

## Students' Experience with the Hidden Curriculum in the Faculty of Nursing and Midwifery of Isfahan University of Medical Sciences

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### Abstract

**Background and Purpose:** The hidden curriculum has great impact on students' learning. The present study was conducted on Nursing and Midwifery students to determine their experience with the hidden curriculum.

**Methods:** It was a combined survey achieved in two stages on Nursing and Midwifery students. During the first stage, a free interview was carried out to determine their attitudes towards, experiences with, and references of the hidden curriculum. These interviews were analyzed using Streubert technique. During the second stage, a questionnaire was completed and finally analyzed

**Results:** All students have experienced the hidden curriculum and usually found it to be more effective than their routine learning program. This learning modality was associated with more stable behaviors among them. Meanwhile, most of their learning objectives, including positive and negative or group and individual learning were achieved through the hidden curriculum. They have pointed out that faculty professor, nursing and midwifery staff, other students, patients and mass media were their main source of reference, however, nursing and midwifery staff augmented the training impact.

**Conclusion:** Students believed that the hidden curriculum is an effective modality for learning.

**Key words:** HIDDEN CURRICULUM, STUDENTS' EXPERIENCE, NURSING AND MIDWIFERY.

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### Introduction

Higher education in Iran is one of the fundamental social institutions with special responsibilities. Of these duties, one can name the relationships of highest education with the needs of the society the values, and education of the country required qualified workforce (1). To achieve these goals, higher education system has been assigned certain duties and tasks, the most important of which are teaching, educating, doing research and delivering services.

As executive institutions in higher education system, universities assume an important role in the spread and expansion of human resources and are undoubtedly the main places for providing the required human resources needed for progress and for meeting of the related social needs. Among these, universities of medicine are especially important because they are responsible for training of sufficient competent skilled health care professionals needed for a well functioning health system.

Nursing and midwifery faculties train an important part of these healthcare professionals. It goes without saying that having a curriculum is very vital in bringing about education for the students of nursing and midwifery to achieve their goals. Curriculum is referred to the totality of the teaching and

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learning activities which make the educational objectives achievable (2). It includes both formal and hidden curriculum (3). Formal curriculum refers to educational activities formally announced by the educational system of the country (2). Hidden curriculum refers to the types of learning which have not been formally announced in the course description of the educational programs or educational policies but are integrated in the program in an implicit way (4). The term hidden curriculum is used extensively these days and precludes several definitions. In educational experiences, this term is used along with formal definitions for curriculum and evident effects of educational interactions. As for university education, a tendency towards more flexible curriculum compared with the high – school curriculum is being noticed these days. The hidden curriculum plays a vital role in educational programs at universities. This role is especially more effective when nursing and midwifery students are considered. This is due to the nature of nursing and midwifery profession which bear the major burden of care in the health system. So it is necessary to specify different aspects of the hidden curriculum in these two fields and how it should be taken care of in curriculum planning (5).

In medical education, issues such as professional ethics, ethical values, and social roles related to the profession in the individuals' future, values, beliefs, behavior, power, responsibility, culture, learning about the role and culture of the profession, study skills, learning skills, and group activities are acquired through hidden curriculum. The student learns how to be accepted by the working group and in fact begins the socialization process. Exploring and finding out about the effects of hidden curriculum on the processes and outcomes of nursing and midwifery educational system will result in the crystallization of those hidden learning which contribute to the improvement and better quality of education. At the same time, the negative and unwanted sides which adversely affect the quality of education can be explored and effort can be made to strengthen the

positive effects and lessen the negative effects. In a research study undertaken by Branch et al it was pointed out that there are certain barricades, from the perspective of the humanity, which have appeared basically due to the informal and hidden curriculum in schools of medicine (6). In a study carried out by Bass (7), whose objectives were to explore the process of socialization in nurses during the years 1900-1975 with regard to the conditions in each period, it was found out that the issues concerning the professional improvement were mostly learnt in informal social learning setting and through hidden curriculum rather than in formal social setting (7).

Atack et al carried out a research on 40 nursing students and 20 nurses for a period of fifteen weeks of clinical profession. The researchers sought the participants' views regarding the relationship between the staff and the students and the effect of this relationship on the students' learning. The findings of the study indicated that students considered characteristics of the staff and the work environment as very important in learning. All of these, they believed, were implicit (8).

Kyung did a qualitative research on twenty five freshman nursing students, who cited three stages in the course of gaining experience. In dreaming stage students had particular expectations about nursing such as expectation to be interesting, easy and a job with good income. The second stage was one of confusion including shock, loss of feeling, a feeling of alienation because of the gap between theory and practice, confusion about the nature of the field of study, feeling astonished at the unstable behavior of other nurses and finally a sense of conflict which is an anxiety-producing stage at the end of apprenticeship in which they are exposed to the outcome of their job and their being approved by the patient is rewarding.

According to the researcher, the immense impact of clinical experiences on students' learning and the process of socialization in the nursing profession was outstanding and should be specifically attended to in curriculum designs (9). Sakari conducted a research study on

students in three fields of study, namely medicine, teacher training and sociology. First, he did twelve interviews and on the basis of the results did a quantitative study on 280 students via questionnaire. Based on the findings of the research, the effect of hidden curriculum on the students' learning was classified into four categories: learning how to learn, skill learning, professional learning, and university learning. According to the researcher, all these four categories result in becoming socialized, professional, and most important of all, will result in social and cultural values (10).

In a study by Daugherty et al in 1998, the second year residents stated that the major part of their learning was accessed through their peer residents as well as through the patients (11). In a qualitative phenomenological research done in seven midwifery colleges in south Ireland, Begley concluded that the midwifery students considered themselves as part of working staff and believed that their educational needs were ignored. These students believed that their education was not adequate for clinical judgments and decision – makings (12).

Also, Gildman came up with the following conclusions in his research. All the students considered the role of their instructors as positive in their various learning regarding the quality of the taught materials.

Using students' views, the researcher noticed that these students had come across differences between the theoretical and practical aspects of their courses and believed that supportive relationship based on cooperation and confidence was facilitative in learning. They maintained that the instructors should be having their students with full understanding and without evaluation so that a mutual relationship will come about. Some of the students also pointed out those instructors created self-confidence in them through encouragement, support and criticism which are essential for enhancing the clinical skills. These students believed more in the supportive role of the instructors than their educational roles. The findings of this research finally concluded that students, especially those in their final year of studies, needed support in

clinical environments, especially in places where they had not reached independence yet (13).

In line with the studies carried out in the world literature hidden curriculum in the nursing and midwifery educational programs and absence of proper research studies in this regard in our country and with respect to the researchers' experiences and observations regarding students' learning through hidden curriculum in educational settings and also believing that lack of knowledge about hidden curriculum and the related knowledge and issues learned from this program might postpone professional perfectionism and resulting thus in the weakening of the quality of nursing and midwifery cares, the researches decided to carry out a research seeking the students' experiences of the hidden curriculum in the school of nursing and midwifery at Isfahan University of Medical Sciences. The objective of the research was to find out about the students' experiences regarding the concept, types of learning and educational sources of the hidden curriculum, and to try to formulate a hidden curriculum program in nursing and midwifery education based on the findings of the research. Accordingly the following research questions were formulated:

- What are the nursing and midwifery students' experiences of the hidden curriculum?
- What are the nursing and midwifery students' experiences in learning through hidden curriculum?
- From whom they have obtained these experiences?

### **Materials and Methods**

This research was a combination of phenomenology and survey in which the eighth semester students of nursing and midwifery took part as participants.

The method of data collection in this research was free interview in the first stage. Participants were selected on the basis of their interest in participation in the interview, their motivation and the needed cooperation with the researcher. The study was done in the school of nursing and midwifery of the Medical Sciences University

of Isfahan.

Following the research ethics such as assuring the interviewees that the results (and their names) would remain confidential and signing up the related ethics forms, the participants were introduced to the concept of hidden curriculum. The interviews were all tape recorded and then scribed. Even the marginal talks were scribed. The irrelevant points were deleted from the scripts and the main items related to the issues of the research were extracted and codified. In order to authenticate the obtained data, the researcher checked all the interviews one by one and the validity of the data was thus established. In case of revision, the revised versions were shown to the participants to reassure the authenticity of the views as expressed. The analysis of data was based on the Strubert's ten-stage method as follows:

- 1) The researcher defined the phenomenon.
- 2) The researcher's assumptions were formulated.
- 3) The participants were interviewed in an unfamiliar environment (different from the classroom as clinical environment).
- 4) After each interview, the contents were carefully checked for accuracy.
- 5) The obtained data were reviewed for any possible ambiguity.
- 6) The common experiences were designated in the experiences.
- 7) The common experiences were classified and were presented systematically.
- 8) The researcher referred to the interviewers for accreditation.
- 9) The articles related to the research were studied (reviewed).
- 10) The findings were generalized to the population of nurses (16).

In the second stage of the research, a questionnaire was made on the basis of the findings in the first stage. This questionnaire was then distributed among all the eighth- semester students of nursing and midwifery, and the results were analyzed. The items assessed in this questionnaire were the ones related to professional morals, job conscience, team work, method of work, self-confidence, punctuality,

gender supremacy, value judgment of score, certificate accreditation, problem solving method, study method (skill), forbearance of the other people's ideas, expression of one's own opinion, the social role of the profession, working independently, profession importance, relationship with the physician, the routine activities in nursing and midwifery, and negative and improper behavior. Sources of these obtained areas of information were also explored. These sources included patients, patient's accompanying person and the families, other students, nursing staff, nurse instructors, physicians, the community, school staff, mass media, etc. Also, the students were asked to express their viewpoints regarding hidden and implied learning.

## Results

In the first stage, following codification of the common findings, 77 codes resulted which were categorized into three groups for analysis. These three groups were: students' perception of hidden curriculum, hidden curriculum text- book sources and finally all types of learning deriving from hidden curriculum.

As for the student's perception of hidden curriculum, the results showed that all the students had experienced hidden curriculum and found it effective in their learning. They quoted the learning through hidden curriculum as more important and more stable and which affected their behavior. They also considered hidden curriculum as an effective factor which could result in creating communication with the patients and colleagues.

As for the textbook sources, the findings indicated that the majority of students believed that the instructors in the clinical words were their main sources of hidden learning. However, behaviors of the staff as well as their classmate and non- classmate students were considered important. Also, culture behavior and students' perception of it did result in learning. On the basis of students' views, one can claim that students' hidden environment is one of the important sources of student's hidden learning. Students'

interactions with different environments such as hospital, faculty and dormitory are also important sources of hidden learning's.

As for the types of learning through hidden curriculum, interviews with the students indicated that they had accessed a wide range of learning environment such as positive, negative, individual and group learnings.

As for positive learning, cases reported were work conscience, problem – solving method, and punctuality. Negative learning was mentioned as improper environment, wrong- doings and its impact in the ward and social role of the profession. Regarding individual learning, the participants named issues such as self – confidence learning, evaluation for certificate, the role of gender the goal of study, and group learning cases such as team – work and socialization.

In the second stage according to the views expressed by the students, work conscience accounted for %97.5, professional ethics, %95, term work %90, discipline and punctuality %82 and for caring for studying %78 in hidden learning.

Also, students believe that nursing instructors (%57), patients (%80.5), staff (%57) and other students (%55) formed the sources for their hidden learning. Finally %55 of the students believed that they had acquired much of their achievements and attitudes through hidden learning.

## Discussion

The findings of the research indicated that the students were familiar with the concept of hidden curriculum and had experienced it before. The role of hidden curriculum is especially significant in nursing and midwifery education, as it causes change in the quality of the caring for the patients. In respect, Stephenson et al believe that hidden curriculum has a deep effect on the students' professional improvement, and can be the cause for further research and serious attention (15). Aspects of the hidden curriculum can be classified into positive and negative aspects. In the fields of nursing and midwifery, the positive

aspects of the hidden curriculum include obtaining work conscience, punctuality and problem- solving. The negative aspects take include improper working conditions, doing tasks unscientifically and in the wrong way, and finally an improper care for the patient. A student will grow inclined towards the negative or positive aspects on the basis of his personality construct and concept. A related study shows that a hidden curriculum can have positive and negative effects. The positive aspect include logical thinking, forbearance of stress, learning through new methods, expertise in job, work discipline and punctuality. In contrast, positive aspects hold in such issues as lack of discipline in the job, haste, impatience, and inattention to the level of learning (10). Regarding hidden curriculum, content various sources were cited by the students such as professors and instructors, nursing and midwifery staff, other students, patients and their accompanying people, other professional groups in medical sciences, mass media and the people. Among the sources cited, the role of the instructors and the staff (personal) received the highest rank. Instructors as people who have the deepest effect on the learning of the students and the personal as practical models for the students can be important sources of hidden means of transfer of information. In this relation, Atack et al maintain that nursing students consider the personnel's personal characteristics and the work environment as very important sources of learning which have affected their learning in a hidden way (8).

Another factor contributing to hidden curriculum is the learning environment, which strongly affects learning. Existence of scientific atmosphere in the school environment and observation of non-scientific cases which stand in opposition to the theoretical education will cause changes in the students' learning.

Along the same line, one should take into consideration the effect of the student environment such as the dormitory and society, as well.

Gidman believes that learning of the nursing students in clinics is especially very important(13). Maxwell believes that the interactions in the

dormitory settings will end up in students' sympathy towards each other and makes them mature people and that hidden curriculum is, thus, very effective in their learning in the dormitory (16). In the model utilized in this study, attempt was made to take into consideration all the probable and effective variables in the hidden learning by the students of nursing and midwifery. The educational system can define the concept of hidden curriculum as a very important and effective variable in the learning of the students. Also, different types of hidden learning and the related sources can be explored and used in the educational programs.

The researcher also recommends further studies to be carried out exploring the impact of hidden curriculum on students in fields other than medical studies. The findings of these various research studies can, then, be cross-examined and deeper insights are hoped to be reached.

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