:** Die probleem lê by die blokstelsel dink ek, wat ek nou spesifiek van hier praat jy weet want hulle het 'n beperkte tyd beide die student en die dosent. Die dosent weet sy moet in die tyd wat sy gegun is, moet sy dit op die bes moontlike wyse vir die student moontlik maak om daai inhoude, daai kennis haar eie te maak jy weet om self te leer maar en dan toets ons hulle ook. Ons toets hulle om hulle toelating te gee tot die eksamen, maar ons gee hulle nie tyd om regtig te dink oor die inhoude en te gaan kyk in die praktyk hoe werk dit.

**N:** En wat behels hierdie toetse?

**S:** Die toetse in die teorie behels wel hulle skryf 'n teoretiese toets jy weet. Hulle skryf 'n toets vrae um.... toepassings vrae nie net darem nie kennis vragies nie.

**N:** Hoe bepaal jy nou of dit kennis of toepassing is?

**S:** Jong, ons kyk eintlik na Bloom se Taksonomie kyk na, jy weet daai woordjies jy weet.

**N:** Watter woordjies?

**S:** Daai werkwoordjies wat sê beskryf, of wat sê verduidelik die verskil tussen goetertjies.

**N:** Het julle enige kriteria daar wat vir julle sê as julle die woord beskryf gebruik, is jy nou besig op die kennis vlak?

**S:** Ja dit is so.

**N:** Maar is daar kriteria aan dit gekoppel om sê jy moet beskryf gebruik in hierdie gevalle?

**S:** Ja nee daar is, daar is.

**N:** En as jy nou kyk na hierdie Stimulus-Respons Leerondervindinge van die studente, is dit vir jou relevant of irrelevant en wil jy iets byvoeg?

**S:** Baie keer dink ek baie van hierdie goetertjies kom al uit die skool uit. Hierdie probleme kom uit die skole uit want jy weet ek kyk na my eie kinders. Nou goed hulle is nou nog in die laerskool maar weet jy dat hulle, hulle het nie reg om hulle eie opinie te lug nie en ek dink, ek weet ook nie dalk is dit besig om te vermeerder jy weet hierso byvoorbeeld die dosent is die outoritêre figuur en sy's net gepla oor die persoon moet presteer want die student se prestasie is 'n weerspieëling van haar vermoë, jy weet en dit is tog nie eintlik waaroor dit gaan nie. Dit gaan oor die individu se groei en nie die punt nie en dan "emphasis is on skills training" ek dink baie keer is, verpleging word eintlik daarvan beskuldig dat ons dalk ons leer nie net vir haar, rig haar af jy weet, soos die inspuiting en ek dink ons is regtig besig om poging aan te wend om die studente eerder te "educate" jy weet. Daar moet persoonlike groei ook wees buiten die feit dat sy professioneel groei jy weet sy, "product line thinking is the outcome" ek weet nie wat dit beteken nie.

**N:** Dat sy 'n produk van die verplegingstelsel is, dat jy aan die einde kry jy 'n produk, dat sy iets kan doen.

**S:** Ek dink 'n mens wil uiteindelik 'n verpleegkundige hê wat nie net die "job" kan doen nie maar wat dit goed kan doen, jy weet en wat al die fasette van haar pasiënte sal aanspreek. "Methods of learning are repetition and reinforcement" um.... weet jy ek het eintlik nie 'n probleem met "repetition en reinforcement" met dien verstande dat um.... ek leer altyd die student moet dieselfde inhoud in 'n heel ander situasie moet sy dit ook kan toepas, jy weet as sy nou geleer het as 'n pasiënt blou is dan gee sy hom suurstof, dan moet sy dit nie net koppel aan die pasiënt met kroniese obstruktiwe lugweg siekte nie. Sy moet weet enige persoon wat blou is in die gesig het tekort aan suurstof ongeag wat die oorsprong van haar probleem is. So dit is vir my meer miskien "needs reinforcement as repetition" ek weet nie.

**N:** Met ander woorde, jy sê eintlik dat jy verskillende tipes leer sal gebruik, in verskillende omstandighede en dat die een eintlik nodig is vir die ander een, byvoorbeeld, jy moet 'n basis hê, 'n kennis basis hê om byvoorbeeld, kreatief te wees.

**S:** Ja nee ja, ja anders kan jy nie as jy nie die basiese kennis het nie dan.

**N:** Wil jy nog iets hier byvoeg?

**S:** Nee.

**N:** Goed baie dankie. Ek gaan al die data ontleed. Indien daar onduidelikhede voorkom sal ek 'n opvolgessie met jou reël. As daar nuwe kriteria voorkom sal ek dit byvoeg. Later gaan ek 'n onderhoud weer met jou voer en jou vra om die fokus van onderwys in ons Kollege volgens die kriteria vir die vier mini-modelle te bepaal.

(Informant hou aan praat en ons het lekker gesels!)

**S:** Ek dink nie die Kollege, ek dink regtig die Kollege is, poog werklik om hom eintlik hier aan die kant van die volwasse leerder, jy weet die opvoeding, maar die stelsel die "infra-structure is not right."

**N:** Wat bedoel jy met die "infra-structure is not right?"

**S:** Dit is die die feit dat die student is 'n werker in die hospitaal die sy word Kollege toegestuur, sy moet in daai tyd studeer ongeag of sy dan siek is of sy het nou 'n probleem met haar kind. So sy moet in daai tyd studeer as sy daar iets verloor jy weet daar is nie 'n kans dat sy dit op 'n ander geleentheid dit sal kry nie, so die blokstelsel, die feit dat hulle tussen verskillende areas beweeg jy weet dan is sy by die hospitaal, dan is sy by die kollege, dan is sy weer by die hospitaal en dan is sy weer by die kollege.

**N:** En die dosent watter rol speel sy daar?

**S:** Die dosent is eintlik die een wat die arme student moet probeer bymekaar hou, jy weet dat sy leer.

**N:** Dink jy sy kan dit doen?

**S:** Ek dink nie, ek dink baie van die dosente wat ek van weet kry dit reg jy weet as ek nou kyk na die studente wat nou al op pad is, jy weet of wanneer hulle gekwalifiseerd is dat hulle, iewers moes iemand regs gedoen het jy weet, want hulle doen goed en hulle het insig en hulle kan die werk doen en hulle is, jy weet, hulle is nie meer ouens wat net die werk fisies kan doen nie, jy weet hulle openbaar tog empatie en "caring" vir hulle pasiënte so ek dink daar is sekerlik makliker en beter metodes.

**N:** Wat bedoel jy nou met "caring?"

**S:** Ek weet nie wat is die woord nie, wat is die, wat is die...

- N:** Nee, ek wil weet wat bedoel jy met caring wat beteken caring vir jou hier in jou onderrig omgewing?
- S:** Ek weet nie, ek kan vir jou sê..
- N:** Jy sê die student openbaar "caring", hoekom sê jy dit?
- S:** Um..
- N:** Hoe tree sy op?
- S:** Jy weet sy luister na haar pasiënt, sy neem haar pasiënt in ag met alles wat sy doen, jy weet sy gaan uit haar pad uit om haar pasiënt te akkommodeer as hy ongeag sy situasie, sy kyk ook nie net na die pasiënt nie. Sy neem in ag die pasiënt se eggenoot, of die kinders, of die ouers van die pasiënt, nie net die pasiënt self nie.
- N:** Nou waar dink jy kry sy hierdie "caring" houding, leer ons dit vir haar in die Kollege?
- S:** Nee weet jy ek dink uit haar rolmodelle uit ek dink daar is sekerlik ur... mense wat geneties of daar is miskien geneties oorgedra, jy weet dat daai gene wat jou meer omgee vir ander mense en hoe die persoon in sy huis groot word, jy weet sy sosialisering in die huis kom hy uit 'n huis uit waar "caring" gedemonstreer word, jy weet dinge doen vir jou boetie of jou sussie en dan dit waardeer word deur daai persoon of wat ookal. Nee in die praktyk dink ek die rolmodelle jy weet die geregistreerde verpleegkundiges in die praktyk um....
- N:** En die dosent in die Kollege?
- S:** En die dosent weet ek dink veral as hulle die dosent in die praktyk waarneem, jy weet in die Kollege is dit nou goed die dosent demonstreer aan die student dat sy vir die student omgee, maar wanneer sy in die praktyk kom en die student sien dat sy ook, dat die dosent ook vir die pasiënt omgee.
- N:** Wat bedoel jy met sy demonstreer dat sy omgee vir die student?
- S:** Haai jong jy weet.....
- N:** Wat doen sy dat die student sal dink dat sy omgee?

- S:** Sy stel belang, jy weet sy, maar hoe demonstreer sy dat sy belangstel, jy weet die dosent weet wie die student is, sy ken haar naam, sy weet van haar probleme, sy maak 'n punt daarvan om vir die student te vra as na probleme wat vir die student belangrik is en dat sy sal luister. Jy weet as die student 'n probleem het dat sy, jy weet partykeer kan jy in 'n student sien sy het 'n probleem. Sy sê dalk niks nie maar die dosent moet oplettend wees om te kan sien, jy weet sy lyk vandag bleek of sy dit lyk of sy rooi gehulde oë het en ook om vir haar 'n bietjie aan te moedig um.... maar ook jy weet ek dink jy wys vir 'n student jy gee om as jy partykeer 'n bietjie hard op haar is. Jy weet sê maar goed jy het genoeg tyd gehad om hierdie opdrag uit te voer en jy sê dit is nie klaar nie, sê nou wat is die redes en jy weet sy, as sy 'n volwasse leerder is moet sy verantwoordelikheid neem en ek dink 'n mens moet dit by haar bevestig, want jy weet oor drie of vier jaar gaan daai student baie bly wees dat jy dit, jy weet ek dink dis ook "caring."
- N:** Is dit wat jy my nou eintlik vertel, is dit ook jou student-onderwyser interaksies, is dit hoe die interaksies tussen jou en jou student gebeur?
- S:** Ek glo so, ek glo so ja, ek hoop so, ek vertrou so weet 'n mens ander mense sien jou baie keer anderste as wat jy dink hulle jou sien, so ek weet nie hoe die studente my rêrig, ek weet nie hoe die studente my rêrig ervaar nie jy weet of dis mos 'n moeilike ding jy kan maar net jou beste, jy weet wat jy geleer en wat jou ervaring, die twee probeer bymekaar sit om die beste moontlike effek te hê jy weet.
- N:** Ja ons het nou afgesluit en eintlik het ons nou baie bygekry nê, maar baie dankie ek sal nou regtig afsluit.
- S:** Dankie.