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## DISTANCE EDUCATION AND THE NURSE LEARNER

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### **Abstract**

*In 1991, at the request of the Ministry of Health the Open University of Sri Lanka (OUSL) agreed to open its doors to the nurses to obtain University education. The first group of nurses was enrolled as undergraduates in July 1994. The OUSL provides education through the distance mode in which the age, gender, experiences of the learner, content, context, learning resources, mode of instruction, and the study system are different to the education received in the schools of nursing.*

*The conventional method of face to face learning they had earlier made these nurse learners expect similar teaching methodology in the nursing degree programme. Distance education however expects learners to be self-directed and do independent learning, a methodology which is unfamiliar to the nurses. Moreover pressures of employment, family and social commitments, are a part of their daily lives. In addition the course is conducted in the English medium, and these nurse learners do not possess an adequate knowledge of English to follow the programme successfully. As our goal is to develop independent, autonomous distance nursing learners, it is important to consider their educational*

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*background and their prior learning experiences. Although the philosophy of the nursing programme at the OUSL emphasises the necessity to provide a supportive learning environment and creative flexible programming to foster to scholarship and life long learning, these nurse learners do not have supportive learning environment in their work place. This is also another important aspect that needs to be taken into consideration.*

*This article attempts to examine the ways to support the nurse learner in the OUSL baccalaureate programme in nursing through distance education. In order to provide a supportive learning environment, a combined system of distance teaching and face to face teaching is suggested. In addition, a nurturing relationship to develop the self-efficacy and self-concept of these learners is equally important.*

## INTRODUCTION

With the inception of the Baccalaureate Nursing Programme at the Open University of Sri Lanka (OUSL) in the year 1994, there was a great change in the field of nursing in this country. Until then, nursing education was linked to the three-year basic nursing training provided by the Schools of Nursing. A limited number who were fortunate enough to be promoted also had additional Post Basic Nursing training for another one and a half years. Although nursing students in the western world have received university education from the 1920s, and in the South-East Asia region from the mid-forties, nurses in Sri Lanka began to receive university education only as late as 1994.

However although approximately, 450 nurse learners had been enrolled in six batches, only a total of 78 nursing undergraduates had graduated with a Bachelor of Science in Nursing degree from the Open University by the end of the year 2000 (Faculty of Natural Sciences, 2000). This is a small fraction of the registered nurses in Sri Lanka. Even though the success rate of these nursing undergraduates is relatively small in proportion to the total population of nursing students at the OUSL, this degree programme is important to nursing education. Hence it is necessary to support these learners. To do so, it is important to identify the nature, background, and the challenges faced by these nursing learners. This knowledge in turn, will help to identify the reasons for the low success rates of nursing undergraduates. This paper therefore attempts to discuss the characteristics of these learners and analyse the challenges they face during their university education at the OUSL.

## NURSING EDUCATION IN THE PAST

Sri Lanka once had her own systems of education. With the arrival of the British, these traditional systems were replaced with British systems, which had an impact on the characteristics of the learner, learning environment, course content, teaching-learning methodologies, and on the teaching-learning relationship. There is no record of nursing education or a service category called nurses prior to the period of British reign. However, historical records indicate that there have been females tending to the sick in the fourth century (De Silva, 1967). The training of nurses in a formal manner was started in 1878, in the Lady Havelock Hospital (not existing now). Six students were selected and were given an "on the job training" by the missionary nuns who were working in the hospital. The first school of nursing was established in 1937 to meet the urgent need for trained nurses to care for war casualties during World War II (Marthenesz, 1993). The medium of instruction was English. With the dawn of independence, more schools of nursing were established and now there are a total of 10 basic schools of nursing, one psychiatric nursing school, and one post-basic nursing school.

Young girls from Sinhala and Tamil families had enrolled for nursing training since the year 1937, after they had passed the General Certificate of Education examination. Young males however joined nursing only after 1950. All of these students' thoughts, feelings, attitudes and values were shaped by the culture to which they belonged. One major feature of this culture was respect for a teacher. As a result, questioning the teacher was considered disrespectful behavior. This was the typical behaviour of those nursing learner. Even today, our nursing learners neither question the teacher nor challenge the teacher's knowledge. Consequently, they are not able to develop critical thinking skills, which is an important skill required for nursing.

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Another problem arose with the language of instruction. In 1959 the language of instruction was changed from English into Sinhala. With this significant change in nursing education, the nature and the characteristics of the nurse learner also changed. Earlier, the majority of students were from urban areas and were English speaking. Today, however, the students are from rural areas. The values and attitudes practiced in nursing have been also changed. Moreover the recognition of nursing as a vocation has been transformed into that of a profession.

Another aspect of importance is that in their basic program, nurses acquire cognitive knowledge and psychomotor skills in nursing through face-to-face transmission of knowledge. This learned knowledge and skills are applied in the practice areas (in a hospital and in the community) under the guidance of a Nursing Tutor, Nursing Sister (in the hospital ward) or a Public Health Nursing Sister. Pratt (1998) identifies this as the apprenticeship perspective of teaching-learning, which guides learners to learn procedures and develop mastery over their skills. Pratt comments that the learner,

“...is committed to Learning a role and identity as well as a set of skills or body of knowledge. Learning is directed as much at learning to be someone, as learning to do something through guided practice, and success on real tasks. This perspective professes that people begin to believe they have a legitimate role in relation to others ...” (Pratt, 1998, p. 44)

This apprenticeship in fact, is a transference of expert nursing knowledge to a novice nurse.

In addition, maintenance of discipline within the profession had been similar to that of the Army. Nurses were supposed to respect the seniors in the profession. Disciplinary action was taken for each and every mistake. As

nursing was considered a service and not profession, nurses were expected to be devoted to duty. Those who joined the profession earlier faced a marriage bar as they were asked to remain unmarried for eight years after their period of nursing training. They had leave the job if they wanted to get married. This marriage bar, which does not exist today, was reduced gradually. Contemporary nursing education however does not reflect such practices.

### **NURSING EDUCATION TODAY IN SRI LANKA**

In Sri Lanka nurse-training programmes are of three years duration and have been confined to the Schools of Nursing of the Ministry of Health, which offer a certificate of proficiency in general nursing to the successful candidates. The nurses who received this certificate was eligible to register and obtain legal sanction to practice as those nurses. However, there was another significant change in Nursing Education at the beginning of 1990's. In 1991, at the request of the Ministry of Health, the Open University of Sri Lanka agreed to open its doors to nurses to obtain an university education. The first group of undergraduate nurses was enrolled in July 1994. The OUSL provides education through the distance mode in which the age, experiences of the learner, content, context, learning resources, mode of instruction, and the study systems differ from the education received in the schools of nursing. As a result of this degree programme, more changes have occurred in the field of nursing education as well as in nursing practice. In addition, there has been a significant change in the characteristics of the nursing learner in Sri Lanka.

## UNIVERSITY NURSING EDUCATION THROUGH DISTANCE MODE

The baccalaureate programme in nursing at the OUSL opened an entirely different way of learning for the nurses, and that is through distance education. Pym (1990) describes distance education as playing with a kaleidoscope. Whenever one looks at it, the pieces arrange themselves in a different pattern. Thus authors interpret distance education according to their own view. In general, distance education is capable of providing life-long learning to adults who missed the opportunity for higher education in addition to meeting increasing demand for higher education (Ismail, 1991). In distance education, the distance between the teacher and the learner, level of learning, learning strategies, resources, and course materials have a direct influence on the learner. As Ratwatte comments,

“Distance education engenders a learning context where the learner is separated from the teacher as well as from other learners” (Ratwatte 2000, p. 97).

These factors are made more complex by cultural factors such as obedience, respect towards the teacher, reluctance to challenge the knowledge of the teacher and discouragement of critical thinking. Ismail (ibid.) states that these culturally based differences in teaching and learning are inhibitors affecting the development of distance education in Asian countries.

### SOME PROBLEMS THAT AFFECT THE NURSE LEARNER AT OUSL

The philosophy of the B.Sc. Nursing programme of the OUSL emphasizes the necessity to provide a supportive learning environment and creative flexible programming to foster learning, promote problem solving,

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commitment to scholarship, and life long learning (Prospectus 2000/2001 – Faculty of Natural Sciences, p.55). At the OUSL face-to-face instruction are given through day schools. Attendance at day schools however is not compulsory in the distance mode of education. Therefore, the nurse learners have to take responsibility for their own learning if they wish to earn a degree.

The OUSL has regional / study centers that provide some courses and counselling in other degree programmes of the OUSL, but not for the learners in the baccalaureate programme in nursing. All the day schools and examinations in nursing are conducted only at the Central campus in Colombo. Even for counseling, nursing students who are residing all over the country, need to come to the Colombo center, which is a difficult task.

The evaluation method of the OUSL is also different from that of the schools of nursing in that students' knowledge is assessed through continuous assessments (CA) as well as final examinations. Assignments play a major role in the open education system as the marks gained in the assignments form a percentage of the final overall grade. Furthermore, the eligibility to sit for the final examination or submit the final project paper is also decided by the CA marks obtained by the student. Therefore, students need to spend time and energy on this leaning activity.

### **THE NURSE LEARNER IN DISTANCE EDUCATION**

Knowles, (1970) describes the adult learner as a self-directed, autonomous individual who is motivated to learn in order to find ways to solve his / her own problems and to develop competence in the field of practice. The baccalaureate nursing programme of the OUSL also believes that the "learners are self-motivated, self-directed, independent individuals who bring varied experiences to the learning situation" (Prospectus 2000/2001 –



Faculty of Natural Sciences, p.55). Intelligent adults who missed the opportunity to enter the university, but assume that they are capable of hard work, select the OUSL programme to continue their higher studies.

Nurse learners in the OUSL are a diverse group with regard to age and experience that has an impact on learning. Therefore, motivation to learning also varies from individual to individual. Motivation as Ratwatte (2000) points out plays a vital role in a distance education institute. Somadasa (1991) also identifies a necessity to cultivate high level of student motivation. The general aim of most of the nurse undergraduates is to pass the examination. Therefore, they are driven by extrinsic motivation. It is a challenging task for the faculty members to trigger intrinsic motivation. In his study, Ismail recognised that distance education students expect continuous help and guidance from their teachers due to a lack of confidence in self-learning. Nursing undergraduates also fall into this category. Ismail also states that the Asian student is teacher-dependent, has respect for academic authority, and is eager to acquire correct knowledge, the correct point of view and skills for passing examination.

100% of the undergraduate nurse learners are employed as nursing officers either in the government sector or in the private sector. There are married nurses with children of different ages; married nurses without children or those who have postponed their pregnancies; unmarried nurses who are waiting to get married; and some male nurses both married and single. All these students have immense obligation to their families, an issue which affects their learning. The field of practice in nursing also differs from learner to learner. The workload and the responsibility of each nurse also varies according to the area of practice. For example, a nurse working in an Intensive Care Unit bears more responsibility and faces more stress than a nurse working in an ante-natal ward. As learners, all nurses have to balance their student life with their work life and commitments. Added to these, some of the learners have an unhealthy learning environment in their work

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place, which could be a result of the professional jealousy of other co-workers. These constraints contribute to the challenges that the nursing learner at OUSL has to face.

### **CHALLENGES FOR THE NURSE LEARNER**

Green (1987) states that nurse learners experience academic shock when they become undergraduate learners, and adds that the sudden exposure to a vast areas of new knowledge also contributes to greater anxiety as well as to a greater sense of inadequacy. The course content of the nursing programme is either entirely new to the OUSL nurse learners or more advanced than what they had experienced before. For example, the courses NSU 3104 – *Concepts in Nursing* and NSU 4101 – *Research in Nursing* include concepts that these learners experience for the first time in their nursing education. This is especially problematic as Sri Lankan nurses are not exposed to research culture nor have they learned basic statistics. It is therefore difficult for them to understand the concepts and the terminology used in these courses. Their inability to cope is reflected in the pass rate of these courses. In the year 2000, 73 nurses were registered for NSU 3104 and 46 nurses were registered for the NSU 4101. The success rate was 42 in NSU 3104 and 22 in NSU 4101 respectively.

Moreover the medium of instruction of the baccalaureate programme in nursing at the OUSL, is English, which is different from the mother tongue instruction of their previous nursing education. This is another challenge for the nurses. Raheem and Ratwatte (1999) emphasize the importance of English as one aspect of academic success. Although English is considered a second language in Sri Lanka, these nurse learners do not possess an adequate knowledge of English to follow the programme successfully. Hence, it is not an easy task for them to read and understand the course materials. Raheem and Ratwatte (ibid.) identified that at the time of

enrollment in the year 1996, 6.33% nurse learners were graded as beginners, 84.81% as lower inter-mediate level, and 7.59% as at a higher intermediate level of proficiency in English. 1.27% were exempted from following the English course. The great majority therefore do not have the necessary proficiency to cope with academic work in English.

Although, the distance education system strongly encourages learners to be self-directed and carry out independent learning, the lack of awareness about the teaching and learning methodologies adopted in the OUSL has become a barrier to successful learning as far as these nursing learners are concerned. Ismail has stated that 70% of the students were not aware of the method of teaching adopted at OUSL at the time of joining. The conventional method of face-to-face learning the nurses have had earlier had made these learners expect a similar teaching methodology in the nursing degree programme. Despite the counselling services provided, pressures of family life and work life do not permit these learners to visit counsellors adequately. Neither do they have telephone facilities nor access to electronic mail facilities to contact counsellors. Therefore the distance nurse learner needs a reasonable time to adjust to the study method.

Learning resources such as printed materials, audio-visual aids, and electronic communication play an important role in independent learning in distance education. Somadasa (1991) states that by simplifying the process of absorption of knowledge for the learner, education technology helps to close the gap between expectation and reality. In the distance education system, study materials are designed according to a self-instructional format. The teaching materials in the baccalaureate programme in nursing however do not confirm to this self-instructional format. Most of the nursing course books are written in the textbook style. They are not reader friendly. Hence the learners are not able to understand the course materials merely by

reading them. Therefore, it is not possible for them to take responsibility for their learning at the beginning of the programme.

Pressures of employment, family and social commitments, are part of these nurse learners' daily lives. Therefore, guilt and stress are prevalent when these learners spend time on academic work instead of spending time with the spouse and children. Some students were unable to manage their academic work because of children or spouses who exhibited negative attitudes towards their (the nurse learners') enthusiasm for further education. Shearer (1987) states that the faculty must be aware that these students are confronted with many social and personal problems, which lead to high levels of stress.

### **PROVIDING SUPPORT FOR THE NURSE LEARNERS**

Although adults are not typically prepared for self-directed learning, they start with a deep enthusiasm when they discover their own ability for taking responsibility for learning, (Knowles, 1970). Therefore, it is the duty of the faculty members to provide a supportive learning environment to trigger their motivation. Attending face-to-face sessions provides the student with an opportunity to meet counselors and peer groups. This opportunity in turn, helps the student to gain more knowledge than they do by self-studies (Gandhe, 1996). Somadasa also states that the students are able to meet their colleagues and discuss matters of mutual interest during day school sessions. Research studies also report a positive attitude in students towards face-to-face teaching in day schools (Ismail, 1991; Somadasa, 1991). "Attendance at such face-to-face classes is very strongly recommended but not compulsory" (Prospectus - Faculty of Natural Sciences, 2000/2001, p. 8). The latter aspect ("... but not compulsory") provides an excuse for the student for not attending day schools. As a result, attendance is often poor. This contrasts with the situation in conventional universities where 80%

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attendance at lectures is necessary if the student is to be permitted to sit the final examination. It will therefore be helpful to encourage these learners to attend day schools.

Approximately 60% of nursing learners are not aware of the benefits of group study. Thus they ignored the repeated advice given to them to form study groups. Although, intra-group sharing brings many benefits to the learning situation, these learners tended to study in isolation. Therefore, it is imperative to encourage these learners to participate in group-learning. Prior experience, which is a good resource for learning, also creates certain adverse effects for this particular group of learners. For example, the mature learners tend to over-estimate their ability in time management. "It has been said that a vocational orientation leads students to do the minimum to pass in order to obtain a degree and that some students decide that grades are not particularly important" (Morgan, as cited in Ratwatte, 2000, p. 116). The demands of distance education are such that they act as deterrent to the successful completion of the course by some students. Further, inadequate use of learning tools such as the computer facilities and library provided by the OUSL can also be seen due to a lack of awareness as well as a lack of motivation in these learners.

Pratt (1998) states that learning is most affected by the learner's self-concept and self-efficacy. Ismail (1991) states that students lack confidence in self-learning and expects continuing help and guidance from the institution. In order to facilitate the learner to grow as a self-directed, autonomous learner, the institution must provide support and encouragement as he/she attempts to learn. Teachers must keep in mind the fact that these learners have worked as nurses for years, and hence have developed their own self-concept. That professional self-concept must be respected and valued when they return as students. The maturity and dedication of these learners are valuable contributions to the nursing programme. Pratt (1998) emphasizes the need to maintain a nurturing

relationship with reciprocal trust and respect to help develop a successful learner with self-concept and self-efficacy. Therefore, as faculty members it is important that we care for these learners by supporting and encouraging them in their attempt to learn.

Ismail (1991) suggests a combined system of distance teaching and face-to-face learning as a form of coaching. The distance nurse learner at the OUSL also expects this kind of teaching and learning. Somadasa (1991) suggests 'high quality distance teaching materials with a liberal touch of face-to-face instruction' (p.7). This will enhance the motivation of the nurse learner and develop self confidence in learning.

## CONCLUSION

The baccalaureate programme in nursing at the OUSL is a turning point in nursing education in Sri Lanka. As a result, today, our nurses have received an opportunity to obtain university education. Currently, this programme is the only one available for acquiring a baccalaureate degree in nursing in this country. The distance mode of study is a challenge to the nurse learner because of the unexpected load of new knowledge, the unfamiliar medium of instruction (English), the teaching-learning methodology, learning resources, and their own personal and professional commitments. The goal of those in charge of the programme should be to develop independent autonomous nurse learners through distance education. Today nurses need critical thinking skills, which were not encouraged in the past. The academic environment of the OUSL also demands critical thinking skills. In this regard, learners need guidance and facilitation until they develop adequately as self-directed learners.

Developing these learners as self-directed and responsible learners is dependent on the extent of facilitation of this process by the teacher. Some

means by which this could be achieved is through features such as a combined system of face-to-face teaching with distance education in a form of coaching; provision of high quality course materials and adequate face-to-face instructions; treating these learners with respect and maintaining a nurturing relationship; developing self-efficacy and the self-concept of the learner. Emphasis should also be placed on developing the learner while supporting and facilitating them through a combined system of teaching and learning, as well as by identifying creative and sensitive ways to stimulate learning in a nurturing way. By means of these, nursing learning would be supportive and may attain successful learning achievements. T'Kenye (as cited in Pratt, 1998) states

“At best, good teaching can facilitate a meaningful engagement between a learner and the content. At worst, teaching can be a source of diminished self-efficacy, convincing learners that they are not cut out to succeed, or not inclined to learn” (p. 151).

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