OBSERVATION VERSUS PARTICIPATION IN A SELECTED LEARNING SITUATION

by

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INTRODUCTION

This is the space age. Gigantic advances have been made in every aspect of the scientific world in the last few decades. Man is now orbiting in outer space; he commonly crosses the ocean in a matter of hours. Telstar allows the leaders of countries in different hemispheres to communicate face to face without circumscribing the globe. Modern medicine has cancelled the threat of numerous long dreaded diseases and advanced research is being done to resolve many remaining medical problems. All branches of science are involved in this quest for knowledge.

The nursing profession is beginning to measure up to other disciplines of learning by initiating and promoting research that is unique to the field. More advanced study is being offered to nurses in an attempt to prepare them to use research procedures that will assist in resolving the major problems of the profession. The need for qualified nurses has been apparent in societies as long as history has been recorded. The law of supply and demand has yet to be fulfilled and remains one of the current problems in nursing. How is the optimum nurse-patient ratio going to be met? Enrollment in schools of nursing are at an all-time high. The supply of qualified, graduate nurses does not yet meet the minimum demands of the public. Increased recruitment and enrollment may eventually answer one problem but in doing so brings forth another. The imbalance is becoming one of too many students per instructor. The clinical facilities are also becoming overloaded. Methods of instruction which will be

effective in teaching a larger number of students must be employed. Formal classroom teaching can accommodate large numbers without decreasing the intended effectiveness. However, the clinical laboratory situation must be carefully supervised and all learning experiences scrutinized in view of their pertinence. The nursing curriculum is planned to correlate and integrate theory and practice with didactic classroom instruction followed by application of the principles in the clinical laboratory setting. It is the latter that poses the problem.

STATEMENT OF THE PROBLEM

This study centered around how clinical laboratory situations can be made effective. How can the teaching-learning process be adequate in the clinical setting when the facilities are overloaded and the teaching staff is at a minimum? This study is confined to the Obstetric Unit, particularly the delivery room experience. Do all students need the same amount of practice? Can the objectives be achieved by reducing the practice and utilizing carefully supervised observation?

The Hypothesis can be stated in the following way. The student nurses in a selected University School of Nursing in their Obstetrical rotation learn equally as much under the supervised observational method in the delivery area as those who actively participate in the delivery room.

JUSTIFICATION OF THE PROBLEM

One of the major difficulties in curriculum planning is that of identifying and utilizing learning

experiences in the clinical area. Evaluation of each experience in nursing and all of the more common situations and activities is an important step in assessing the type and amount of nursing practice available. This must be done by individual instructors; their planning will be unique to a particular setting and to the number of students in each clinical assignment.

The first step in the assessment of the type and amount of experience needed for the individual student's learning is to establish objectives. The next step is to designate the experiences necessary to achieve the objectives. The third step is analysis of available resources to select desirable experiences. The fourth step is to determine how the selected experiences are to be utilized. The fifth step is the evaluation of results in terms of student's learning. (6)

LIMITATIONS

This study is limited to the data obtained by comparing the results of a standardized examination, The National League for Nursing Achievement Examination in Obstetrics, with individual student experience records. These records are a simple tally of the amount of active circulating experiences and the number of observations in the delivery room. Only the test subscores related to labor and delivery will be used.

The second limitation concerns the population chosen for the study. Seventy-eight student nurses in their junior year of nursing have participated in this study.

The setting was limited to the delivery room experience obtained in a teaching hospital. This study was also limited to data gathered during the span of one

school year--Fall, Winter and Spring quarters.

The analysis of data was limited to the use of the Pearson r Product Moment correlation to determine the relationship between type and amount of experience and the scores of the students on The National League for Nursing Achievement Examination in Obstetric Nursing - the Intrapartal Section.

ASSUMPTIONS

For the purpose of this study it was assumed that the learning experiences in the delivery room in which the students participated during this school year are identifiable. It is also assumed that the measuring tool, The National League for Nursing Achievement Examination in Obstetrics, is a valid measurement for learning.

Learning is an active process; active participation satisfies an accepted concept of learning. Accordingly, not all learning needs to be direct. Learners who possess the ability to conceptualize can profit by vicarious experiences. It can be assumed that learners in a degree program are sufficiently mentally mature to profit by learning experiences that are vicarious in nature particularly those that are developed under guided observations.

STEPS OF THE STUDY

The steps whereby this study was developed may be described as follows:

1. Permission to pursue the study in a selected hospital was obtained from the Director of Nursing Service, other appropriate adminis-

trative personnel, and the Director of the basic degree program in the school of nursing.

2. Students in their junior year of school were chosen to participate in the study during their obstetrical rotation.
3. The nurse's activity and responsibility during delivery was the laboratory experience selected.
4. Data were collected in the following manner:
   a. Each student was given an experience record to keep a tally of the type and amount of experience--observational or participational--in which she was involved.
   b. At the end of the clinical assignment each student took The National League for Nursing Achievement Examination in Obstetrics.
   c. The technique used to determine any significance between type and amount of experience and examination scores is called "analysis of covariance."
5. Findings were tabulated and interpreted, the study summarized, conclusions drawn and recommendations made.

DEFINITIONS

The following accepted definitions will be used in this study:

1. Teaching: Teaching may be generally described as that activity whereby experienced individuals guide, stimulate and direct the young and inexperienced. (24)

   Teaching may be defined as the organization of learning. (28)

2. Learning:

   a. Learning is any change in the behavior of an organism.

   b. Learning is acquiring, by conditioned and associative responses, mastery of facts, skills and other logically organized subject matter.

   c. Learning is sometimes considered as the progressive changes which an individual makes in the logic of his experience due to his increasingly purposeful efforts to resolve his own personal problems of living more intelligently. (23)

3. Collegiate school of nursing:--a program operating within a college or other institution of higher learning and providing for clinical experience in an approved hospital. At the completion of the program the student receives a baccalaureate degree and is eligible to take the state licensing examination. (25)

4. Clinical:--pertaining to the sick bed of a hospital patient as used in connection with medical (and nursing) instruction. (15)

5. Clinical Instruction: Clinical instruction is directly concerned with teaching students what is essential for them to know if they are to give patients good nursing care.

   Three phases of the clinical instruction program are as follows:

   a. the preparation of students for giving good nursing care.

   b. the planned instruction in the hospital divisions for small learning experiences in the respective divisions or departments.

   c. the supervision of those students assigned to administer nursing care to patients who have been selected to meet students' learning needs in relation to their progress at any given period within the educational program. (6)

6. Observational learning: Observation is a method of sensorial learning through which the individual acquires knowledge of the world about him. The receptors of hearing, sight, touch, smell and taste are the avenues of this sensorial learning. There are two types of observational learning--direct and indirect or vicarious. Direct is the sensorial experience in the presence of real happening. Vicarious learning is obtained by reading or listening to stories told by others.

   Observational learning must be directed to be effective. It must also be controlled to lead to the development of accurate habits; uncontrolled observation leads to random experiences. (40)

7. Participational learning: Learning consists in taking an active part in learning experiences and trying to understand them; in living and doing. Learning may be interpreted as the process of participating in socially valuable experiences. (24)

OVERVIEW

This study is divided into four chapters.

Chapter I, Introduction, includes a statement of the problem, limitations, assumptions, definitions and procedures used in the study.

Chapter II, Review of the Literature, contains a survey of related literature and significant studies.

Chapter III, Conduct of the Study, gives the background to the study, sources of data, methods of data collection, analysis of data and findings of the study.

Chapter IV, Summary, Conclusion and Recommendations, includes a summary of the study, conclusions and recommendations for further studies in this subject area.

CHAPTER II

The philosophy of nursing education has constantly undergone change. Nursing curriculums have been markedly revised in the attempt to produce graduates, possessed with a strong sense of professionalism, qualified to meet the needs of the patient and the demands of the public.

A primary change in nursing education involves the promotion of liberal education. This was advocated by Isabel Hampton as early as 1893.

> A woman who does woman's work (nursing is the context) needs a many sided, multiform culture; the heights and depths of human life must not be beyond her vision; she must have knowledge of men and things in many states, a wide catholicity of sympathy, the strength that springs from knowledge and the magnanimity that springs from strength....
> And intelligent she ought and must be to do this wisely; otherwise she is a mere machine, performing mechanically the tasks before her, not knowing who or caring for what it all means.... (18)

Discussions on educational standards continued after the turn of the century. In 1914, Edwin Holmes wrote an article for the American Journal of Nursing entitled "Higher Education for Nurses." He explained how higher education promoted human understanding in nurses.

> This higher education will also broaden your sympathies and give you that deep, unselfish love for humanity which ought to be the keystone of your nursing arch. What you must give is not drugs, the routine treatment alone, but most of all yourself, your sympathy, interest and affection. (22)

This "well-rounded, liberal education" for the nursing student must give her an "opportunity to broaden out," expand her concept of the world and provide an "acquaintance with other fields of work besides her own." (32)

A promotion of liberal education for nurses is coming to a climax. Departing from a service oriented clinical laboratory in the hospital setting is one of the major changes taking place. The collegiate schools of nursing aim to establish educational standards in their programs parallel to those of other academic disciplines. The apprenticeship type of "nurse's training" has largely been discarded.

Nursing is stretching for professional status, but other professions have been critical of the body of knowledge and the practice whereby the student learns to nurse. Repeatedly the question has been raised, "Is nursing a profession?" If not, what changes are essential for achieving professional status?

> It is impossible to raise the question of professional status of nursing without asking what education is appropriate to it, for no one has ever questioned the fact that the profession must be 'learned.' The union of the words 'learned' and 'profession' has long enjoyed the blessings of society and, one might say, they are in natural consort. Nor has there ever been any serious question of the fact that, for the profession to render its highest form of service, it's education must be liberal. (34)

Dr. Esther Lucile Brown has said that a "very considerable knowledge of the physical, biological, and particularly the social sciences" is needed but also a "careful acquaintanceship with the English

language as a tool of communication." She favors a comprehensive course of study "which is at once of real potential value for professional practice and is profoundly 'cultural' in its connotation." (7)

Professional education for nurses must be clearly defined. References in the literature previously cited indicate that in order to be truly professional a liberal education is imperative. (7, 18, 22, 32, 34) This implies that the education of nurses should be an integral part of an institution of higher education, either public or private, or should be in a school authorized to grant appropriate degrees. (6) In 1950, The National League for Nursing Education's principles on organization, control, and communication stated that the "basic professional nursing program should include or be built upon at least two years of general collegiate education and should provide the student with learning experiences in all the clinical nursing areas, these learning experiences to be under the guidance of qualified faculty members." (31)

Program requirements have been revised within the last decade, and many schools of nursing now require only one year of general collegiate education as prerequisite to the learning experiences in the clinical nursing areas. The liberal arts courses in which pre-nursing students enroll are taken in fully-accredited liberal arts programs.

Curriculum problems have increased due to the expansion of student enrollment with resultant strain on available clinical resources. Another factor to consider is the need to plan student practice in laboratory equivalents, i.e., one hour of credit equals three hours practice. The term credit load for a

nursing student should be on a par with baccalaureate students in other disciplines. Margaret Bridgman has summarized the principles of adaptation of college credits in nursing courses in Collegiate Education for Nursing. She points to two definite standards that must be applied to make the credit value equivalent to that in other fields. First, an average of about two hours of preparation is expected for each hour of class and allowed for in the student's weekly schedule. Second, the amount of concurrent teaching in clinical practice and field work would be equal to that in a laboratory. (5)

The first standard Dr. Bridgman cites necessarily applies if the content of the courses are to warrant collegiate credit. Opinions differ regarding the second standard as to the best proportion of clinical practice to teaching and, therefore, to credit because of the difference in conditions in a hospital or agency. Three hours of laboratory experience per credit is customary for programs on a quarter basis. The problem comes with the comparison of practice in the care of patients and whether this is equal to laboratory practice in science courses. This is possible if constant teaching-supervision is given with each clinical instructor responsible for only a few students. Achieving competence in nursing practice can be accelerated by continuous teaching. (5)

Dr. Bridgman clearly defines the hospital's role in this type of baccalaureate curriculum.

> An indispensable provision is a departmental faculty sufficient in number and adequately prepared to organize and give instruction in the various courses of a complete curriculum, including classes, conferences and supervision of clinical

> practice and field work. Also necessary are suitable facilities for instruction for all courses in hospitals and agencies, with assurance that the opportunities for practice are adequate. This implies a high daily average of patients in the respective services, sufficient variety of clinical experiences, and above all a fine quality of medical and nursing care. (7)

The American Nurses' Association's committee report of May, 1960, stated in effect that nursing, as a profession, must not only be willing but able to produce graduates who meet on equal terms with persons of other professions in planning for the health and welfare of the public. With this in mind, the nursing profession through the American Nurses' Association is now moving toward classification of preparation which nurses will require as a basis for that ability in the future. Goal Three states that:

> to insure that within the next 20 to 30 years the education basic to the practice of nursing on a professional level, for those who then enter the profession, shall be secured in a program that provides the intellectual, technical and cultural components of both the professional and liberal education. Towards this end, the A.N.A. shall promote the baccalaureate program so that in due course it becomes the basic educational foundation for professional nursing. (1)

The transition may not be immediate as is pointed out by the committee. Compromises in programs are made every year. Nursing educators continue to work with the hospital department of nursing service in the interpretation of educational philosophy.

The role that theory plays in nursing education will be mentioned only in relationship to its correlation

to practice. "The role of theory is to make sense out of what would otherwise be meaningless. On the other hand, the role of practice is to keep theory from being speculative, and to raise problems that theory must explain. Only by a close tie-up can the maximum value of relation between theory and practice be advanced." (36)

Concerning the adaptation to collegiate policies in curriculum planning for theory, Dr. Bridgman cites two principles. One is that the student's weekly schedule should be planned with a view to achieve maximum educational results rather than on the basis of working hours. The second principle is that nursing courses should be organized in accordance with general policies of higher education as applied in the particular institution offering the curriculum. "A fundamental concept is that guided clinical practice and fieldwork are as inseparable parts of nursing courses as laboratory hours of science courses." (5) This emphasizes not only the "indispensable interaction of theory and practice but also the continuity of teaching and learning in both aspects of a dynamic subject such as nursing." There is a clear break with the traditional system of classes apart from often unrelated work experiences. (5)

University schools of nursing are making progress toward applying the above cited principles. Diploma schools of nursing are recognizing that their place in higher education is being seriously questioned. The American Nurses' Association Committee on Current and Long Term Goals is structuring qualifications for professional practice in nursing. The concern is not only for a broad liberal education on the baccalaureate

level but that this is preparation for graduate study. "Only with a truly professional education can nurses meet society's needs and the nursing profession maintain it's strength at a time when the general educational level of the population is rising constantly." (24)

Sister Virginia Kingsbury states that, "At the present there are about 123,000 students in basic nursing programs. This probably represents but two-thirds of the numbers needed to provide adequate nursing service. (26) The problem consists of expanded enrollment creating a concomitant problem of not enough teachers, classrooms or clinical resources. Didactic teaching can be handled more easily by simply enlarging classrooms, but it is not possible to expand clinical facilities as rapidly. One means of resolving the problem seems to be shortened, more meaningful laboratory sessions. Dr. Bridgman states some current opinions incline to the belief that the time allowance for each course that includes nursing practice must be greater than other laboratory courses. (5) However, nursing educators are attempting to prove otherwise by the utilization of all meaningful experiences for the students in their laboratory or nursing practice time. This has many implications, for example, students must not be given "busy-work" assignments; activities are not to be repeated beyond their necessary learning value. The experiences must be evaluated by the instructor in each clinical nursing area and adapted to the needs of the students currently assigned to that unit. The learning experiences available and the needs of the students remain unique and cannot be stereotyped. Constant evaluation by

each instructor is necessary. The types of experiences are innumerable and vary somewhat with each branch of nursing.

In nursing schools, the clinical facilities are hospitals and research laboratories. The physical facilities within the hospital--inpatient and outpatient departments--are extremely important in carrying out the clinical programs. Actually, they provide the laboratories where the student learns nursing. "A good teaching setup presupposes: (1) essential space for the patients, (2) essential accessory rooms, (3) essential equipment fixed and moveable, and supplies, and (4) essential provisions for educational activities." (33)

> In, nursing education, then it becomes a matter of finding those areas and learning experiences that contribute the most to the student's understanding of the components of good nursing and the resources available to further study and self development. (14)

The step following analysis of the clinical facilities is assessment of student potential. Collegiate nursing students have relatively the same background as far as academic achievement is concerned. Each one has had to fulfill the pre-nursing requirements on some college campus before entrance to the school of nursing.

> Every student is an individual; every individual is the composite of her own limitations and strength. Her progress through life and through each undertaking she elects is beset by problems, needs, hopes, and fears and is abetted by her particular abilities and potentialities. Her success is measured by the extent to which she learns to control the first and make use of the second. (39)

The clinical laboratory is the area of undertaking in this representation. Problems, fears, hopes, and needs must be handled by each student's particular ability and potential. "One of the prime teaching tasks is aiding the student to achieve this skill to the greatest possible degree. Only thus may the student become a self-directed person capable of meeting unpredictable situations." (39)

The next step is the planning and utilization of every type of learning experience. Chapter I defines teaching, learning and types of learning experiences. It is the latter that is of the greatest concern to instructors in planning for their students.

The clinical instruction is said to be the heart of the curriculum in the school of nursing. "It is through clinical instruction and the concomitant experience that the nursing student learns to render qualitative care to the patient. The goal of all nursing is to provide the optimum in patient care consistent with individual needs." (14) Laura Zirbes' definition of creative teaching is easily applied to the clinical instructor. She states that creative teaching is the "sensitive insightful developmental guidance which makes learning experiences optimumly educative and conducive to the development and fulfillment of creative potentialities of individuals and groups." (41)

Another, more intensive look at the process of learning is necessary at this point. Yoakam, Gerald, and Simpson describe learning in the following way:

1. Habit formation and conditioned reflexes.
2. The last analysis of an intellectual process.

3. Learning is active.
4. Function of the total situation.
5. It is guided by purposes and consists in living and doing.
6. Having experiences and seeking to understand them.
7. A creative process, not a matter of stimulus and response, conditioned reflexes and habit forming.
8. Learning affects the whole individual.
9. It prepares the individual for new situations by enabling him to select the significant factors in them to react, or adjust himself, to them in a meaningful way.
10. Education is concerned with developing creativity. (40)

Burton elaborates on the characteristics of a learning organism. These characteristics will be interpreted in terms of the learners referred to in this study, namely, student nurses in a University School of Nursing.

1. The learner is a behavior organism. Activity is primary and continuous.
2. The learner is a goal seeking organism.
3. The learner reacts to whole situations or total patterns, and not to isolated abstracted parts thereof.
4. The learner reacts as a whole. He reacts all over, intellectual, emotional and physical reactions being simultaneous.
5. The learner reacts in a unified way. Unless interference occurs, his total reaction, intellectual, emotional, physical, is coordinated and integrated toward achievement of purpose. (9)

Burton's general definition of learning is the "process of acquiring useful responses and controls of responses through experiencing them." It is this acquisition of responses and controls that he lists

in The Guidance of Learning Activities as nineteen principles of the learning processes and products. (9)

Maude Muse, in Guiding Learning Experiences, cites the characteristics of learning activities which possess maximum educational effectiveness. She states that they must:

1. Be initiated and sustained by voluntary learner attention.
2. Proceed in terms of an evolving learner purpose and represent effective interaction between educative purpose and learning environment.
3. Contribute to some larger learning pattern, so as to improve the adjustment to the learner within the environment.
4. Be effectively continuous with aspects of previous and subsequent learner experience.
5. Proceed in terms of consistent evaluation of learning outcomes.
6. Be effectively socialized whenever possible, since learning outcomes must be utilized in social situations. (30)

Following the definition, objectives, principles and characteristics of learning is the selection of teaching methods in the clinical field. First, the method of teaching is selected on the basis of the objectives of the learning process. Second, there is agreement with authoritative references that there is no one best method of teaching. The most important factor to remember is not to become so involved in methods that objectives of learning are lost. "Teaching is a science combining the skills and dynamics mixed with an artistic touch and sprinkled generously with variety." (40)

This study is concerned with two types of learning, namely, active, participational learning experiences

and vicarious, observational learning experiences.

Participational learning consists of "having experiences and trying to understand them; in living and doing." (24) Burton classifies learning into two categories: direct experience (actual participation, doing or undergoing) and vicarious experience. The latter he divides into five subcategories: direct observation, pictoral, graphic, verbal and symbolic. Direct observational learning is the type of vicarious learning that will be considered in this study. The general definition of vicarious learning cited by Burton is as follows:

> Learners can appropriate ideas, understandings, and attitudes through reading, pondering, analyzing the experiences of others. It is even possible to reduce materially the time and labor necessary to the acquisition of a motor skill through observed demonstrations, reading directions, analyzing one's own attempts at direct experience. (9)

Vicarious experience through direct observation is defined as:

> Seeing actual events take place; handling concrete objects and materials and seeing the events acted out as in a drama or pantomime, by persons who represent the original characters and who use authentic costumes and settings. (9)

The term, active participational learning, is self-evident in meaning. Mort and Vincent in Modern Educational Practice include an interpretation of this term. They refer to the school of experience as being a good teacher because it is the real thing. Productive experiences used in teaching are always real to the pupil. "They are life; they are work.

They are not reasonable facsimiles." Productive experience can result in worthwhile service--something that is of benefit. This powerful teaching tool is learning in relation to it's use. "Much can be learned from understanding the real job; not only the skills required to do it, the knowledge behind it, but the attitudes, social living and insights to life itself." (28)

The authors have interpreted learning as follows:

1. The best way to learn a part in life is to play that part.
2. Learning is more efficient and longer lasting when conditions for it are real and lifelike.
3. Piecemeal learning is not efficient. We learn facts and skills best when we learn them in a pattern, not as isolated bits of subject matter. The facts and skills that we learn become a part of a pattern when we learn them in relation to their use--when we practice them as a real job.
4. You can't train the mind like a muscle. Don't isolate the things you want to teach from the real setting in which they belong.
5. A person learns most quickly and lastingly what has meaning for him.
6. A person learns only by his own activity.
7. Abundant realistic practice contributes to learning. Learners need much practice; the realism of the laboratory is what keeps such practice from being mere repetition or drill and makes it varied practice under varying conditions.
8. Participation enhances learning.
9. First hand experience makes for lasting and more complete learning. (28)

This method of learning is especially important in nursing. Clinical instruction according to Gabig and Lanigan is based on the principle that learning in general is dependent on the application of theoretical knowledge to the actual experience. Principles of nursing must be emphasized and applied to experiences in the different clinical areas so as to facilitate students learning and to provide good nursing care. (15)

Jean Barrett classifies experience for students into three categories--patient care, nursing procedures and general ward activities. She states that "student's experience in solving problems in each area should be supervised, graduated and sufficient in amount to develop abilities, understandings, appreciations and attitudes which were established as objectives." Experience in learning activities should also be carefully planned in order that the students may not only develop skill in their performance but understand their therapeutic usefulness and effects on the patient. (2)

It is generally agreed that the development of a certain amount of motor skill is necessary. Burton says that teachers will be aided greatly if they will regard "skills as refinements of meaning and not isolated mechanisms." Skills are the means for making understandings operative and have no meaning themselves separate from functional situations. (9)

Alice Brethorst says that "nursing is the acquisition of a skill which differentiates the professional from the amateur." (3) It is interesting to note the various ways that psychologists define the word "skill." Bingham says, "Skill is ease and precision in performing complex motor acts." Guthrie defines

it as "the ability to bring about some end result with maximum certainty and minimum outlay of energy, or time and energy." (17) Commins gives the Gestalt point of view, "A skill is a refined pattern of movement or performance based upon and integrated with the perceived demands of the situation." (10)

Sally Harvey summarized the need for development of skills for nurses. She writes that:

> in nursing we are constantly developing two entirely different skills: 1) social-reacting and adapting to the need and personality of the patient; 2) the performance of mechanical techniques. This is the rare combination of human sensitivity and practical efficiency. Theory is essential but adequate experience is also a necessity. (19)

Lillian Brunner has presented principles of learning, "For Student Experience in the Operating Room," in Nursing World. She advocates active participation in learning. She states that whatever a student is learning she should practice in order to gain satisfaction. (8)

Practice in learning skills has always been recognized as part of the learning process, and the opportunity for practice in a real situation is one of nursing education's most treasured possessions. The trend is toward a much closer tie-up between classroom study and actual practice. Good nursing schools have introduced more bedside teaching, more conference work on the wards--all centered on the care of the patient... it is one of the factors that increases markedly the cost of education. But just practice of any kind is not enough. "It must be good practice or it does not help the student acquire the abilities we wish her to

have. There is no good substitute in nursing education for learning in the actual nursing situation--learning focused on the kinds of problems the graduate nurse of today and tomorrow must be prepared to tackle." (12)

Two additional factors must be considered at this point. First, not all learning is a result of active participation and second, not all learning experiences are positive. These two factors are well explained by Thomas L. Hopkins in Interaction. He states that "experience is the continuous interaction of what at the time constitutes the environment. It is continuous, relative, mutual, and contingent...It flows continuously. It can never be shut off except when the individual ceases to live...Learning how to work co-operatively with other persons so that each may achieve his best individuality is therefore the real center of desirable experience. How to improve human relationships is a crucial problem." (23)

Burton adds to this by stating that "all experience in and out of school involves interaction with persons and things...we in turn affect the persons and things in the environment. That is, interaction should be mutually contingent." This means that neither the person nor the environment is the most important factor in learning. "We do not live in an environment, we live with it." (9)

Contradicting these points of view, Hopkins points out that experiences and education cannot be directly equated with each other. He states that some experiences are actually mis-educative. "Any experience is mis-educative which arrests or distorts or misdirects the growth of subsequent experience." (23)

John Dewey, in Experience and Education, stated

that learning experiences should arouse curiosity, strenghten initiative and set up desires and purposes for the future. "Every experience is a moving force. It is the business of the educator to select maturing experiences and see that they are headed in the right direction." (13)

Dewey further explained that experience does not simply go on inside a person, as the formation of attitudes, desires and purposes. Every experience has an active side which changes in some degree the objective conditions under which experiences are had. External conditions are also an imperative part of learning situations. Objectives and internal conditions are equally important factors in educational experience and together form situations for learning experience. (13)

The preceding authors have pointed out that experience which results in learning--positive or negative--does not have to be in the form of active participation on the learner's part. (9, 13, 23) Learning is characterized by behavior changes. These changes may be internal or external. "The knowledge which the student is expected to develop, the method of thinking he is expected to adopt are illustrations of educational objectives. They are the kinds of behavior the school tries to develop in the students." (36)

Maude Muse cites three general principles adapted to all types of teaching methodology.

> A superior learning experience is one which represents:
> 1. an enriched, relevant, and compelling contextual setting, with which interaction by a given learner is possible. (<u>The Principle of Interaction</u>.)

2. a unifying, dynamic, and clarifying focus around which, old and new, can become recognized. (The Principle of Focalization.)
3. a meaningful continuity which leads on in quest for greater understanding and insight. (The Principle of Continuity.) (30)

The preceding principles indicate that effective learning has many forms. It is not always "in living and doing" that learning results. Any interaction initiated and sustained by voluntary learner attention can result in learning. Creative teaching is a partial key to learning. Thus, insightful developmental guidance is designed to make learning experiences optimumly beneficial. Much can be learned vicariously from creative teachers. (42)

Vicarious observational learning can play an important role in many learning situations. This is especially true in nursing, however, the effectiveness of learning by observing depends upon several factors. Learner recognition of significant relationships in the observational field is of primary importance. The student's mind must be set with the purpose or intent to learn while observing. The observational experiences must be consistently evaluated and the resulting learnings clarified. "Most learning experiences are extremely complex so it becomes the teacher's responsibility to make sure that the observers are 'set to see' what they are supposed to be observing." (24) Jensen states that "casual observations may be random and ineffective." (24)

The demonstration method of teaching is cited as a type of observational learning by some authors. This method of teaching is done by exhibition and

explanation to illustrate procedures or experiments. (24) The use of audio-visual aids is another example of this method of teaching.

Observation is a natural way of learning. (30)

As in any other type of planned learning experience, observational learning must have certain characteristics to be effective. Maude Muse lists the following characteristics of planned observational learning:

1. It should grow purposeful pursuit of student desired learnings in an inclusive learning field.
2. It should represent learner recognition of need to supplement verbalization by direct observation.
3. It's specific purposes should be co-operatively determined.
4. It should proceed in terms of learner-formulated problems, questions, and purposes, and should become increasingly discriminating, as insight improves.
5. Frequent checking is indicated to discover whether the learners are observing what they are supposed to be observing.
6. Consistent evaluation of learning outcomes. (30)

It is generally accepted that combined sensory impressions are essential for accurate learning. Impressions through a single sensory avenue may be inadequate; impressions through several sense organs should be combined to supplement each other. (30)

Eleanor Lambertson states that "the aim of professional education is to teach students to think and to reason, and to equip to grow throughout their lives in professional service in personal stature and usefulness as a citizen." (27)

Obviously, motor skills cannot be learned by merely observing and listening; learners must go through the movements of the skill which utilizes impressions from tactile, kinesthetic and equilibrial sense organs. (30)

However, Pearl Parvin Coulter puts the emphasis of professional education on the "potential to develop rather than on the level of skill at any one time." (11) She states that the learner needs a trained mind for problem solving rather than the acquisition of isolated facts or skills. The student will not necessarily learn all the answers to professional problems with which she will be confronted throughout her career, rather she acquires the skills and techniques needed to find the answer. (11)

Two types of teacher-learner methods have been studied by the faculty of the University of California. The study was done to determine transfer of knowledge by comparing learning in the nursing arts laboratory--demonstration method--with the ward situation. A beginning class of nursing students divided into two groups and one was taught by demonstration in the laboratory and one by use of the patient situation. The study questions regarding course content were not answered to the satisfaction of the study team, but the conclusions indicate that it is definitely desirable to include patient care opportunities in nursing. (16)

In an unpublished thesis entitled Senior Nursing Student's Evaluation of Their Maternity Nursing Program done in partial fulfillment of requirements for Master's degree at Catholic University in 1958, Elizabeth Agnes Heffernan described student opinions regarding their

delivery room experience. The majority of the students expressed the opinion that circulating for a delivery was a more valuable experience in learning than scrubbing which is mainly observation. (20)

C. H. Whelden, Jr. has published the results of a study called "The Use of Film in Teaching the Care and Use of the Clinical Thermometer" in Nursing Research. The results of this study indicate that a film is a good aid in teaching subject matter, however, results are better when guided practice is a part of the instruction. (37)

The choice of the type of learning seems to be a decision of the faculty and is related to the objectives which are implemented through the curriculum. Modern educators use a combination of methods; the difference is on the emphasis. Skills can be taught by conditioning so that they become an end in themselves. Emphasis can also be placed on understanding and insight with the skill as an outgrowth of recognizing and meeting patient's needs. Insightful teaching and learning will stimulate creative thinking for problem solving. Learning experiences must be selected from specific situations by the instructor and the student guided in the development of new concepts or ideas. Pearl Parvin Coulter uses the words--reciprocal, growth, dynamic, and creative--in her description of the teacher-learning process as it applies to nursing education. (11)

The student is influenced and molded by a good instructor. "The teacher of nursing can reach into the student's life, inspire her love, and respect for nursing--even change her interests, purposes, attitudes, habits, abilities, and skills. The instructor can help

the student to learn how to think, plan and act." (21)

> Education is the guidance of the individual towards a comprehension of the art of life; and by the art of life I mean the most complete achievement of varied activity expressing the potentialities of that living creature in the face of its actual environment. (38)

The emphasis of collegiate education for nurses is on learning principles rather than developing isolated skills. However, practice in the clinical laboratory remains a valuable tool in this educative process.

A balance between learning principles and the type and amount of laboratory practice for the student is necessary. Some authors state that learning must be active--experiencing, reacting, doing and undergoing. (24, 40) Others imply that principles can be learned vicariously. (9, 30) Direct observation in the clinical setting is an example of this type of learning experience.

Careful planning with consideration of the individual student's need and the clinical facilities available is necessary. The end results of these learning activities must be continuously evaluated and new ideas incorporated.

CHAPTER III

PURPOSE

The purpose of this study is to determine if the student nurses in a selected University School of Nursing in the Obstetrical rotation learn equally as much under the supervised observational method as those who actively participate in the delivery room.

Specific questions need to be considered. Can the laboratory sessions be limited to fifteen hours weekly, as in other academic disciplines, and still achieve the scholastic objectives of the degree granting institution? Do all students need the same amount of practice in the laboratory? How can each learning experience be utilized to optimum advantage in meeting the needs of each student? Can learning needs be met if practice is reduced and carefully supervised observations are substituted?

SETTING FOR THE STUDY

This study is based on the students' experiences in one collegiate school of nursing in one hospital unit and related to the nurses' responsibility during the intrapartum period.

This hospital averages about 150 deliveries every month and is adequate for the medical student, intern and resident programs. This adequacy may be explained, in part, by the twenty-four hour day, seven-day week learning opportunity offered to the medical school. The nursing school is limiting students to fifteen-hour weeks in the clinical area.

This sharply curtails the learning opportunities for student nurses and necessitates careful planning for these hours. Students are only assigned when there is an instructor available to make their time with the medical team and patients meaningful. This factor cancels the use of any hours on the evening and night shifts.

Theoretically, the delivery ratio will be in thirds, evenly divided between the day, evening and night shifts. This gives the obstetric nursing instructors approximately fifty deliveries around which to plan student experience in the labor and delivery area.

Student nurses spend one term, or eleven to twelve weeks, in obstetric nursing divided among post partum, newborn and premature nursery, out-patient clinic, private physician's office and labor and delivery. The in-service rotation consists of two weeks on the post partum ward, two weeks in the newborn nursery, one week in the premature nursery, four weeks in the labor and delivery area, two weeks in out-patient clinic and one week in a private physician's office. Each week is limited to fifteen hours.

The school is currently enrolling ninety to 100 students each year. During the junior year the students begin to rotate to the Obstetric Department. This class is divided into thirds which means that there are approximately thirty students in obseterics at one time. The class is further divided to permit about ten students to be assigned for experience in the labor and delivery area at any one time. Clinical experience is scheduled during the morning and afternoon hours, interrupted by class hours. A two-hour, weekly ward conference is included in the time devoted

to the clinical laboratory. This leaves approximately thirteen hours a week or one and one-half days for each student. By deducting class time, there are actually only three and one-half days during which ten students receive experience in the labor-delivery area. These factors make it necessary to plan for four to six students in the area at one time. The average number of deliveries for the day shift is approximately one or two each day; these opportunities must be divided among four to six students. Optimum utilization of each delivery must be carefully planned. It is not feasible to allow more than two students to participate actively in each delivery because of the already overloaded teaching area. To compensate for the lack of opportunities for each student to participate actively, observational experience is planned.

One student may have the opportunity to assist as the circulating nurse in many deliveries; another student may have very few opportunities. The observational opportunities are much greater because a student may use her initiative in availing herself to this experience. She does not have to be assigned to the labor and delivery area to take advantage of assessing the need of the patient who is in the process of delivery. The student may have completed her assignment in the nursery or on the post-partum ward and then obtain permission from the nurse in charge of that area to broaden her obstetric knowledge by observing the delivery. Students are able to see the atypical deliveries and special complications from the observational gallery under the direct guidance of the clinical instructors. Specific signs and symptoms of the normal or abnormal can be explained to a group of

students and questions answered without feeling the stress of being personally involved in the situation. The instructor is able to point out the specific duties of the circulating nurse and explain the need for each step that is taken in the entire procedure. It should be emphasized at this point that this observational method is in no way effective in the development of mechanical skills but is useful in the interpretation of the necessity for such skills. The value of this method of teaching is questioned by members of the medical team whose philosophy is "learn by doing."

Another factor to consider is the possible decreased motivation that may result from vicarious experience; enthusiasm is frequently generated by the opportunity to participate. A sense of accomplishment and belonging is also more easily created by active participation.

This method of structuring learning activities is relatively new in this setting. It represents one example of the departure from the service oriented clinical laboratory and is a prime example of one facet of the complex streamlining of programs in nursing education today.

PROCEDURES

The data for this study were collected during one school year--Fall, Winter and Spring quarters. At the beginning of each term each student was given an Experience Record (Appendix A) on which to tally the type and amount of experience in which she was involved. The nurse's responsibility during the

delivery procedure was the laboratory experience they were instructed to record. (Appendix B)

Ideally, strictly controlled experimental groups should have been set up; this would have divided the class in half. One group would do only observations and the other group participate actively. This ideal situation could not be utilized because of the nature of the setting and the opinion of the faculty that the students need both types of experience.

Some students participated actively in only one or two deliveries; others were associated with as many as fifteen. Some students observed on many occasions, but their active participation was extremely limited. These experiences were used to correlate the types and amount of experience to determine whether or not increased opportunities for active participation in the delivery area resulted in more effective learning.

The measuring tool was The National League for Nursing Achievement Examination in Obstetric Nursing. This examination was given to each student at the end of her rotation in obstetrics. The examination includes antenatal, intrapartal, post-partal and newborn test items, however, only the section regarding the intrapartal care was used.

The statistical analysis used to determine correlation between type and amount of experience and examination scores was the Product Moment Correlation or Pearson's coefficient or correlation.

$$r = \frac{\Sigma XY - \frac{(\Sigma X)(\Sigma Y)}{n}}{\sqrt{\Sigma X^2 - (\Sigma X)^2/n}\ \sqrt{\Sigma Y^2 - (\Sigma Y)^2/n}}$$

DESCRIPTION OF ANALYSIS OF DATA

The initial hypothesis stated is that the student nurses in a selected University School of Nursing in their Obstetrical rotation learn equally as much under the supervised observational method in the delivery area as those who actively participate in the delivery procedure.

The student's Experience Records showed a wide variety in type and amount of experience. The students seemed to have more opportunity to observe than to participate.

The range of number of observations was from 0 to 21. The range of number of participations was from 0 to 9. The mean for observational experience was 8.15 as compared to the mean for participational experience which was 4.9. The pattern of experience can be more readily seen by the scatter diagrams. (Appendix D)

The combination of the two types of experience showed a range of 2 to 27 and a mean of 10.9.

The results of The National League for Nursing Achievement Examination for Obstetric Nursing were favorable. The total student group's comparative score for the intrapartal section was in the 86.5 percentile when compared with diploma schools, the 79 percentile when compared with degree schools and the 84.5 percentile when compared with both. There was a possible 43 points on this section of the examination. The range of scores was from 22 to 40; the class mean was 31.7.

Scatter diagrams show relationships between the examination scores and type and amount of experience. (Appendix E, F, G)

The data were analyzed statistically to determine relationships between:

1. Amount of observations and amount of participations.
2. Examination scores and observational learning.
3. Examination scores and participational learning.
4. Examination scores and both observational and participational learning.

The Pearson Product Moment r showed no correlation between any of the above relationships. Table I shows the results of the data analysis.

TABLE I

RELATIONSHIP BETWEEN TWO TYPES OF LEARNING EXPERIENCES AND THE SUBSCORES FOR THE INTRAPARTAL SECTION OF A STANDARDIZED TEST

	Pearson Product Moment r	
	r	
1. Observation and Participation	.027	Not Significant
2. Examination Scores and Observation	.158	Not Significant
3. Examination Scores and Participation	.012	Not Significant
4. Examination Scores and Observation plus Participation	.274	Not Significant

The results of this study support the hypothesis. The data indicate that no one method of

structuring activities in the clinical situation is more effective, in terms of learning, than another, i.e., supervised, observational learning vs. active, participational learning.

INTERPRETATION OF DATA

The four steps in data analysis will be discussed separately:

1. Observation and Participation: This step was done to determine any possible correlation between the amount of times a student observed and the amount of times she participated. Increased opportunities to participate actively with the medical team might motivate the student to take advantage of the opportunities for observational learning.

   The Pearson r correlation between observations and participations showed a value of .027. This value shows no significant relationship between the two types of experience.

2. Examination Scores and Observation: This step of the data analysis was done to determine the correlation between examination scores and the number of times the student observed the procedure.

   Observational learning was defined in Chapter II as a vicarious learning experience in which "seeing the actual events take place" is the educative tool.

   The Pearson r correlation between examination scores and observational learning

showed a value of .158. This value shows no significant relationships between examination scores and this method of learning.

3. Examination Scores and Participation: This step of the study was done to determine correlation between examination scores and participation.

The older philosophy of nursing education was to "learn by doing." Active participation is still considered of great value.

The Pearson r correlation between examination scores and participational learning showed a value of .012. This value shows no significant relationships between examination scores and this method of learning.

4. Examination Scores and Observation plus Participation: This step in the analysis of the data was done to determine the correlation between examination scores and total amount of learning experience.

The Pearson r correlation between examination scores and total learning experiences showed a value of .274. This value shows no significant relationship between examination scores and total learning experiences in the delivery procedure.

There are no studies directly related to this, but the literature does point out the values of learning experiences of a vicarious nature. This is particularly expounded in Burton.

The increased enrollment and overloaded clinical laboratory facilities in schools of nursing invite auxiliary methods of teaching. Vicarious learning

through the direct experience of others seems to be one answer.

Clinical instructors must not minimize the value of learning by observation. Not all students are able to actively participate in the clinical area, but it is feasible to plan a greater number of learning experiences for a greater number of students if observational learning can be made effective in the clinical setting.

CHAPTER IV

SUMMARY

The purpose of this study is to determine if the student nurses in a selected University School of Nursing in the Obstetrical rotation learn equally as much under the supervised observational method as those who actively participate in the delivery room.

The population selected was the students in their junior year of nursing. The area selected for evaluation of learning was from their Obstetrical rotation and directly related to the nurse's responsibility in the delivery room.

At the beginning of each term the students were given an Experience Record on which they tallied the type and amount of experience in which they were involved during that rotation. Most students were involved in both of the designated types of experience--guided observational learning and active participational learning--in the delivery area.

The National League for Nursing Achievement Examination in Obstetric Nursing was given to each student at the end of her assignment in Obstetric Nursing. This standardized examination was used as the tool to evaluate end results in learning.

The data were analyzed statistically by the Pearson Product Moment r to determine correlations between:

1. Amount of observational learning and amount of participational learning.
2. Examination scores and observational learning.
3. Examination scores and participational learning.

4. Examination scores and both types of learning.

There were no significant correlations between type and amount of experience and examination scores.

In retrospect, the hypothesis was proved in that there are no significant differences in the above mentioned relationships. The students do seem to learn equally as much under observational learning as those who participate in more delivery procedures.

CONCLUSIONS

From the findings of the study the following conclusions have been drawn:

1. The type and amount of learning experiences in which students are involved do not determine the end results in terms of theoretical knowledge.
2. The student's performance in the clinical laboratory setting cannot be measured by paper and pencil methods.

RECOMMENDATIONS FOR FURTHER STUDY

This study should be repeated with strictly controlled experimental groups--one observational and one participational. This same standardized examination could be used in addition to a practical rating scale on performance.

Further studies should be done in the area of structuring clinical laboratory experience for the students in collegiate schools of nursing.

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APPENDIX A

STUDENT EXPERIENCE RECORD

LABOR AND DELIVERY EXPERIENCE

Date	Patient's Name	p/g.	Position	Comments Remarks Complications
OBSERVATIONS				
UTILITIES				

APPENDIX B

Delivery Room Procedure

I. Prepare Room

- A. Remove sterile drapes from packs
- B. Pour solutions
  1. Green soap and sterile water in large basin
  2. Virac and sterile water in prep basin
- C. Adjust lighting

II. Patient Care

- A. Position patient
  1. Lithotomy
  2. Restraints
- B. Reassurance

III. Prepare Medical Team for Delivery

- A. Tie Doctor's gowns and get gloves
- B. Check with Doctor about extra supplies
  1. Forceps
  2. Solutions for local anesthesia

IV. Prepare Patient for Delivery

- A. Emotional support
- B. Blood pressure and Fetal Heart Tones
- C. Perineal preparation with Virac

V. During Birth

- A. Check vital signs
- B. Give emotional support
- C. Note time of:
  1. Birth
  2. Breathing and crying time of baby
  3. Placental delivery

VI. Follow-up Care of Mother

A. Give oxytocin as ordered

B. Show her the baby and reassure her of its normalcy

C. Check Vital signs

VII. Infant Care

A. Observation

1. Color
2. Cry
3. Muscle tone
4. Abnormalities

B. Identification

C. Weight

D. Eye care ($AgNO_3$ gtts. followed by distilled water irrigation)

E. Keep baby warm

F. Maintain airway (Mucus suction if necessary)

G. To Nursery

VIII. Miscellaneous

A. Charting and birth record

B. Label cord blood tubes and placenta for laboratory

C. Get extra supplies for Doctor

IX. Post-Partum Check-up by Nurse

A. Vital signs

B. Check uterus for height and consistency

C. Vaginal flow

D. Clean patient up

E. Emotional support

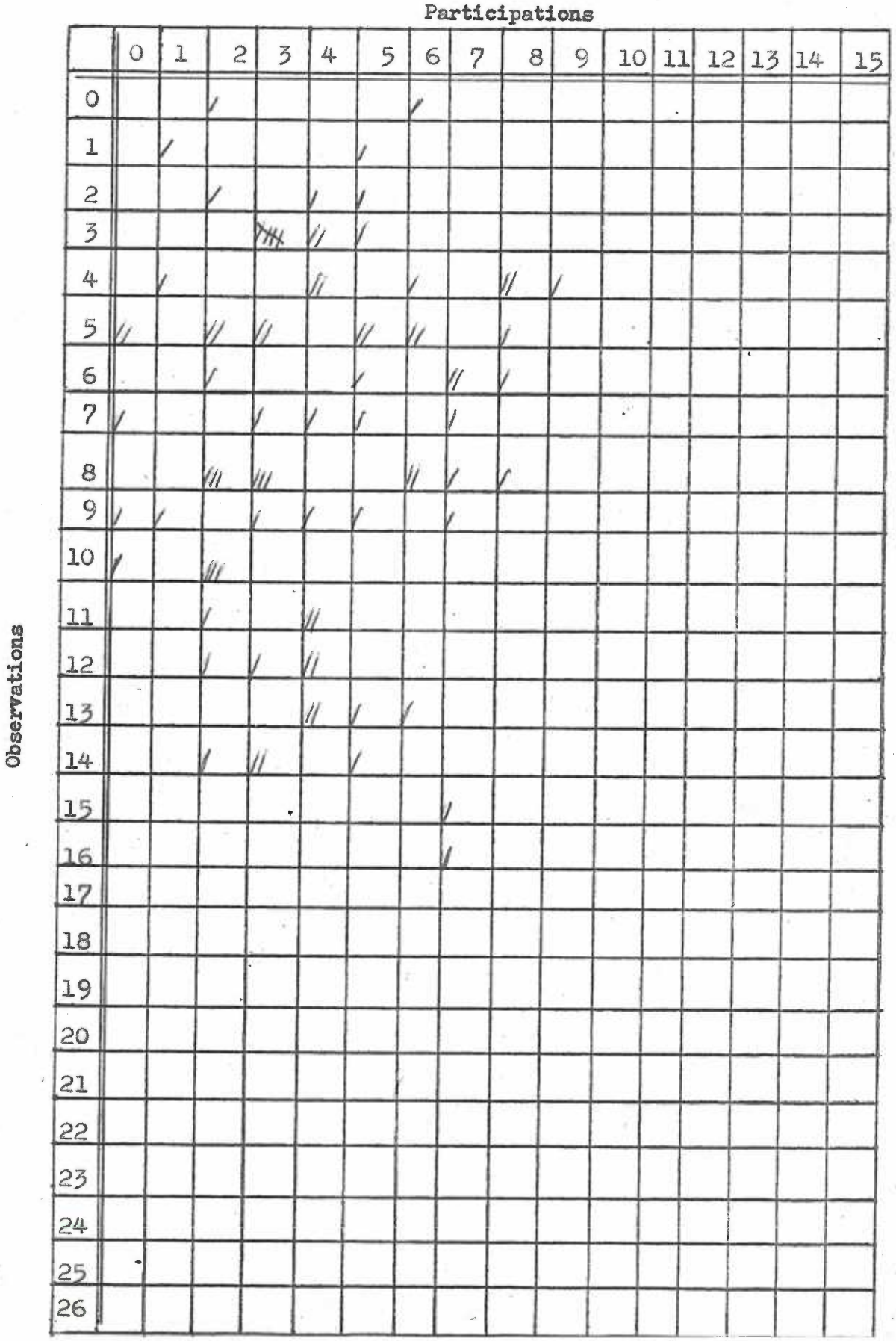
APPENDIX C

STUDENT EXPERIENCE RECORD (Sample)

LABOR AND DELIVERY EXPERIENCE

Date	Patient's Name	p/g.	Position	Comments Remarks Complications
OBSERVATIONS				
9/29/61	Robinson, Lillian	2/3	ROA	Normal Del.
10/1/61	White, Marie	8/9	ROP	Forceps - rotated int. to ROA
10/19	Registor, Ann	0/1	OA	S.A.B. Block Forcep Del.
10/19	Wallingford, Mary	1/2	LOA	Norm. Del.
10/26	Lincoln, Dorothy	3/4	LOA	Normal Del.
11/4	Stagner, Bonnie	2/3	LOA	Mother Rh - Spontaneous Del.
11/5	Parker, Jean	2/2	LOA	S.A.B. Tucker-McLean, cord around neck x 1
UTILITIES				
10/30	Anisworth, Margarita	0/1	LOA	Luikart-Tucker-McLean Forcep Del. with S.A.B.
11/3	Poole, Joan	3/4	LOT	S.A.B. with Kielland Forceps
11/4	Currier, Brenda	1/2	LOA	S.A.B. Tucker-McLean Forceps
11/9	Stanley, Bonnie	1/2	LOA	Normal Spontaneous
11/11	Duc, Barbara	4/5	LOA	Normal Spontaneous
11/17	Wallace, Pat	3/4	ROA	Spontaneous
11/23	Amirana, Annelene	0/1	LOP	De-Lee Forceps Caudal, meconium

APPENDIX D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Observations
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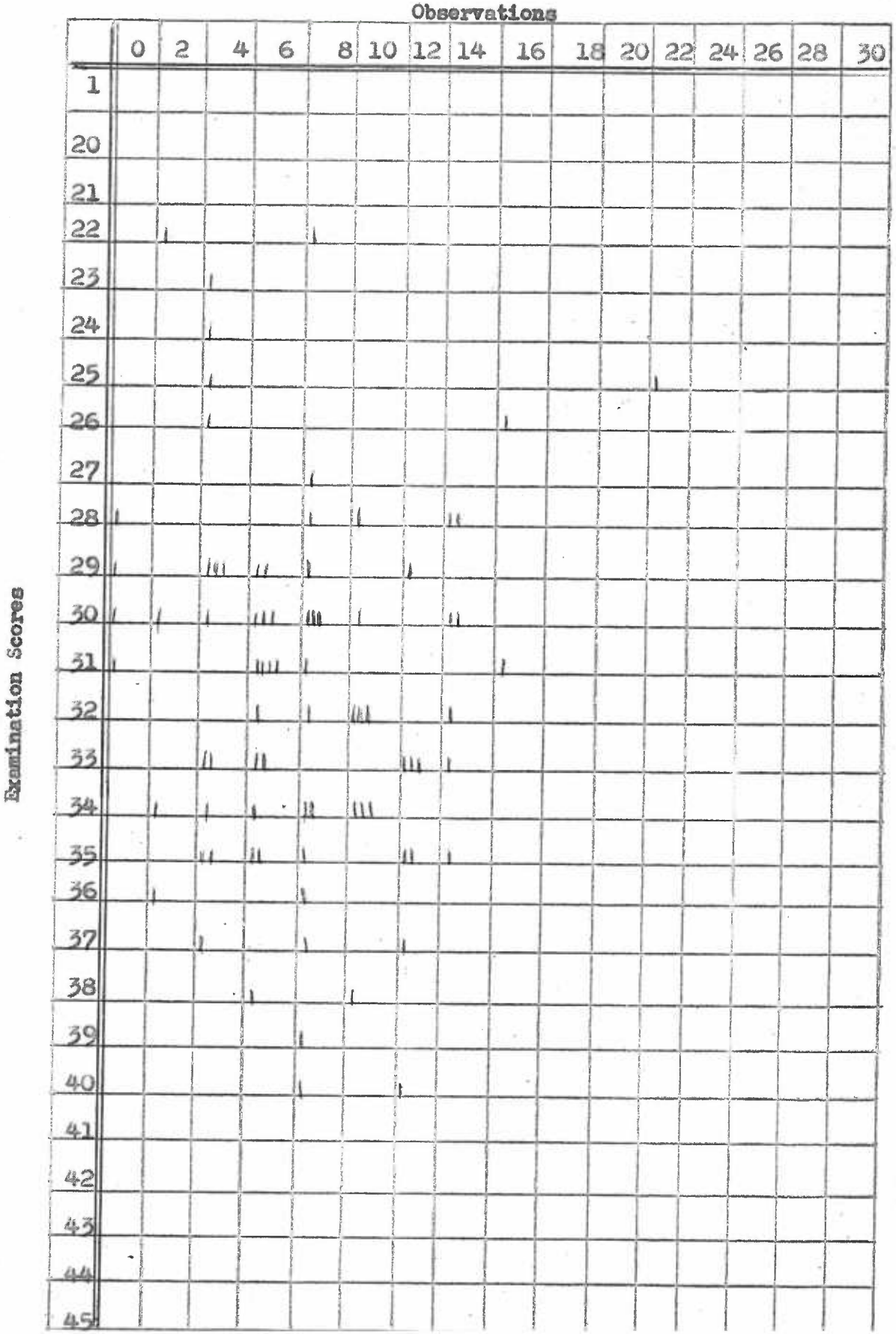
APPENDIX E


Observations
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Examination Scores
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20
21
22
23
24
25
26
27
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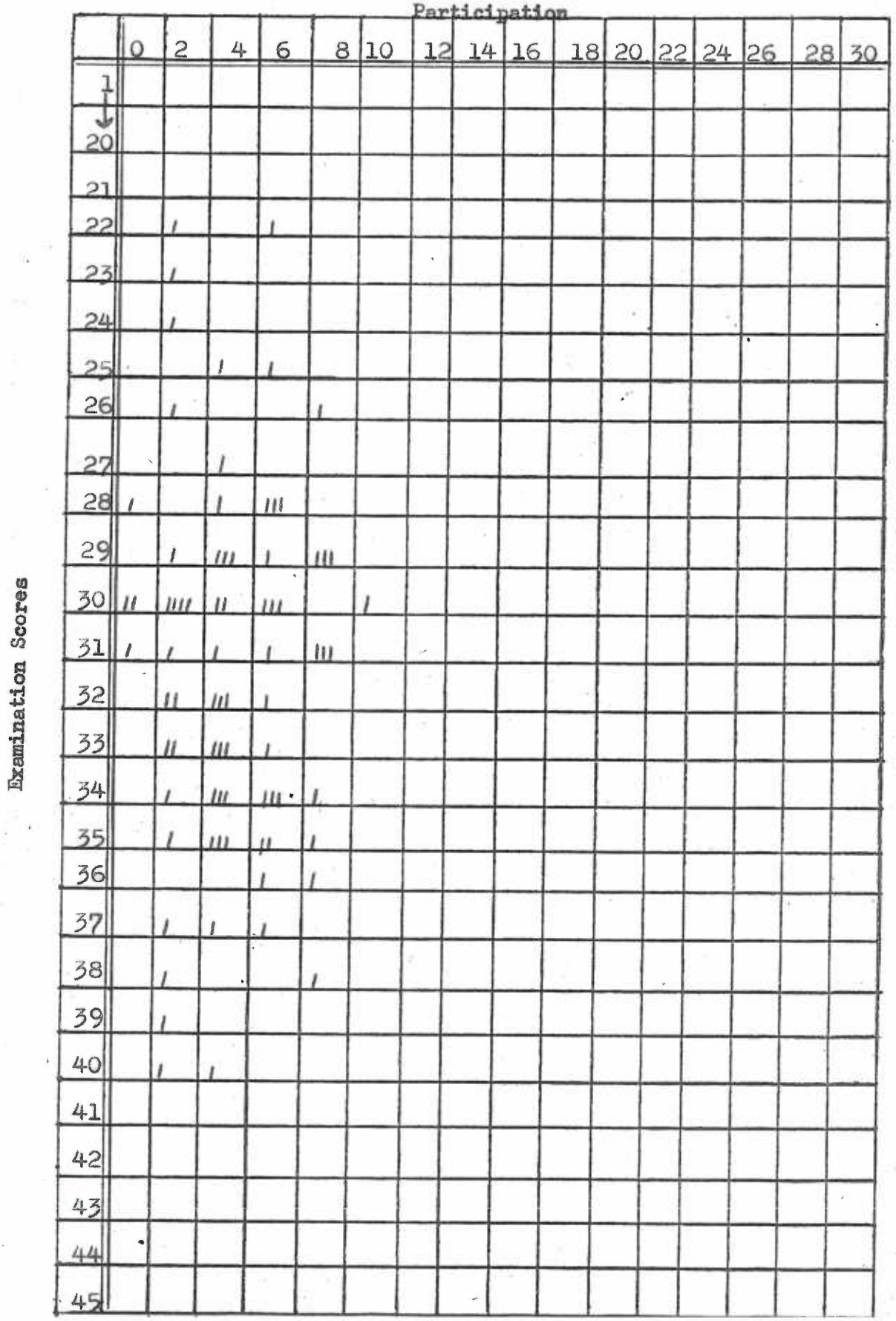
APPENDIX F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Examination Scores
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21
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APPENDIX G

Observations plus Participations

Examination Scores	0	2	4	6	8	10	12	14	16	18	20	22	24	26	28	30
1																
20																
21																
22			I					I								
23				I												
24				I												
25				I											I	
26				I								I				
27							I									
28				I		I	I			I	I					
29			I	II		I	I	I	II							
30		I		II	I	III	I	II	I	I						
31			I		II		I	II					I			
32					I	II	I	I		I						
33					III		I	I		I						
34					I	II	III	I	I							
35					II		II	I	I		I					
36				I				I								
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