

Comparing Efficacy of Implementing Two Teaching Methods Contract Learning and Traditional Instruction on Clinical Skills of Nursing Students in Psychiatric Wards of Hospitals of Tehran

Mohtashami J, MSc¹; Noughani F, MSc²

¹Lecturer, Faculty of Nursing and Midwifery, Shaheed Beheshti University of Medical Sciences
and Health Services, IRAN

²Lecturer, Faculty of Midwifery and Nursing Medical University of Tehran, IRAN

Abstract

Background and purpose: A learning contract is defined as a written agreement between teacher and student which makes explicit what a learner will do to achieve specified learning outcomes. Learning contracts have been used as a teaching and learning strategy for both undergraduate and graduate nursing students in many countries.

Methods : This research is a quasi-experimental study that compares effect of two different teaching methods , Contract learning and traditional on clinical skills for a group of nursing students who were in fourth year of study in a pre-registration bachelor of nursing degree program in Tehran . A learning contract was implemented as a learning tool in the students clinical placement in psychiatric nursing .Data were connected from questionnaires , interviews and clinical evaluation papers with students .

Results : The results showed that students agreed that there was an increase in students autonomy and motivation in learning with the use of learning contract . It also increased the sharing between students and clinical instructors.

Conclusion : According to the findings of this study , contract learning is considered beneficial to students learning and has the potential to be used in clinical learning .

Key words : NURSING STUDENTS, LEARNING CONTRACTS , TRADITIONAL METHOD , MOTIVATION , AUTONOMY, PSYCHIATRIC WARDS .

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Introduction

Over the past years ,the health care system has undergone rapid and unprecedented change because of a diminished life span of useful information and an increasing complexity of practice(1,2).

The teaching of nursing practice has been given a new direction in recent years, with the

introduction of the nursing process. This change in direction has been from a task-centered approach to a person-centered approach. Among the claims made for the nursing process, apart from its individualistic orientation, is that it is a scientific, analytical, rational and problem- solving approach to the delivery of nursing care. (3,4) As college instructors, our challenge is to provide an academic environment that encourage learning and active participation by students .To achieve that goal, we have numerous tools at our disposal including learning contracts. Learning contracts, which are often used in self-directed learning, independent learning, and the classroom, allow students to be more involved

Corresponding author: Ms Jamileh Mohtashami is a lecturer in faculty of nursing and midwifery of Shaheed Beheshti University of Medical Sciences and Health Services, Tehran , Iran.
Fax: (98)2122275248
Phone: (98)212221430
E-mail: jmohtashami@yahoo.com

in their learning to become active participants in the creation of knowledge rather than passive recipients (5,1).

The learning contract, which was developed by Malcolm Knowles, was defined by Caffarella and O'Donnell as a form of study in which learners have the primary responsibility for planning ,carrying out ,and evaluating their own learning experiences(6).

The use of learning contracts with adult learners has gained cogency during the past decade. Research on self – directed learning has resulted in the search for appropriate learning resources and guides. The work of Knowles (1980-1986) and others and andragogy have resulted in a need by many teachers of adults to provide some mechanism for learners to build on past experience and determined needs as they carryout learning activities(7,8) .

Traditionally, we as faculty members determine the semester assignments and assessment tools without input from students. We give assignments, quizzes, mid- terms, finals, and have students write papers. In turn, we reward the student with a grade for completing the work. Newcomb & Warmbrod note that “while current grading practices provide a grade as a motivator, these same practices cause anxiety, frustration, and drive some students to cheat (5) .

The pre- registration bachelor of nursing degree program offered by the universities in IRAN aims to produce independent and competent nurses who are committed to life–long learning and continuing professional development (10,11). Learning in clinical areas is an important part of the program. During the clinical placement, learning objectives are set by lecturers and students are being taught and supervised by clinical instructors. From experience, it was observed that there were limitations related to learning and teaching in clinical placements. Instructors encountered difficulties when trying to meet students individualized needs. Some students were very dependent on instructors' guidance and some had difficulties in integrating theories into practice. A strategy has to be employed to maximize teaching and learning in clinical placement (12,13).

Contract learning is an alternative way of structuring a learning experience; it replaces a content plan with a process plan.

According to Knowles contract learning solves, or at least reduced, the problem of dealing with wide differences within any group of adult learner (5,4).

Learning contracts are designed to help develop shared expectations about the purpose, process and results that are to come from any learning experiences.(13)

Gibbon suggests that learning becomes more self–directed with the use of a learning contract, the role of the teacher changes from a knowledge transmitter to that of a facilitator in students learning (12,14,15).

The use of a learning contract in the nursing program is new to IRAN. It was felt to be worthwhile to experiment and evaluate such use. The aim of this study was to evaluate the use of learning contract in the mental health nursing clinical placement of the pre- registration bachelor of nursing program in one university in Tehran.

Methods

This study introduced contract learning in the clinical placement of mental health nursing, which is one of the major courses of the bachelor of nursing degree program.

This research was interventional, semi-experimental study. Participants in the study were the students of the third year in the bachelor nursing program in the clinical placement of mental health nursing. The half of the sample were taught with traditional method (control group), and other half with learning contract method.(intervention group)

At first, objectives for the clinical experience identified for two groups. The objectives for clinical placement covered the essential topics, but in broad terms. Examples of the learning objectives are as follows:

- To participate in mental health promotion activities in hospital.
- To demonstrate skills in establishing therapeutic relationships with clients and their significant others.

- To assess the functional health pattern of clients.
- To plan, implement and evaluate care for clients with various mental health problems.
- To function as a member of the multidisciplinary mental health care team in providing care for clients.

In this study, flexibility was allowed for the students to develop more specific learning objectives.

The students of two groups have examined pre-test (before start of clinical learning) and post-test (after the end of clinical learning). In orientation session for each group learning objectives were established; for traditional method (control group) they included routine procedure such as client assessment, medication, nursing reports, ECT, therapeutic relationship, drug study and ward conferences, and for contract learning method (intervention group) they included the use of learning contracts based on students needs. For this group, learning contract was introduced to the students and they were informed of the study.

The contracting process was explained and sample contracts were given for reference. The objectives to be achieved were negotiated and agreed between students and their clinical instructors.

At the end of the placement, each two group has evaluated and also the effectiveness of contract learning was assessed by a questionnaire survey and semi-structured interviews. A questionnaire titled "perceived benefits of contract learning" which was developed by Cheng was used to obtain students views on the benefits of contract learning(12).

The questionnaire consisted of 22 items divided into four sub-scales. The internal consistency of the sub-scales ranged from 0.74 to 0.87 (12). Students were asked to rate each item in the questionnaire from 1 to 5 (1= strongly agree, 2=agree, 3= neutral, 4= disagree, 5= strongly disagree).

The mean and standard deviation (SD) of each item were calculated.

A mean score of 3 or below was considered to indicate a more positive view and a mean score above 3 indicated a more negative opinion.

Semi-structured interviews were conducted by a researcher with all the students. The interviews were to obtain in-depth feed back about the benefits and difficulties of using contract learning in clinical learning.

Informed consent was sought from the subjects. All subjects participated in the study voluntarily. They had the right to refuse to participate in the evaluation.

Results

Of 15 participants, 10 were female. Their age range was 21-29. Ten students were single. The post-tests mean of intervention group were significantly higher than control group (17.23 ± 1.46 vs 12.1 ± 1.35 , $p=0.0001$). It is quite clear that there was a significant difference between post-test mean and pre-test mean of intervention group (17.23 ± 1.46 vs 5.63 ± 2.9 , $p=0.0001$).

Generally, students were positive about the use of the learning contract. They agreed that the learning contract could help to increase their self-control, autonomy, responsibility and motivation in learning. They believed that it could help to meet their learning needs. They regarded the support they had as adequate. Also, they felt that they could use learning contracts with confidence. Table 1 shows the students opinion about the perceived benefits of contract learning.

The content analysis of interviews, identified themes that described the benefits and difficulties of using learning contract. Benefits included: increased autonomy, increased motivation, increased individualized learning, increased sharing, and increased learning effectiveness. Difficulties included: limited time in placement, lack of knowledge in contract learning, and students learning attitude.

Discussion

Our study shows that intervention group had significantly higher scores than control group who used traditional method.

Because in intervention group individual's learning needs were identified, students were more likely to work with their clinical preceptor

Table1. The students' opinion about the "Perceived Benefits of Contract Learning"

| Subject | Mean | SD |
|---|------|-------|
| - The learning contract was easy to make. | 4.63 | 0.5 |
| - It is easy to identify the appropriate objectives , resources, evidence of accomplishment , and assessment criteria . | 4.56 | 0.512 |
| - I can implement what I have planned it the learning contract . | 4.5 | 0.516 |
| - It is easy to get access to the relevant learning resources. | 4.62 | 0.5 |
| - The instruction on using learning contracts is adequate. | 4.31 | 0.704 |
| - The clinical supervisor is supportive of this process. | 4.69 | 0.793 |
| - There are sufficient resources provided by the university. | 3.31 | 1.250 |
| - There are sufficient resources provided by the ward. | 3.25 | 1.238 |
| - I can learn deeply and permanently from the learning contract . | 4.63 | 0.5 |
| - The learning contract can help me relate knowledge to practice. | 4.69 | 0.479 |
| - The learning contract can help me apply knowledge to practice. | 4.69 | 0.479 |
| - The learning contract can help me improve my clinical skills. | 4.31 | 0.873 |
| - The learning contract has given me more confidence in my own capabilities. | 4.44 | 0.512 |
| - The learning contract increases my responsibility in the subject. | 4.69 | 0.602 |
| - The learning contract increases my control in learning. | 4.37 | 0.619 |
| -The learning contract increases my autonomy in learning. | 4.69 | 0.602 |
| - The learning contract increases my motivation to learn. | 4.81 | 0.403 |
| - I enjoy this kind of learning method. | 4.69 | 0.479 |
| - The learning contract meets my learning needs. | 4.63 | 0.619 |
| - I prefer to learn in this way rather than the conventional one . | 4.81 | 0.403 |
| - The learning contract increases my interest in the subject. | 4.63 | 0.619 |

to help them to bridge between classroom knowledge and real clinical settings competency requirement. Chan agrees that contract learning has the flexibility of tailoring the learning of clinical skills according to the clinical situation, and learning becomes more self- directed with the use of a learning contract (12). Chung also suggests that the self-directed learning ability of the students was increased significantly and the student evaluation of the course was satisfactory (14).

The results of the questionnaire survey and interviews confirmed that students have a greater sense of autonomy and control in using a learning contract. Learning is more individualized, there is an increase in motivation and sharing in learning, both students and clinical instructors emphasized that these are the,

strengths of using a learning contract.

Rogers agrees that learning contracts allow students freedom to learn whatever they are interested in within the boundaries and /or constraints of course requirements (15). Mc Allister in her study, also found that voluntary, enthusiastic, learning appears to be promoted in the use of contracts (16).

This study also found that contract learning promotes interaction between student and teacher, There is an increased sense of sharing among the participants. Discussion and feedback are more frequent when compared with the traditional way of learning.

Koh suggested that these discussions can promote critical reflection on practice (17). Codde also found that the use of learning contracts, facilitate the development of mutual

respect between the educator and participants (5). Mc Dermott described how both learner and teacher would know that the objectives have been reached (4).

Conclusion

In conclusion ,results of this study were very encouraging .Students found the experience to be both meaningful and useful .This study was able to suggest a strategy for enhancing clinical learning in terms of increasing students' motivation and autonomy at psychiatric wards.

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