Student centred teaching methods in a Chinese setting

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S U M M A R Y

This paper offers a discussion about using Western, student centred teaching methods with Chinese student nurses. There is increasing interest from Chinese nurse educators in student centred learning and an increase in partnerships between Chinese and Western universities. This paper suggests that the assumption that Western teaching methods are superior is now questioned and transferring Western style teaching to China requires a high degree of cultural sensitivity.

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Introduction

As China’s nursing community opens up, there are an increasing number of partnerships between Western and Chinese universities and a globalisation of Chinese nursing (Hong-Gu, 2006; Xu, Xu, and Zhang, 2000; Zheng, Hinshaw, Yu, Guo, and Oakely, 2001). Xu, Xu, Sun, and Zhang (2001, p. 179) describe how the current buzzword in Chinese nursing literally means “to connect with the international track” or to “integrate into the global nursing community”.

This paper reports on how lecturers from one UK University taught two groups of Chinese student nurses, using experiential, student centred approaches and then reflected on some of the issues that arose. The value of using such methods in China will be explored in the light of recent criticism of “cultural cloning”; the grafting of teaching methods from one culture to another (Nguyen, Terlouw, and Pilot, 2006). Chinese and Western teaching methods will be contrasted and, following an evaluation of the teaching experience, the effects of using student centred, experiential learning in China will be discussed and some suggestions made for how such teaching may be managed effectively. Although changes to Chinese nursing teaching methods may be necessary if Chinese nursing education is to move in the direction which will most benefit Chinese healthcare, these changes must be managed with cultural sensitivity.

A model of mutuality should govern knowledge transfer relationships between China and the West so that equity, autonomy, solidarity and participation become guiding principles (Xu et al., 2001). It is important to use constant reflection on the relationship, on conversations and negotiations, to avoid the “exploitation, penetration, fragmentation and marginalisation” (Robertson, 1992, p. 178) which have characterised the imperialist relationships between East and West in the past. Reflecting on Hayhoe’s (1989) interpretation of these guiding principles, we enabled equity by ensuring that aims were agreed jointly. Autonomy was ensured by conscious respect for the sociocultural values and traditions of our partners. Solidarity was ensured by the expectation that whatever was suggested from the West was analysed and interpreted by our Chinese partners to ensure acceptance and adaptation into Chinese ways of thinking. Full participation and mutuality was cultivated by constantly seeking what Western nurses could learn from Chinese ways of working; this was not a one-way street. Following these principles meant that reflection on the teaching methods we were using and their value and efficacy in Chinese culture was necessary, and this forms the basis of this paper.

Background

The University was approached by Guangxi Traditional Chinese Medicine (TCM) University, Faculty of Nursing, in Nanning in South East China. Nanning is a city of 6.4 million people; it is 990 miles from Shanghai and almost twice that distance from Beijing.

An exploratory visit by lecturers from the UK University led to two periods of five days teaching with two English speaking Chinese lecturers observing.

The Guangxi Faculty of Nursing (GFN) aims were to have demonstrated Western classroom teaching methods and to see how some professional concepts, which their own curricula did not include, were taught. This therefore formed the aims of the teaching programme.
Chinese teaching methods

To the Chinese student, the teacher is the source of knowledge (Doyle, 2005) and is not usually argued with. Hessler, an American who wrote of his experience as a teacher and student in Sichuan says, “In China, a teacher is absolutely respected without question...The teacher teaches and is right, and the student studies and is wrong” (Hessler, 2001, p. 68), Wang and Farmer (2008) argue that the traditional text based, teacher centred teaching methods used in China, tend to focus on the lower three levels of Bloom’s taxonomy; knowledge, comprehension and application, developing memory skills at the expense of critique and evaluation (Wang and Farmer, 2008).

Their research confirms that Chinese educators favour teaching in these three lower levels of cognitive thinking and depend on rote learning, memorising and lecture (Doyle, 2005; Liu, 2006; Nguyen et al., 2006; Wang and Farmer, 2008). Consequently, teaching in China is usually seen as transmitting knowledge and not facilitating individuals to construct knowledge, as in the West. In China, as in many Asian countries, it is not usual to question a teacher or to criticise a text (Burnard, 2006). According to Wang (2007), flexibility, problem solving, critical thinking and independent learning are not traditionally considered important. Chinese teachers depend on the textbook, which is often the same one used throughout the country (Wang and Farmer, 2008). Students do not dispute with teachers and, “analysis, synthesis, evaluation and creation are not encouraged” (Wang and Farmer, 2008, p. 5). Biggs (1996) states, similarly, that teachers in China are regarded as the authority and that this approach, besides being part of Chinese tradition, is also encouraged by Government policy by enforcing the use of standard textbooks, as in nursing, and by highly prescriptive, centrally controlled curricula. For teachers to challenge this authority could put one’s job at risk. The roots of this approach are said to lie in Confucianism which instructs that teachers, who wrote of his experience as a teacher and student in Sichuan (Doyle, 2005) and is not usually argued with. Hessler, an American who wrote of his experience as a teacher and student in Sichuan says, “In China, a teacher is absolutely respected without question...The teacher teaches and is right, and the student studies and is wrong” (Hessler, 2001, p. 68), Wang and Farmer (2008) argue that the traditional text based, teacher centred teaching methods used in China, tend to focus on the lower three levels of Bloom’s taxonomy; knowledge, comprehension and application, developing memory skills at the expense of critique and evaluation (Wang and Farmer, 2008).

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Chinese teaching methods such as rote learning and didactic teaching are blamed by Chinese scholars for producing a lack of creativity in Chinese nursing which has contributed to keeping nursing in its low status position (Li, 1999, in Chinese, cited by Chan and Wong (1999) and Xu et al. (2001). Whilst Western teaching methods are thought to have the potential to encourage critical thinking and lifelong learning which, it is believed, will improve Chinese health care and the status of nurses (Chan and Wong, 1999; Hong-Gu, 2006; Thobaben, Roberts, and Badir, 2005; Yu, 2008). At a nursing conference in 1999 about nursing in Hong Kong and China, 25% of papers were about innovative teaching methods (Chan and Wong, 1999).

Western teaching methods

Western teaching methods emphasise critical thinking and evaluating arguments, considered to be higher order thinking which focuses on interpretation and analysis (Wang and Farmer, 2008). Critical thinking is today considered to be one of the skills which student centred learning fosters. Student centred learning shifts the focus of power, in terms of what is learnt and how it is learnt, from the teacher to the student. Students learning in this atmosphere are said to be less “passive, apathetic and bored” (Rogers, 1983, p. 25) and so are likely to learn more. These approaches, which include group working in general, experiential, learning, and learning from reflection, are constructivist; knowledge is built up from within the individual student or the group, through collaboration; it is not dependent on the teacher. In fact these methods deliberately aim to break down the assumption of the teacher as expert.

Knowles popularised the theory of andrology on which most Western adult learning is based, it suggests that adults will only learn what they think they need to learn, they need to be allowed self direction and their experience is their richest source of learning (Knowles, 1990, pp. 57–63). Students on a student centred programme may write their own learning outcomes, enter into a learning contract and plan their own curriculum. Kolb’s experiential learning cycle (Kolb, 1984) explains how experiences in practice can be transformed into learning experiences by means of reflecting on them and repeating the same situation with new knowledge and a fresh view. To underpin the cycle, reflective critical thinking (Johns, 2004) is taught. Experiential learning therefore consists of experiencing and then transforming this experience into new knowledge by means of reflection (Burnard, 2002). Once students have had clinical experiences they are mined in the classroom for their learning potential. In the process, the student learns how they can do this for themselves, without the teacher, following qualification, encouraging lifelong learning. New experiences can be created in the classroom in the form of role play situations and group discussion and reflection, where students learn from each other and construct knowledge together using learning resources. Learning can be grafted onto new situations using scenarios, problems and enquiries, thus a cycle of reflection is created which student centred, collaborative, constructivist learning.

The importance, in the West of helping nurses to think critically and analytically by using reflection within experiential learning is well established (Johns, 2004). Reflection not only encourages a critical stance to one’s own practice, but also to that of others and the system as a whole. The nursing curriculum has long been used to promote critical thinking skills and disposition in nurses, so enabling them not only to better manage complex situations and make sound clinical decisions, but also to improve practice generally (Jasper, 2003).

The teaching experience

The students

GFN has three intakes each year of 1200 student nurses entered on diploma (three years), degree (four years) and degree with English (five years) courses. The group volunteered and was then selected on interview from the Degree with English programme. The 20 students on the first course and 30 on the second, all spoke good English. All were approaching their final year.

Content

Chinese nursing curricula tends to be physiology based with a strong element of Marxist theory, the thoughts of Mao Zedong and Deng Xiaoping and military studies (Sun, Xu, Xu, and Zhang, 2001; Thobaben et al., 2005). It tends to be low on autonomy, policy, cultural diversity and professional issues (Xu, Davis, Clements, and Xu, 2002). The content of the proposed teaching reflected these deficits and, at the request of GFN staff, included; autonomy of the nurse and the patient; nursing in culturally diversity; reflective practice; evidence based practice; accountability; managing conflict; ethics, and care planning, amongst other topics.

Teaching methods

This included group discussions and collaboration, reflection, role play and scenarios. The option of enquiry based learning was
considered but currently, the knowledge resources available were too sparse.

The students were presented with two detailed cases and in groups of five, planned care and identified the knowledge required for practice.

The students presented their plan on flip chart paper which was presented by one of the group, followed by questions from the rest of the students and tutors.

Students were encouraged to reflect individually on what they were learning by keeping journals.

The students observed us in a role play and took part in a role play themselves. The situation was that of an elderly patient who did not want to enter a nursing home and a tired doctor who just wanted to sign the forms. The role play demonstrated the difficulties of being an advocate and how this might bring the nurse into conflict with another professional.

Two English speaking tutors observed the teaching and introduced occasional translation and clarification. The students introduced themselves and individually suggested their own ground rules.

**Evaluation**

Despite the fact that they were not used to participating in class and working in groups, the students found no difficulty in speaking out. In fact the students were very willing to stand up and tell us about themselves, to contribute ground rules, act in role play, present their group findings and express their opinions. They vied with each other to represent the group; even those who were evidently shyer and had weaker English competed for the role. In a similar British group there would have been some who would hold back, but all of these 50 students were eager to place themselves in the spotlight. What they did less of was to disagree; although they were willing and proud to point out where the Chinese way of doing something was different. It was evident that within each group, students helped each other and would push the more knowledgeable students to give their opinion. Weaker students caused concern, with fellow group members interrupting to explain for them, so that the performance of the group was not compromised.

The students were challenged by having to construct much of the knowledge for themselves collaboratively from their limited text books and experience and each other, and also by seeing their tutors make fools of themselves in the role play and declining to be always the ‘expert’. The students took easily to the idea of reflection and while their reflective abilities were only rudimentary in knowledge, the students could bring to the classroom and contributed to their progress or your performance, may not be true; or on monitoring the dynamics of groups. Students may be unwilling to admit that they or their group are struggling, either to save their own face or to protect their teacher from feelings of inadequacy, as this will affect relationships (guanxi) and the harmony of the whole class. Efforts to protect the group may result in plagiarising, as students help each other, and risk avoidance, so as to avoid possibly making mistakes (Melby et al., 2008; Wang, 2006).

On the ‘uncertainty avoidance continuum’ (Nguyen et al., 2006), CHC nations score highly which reflects a desire for order and predictability, which could be problematic in using open ended fluid group work such as problem based learning.

Whilst Confucius taught the importance of maintaining the teacher student relationship, he also taught that learning must include critical reflection and learning from experience (Wang and King, 2009). However in Western nursing reflection comes before the development of skills, whereas in Confucian thought, reflection should come after a skill has been learnt thoroughly by repetition (Wang and King, 2009). In the UK, students carry out acts of nursing very early on in their training in order for them to experience and reflect. Whereas GFN students practice skills in classrooms on models (and each other) for years before approaching patients. Tutors at GFN seemed shocked that we allowed students to ‘practise’ on patients.

Their lack of nursing experience inevitably limited the material the students could bring to the classroom and contributed to their idealism about nursing, making ‘experiential’ learning, in that sense, almost impossible. Their clinical experience prior to
registration was to be an 8 month practicum in their final year, in line with the national system. This is one of the areas of Chinese nursing which is under debate (Xu et al., 2000). The current system is convenient for health facilities and undoubtedly, having students earlier in their education would require a much greater degree of supervision from the practice area.

However, the reflective aspect of experiential learning was easily accepted by these students which may have been because the notion of education moving people toward 'sagehood' by developing the self through inner experience is embedded in Confucian cultures (Wang and King, 2009).

Biggs (1996) suggests that criticisms of Chinese teaching methods may be the result of a lack of understanding and Wang (2006) also explains that memorisation is intended to prepare for understanding and can lead to deep, not just superficial, learning as it always supposed and therefore it has its place.

In terms of content, it became clear that it is inappropriate to think that one can transfer a Western module into an Asian culture. We constantly had to ask ourselves whether we were teaching to a "global standard" and as one expatriate teacher said "is it right to teach students what they cannot practice" (Melby et al., 2008). In this respect, problem based learning would be ideal as it is more possible to construct culturally contextualised knowledge, however it does depend on the availability of resources (Conway, Little, and McMillan, 2002).

Despite the positive evaluation of the students and GFN staff, the question must be asked whether it is a necessary or positive thing to introduce Western teaching methods into a Chinese nursing context. I would suggest that it is both necessary and positive. For nurses, the issue is not only how to learn their craft, for which Chinese teaching methods have proved satisfactory, but how to increase their status enough to influence Chinese healthcare if it is to develop and modernise. It nurses are to be part of that process it could be argued that they need the critical thinking and evaluation skills which student centred and experimental learning will help them to develop. Another reason is that education beyond registration is sparse in China with only few mandatory elements for credit required. This is very teacher orientated with lectures for large numbers being the norm and no clinically based possibility to gain credit (Xiao, 2006). Arguably learning methods which do not depend on teachers will be needed to expand post qualification education. Also, Chinese educators have a responsibility to prepare their students for Western styles of learning if they are to be able to work and learn internationally. These are concerns which other disciplines do not have to the same degree.

Whilst it has been argued that Western and Eastern methods of learning are opposed, with CHC learning being inferior, this idea is increasingly being revised with more appreciation of difference instead of deficiency (Ryan and Louie, 2007; Wang, 2006; Wang and King, 2009). The question for nurses is therefore, how the better aspects of these two expressions of learning, can complement each other so that globally, student nurses can grow and develop with the benefit of both systems. Some key practical strategies in the classroom could be:

1. Student groups should have leaders in order to maintain the principle of unequal relationships.
2. There should be a balance between collaborative group work and 'teacher' led sessions.
3. Teachers should not expect to evaluate their teaching by asking the opinion of students. The effects of teaching can be evaluated by the quality of discussion and results of testing. Where evaluation by students is used, this should be balanced with other means of evaluation.
4. The teacher should ensure a balance in the classroom between occasions when they expose themselves to ridicule and admit ignorance, and occasions when they adopt the 'expert' role.

The motivating factor for using student centred learning in Chinese nursing education should be its value, and not notions of Western hegemony (Melby et al., 2008). What this reflection and analysis has taught me is that firstly, teachers entering into these kind of partnerships need some knowledge of the history and culture of Chinese teaching methods in order to avoid rash judgements about their incorrectness and second, constant reflection during planning and following teaching is essential to maintaining ethical and mutual partnerships.

Hopefully, our Chinese colleagues will continue to learn from Western ways of nursing education and integrate as much or as little as they think will be helpful into their own curriculum.

The experience of teaching nursing in China was as profound and life changing for us as it appears to have been to our Chinese students. As one student put it on her evaluation, 'The most important thing is, you make me more powerful'.

Conclusion

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