

THROUGH THE WISDOM OF GROUP WORK, PROBLEM-BASED LEARNING PREPARES NURSES FOR RESOLVING CURRENT HEALTH ISSUES

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Abstract

Problem-based learning (PBL) was developed and has been used in medical schools for many years with cases or scenarios being used to trigger learning in students before they return to groups to share and refine the knowledge and skills they acquired in independent learning. I recently participated in a course offering that used PBL for the first time. In this paper, I share my experience as I journeyed through PBL. Although I initially responded to the method with anxiety and fear, my attitudes later softened and I began to enjoy my learning. I have found PBL to enhance personal and professional development. Even though it may be frustrating to a newcomer, its merits far outweigh its shortcomings. I recommend PBL for nursing education as I believe the wisdom generated in team learning presents an opportunity for empowering nurses for effective solution of modern-day health care issues.

Background and Introduction

Problem-based learning (PBL) was developed and has been used in medical schools for many years with cases or scenarios being used to trigger learning in students before they return to groups to share and refine the knowledge and skills they acquired in independent learning (Hung, Jonassen, & Liu, 2008; Savery, 2006; Wood, 2003). In PBL, the tutor plays a facilitative role while students direct their own learning which is triggered and directed by ill-structured problems or scenarios (Savery). PBL learning scenarios must be based on the curriculum and relevant to the learner's future practice (Wood). PBL is said to enhance students' motivation for learning, help students acquire an extensive knowledge base, help students acquire problem solving skills, enhance development of lifelong learning skills, and help students to become effective collaborators (Hmelo-Silver, 2004). However, PBL can be time consuming as the students may find it difficult to keep their self-directed learning focused.

As it is usual that the beginning of an academic semester brings new courses and new concepts, during the second semester of the academic year 2016-2017, I registered for the course "health promotion across the life-span" and the course lecturer introduced a new concept called "problem-based learning" to the class. In this paper, I share my experience of problem-based learning. My paper covers how the concept of PBL was introduced to the class, group/team learning, learning facilitation, and what I learned from the experience. The last section of the paper presents conclusion and recommendations.

My experiences with PBL

Orientation to BPL

When PBL was introduced it invoked a feeling of anxiety in me as it was not very clear to me what was going to be expected from me as a student. I was wondering how the new approach to learning would affect my performance in the course. My initial experience to PBL was congruent with what Hung et al. (2008) noted that the transition from the traditional methods of learning may bring about anxiety among students. What worsened my fears was when my group took long to come to an agreement in our first assignment. We spent a lot of time listening to suggestions from individual group members. At the end of the day, our effort failed to bear good fruit as our class presentation was not good enough when compared to that of the other group that had the same assignment. However, my group's poor performance in the assignment became a lesson for us. We realised that we needed to learn more about PBL and how it differs from the lecture method that we were familiar with. After learning more about PBL, its principles, and the attitudes that it requires, it became easier for us to tackle PBL scenarios.

Team/Group Work

For each assignment that we were given, each member of the group was assigned a role. I was assigned the team leadership role in my team's first assignment. It was a difficult time for me as I had to address communication and time management issues. I realised I had to be patient as I had to accept the fact that my team members were adults who had family and work commitments. In order to ease communication among group members, we decided to have a WhatsApp chat group that could help us share information and remind one another about meeting schedules. The WhatsApp chat group helped us to share information and synthesize it before the meetings. PBL was already helping us to tap from our personal resources to solve our communication problems and build the team.

My team/group had a difficult time using theory to guide a health promotion program. It was only after I had listened to another team making a presentation on the same assignment that I started to understand how a theory can provide a framework for organizing ideas. Group discussions were interesting as everyone was active in the learning process, freely providing feedback on the presentations, and sharing new information.

I enjoyed formulation of learning goals as I realized that goals provide a clear direction to where we wish to go. They provide guidance not only in learning but even in planning for health promotion; and through them, I can determine if my efforts have borne fruit (Madanat, Arredondo, & Ayala, 2016).

Learning Facilitation

Through directing his or her own learning, the student is not the only player in PBL. The teacher also has a role to play; and that is learning facilitation (Savery, 2006). The tutor actively participated in class discussions, where the groups/learning teams were making presentations on their scenario analysis. She also gave us constructive feedback on our presentations. It was through this feedback, which was always timely, that I was able to overcome anxiety that I initially had about PBL. The cases or scenarios were aligned to the

course objectives and they generated lively discussions. As Savery advised, the scenarios were relevant to both the curriculum and our future professional practice.

What I have Learned from the Experience of PBL

PBL is said to help students activate prior knowledge and acquire new knowledge (Wood, 2003). It did not take me time to appreciate Wood's observation. In one of our early class discussions, I learned about an organization called BOSASNet (Botswana Substance Abuse Support Network). It was not long before I had a client from my workplace who needed assistance with smoking cessation. The lesson that I got from this experience was that as a health care provider, there were some important resources that I was unaware of, and that I could use in the promotion of my clients' health. I learned that I need not take for granted, the value of the diverse backgrounds that nurses working together can share and expand one another's knowledge base and research ideas (Maville & Huerta, 2008).

PBL requires extensive perusal of literature. When tackling our scenarios, we looked for information in journals, books, legal documents (policies) and other sources of information. As we were required to consider the cultural and policy implications of our decisions and conclusions in our analyses of scenarios, I had an opportunity broaden my insight into the value of culture in health care. We learned about some cultural practices of different communities in Botswana as well as those of other nationalities who frequently seek help from our health facilities. I realised that having adopted the western health care values, nurses tend to forget to take into consideration the values of the communities they serve. However, some of our western health care may not be acceptable to some communities that provide services to. For instance, some religions such as Islam do not like to be associated with alcohol and hence may not accept the use of alcohol as a disinfectant (Allegranzi, Memish, Donaldson, & Pittet, 2009). Similarly, fasting of some religious communities as a way of connecting to the Supreme being may deprive the body of the needed fluids and lead to dehydration (Nies & McEwen, 2007). Therefore, nurses need to balance making decisions in the best interest of their client and accommodating clients' religious beliefs and practices.

Similar to the culture of communities, the public policy in our practice environment guides what we can do and how far we can go. For instance, prostitution is a criminal activity in Botswana. This makes it difficult for health care providers to reach commercial sexual workers with services as the latter may fail to share their complete profiles for fear of being reported to the police. When interventions for health problems are not based on accurate and comprehensive understanding of community's needs, they have a high likelihood of failure. I have therefore become more sensitized to the advocacy role of a nurse. Nurses need to advocate for change of policies that have the potential to compromise communities' access to health services (Nies & McEwen, 2007).

One of the learning scenarios that my team was assigned was concerned with a nurse expert facilitating junior health personnel on effective health education for health promotion. Before then I had used the two terms to mean the same thing. However, I can now distinguish between the two, thanks to the extensive reading the PBL exposed me to. After taking this course, I came to understand what each concept means and now I can distinguish one from

the other. One insight that I gained from the assignment is the importance of a health education plan to address the general, message related, and message delivery principles of learning.

Conclusion and Recommendations

My initial emotional reaction to were anxiety and fear; anxious that I was walking the path unfamiliar to me, and fear that my learning would be compromised. The group dynamics and under performance of my team provided evidence that my concerns were justified. However, after reading and getting informed about what PBL was all about, my attitudes toward the method began to soften and I began to enjoy my learning. I went through a journey in which I learned to be patient when working with other people, that there were things that I had taken for granted and yet they are important for my personal and professional development such as the value of people working together and learning from one another's experiences. I have found PBL to be a growth enhancing approach to learning and teaching. Even though it may be time consuming, from my experience its merits far outweigh its shortcomings.

I wish PBL had been the method of instruction for my undergraduate education. I have seen an improvement in the knowledge I had after sharing my experiences with others. Going through PBL course offering was important for me as a nurse as the instructional method used helped me to improve my attitudes toward health promotion especially at a time when there is increasing complexity of social determinants of health. The wisdom generated in team learning presents an opportunity for empowering nurses for effective solutions of present-day health care issues.

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