

## Hidden Curriculum: An Analytical Definition

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### Abstract

**Background:** The concept of hidden curriculum was first used by Philip Jackson in 1968, and Hafferty brought this concept to the medical education. Many of the subjects that medical students learn are attributed to this curriculum. So far several definitions have been presented for the hidden curriculum, which on the one hand made this concept richer, and on the other hand, led to confusion and ambiguity. This paper tries to provide a clear and comprehensive definition of it.

**Methods:** In this study, concept analysis of McKenna method was used. Using keywords and searching in the databases, 561 English and 26 Persian references related to the concept was found, then by limiting the research scope, 125 abstracts and by finding more relevant references, 55 articles were fully studied.

**Results:** After analyzing the definitions by McKenna method, the hidden curriculum is defined as follows: The hidden curriculum is a hidden, powerful, intrinsic in organizational structure and culture and sometimes contradictory message, conveyed implicitly and tacitly in the learning environment by structural and human factors and its contents includes cultural habits and customs, norms, values, belief systems, attitudes, skills, desires and behavioral and social expectations can have a positive or negative effect, unplanned, neither planners nor teachers, nor learners are aware of it. The ultimate consequence of the hidden curriculum includes reproducing the existing class structure, socialization, and familiarizing learners for transmission and joining the professional world.

**Conclusion:** Based on the concept analysis, we arrived at an analytical definition of the hidden curriculum that could be useful for further studies in this area.

**Keywords:** CONCEPT ANALYSIS, HIDDEN CURRICULUM, MCKENNA'S METHOD

*Journal of Medical Education Fall 2017; 16(4):198-207*

## Introduction

The concept of hidden curriculum was first used by Philip Jackson in 1968, and Hafferty brought this concept to the medical education. He states that most of what is learned in medical colleges can be found in the hidden curriculum (1). It has been argued that if some of the important and key issues are not thought in the formal curriculum, the students will

learn these issues in the informal and hidden curriculum (2). Even imposing some health care costs on patients and the government health system is attributed to the hidden curriculum; requests for some clinical and paraclinical approaches due to fear of maltreatment and preventing prosecution or medical sue are examples of this case that are taught during the years of clinical education and as a result of the hidden curriculum. It is estimated that these costs account for one to two percent of the US medical budget, which will amount to 9-18 billion dollars a year. From the educational point of view, documenting the aspects of the curriculum and revealing its aspects at

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the level of the content and the environment of the institute provides an opportunity for the hidden curriculum to be available for feedback and negotiation (3). Hence, trainers and educators can actively identify the hidden curriculum and gain support from educational managers and respected faculty members to integrate experiences and feedback into the curriculum (4) and all this will not be possible until the concept of the hidden curriculum becomes clear; concept analysis enables us to refine, reform, purify, and define concepts that originate from action, research, or theory. This helps us to distinguish between that concept and similar or dissimilar concepts.

In medical practice, The best concept analysis tends to emerge from the clinical phenomenon. This helps to bridge the gap between theory and practice, and makes the outcome more acceptable and relevant to action and also lead to the development of a theory that may be used more easily and tested in practice (5). This would be applicable in the field of medical education.

Considering the various factors affecting students' learning in a clinical educational environment including the hidden curriculum, and different definitions of hidden curriculum that has caused conceptual ambiguity, the hidden curriculum has been selected as the analyzed concept.

There are many reasons you want to do content analysis. You want to reduce the complexity of the concept to its components to test its internal structure and thereby increase its explanatory and interpretive power. The concept analysis also provides an opportunity for testing and clarifying obscure and non-transparent concepts in the existing and fundamental theory for operational definition, refining, modifying and creating research questions and as a cornerstone for critical thinking. It also provides operational variables for testing theory or research hypothesis in a research study. Conceptual analysis not only refines and corrects ambiguous concepts, but also clarifies the overused concepts used repeatedly and

distinguishes between one concept and the other and provides a basis for theory formation (5). Hidden curriculum is one of the concepts used repeatedly in articles and each researcher has provided a different definition. The plurality of these definitions leads to a kind of ambiguity in the concept of the hidden curriculum. The aim of this study was the clarification of the concept of hidden curriculum.

Therefore, the question to be answered is what are the elements and substructures of the hidden curriculum?

## Methods

In this study, McKenna's concept analysis was used. McKenna has defined the concept analysis in nine steps:

- 1- Selecting the desired concept,
- 2- Defining the analysis objectives,
- 3- Determining the meanings of the concept,
- 4- Determining the defining attributes of the concept,
- 5- Identifying a model case,
- 6- Introduction of alternative concepts (including contrary, borderline, intermediate, and illegitimate cases),
- 7- Considering antecedents and consequences of the concept,
- 8- Considering the context and values, and
- 9- Determining empirical indicator of the concept (5).

## Data Collection Method

Literature review and extracting information was done based on methodological search in electronic and manual references using the following keywords: hidden curriculum, unplanned curriculum, unwritten curriculum, and unconscious curriculum in databases including google scholar, ERIC, Scopus, Elsevier, PubMed, Medline, SID and Magiran, among English and- Persian articles published during 2000-2016.

In this step, 561 English and 26 Persian references were found. Then, by limiting the research scope, 125 abstracts were studied and then, by finding the relevant references, 55 articles were fully included and, finally, the definitions of the concept and their

emphasizing words were extracted.

McKenna states that each concept may have several defining attributes but the researcher would consider the necessary ones. Therefore it would be advisable to use three to four defining attributes that really define the concept (5).

After revising the related domains of the hidden curriculum ten sub-concepts were mentioned to explain the hidden curriculum from different aspects.

Accordingly, the characteristics of the concept of hidden curriculum can be summarized as follows:

- Nature of the hidden curriculum
- Sender of the message
- Environment
- Content of the hidden curriculum
- Method of transferring
- Learner's Role
- Effect of the hidden curriculum
- Hidden from whom
- Intentionality
- Outcome

### *What Is the Nature of the Hidden Curriculum?*

Some researchers consider the nature of the hidden curriculum as influences (6-8).

For example, Hafferty suggests that the hidden curriculum is classically defined as a series of influences, which acts at the level of organizational structure and culture (9). The Association of Faculty of Medical Education in Canada in its report, entitled "The Future of Medical Education in Canada (FMEC)", defines the hidden curriculum as a set of influences that function at the level of organizational structure and culture affecting the nature of learning, professional interactions, and clinical practices. The hidden curriculum is penetrating and complex and is deeply embedded in the institution's culture and is transmitted through the ways people interact as professionals (8).

Some scholars have described the hidden curriculum as a form of message. A

peaceful and silent message (10), implicit (11), non-explicit (2), and unintentional but operational message (12), unspoken message (13), messages that are not specifically stated (14), unspoken codes (15), inherent in culture and organizational structure (2), conflicting (16), ideological (17), and information which transmitted by teachers or learners with or without recognition (18).

Some have also recognized the nature of the hidden curriculum as teaching and learning, for example, Gaufberg and colleagues state that we use the word "hidden curriculum" to refer to learning that occurs through informal interactions between students, faculty members and others, or define as learning throughout the organizational structure and inherent cultural influences of the educational institution (19). Some have also referred to it as a process. Medical education is "the process of moral enculturation" in the medical community. This learning process is often not explicitly expressed in the formal medical curriculum of medical schools, but reflects the fact called the hidden curriculum (20).

### *Who Is the Sender of the Message?*

Some authors argue that it is the learning environment that sends messages. Lane states that the learning environment greatly affects the students' learning experiences. The learning environment includes the material, social, and cultural environment. The space devoted to equipment is part of the material environment. The social environment includes grouping methods, school regulations, communications between peers and teachers and the cultural environment includes classroom and school culture, activities, and ceremonies (21).

Some have also spoken of structural factors. Hafferty states that the hidden curriculum determines the significance and impact of structural factors on the learning process. The focus on this level and type of influence draws our attention to understanding the effect of customs and some aspects of the living space that we call medical education; this concept

also challenges medical educators to make their educational institution a cultural and ethical community that defines the structure of good and bad medicine (22).

Some have also said that educator, and staffs are the sender of the message. Gouchian (2000) states that the hidden curriculum is intangible, informal, and implicit teaching of values, norms, and attitudes created and transmitted by teachers, staff, informal learning processes, teacher-student interactions, and students' interpretations of events and organizational environment cited by Safaei Movahed and colleagues (12).

Cinder (1971) also states that the term "hidden curriculum" is used to describe the perceived stress of students from both their teachers and their peers cited by Mattsson and colleagues (23).

It is important to mention that People are the primary source of hidden messages, and faculty members who speak little about other fields may forget about the effect of such behavior on students (1).

In some definitions, the students' role in transmission of the message has also been mentioned. Aschar (2014) states that in fact, both the effective and ineffective role modeling of faculty and students have important influence on the hidden curriculum of an institution (24).

### *In What Environment is this Message Transmitted?*

Obviously, these messages are transmitted in the learning environment, for example, Khan (2013) states that educators have wisely found that the learning environment of an institution affects patient-centered attitudes and behaviors of student. Using terms, such as hidden curriculum, informal curriculum, and meta-curriculum, to describe the learning environment mention the tacit transmission of various concept including patient-centered care (13).

Jeffrey (2015) states that, the clinical setting is where hidden curriculum absorbed by medical

interns during their training and practices (25). Rojas (2012) states that attitudes and skills which have been learnt during clinical practice, called the hidden curriculum (26), and some have also cited social life as a learning scene for hidden curriculum. Huffer states that although teachers use different terms to distinguish between formal dimensions (such as explicit, written, curriculum on paper) and informal dimensions (such as hidden, implicit, unwritten, meta, latent, shadow, tacit, tested) of medical learning, the distinction point of all of them is social life, influenced by the complex interaction of formal rules, cultural traditions and informal norms, interactions, and social practices (27).

### *What Is the Message Content in the Hidden Curriculum?*

It has been pointed out in articles that cultural mores and customs (27), norms (10, 12, 28), values (10, 12, 28), belief systems (28), attitudes (2, 29), knowledge and behavior (29), specific tendencies, beliefs, affinities, expectations and motives, ethical issues (10), values and perspectives (30), social and cultural value , rules, and assumptions (31), organizational values and professional culture (13), patient-centered behaviors (2), knowledge, ideas and practices (14), norms of independence and success features of similarity and differences with others (12) are transmitted through the hidden curriculum.

### *How Is the Message Transmitted?*

It is argued that the hidden curriculum conveyed through the organizational structure and cultural influences (29) managerial and bureaucratic pressure (10), rules, rituals and regulations (32), routines, curriculum content (10), learning environment (21), shape, content, and organization of classroom and assessment of students, pattern of communication and interaction in educational centers (e.g. repetition lessons, hearing, obedience, ...), teaching methods of instructors, exams and evaluation practices, assigning more time of

the weekly program to the lesson (12). Even examples (2), such as examples included in the books, the language used in books, photographs, and graphs (12), absence of explicit content (2), will transmit the hidden messages. symbols, materials and the human environment of the university (33), some extra-curriculum activities (34) strong and supported cultural and social power (25), non-tangible, informal and tacit instruction (12), spending time with students, socializing with them and incorporating them into our lives (35), instruction, interaction with the authority and others (21), and role modeling (36) including effective and ineffective role modeling (24), besides the figure and personal features of the teacher, the environment and atmosphere (26), the teacher-student interaction (10) informal interactions among students, faculty members and others, learning that occurs through intrinsic and immediate organizational, structural, and cultural influences (19), and events and experiences that students see (37) will shape their social personality through hidden curriculum. Evidences show that how educators exchange information with their peers, the language they use, their intellectual honesty and the respect for each other (8), will shape what a medical student should really do as a clinician (38).

### *What Is the Role of Students in Receiving these Messages?*

Some scholars in their definitions of hidden curriculum consider learners as active receivers of messages and others consider them the inactive. Several studies mention the students as active receivers Professionalism and hidden curriculum (10, 12, 18) however, it seems that experts who state that the hidden curriculum just will be designed by scholars believing in students passivity to the hidden curriculum.

### *Are the Effects of the Hidden Curriculum Positive or Negative?*

Authors' perspectives on this issue is different

and reflect the positive and negative effects of the hidden curriculum (10, 21, 31).

Some have considered positive effects, such as reforming student attitudes (23), development of students' socialization processes, problem solving, and team work. These characteristics will develop good communication skills and patience, and will have positive effect on the formation of a good physician (13) by leading them to bridge between school and society (10). Some other, however, mentioned the negative effects of hidden curriculum, such as moral and attitude decline (15), negative impact on moral development (39), competition, reconstruction of the hierarchy and bureaucratic authority, obedience and submission, Some other behaviors such as unfair and discriminatory attitude, based on the race, academic ability, social class, or gender discrimination will affect the comradeship and innovation, and will led to the social isolation of unmotivated students, lack of flexibility and deprivation from multiple experiences and reducing self-esteem (12). These attitudes will also resulting the racial, gender, and other inequalities in a wider society (33), this process would be potentially damaging for students' professional development (40) specially in women (13). In addition these destructive influences will affect the medical graduates choices in specialty education (1), and their clinical skills development generally and in some critical care situations such as end of life (41).

### *Who Is the Hidden Curriculum Hidden From?*

In response to this question, there are three perspectives: The first group mentions that planners and teachers are aware of the hidden curriculum, but learners are unaware of it, for example, Eskandari believes that the hidden curriculum is an intended program that, is not expressed, but its effects are expected in the educational system and its results are called (by the system) (12).

The second group believes that the learners are aware of the hidden curriculum and the

planners and teachers are not. For example, as cited by Yamani and colleagues, Professor Ronald Dal states in 1978 that each school has a formal and open curriculum and an informal and unplanned curriculum. Organized syllabus is manifested through specific content as lessons and the hidden curriculum is the student's program that determines how to face the administrative organization and social arrangement of schools (10).

And the third group believes that neither planners and teachers, nor learners are aware of the hidden curriculum. For example, Townsend believes that some components of the learning environment lead to the creation of hidden curriculum that instructors unintentionally teach and learners unknowingly learn (12).

Safaei and colleagues state that finally, if we imagine the curriculum as an iceberg, the hidden curriculum levels can be imagined in terms of depth of complexity as follows.

From top to bottom, at level 1, the educational system is aware of what it seeks to achieve, and of course tries to organize curricula and educational environments in such a way that they achieve their intended results indirectly. Knowing this level of hidden curriculum is relatively easier than other levels. Because these goals and intentions can be understood through analyzing guidelines, policies, circulars, or the content of textbooks.

At level 2, the educational system is unaware of what is going on in the school. But learners are aware of what they intend to learn, and create a curriculum that is enjoyable and fulfills their immediate needs. Knowing this level of hidden curriculum is more difficult and more complex than the previous one. Because it the world of learners and being aware of what is going on between them.

At level 3, neither the educational system nor the learners are aware of what is happening. This level result in learning outcomes that have not been targeted by the educational system and the learners have not achieved it intentionally. Understanding this level of hidden curriculum is very difficult and

requires examining various dimensions of the educational system and the interaction of these dimensions with each other (12).

### *Is the Message Planned?*

Some authors say that the message of the hidden curriculum is planned, for example, Portli considers the hidden curriculum as the case where the learner is unaware of the unspecified learning objectives, but the teacher or planner is aware of and from Martin's point of view, the hidden curriculum refers to the learning outcomes that are not intended by the teacher (or school in general), or may be intended but not explicitly disclosed to learners. Cited by Yamani and others (10).

Some also consider it unplanned, and states that basically the hidden curriculum shows what one institution teaches something that without willingness and awareness. This shows the reality of the hidden curriculum which is dynamic and will shape not only by the structural processes, but also by the ability of medical educators to consider and recognize its existence (7).

In this regard, Our conclusion is that the hidden curriculum will have its most significance when is not the planners, administrators, and learner's agenda have not planned for it.

### *What Are the Consequences and Final Outcome of the Hidden Curriculum?*

As mentioned before one of the consequences of the hidden curriculum is reproducing the social and cultural norms of the professional society.

Margulis (2001) states that although there is no document that certainly and clearly shows what students are expected to learn via hidden curriculum, but we can consider it as as socialization, so that has long been recognized cited by Yuksel (2006) (14).

Hendry also believes that the hidden curriculum introduces the values and norms needed for transmission and joining to the adult world. This perspective, also emphasize the role of

hidden curriculum in student’s socialization (order, control, obedience and homogeneity) cited by Safaei Movahed and colleagues (12). Finally based on the response to the ten above questions, the defining features were obtained and according to necessity testing the analytical definition of the hidden curriculum was emerged.

### *The Analytical Definition of the Hidden Curriculum*

The hidden curriculum is a hidden, powerful, and sometimes contradictory message which is intrinsic in organizational structure and culture. This message is conveyed implicitly and tacitly in the learning environment by structural and human factors. the content of the message would be cultural habits and customs, norms, values, belief systems, attitudes, skills, desires and behavioral and social expectations and could have positive or negative effect on the learners. The educational goals of the hidden curriculum are unplanned, neither planners and teachers, nor learners are aware of it. The final outcome of the hidden curriculum will be reproducing the existing class structure, socialization, and familiarizing

learners for transmission and joining the professional world.

The model case:

Regarding identifying a model case, McKenna states that definitions, dictionaries, and treasures provide an insight to the analyst on the interested concept. A model case is a pure example of the intended concept and must have all its defining characteristics. A model case may, represent a hypothetical case derived from an article or a real life event, or preferably a clinical example that exactly describes the concept (5). The table 1 will shows the characteristics of the “Morning Report” as a model case of what we described as hidden curriculum.

### **Conclusion**

The analytical definition of the hidden curriculum which was presented in this study will provide the theoretical understanding of the nature of the hidden curriculum. Defining the attributes of the hidden curriculum including the sender of message, the environment, the transmitted content , as well as the method of transmission and the learner’s role will help

**Table 1.** A model case

One of educational activities that take place in most educational hospital that take place in hospital environments	- Intrinsic in culture - Organizational structure - Learning environment
The sitting pattern: from the first row for attending, followed by residents, interns, externs and other groups, including students from other fields.	- Organizational structure - Reproducing the hierarchy
This sitting pattern transmits the tacit message of the importance of respecting the hierarchy	- Implicit message
Punctuality of the faculty members, wearing white coats, how the attending behave with each other and students, and how they evaluate and critique of the students’ patient management.	- Hence, cultural habits and customs, norms, values, belief systems, attitudes, skills, desires and behavioral and social expectations are implicitly transmitted. - Unplanned and all of the planners, teachers, and students are unaware of it.
Mentioning the evidenced based practice or not can lead to a positive or negative message about the importance of evidence in patient management.	- Positive or negative message
Participating in the morning report is an opportunity for students to join an educational community (faculty members and senior students) and entering the world of professionals.	- Socialization, and familiarizing students for transmission and joining the professional world

the educator to manage it. This definition also describes the effect of the message on the learner, and determines from whom the message is hidden, considering whether the hidden curriculum is planned or not will provide an understanding of its outcome and could help the instructors and program evaluators to have a better insight about how the hidden curriculum work. This emphasis that, along with the formal curriculum, there is another important educational process that is hidden and could affects the educational goals of institutions, because it could even be inconsistent with the goals of the formal curriculum.

Therefore, This definition also propose further studies on hidden curriculum and revealing and introductory steps to management it.

## Acknowledgment

This article is part of the thesis of the first author for obtaining the Ph.D degree in medical education from Shahid Beheshti University of Medical Sciences in the Islamic Republic of Iran.

## Conflict of Interest

The author declares no conflict of interest.

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