The Future of Lecture Method as a Teaching Strategy in Community Nursing Education

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Abstract
Increased disadvantages of the lecture teaching strategy is creating an absurd future particularly in community nursing education. Students keep on communicating using cell phone and other devices to one another while the lecturer is busy teaching. Therefore, use of lecture method is working better when combined with other interactive teaching strategies like discussion questions and answer among nurse tutors. There is need to start transitioning away from the teacher centered teaching to interactive teaching and learning process.

INTRODUCTION

The fact that lecturing places students in a passive rather than an active role, hinders learning in any field of education including nursing education. Nurses must teach student and patients in different formats for the transfer of precious and vital knowledge in nursing. Didactic lecture is a consistent oral presentation of facts with organized thoughts and ideas by a qualified nurse. It is probably the oldest method of teaching, and remains the most common (if not the most popular) in many fields of education. However lecture teaching method, although very popular encourages one-way communication [1]; therefore, the lecturer must make a conscious effort to become aware of student problems and student understanding of content without verbal feedback. This is because with increased technology students keep on communicating with one another or outside the class while the lecturer is busy explaining an important point. It was noted that 61% of the nurse tutors combine the lecture teaching strategy with other teaching methods when teaching students both in class and at the clinical area in Malawi [2]. Therefore, increased disadvantages of the lecture teaching strategy is creating an absurd future particularly in community nursing education [3]. To this effect the main aim of this concept review paper is to enlighten all nurses on the future of lecture method in community nursing using different personal technological examples.

INSTANT INTERNET MESSAGING AND LECTURE METHOD

Different students are now exposed to different instant internet messaging. The commonest messaging among students in developing countries like Malawi is Facebook, whatsapp, viber, twitter and skype. Students keep on communicating to one another while the lecturer is busy teaching. One day when I was teaching undergraduate nursing students using lecturer method, few students were very late to enter into my class, so as a negative re-enforcement to the learning process I told them that they are too early for the next class period, therefore they must go out to honor our principle of punctuality. To my surprise, when I cracked a joke after 10 minutes, my class laughed and even those other students who gathered in another class laughed at the same time! Thereafter I realized that one of the students in my class had contacted a skype with the other students who were outside and has been listening to whatever I had been teaching. Although this type of communication was very good and important to the students learning but it clearly indicated the increased shortfall of lecture teaching strategy due to the technological development. But in this case lecture teaching strategy failed to provide instructor with feedback about the extent of nursing student learning [3].

CHALK AND BOARD; LARGE CLASSES: VERSUS LECTURE METHOD

In Malawi, all nursing colleges have been directed by the government to increase the number of students’ registration. Currently there are over 100 students in every class from first year to the fourth year of the undergraduate students. Most of the time when teaching using lecture method more than half of the class complains that they cannot see the writings on the chalkboard. So, as a solution, whenever I am teaching these days we formcluster groups of 5 students by making sure that the students have a computer with a PowerPoint of the lecture under progress. One student in each cluster operate the power point following the LCD projector that I always show in front.
In this mode many students follow the lecture before. This means that using lecture methods as a stand-alone teaching strategy is losing its potential. And it is generally fading with increased technology. Current literature point out that use of lecture method is working better when combined with other direct teaching strategies like questions and answer among nurse tutors in Malawi [2]. Lecture strategies should suit the needs of the students to whom information is being imparted. Changes can be made in the style of lecture delivery as well as in the teaching aids used [1].

ADULT LEARNING AND LECTURE METHOD

Nursing students in Malawi are mostly adults in early 20s. Their learning process need more respect for them to acknowledge and adapt learning process easily. A principle of Carlo Rodgers on adults education entails that adult learner is mostly readily available to learn when mode of learning is respecting the learner. Learning process can only be facilitated when the learner is doing. But in lecture method, when I was using it 10 years ago to my nursing students, I could not easily involve the class as more of the time was spent on explanations of the content matter. Slowly, for the past six years when I am teaching concepts and theories in nursing, my degree course mature community students participate in lecture method by allowing them to make their own PowerPoints in groups of five and present in turn during class period. My duty is always checking the quality of the PowerPoint before they present and explaining more during their presentations. To this effect I have seen that we are no longer using lecture method along but discussion and demonstration are involved during the class period. The main reasons for liking the use of the PowerPoint technique are that more information on the topic can be covered in a shorter time and it avoids the issue of a dirty blackboard and faulty chalks [4]. Even in America [5] it has been noted that when using chalkboard to educate older adults, nurses need to incorporate developmental, physical, and cognitive factors into the board design. Cognitive factors, such as repetition of information, literacy, motivation, and lifestyle, should be considered. Physical changes, such as common health issues of older adults, height, posture, and vision, should also be considered. Attention to graphic design principles of large letter size, uniform letter style, alignment, brevity, and high contrast in colours can enhance older adult learning [6].

CULTURE AND LECTURE METHOD

Teaching and learning is known as an agent of change and progress in human development. Improvement of educational quality has been considered in in nursing fields, and its importance is growing gradually in different societies. But blending cultural acquisition when teaching nursing students has been emphasised by not only theorists like adaptation theory by Calister Roy but also through transcultural theory by medeleine Leininger. In Malawi, Kamuzu College of Nursing adopted these theories long time ago in their curriculum and they are implemented during teaching. So, whenever, we are teaching at this college we make sure that adult students are respected. As some of them are even older by birth than the nurse educators. When teaching, it has been so common to address the students by their surnames. When they are raising a point they don’t need to raise their hand but just cheap in when they feel there is a talking space. They answer questions while seated in movable chairs set in circle or rectangle classroom seating plan where there are tables covered with cloth surrounding to avoid exposing their thighs and underwear. When one student is having misconduct like late entry into the class, we don’t send him or her away but talk to her privately after the class. Therefore, adult learning has diverted massively from the traditional lecture method in Malawi nursing because of cultural adaptation.

CLINICAL PERIOD AND LECTURE METHOD

Nursing is referred to as a dual profession as most of the time students do not only spend time in class but also at the clinical field with patients. So teaching students in the clinical area is a very big challenge. It requires to have one to one demonstration or a very few group discussion. When I am demonstrating a sensitive private procedure like vaginal examination to students I make sure that we are in a treatment or examination room at the hospital. These rooms are designed to have only very few people thus less than five. So, there is no way I can adapt lecture method during such teaching as there is a third person known as patient. Therefore, time spent in this room cannot be extended as the other patients are always waiting outside the room. Even when I am teaching the patient on her disease condition, I adapt interactive teaching skills to make sure that the patient is also responding and participating to my teaching. In this way students are now also doing the same in patient education. So, design of the room and nature of the disease condition and time to spend with patient forces utilization of other teaching strategies other than lecture method.

NOTE TAKING AND LECTURE METHOD

Learning process involves note taking for the students to recap the information in readiness for future evaluation through examinations. At any level of the learning process students are supposed to keep information that they learn from the teacher. In nursing most of the information is related to new vocabulary that the students must keep close and at times memorise for them to remember during the evaluation. Sometimes students understand the information imparted by teacher for a short period of time, but as it is provided orally, then forget it after some period of time. Although few students have technology to record information when lecture is in progress not many can have android phones that can record for the whole lecture period. Thus, it can be said that information obtained through lecture method does not take the permanent position and possibilities of students forgetting it are more. The speed of lecturing and the student note taking does not fit and always not feasible.

INTERACTIVE TEACHING STRATEGIES VERSUS LECTURE METHODS AS DIRECT TEACHING STRATEGY

When the lecture method was compared to other interactive methods like discussion in a study in Malawi (see in Table 1), it was noticed through Likert scale that students in Malawi nursing colleges strongly agree and prefer discussion 54% (70) n=129 than lecture method 58% (45) n=129. In this research direct teaching instructions were compared to interactive teaching
suggest that a combination of face to face training with e-learning presence in the teaching and learning process. Recent studies strategies like discussion, problem solving and debates where that use other teaching methods such as interacting teaching education is actually a combination of two or more methods of blended teaching methods in nursing education. The blended emphasize completion of traditional teaching methods and use WAY FORWARD ON LECTURE METHOD education because of technology.

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During discussion the students spent 8.3% of the time attempting for teaching motor skills, or for influencing attitudes or values. thinking such as application, analysis, synthesis, or evaluation; in the teaching and learning process. Students emphasised that they are always doing with other extracurricular activities like playing with phone games or chatting on phone while the nurse tutor is teaching [2].

Lectures are not suited for teaching higher orders of thinking such as application, analysis, synthesis, or evaluation; for teaching motor skills, or for influencing attitudes or values. During discussion the students spent 8.3% of the time attempting to solve problems and synthesise information, compared to 1.0% during lecturers [7]. 31% of lecturers were spent with irrelevant thoughts compared to 14.5% during discussion. All these comparisons were statistically significant and suggests that during discussion students are more attentive, active ant thoughtful than during lecture teaching strategy. There using my experience and other professional experts it is clear that lecture teaching strategy is losing its action potential in nursing education because of technology.

**WAY FORWARD ON LECTURE METHOD**

Due to the limitations of the lecture method, many experts emphasize completion of traditional teaching methods and use of blended teaching methods in nursing education. The blended education is actually a combination of two or more methods that use other teaching methods such as interacting teaching strategies like discussion, problem solving and debates where maximum group participation is paramount, in addition to the presence in the teaching and learning process. Recent studies suggest that a combination of face to face training with e-learning education method is more flexible than other method. Lecture teaching strategy is becoming un popular due to interactive methods that are becoming attractive in nursing education. It is very important to expose the students to the interactive teaching strategies where their participation is very high [2].

The future of lecture teaching strategy is very vivid, due to teacher centeredness in learning process. Currently students with increased technology prefer interactive teaching and learning styles that suits and increase their morale in learning process [8]. Lecture teaching strategy does not help in any way to inculcate scientific attitudes and training in scientific method among the students, as a result of which, an important objective of nursing science teaching cannot be fulfilled successfully and all the efforts of nurse tutors will prove to be wastage of time.

In this lecture teaching strategy, students get ready made information from the lecturer thus they are not inspired to indulge themselves in independent thinking and self-exploration processes which is very important in nursing [9]. Thus, with this method, objective of getting the all-round development of the nursing students in critical thinking cannot be achieved in any way.

Moreover, lecture teaching strategy requires a considerable amount of unguided student time outside of the classroom to enable understanding and long-term retention of content. In contrast, interactive methods (discussion, problem-solving sessions) allow the instructor to influence students when they are actively working with the material. Despite the limitations of traditional lectures, many institutions are forced to offer high-enrollment introductory nursing science courses in interactive teaching strategy. Many nurse tutors who teach these nursing courses now do not feel that lecturing is their only option, and they are now busy accomplishing in smaller class group discussions [10,11]. This suggest that there is a small but growing group of nursing science faculty members who have developed ways to engage students in the process of thinking, questioning and problem solving despite their large class sizes. There are several ways to help students make the transition from passive listeners to active participants in their own learning in such large classes [12,13] pointed out that it is very important to

<table>
<thead>
<tr>
<th>Teaching strategy</th>
<th>strongly disagree</th>
<th>disagree</th>
<th>Not sure</th>
<th>agree</th>
<th>strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Instructions:</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
</tr>
<tr>
<td>Lecture</td>
<td>5(3.9)</td>
<td>4(3.1)</td>
<td>7(5.4)</td>
<td>55(42.6)</td>
<td>58(45.0)</td>
</tr>
<tr>
<td>Explicit Teaching</td>
<td>11(8.5)</td>
<td>10(7.8)</td>
<td>44(34.1)</td>
<td>45(34.9)</td>
<td>19(14.7)</td>
</tr>
<tr>
<td>Demonstrations</td>
<td>6(4.7)</td>
<td>7(5.4)</td>
<td>11(8.5)</td>
<td>52(40.3)</td>
<td>53(41.1)</td>
</tr>
<tr>
<td>Guided &amp; Shared - reading, listening.</td>
<td>5(3.9)</td>
<td>6(4.7)</td>
<td>19(14.7)</td>
<td>67(51.9)</td>
<td>32(24.8)</td>
</tr>
<tr>
<td>Interactive Instructions:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debates</td>
<td>30(23.3)</td>
<td>30(23.3)</td>
<td>15(11.6)</td>
<td>42(32.6)</td>
<td>12(9.3)</td>
</tr>
<tr>
<td>Role Playing</td>
<td>26(20.2)</td>
<td>26(20.2)</td>
<td>10(7.8)</td>
<td>54(41.9)</td>
<td>13(10.1)</td>
</tr>
<tr>
<td>Brainstorming</td>
<td>6(4.7)</td>
<td>4(3.1)</td>
<td>14(10.9)</td>
<td>64(49.6)</td>
<td>41(31.8)</td>
</tr>
<tr>
<td>Discussion</td>
<td>3(2.9)</td>
<td>5(3.9)</td>
<td>8(6.2)</td>
<td>43(33.3)</td>
<td>70(54.3)</td>
</tr>
<tr>
<td>Jigsaw</td>
<td>25(19.4)</td>
<td>18(14.0)</td>
<td>60(46.5)</td>
<td>19(14.7)</td>
<td>7((5.4)</td>
</tr>
</tbody>
</table>

| Table 1: Distribution of students on Tutors' use of teaching strategies n=129. |
start off slowly transitioning students to other teaching strategies that are interactive; students may not have much experience with active learning. Introduce change at the beginning of a course, rather than midway through it, avoid giving students the impression that you are “experimenting” with them. Don’t give up lectures completely but introduce other interactive methods with blending model [14]. Anticipate students’ anxiety, and be prepared to provide support and encouragement as they adapt to your expectations. Discuss your approach with colleagues, especially if you are teaching a well-established course in professional curriculum.

CONCLUSION

Teaching requires two way communications in any field of education particularly in nursing, this leaves lecture method out of control in nursing education. The introduction of new technology like computer and handset remote talking and listening devices is intercepting the traditional teaching strategy of lecture. Nurse tutors must also transitioned from teacher centered approach of teaching to interactive approach that makes both nurse tutors and nursing students actively participating in teaching and learning process.

REFERENCES


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