Facilitating the Application of Theoretical Holistic Health Concepts to Professional Practice Through Action Learning

Sarah Kong, Teresa Lau, Frances Wong and Alice Loke
Hong Kong Polytechnic University

Abstract

The concept 'Holistic Health' is not new to the nursing profession. It is the health care practice that aimed to maintain high level of wellness and all components of health within the individual, family and community. Like many other health care practices, it is easily said than done. The concept 'Holistic Health' and its practice have been introduced to one of the post-registration bachelor of nursing program for over four years. The observation by the teaching team demonstrated that students learn primarily to fulfil the requirements of the course assignment. Most students were able to recite, recall or describe the main components of the concept, yet, these isolated components were mostly not integrated into a coherent whole nor, were these components being related to their previous nursing knowledge and experience of the real world. An innovative design that aimed at deep and active approach in learning was introduced through theoretical input, home visits, writing home visit report and reflective journal and, tutorials. The aim of this innovation is to facilitate an experimental and reflective learning strategy. It is envisaged that this strategy would enhance nurses' development of the necessary clinical competence in the delivery of holistic care and, would facilitate the internalisation and application of theoretical health concept to their day to day professional nursing practice.

The innovation were evaluated by a triangulation of methods

1. Entwistle and Ramsden' s (1983) Approaches to Studying Inventory
2. Home visit reports
3. Students reflective paper of each home visits

Initial findings indicated that students' progress from surface or strategic learning to deep learning is not significant. Most students remain relatively unchanged in their learning approaches. There is a slight shift of deep learner to strategic learners. This may be the fact that this course was packed with theoretical input, home visits and report writing that make it difficult to cope with the workload and, it is therefore, unrealistic for them to exercise their deep and active approach in learning. Despite the insignificant change in learning approach, the overall response to the course design was satisfactory. Home visits were defined by some students as 'it open up my horizon in family and community health... it is an area that I have never think of in my past nursing experience'. Students also reported an increased nurse-client satisfaction since their interaction is no longer build on 'illness oriented hospital based' foundation but an holistic view that integrating the past, present, future, health and lives of their clients.

Introduction

The goal of nursing education is to develop programmes that can facilitate student learning and its application to the practice. This endeavour is particularly important in adult education for the post-registration nursing students. The educational belief of the importance of the application

component into practice has motivated the teaching team to redesign the subject of 'Holistic Health Care' that facilitate the day to day application of the learned concepts related to holistic health care into nursing practices. Students are encouraged to relate new ideas to previous knowledge and actual experience. This may require students to adopt a deep approach learning style. The observations by the teaching team over the last few years in this subject have noticed that many students intended to learn primarily to fulfill the requirements of the course assignment. Though students are able to describe the main points objectively, some students were found to have difficulty in integrating different concepts into a holistic approach, not to mention the application of holistic concepts into real practice. Hence, the teaching team decided to design the teaching and learning arrangement to facilitate and encourage an active and deep learning approach in the hope of encouraging the application of 'holistic' theory into practice.

The deep approach of learning involved an active attempt to understand the meaning, to explain the evidence in relation to the conclusion and to relate the ideas to students' previous knowledge and experience. The surface approach was described as a tendency to memorise discrete facts or ideas, and to reproduce information later (Marton and Saljo, 1976).

According to Chickering and Gamson, deep and active learning can only be developed when it is promoted, supported and enhanced. Learning cannot be achieved just by listening, memorising and spitting out answers. Students must discuss what they have learnt and write about it. It is also important to provide students with opportunities to relate learning to past experiences and apply them to their daily lives (Chickering and Gamson, 1987). Adult students learn best when they are actually involved in their own learning about a current life situation (Emblen and Gray, 1990). Based on these recommendations and beliefs, the teaching team was motivated to change the subject design and assessment strategies. Tutorial session and home visit experiences arranged in this subject intended to facilitate deep learning.

To facilitate the application of theoretical concepts into professional practice, we used 'reflection' as one of the components in student assessment. Reflection is a method of learning and teaching through critical analysis of experience. Boyd and Fales (1983) described reflection as a process of internally examining and exploring an issue through an experience, which results in changed conceptual perspectives. Durgahee supported that student nurses showed an increase in critical thinking, listening and observation skills, and awareness of knowledge-in-use as a result of reflective learning and practice (Durgahee, 1996). The reflective journals and a final discussion paper were designed according to this principle. It is important to learn what our students have learnt and how that learning takes place.

Another purpose of reflecting during practice is for professionals to draw upon the vast array of knowledge they posses in exercising their professional judgement individually, efficiently, effectively and appropriately (Clarke, James and Kelly, 1996). Therefore, reflection could be viewed as a process to improve practice. The reflective parts at the end of each home visit report enable students to reflect after each practice. It is a process helping students to improve practice after each cycle of their home visit experience.

The aims of the action learning project are:

1 To facilitate the development and application of theoretical holistic health concepts to professional practice.

2 To monitor the possible progress of deep learning through theory- practice integration.

The Teaching and Learning Environment

The subject is designed for adult learners who are experienced registered nurses in health care settings. The subject 'Holistic Health' is a one semester unit. It is offered in the year 1 programme of the part time Bachelor of Science (Honours) in Nursing. The aim of the subject is to introduce students with the concepts of holistic health care and its practices to attain health and high level wellness within the individual, family and community. It hopes to broaden the students' outlook in practice and in general. It is important that the nursing students will apply appropriate theoretical concepts learned during the class and put into real practice.

The design of student activities and assignments aimed:

1 To enhance students' development of individual, family and community assessment skills in the delivery of holistic care.

2 To facilitate the application of theoretical health concept to professional nursing practice.

3 To facilitate an experiential and reflective learning strategy.

Method

Eighty-one Post-registration Part Time Bachelor of Nursing students studying the subject 'Holistic Health Care' at the Hong Kong Polytechnic University were invited to participate in the study.

The innovated teaching strategy for this subject was evaluated by a triangulation method: the pre- and post-Approach to Study Inventory (ASI) assessment (Entwistle and Ramsden, 1983); students' assignment reports (three home visit reports with reflective parts and a final discussion paper); and the subject evaluation from students.

At the beginning of the semester, students were asked to complete an Approaches to Studying Inventory (ASI; 1993 version) originally developed by Ramsden and Entwistle (1981). This served as a baseline measurement of student learning approaches. Students could chose to leave their names or secret codes according to their wishes.

The ASI instrument was divided into four parts. Part 1 consists of demographic data and background information. Part 2 consists of 30 items that focus on the approaches to studying (deep, surface and strategic), and the other 14 items exploring areas on 'Lack of direction', 'Self-confidence', and 'Metacognition'. Students were asked to indicate their agreements and disagreements according to a 5-point Likert Scale. Part 3 has 27 items related to 'study skills' in general terms. A 5-point Likert Scale ranging from 'almost always' to 'rare/never' was used for the response. The last part is the study of various 'influences on progress', in the search of factors affecting students' ability to study. This paper briefly reports the analysis according to the major subscales abovementioned in the Version 1993 which was supplied directly from the University of Edinburgh.

The Action Learning Environment

According to Action Learning Research, the teaching and learning activities in this subject were divided into three cycles:

Teaching activities	Student Home Practice	Assessment method
1st cycle: Individual health		
Concepts of Holistic Health Individual health + A case study + Video	First Home visit	Brief report with reflective journal
	↓	
2nd cycle: Family health		
Family health Family assessment Cultural diversity + Tutorial + Guest speaker	Second Home visit	Brief report with reflective journal
	↓	
3rd cycle: Community health		
Community Health Community assessment Women health Environmental and Occupational health Commuicable disease and epidemiology + Tutorial + Guest speaker	Third Home visit	Final Report

In the first cycle, lectures related to the concepts of holistic health and the health of individuals were introduced before the first home visit. A case study was discussed in a tutorial to prepare students for the first home visit. Clear guidelines and objectives were given prior to the home visit. Students were asked to write a brief home visit report with a reflective journal component after this visit. In the brief reports, students were asked to implement their health plans for their individual identified clients. In the reflective part, students were encouraged to express their sense of achievement, feelings of anxiety, empathy, compassion and frustration; their immediate rational/irrational reactions; their own learning needs; and their strengths and potential areas of development.

For the second cycle, lectures related to the health of the family, concepts of family assessment and cultural diversity were given before students' visits to the families for family assessments. A tutorial was given prior to the second visit to discuss the application of the knowledge, and problems arising from previous experience were also discussed. The tutorial was aimed to encourage expression of thoughts and articulation of ideas, to develop and facilitate students' problem-solving skills and a critical interchange of ideas. Another home visit report with a reflective journal component need to be submitted before the third home visit. The requirement for this report was similar to the first one except that students were asked to implement their health plans for their identified clients and the related family.

In the last cycle, students were exposed to a broader view of the concepts of health with the lectures of community health and assessment, women health, environmental and occupational health, communicable diseases and epidemiology. A tutorial and feedback session of similar nature was held prior to students' third home visits. The third visit report was originally planned but was cancelled according to students' expressed concern of a heavy work load.

In order to strengthen the theoretical input of the content, guest speakers were invited to discuss issues related to hospice care and primary health care. Video presentations related to the community health nursing practice and work of the occupational health specialist were also introduced during the course.

Upon completion of the three cycles of home visit activities, students were asked to complete the ASI (post-test) again to assess changes in their learning approaches.

A final paper compiling the home visit experiences was submitted for assessing their progress and learning approaches, as well as their personal feelings and critical thinking about the whole process.

The subject evaluation questionnaire consisting of 23 items was administrated at the end of the course. The questionnaire includes the following categories: organisation of the subject, motivation and interaction of students, workload, assessment, individual help and learning outcomes. The effect of the guest speaker lectures and video presentations were also included in the questionnaire. A 5-point Likert scale was ranged from definitely agree, agree with reservation, not applicable, disagree with reservation and definitely disagree.

Result

The Approach of Study Inventory

The Approach of Studying Inventory (ASI) was conducted both at the beginning and at the end of the term. The ASI measured at the beginning of the term established a baseline measurement of these students' approaches to learning and studying. The ASI measured at the end of the term aimed to appraise whether students' learning and studying approaches have changed. Only those

students who had taken both the pre- and post-ASI will be included in the study. Inventories that cannot be identified with the post-test as a pair were discarded. There were 75 students who took the pre-ASI (return rate of 93%), and 62 students who completed the post-test (return rate of 77%). Subsequently, there were only 56 valid samples in the study (73 %, 56 out of 81 students).

The student group consisted of 9 (15.8%) male students and 47 (82.5%) female students. Their ages ranged from 26 to 44 years old, with the average age at 33.

Using the SPSS statistical package, the t-tests for paired samples were used for the analysis of differences between pre- and post-measurements of ASI. Results indicated that there were no significant changes of the students' approaches to learning and studying as an outcome of this research study, except in the strategic approach in time management with $p=0.011$ (95%CI). However, it was a negative result, meaning students were found to be less strategic in time management at the end of the term when compared with pre-term score. The students reported that: (1) they were less organised in their study time in order to make the best use of it; (2) they have not tried to make good use of their time during the day; and (3) they did not work steadily throughout the course and left everything to the last minute.

There were no significant changes in the 'deep approach', 'surface approach', or 'strategic approach' of learning and studying. The results also indicated that there were no changes in other categories such as 'lack of direction', 'academic self-confidence' or 'metacognitive awareness of studying'.

The analysis on study skills gave some positive results. There were noticible changes in students' study skills in 'reading', 'organising study' and 'revision'. In the 'reading' category ($p=0.023$), students were shown to have spent more effort in reading to backup lectures, having less trouble in finishing reading and understanding the text better. In the 'organizing study' category ($p=0.009$), students also were found to be better organised in their study. They spent more time studying out of class. They were more clear about when and what to do and could concentrate better on work. In the 'revision' category ($p=0.034$), towards the end of the term, students were reported to have had less time to do revision, as they did not take note on what they read and did not think their lecture notes would be helpful for examination.

The Subject Evaluation Questionnaire

In order to investigate the students' attitude towards the restructured teaching and learning strategies, students were asked to complete a subject evaluation questionnaire. The questionnaires' reliability and validity were evidenced by its campus–wide adoption throughout the Hong Kong Polytechnic University. Twenty-one attitude statements were clustered under seven domains: organisation, motivation, interaction, workload, learning outcomes, assessment and individual help. Two statements relating to the efficacy of video interviews of the health nurses were added to the evaluation questionnaire. Using a 5 point Likert scale in which '1' represented definitely disagree and '5' represented definitely agree, students were invited to indicate their attitude towards each statement.

Forty-eight out of the 81 students who enrolled in the subject returned the questionnaire, giving a response rate of 59%. Of all the respondents, 92% agreed that the subject materials taught were relevant to their future career and personal development (mean = 4.17). 83.3% found that the subject was interesting to them (mean = 3.96). While over 70% indicated an affirmative attitude (mean = 3.81) to the support or assistant provided, the evaluation data obtained also suggested that the workload required in this subject was heavy when compared with other subjects at the same level (mean = 4.04). 85.4% of the respondents reported that the workload of this subject had been heavier than their expectation (mean = 4.19). Over half (56%) of the respondents reported having trouble in keeping up due to rapid pacing of the subject.

Table 1: Student Response in the Subject evaluation

Questions	Agree	Undecided	Disagree
Relevance to my future career and personal development	29%	6%	2%
I have found this subject interesting	83.3%	10.4%	6.25%
Sufficient help for individual	70.8%	16.6%	12.5%
Easy to obtain assistance	75%	15%	10%
Compared with other subjects at the same level, there has been a heavy workload	81.3 %	8.3%	10.4%
The workload has been heavier than expected	85.4%	10.4%	4.2%
The pace has been so rapid I had trouble keeping up	56%	23%	21%

Reflective Journal

The following points are found in students' reflective journals which yielded a number of common impressions and suggestions for improvement.

Feeling About Home Visit

Anxiety was the most commonly reported experience in the first home visit. A decrease in anxiety level was usually reported in the subsequent visits. Students' feeling about home visits were mainly affected by clients' reaction to the questions asked and the rapport built between client and student.

> I found it difficult to start the conversation with my client and keep it going. As I had never done a home visit before, I also felt uneasy while working in a strange environment where I was not able to seek immediate support from my colleagues. Although my client answered all my questions, I could feel that she was quite reluctant to do so.

> This is the first time that I initiated a home visit by myself. After communication and rapport building with the client, my fear and anxiety were reduced. It was a good chance for me to learn how to assess an individual's health and set a care plan for him.

Preparation Required for Home Visit

After the first home visit, students learnt that preparation and certain prerequisites were required beforehand to facilitate communication with the client.

> Time is a great problem: apart from long travelling time, inadequate experience in interviewing prolongs the interviews. If a check list were prepared before the visit, this could improve the control of time and assure that the appropriate data would be collected.

After Mrs Lam had expressed her feeling to me about her son's illness, I felt empathy towards her. However, due to my limited knowledge on counselling, I felt helplessness at that moment.

Enhancing Personal Growth

After the home visits, students noticed that family support was very important to the client. By sharing their own experiences with client, students realized they could achieve personal growth as well.

I found this family assessment a valuable experience for my personal growth. Aging and deteriorating health are something that everybody has to encounter. Sooner or later, I will face this issue of my aging parents or in the future, of myself. I am glad to have a chance to learn this beforehand.

During the exploration of strengths and problems with the Lau family, I also explored those of my parents and my problems with the Lau family. I feel that through an analysis of our own strengths and weaknesses, we can improve our quality of life by controlling our destiny. Also, with more understanding of the family, we have shared many valuable experiences and have found that we have grown at the same time.

The Value of Home Visit Activities

The subject design of home visit activities was valued and some students were able to relate this as a theory-practice integration.

Home visits are useful and crucial for students to understand the concepts and application of Holistic Health Care.

Home visits are a good experience. It gives us an insight of the community problems.

Discussion

The ASI was used to assess whether we have achieved the purpose of promoting deep learning among students. From the ASI analysis, we did not find out any significant change in the style of the students' learning approach. Change takes time. The design of the subject was packed within fourteen weeks. The time frame itself has restricted the development of deep learning. It was difficult to observe any obvious change and was also hard for students to change the style of learning they were used to and with which they were comfortable. The situation was complicated with the accumulated workload of the other subjects. No matter how they were interested in the subject, students would probably act accordingly just to get things done. Promoting active and deep learning is obviously more than a matter of good subject design, including the time span for positive development of students. It also calls for a blend of teaching and assessment workload. Students had reported a heavy workload and inadequate time to prepare the assignment after their home visit activities. From the results, we have been able to exclude the reasons such as 'lack of direction' and 'academic self confidence'. The situation may explain that teachers were energetic and enthusiastic in facilitating the deep learning approach but then were too ambitious in giving an inappropriate and unrealistic workload. Though the teaching and learning activities appear to have achieved active and deep learning, they may not be enough to evoke a full deep learning approach among students.

Students reporting a lower score in time management in the post-test of the ASI obviously reflected a self awareness of their own limitation in time management skills as the condition was

not related to the factors of 'lack of direction' and 'academic self confidence'. The result seems to reflect a usually observed situation of students behaviour at the end of the term when all assignments would be due and the examinations were approaching.

The findings in the 'study skills' categories of the ASI can probably explain some of the above results. Some students have made more effort in reading to backup lectures and spend more time in studying out of class. Obviously, when approaching the end of the term, students were having less time to do revision and were not taking note on what they read. We found that students were not organising their studying time carefully and making the best use of it. Possibly, students were not working steadily throughout the course, whereby everything was left until the last minute.

The review of assignment report and reflective journals in the assessment of deep and active learning was indirect and limited by students' writing style, language expressive power and the structured design of the home visit activities and reporting format. The achievement (grading) of assignments can only reflect the fulfilment of subject requirements but not the learning approach.

For future planning of similar home visit activities and report writing, it is suggested that students become well prepared for the visits. That may include the enhancement of interviewing skills, problem solving skills and guidance, and supervision from an experienced person. If these are not possible, the students might be allowed to do their home visits in pairs. They can provide mutual support and share ideas. The feelings of inadequacy and stress can thus be reduced. This will also solve the problems of safety concerns during home visits.

Though prepared with lectures and tutorials, students remain feeling inadequate and not well prepared. A longer duration of the subject design is suggested to prepare students for a desirable change. More emphasis in the health oriented approach should be introduced in the subject to enable students to know what to expect and what to do with healthy people and families. Guidance that is specially designed for helping healthy family should be incorporated into the subject design. A prerequisite of the knowledge in interviewing skills, assessment skills and problem solving skills is important for the preparation of the students.

Limitations

Some limitations that remain unsolved include the large group teaching method that tends to lock students into a passive role as recipients of information. The syllabus that is packed into the fourteen-week semester has also made regular pausing for revision rather impossible. The short duration of the semester period and the packed syllabus have caused over half of the students to report a rapid pace of the course and that they have trouble in keeping up. It is not surprising to find that there was not much change in the learning approach according to the ASI measurement.

The data gathered from reflective journals may be limited by the writing skills and expressive power of individual students. This has become even more complicated by reporting with a second language. The effort and interest to the home visit activities of an individual student may not be reflected explicitly in the reflective journal. Also, we are faced with the dilemma of giving home visit guidelines and clear objectives of the activities. These facilitate the process of home visits by giving clear instructive guidance in hopes of reducing anxiety of the activities. But, at the same time, we might have confined their structure of reports and limited their expressive power. For the same reason, the change of learning approach cannot be measured by the reflective journals. Obviously, the change of learning approach reported from the ASI does not relate to the performance of the students (refer to the score of the assignment). In fact, most students follow the structure of the guidelines given in the tutorials for the home visits and writing up of reports. Therefore, most reports were client oriented, which has weakened the self-reflective power of the

journals. This situation has made the assessment of change of learning approach difficult by just reviewing their assignment reports.

Conclusion

To facilitate students to adopt effective active and deep learning, a good design of the subject incorporating the required teaching and learning activities in a reasonable time frame is essential. To enable students to overcome difficulties during the process requires a more realistic and careful design of the workload and preparation of student prerequisites. The lectures' assistance and helpfulness are also important qualities to facilitate students' acquisition of meanings and development of an interest to the subject.

Acknowledgement