The Effectiveness of the Real-case Online-based Learning on Nursing Care Plan Self-efficacy

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Abstract

BACKGROUND: Online learning has become a new thing that is adapted and supports the learning process, including in nursing education during the COVID-19 pandemic. However, various studies report that there are limitations to conduct the online learning.

AIM: The objective of the study was to identify the effectiveness of the real-case online-based learning in understanding the nursing care plan process and, self-efficacy from the students’ perspective.

METHODS: Mix methods; explanatory sequential designs. One-hundred and fifty-seven respondents participated in the quantitative approach (64 students in the intervention group and, 93 students in the control group). Six students among the quantitative approach were participated in the qualitative approach. Mann-Whitney’s statistical approach was used for the quantitative approach, while Colaizzi’s method of data analysis was used for the qualitative approach.

RESULTS: There was no significant difference between the control and treatment groups in the nursing care plan (p = 0.13) and student self-efficacy (p = 0.45). In addition, there were five themes identified by the students’ perspectives regarding the real case online learning, including: 1) opinions on learning, 2) the feelings experienced during the learning, 3) learning benefits, 4) learning barriers, and 5) expectations of learning.

CONCLUSION: The real case online learning provides a different atmosphere including more interesting class, interactive interaction with the patients directly and providing positive experience for the students in the form of seeing the real cases online. The infrastructure/facilities (internet availability and stability) are important factors in the online learning process. The real case online learning is recommended as an alternative of learning that is more interesting and interactive involving the patients, students, and direct supervisors. Further research on the learning process of nursing care with a mixed system; limited offline and online cases with real, comprehensive, and interdisciplinary approaches are recommended.

Introduction

Coronavirus Disease-19 (COVID-19) pandemic has impacted negatively on various sectors of life, including the education sector such as the nursing learning process [1], [2], [3]. Various online learning innovations have been developed to support the achievement of nursing learning goals during the COVID-19 pandemic using the existing technology [4], [5]. Online learning has been adapted and supports the current nursing learning process [6]. However, there are limitations of the online learning [7]. One of those is the stress experienced by the students because of the internal and external factor [8], [9]. Therefore, active and patient-focused learning model are needed for the students with technology support without leaving the aspects of nursing values.

In general, nursing learning objectives emphasize the ability to demonstrate the value of caring professionally; altruism, human dignity, patient safety, and focus to provide the basic needs of the patients with holistic approach [6], [10]. Several studies reported that active learning strategies increase the cognitive level and increase the students’ problem decision making skills [11], [12], such as problem base learning (PBL) [13], [14]. The studies shown that PBL has a positive effect on academic achievement [14], improves the students’ analytical, and problem solving skills (critical thinking skills) [13].

Interaction and communication directly (offline) are the key to a successful PBL learning [15]. Online learning also involves practitioners as role models, performs role plays, and involves patients as a source of case-based learning which was reported to help students to obtain information actively, comprehensively and increase the students’ satisfaction in an interactive learning process [16], [17]. Therefore, studying the implementation of an online-based PBL approach as a policy basis in implementing strategies or learning models that can facilitate students in achieving nursing learning goals in the era of technology and the current COVID-19 pandemic situation is needed. The study is aimed to determine the effectiveness of the online learning...
real case-based learning model on nursing care plan process and self-efficacy from the students’ perspective.

Methods

Study design

The research used a mixed methods approach; explanatory sequential designs that start with a quantitative approach and continue with a qualitative approach to get comprehensive results [18], [19]. The quantitative approach with post-test control group design was conducted. Then, in-depth interview was conducted to explore the student experiences on real-case online-based learning on nursing care plan self-efficacy.

Sample/participants

One-hundred and fifty-seven students who took the Medical Surgical Nursing practice course at nursing study program, Aisyiyah University Yogyakarta, Indonesia, in the 2021/2022 academic year were included in the qualitative approach. We divided them into two groups: Intervention group (64 students) who were received the online learning with the real case involving the patient using zoom meet and, control group (93 students) who were received the online learning with paper-based case. Six students among the quantitative approach were participated in an additional description data collection by in-depth interview.

Ethical consideration

The research was carried out in accordance with the Helsinki Declaration Principles. Moreover, the study had been obtained approval from the Ethical committee (Number 1806/KEP-UNISA/VI/2021). All participants provided written informed consent before conducting the interviews.

Data collection

Self-efficacy questionnaire was used to measure three domains including; magnitude, strength, and generality of the students. The questionnaire had been tested for the validity and reliability using Alpha Cronbach. The validity test of the 13 items showed r count > r table (0.12) and the results of the reliability test showed alpha 0.809. Nursing care plan assessment university checklist sheet consisting of assessment, data analysis, determining nursing diagnoses, and interventions was used. The scoring of the assessment of understanding the nursing care consisted of 4 ranges, namely, (1) not appropriate, (2) quite appropriate, (3) appropriate, and (4) very appropriate. The qualitative data were garnered through in-depth interviews (40–60 min long). We also employed field notes to capture conditions that emerged during the interview sessions. The interviews were conducted through video call and recorded based on the participants’ informed consent. The trustworthiness of this qualitative study was assured by four criteria: Credibility, dependability, transferability, and confirmability (16). Credibility was promoted by the researchers’ prior engagement with the students who have experienced with online learning methods. Member checks were also used, that is, the results were brought back for the participants to confirm. Dependability and confirmability of the data were enhanced by keeping an audit trail, peer debriefing, using reflexive journals to record ideas and thoughts regarding whether the data were collected sufficiently, appropriateness of data coding and categorization in data collection and research meetings. Finally, transferability of the data was established by rich descriptions of the contextual conditions of the study phenomena.

Data analysis

Mann-Whitney’s statistical approach was used to compare the differences of nursing care plan and self-efficacy between groups, and Colaizzi’s method of data analysis was used for the additional data. The researchers conducted the data analysis from the recorded data, changed the results of the interviews from voice recordings into written form verbatim. Field notes on the participants and participant activities completed the results and it functioned as the addition to the analysis; including conducting member checking, triangulation, detailed transcription, systematic plan, and coding [20]. Then, it was transcribed word by word. The researchers then determined the keywords, categories, sub themes and themes. Finally, we collaborated the quantitative and qualitative findings for obtaining the comprehensive conclusions.

Table 1: Frequency distribution of the respondents

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency (n = 157)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>11</td>
<td>7.00</td>
</tr>
<tr>
<td>Female</td>
<td>146</td>
<td>93.00</td>
</tr>
<tr>
<td>Group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intervention</td>
<td>64</td>
<td>40.80</td>
</tr>
<tr>
<td>Control</td>
<td>93</td>
<td>59.20</td>
</tr>
</tbody>
</table>

Results

There were one-hundred and fifty-seven students involved in this study, 64 students (40.8%) in the intervention group who participated in the online
real case learning activities and as 93 (59.2%) students participated in the online paper-based learning activities. Meanwhile, the distribution by sex was mostly female (93%) (Table 1). The distribution of the frequency of self-efficacy by group mostly stated that the self-efficacy was in the moderate category (66.9%) (Table 2). The bivariate test was used to determine the difference in nursing care plan scores and self-efficacy using the Mann-Whitney statistical approach obtained p-value for nursing care plans of 0.138 and self-efficacy of 0.450 (Table 3).

<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>Mean Rank</th>
<th>z</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing care plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intervention</td>
<td>64</td>
<td>85.34</td>
<td>-1.48</td>
<td>0.138</td>
</tr>
<tr>
<td>Control</td>
<td>93</td>
<td>74.63</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-efficacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intervention</td>
<td>64</td>
<td>76.30</td>
<td>-0.756</td>
<td>0.450</td>
</tr>
<tr>
<td>Control</td>
<td>93</td>
<td>80.85</td>
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</table>

Discussion

This study found there was no difference in the score of the nursing care planning process, self-efficacy between the online real case group and, paper-based case methods group. In addition, several findings from additional students’ perspectives were found by in-depth interview, including barrier, expectation, and technology support system needs. Advance technology was improved and, COVID-19 pandemic situation “force” the acceleration or modification and, adaptation and also adoption in the learning process for all generations including the lecturers and the students. It is noticed that there are limitations to use the online learning, so it is necessary to evaluate the online learning. It was supported by the previous studies which reported virtual interaction with the patients can be done but did not significantly provide more learning outcomes compared to paper-based or offline learning. The studies informed that online learning as a supplement in offline learning [21], [22]. It was implied that the offline learning with face-to face meeting was still important.

There are various obstacles in the online learning that cause the learning process to be less than optimal. Some studies reported that the internet connection and facilities owned by the students and, also tutors were the important factors that become a “barrier” in online learning [7], [23]. It was supported by the additional student perspectives findings of this study which reported that internet connection is an “obstacle,” thus, our findings indicate a limitation “barrier.” Internet connectivity had varying degrees across different countries, and influenced the online learning [24]. However, on the other hand, there are positive responses by the participants that the modification of activities carried out using online real cases provides variations in learning, including interesting learning, interactive lesson and can be felt directly because it uses cases that can be seen directly.

In terms of the preparation of the nursing care plan process, there is no difference between groups, this also generally occurs in students’ self-efficacy towards abilities in nursing which are relatively the same in both groups. Self-efficacy is a belief/confidence that must be possessed by the students to succeed in the learning process. The high self-efficacy in nursing learning will help to narrow the gap between theory and practice and, increase the students’ confidence in carrying out activities related to health services. The majority of the respondents in both groups have a moderate self-efficacy category. It is supported by the previous research which informed that most of the nursing students had high self-efficacy when using online learning methods [25]. In contrast, another study confirmed that the majority of the nursing students had poor overall self-efficacy as well as domain wise online learning self-efficacy [26]. Another study reported online–offline learning was found effective in improving nursing students' knowledge and attitudes [27]. It implied the varied outcome among the study of online learning for students' self-efficacy. Based on this study, confidently concluded that the real case learning method give benefit and positive experienced for nursing students’ self-efficacy.

Self-efficacy is a cognitive variable that affects attitudes and behavior. Perceived self-efficacy can be influenced by direct experience, vicarious experience, or verbal persuasion. Previous research suggests that individuals with high levels of self-efficacy show confidence in their abilities and have perseverance to achieve the expected learning goals [28]. Self-efficacy is a good indicator to predict the performance of nursing students in clinical practice [29]. Self-efficacy can also be interpreted as belief in one’s ability to take action to manage future situations [30]. Increased self-efficacy can foster independence and self-confidence [31]. The previous research has shown that job satisfaction and intention to stay in the profession are influenced by a person’s level of self-efficacy [32], [33].
There are several suggestions to improve self-efficacy of the nursing students, including: 1) The students should have the opportunity to practice clinical skills in a skills laboratory under the supervision of a clinical educator; 2) the students should receive ongoing and effective feedback throughout their studies; 3) clinical educators should provide a variety of clinical experiences for the nursing students; and 4) nursing students should be encouraged to act independently and under the indirect supervision of clinical educators when they reach a certain level of competence [34].

Self-efficacy in the offline learning is higher than in the online learning using the conference meeting method. However, the previous studies stated that there was no significant difference in the final results of nursing competence. A study showed that self-efficacy decreased in online learning with conference meetings is influenced by: 1) The internet connection; 2) support in learning; and 3) decreased interest in sharing information among fellow learning participants. However, studies report that conference meetings are a good alternative to gain insight and help in creating variety in clinical learning [35].

**Conclusion**

The online learning using paper based and real cases provides the students with relatively the same experience in terms of preparing nursing care plans and students’ self-efficacy in nursing care. However, the real case online learning provides a different atmosphere, which is more interesting, interactive interaction with the patients directly and provides positive experience for the students. Infrastructure/facilities (internet availability and stability) are important factors in the online learning process. The online real case learning is recommended as an alternative learning method that is more interesting and interactive which involves patients and students’ interaction and direct supervisors. Further research on the mixed learning method process in nursing care; offline and online real case, comprehensive and interdisciplinary approaches are recommended.

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**Authors’ Contributions**

Study conception and design: M and W; Data collection: DCA, M, and W; Data analysis and
interpretation: DCA, M, and W; Drafting of the article: W and DCA; Critical revision of the article: TVN.

References


