The purpose of this presentation is to discuss student learning styles and student outcomes in a psychiatric mental health nursing course as measured by overall grade point average (GPA), class grade, and student satisfaction survey results. The students were given a peer reviewed questionnaire at the end of the course to elicit information regarding learning styles, course satisfaction, and demographic data. This is important information for educators to determine how to best engage the next generation of students in the learning environment.

Albert Bandura developed the Social Learning Theory, which suggests that people learn from one another (Tomey & Alligood, 2002). Today the Social Learning Theory is referred to as the Social Cognitive Theory. Social Cognitive Theory is based on observational learning, self-evaluation, and self-efficacy (Bandura, 1986; Tomey & Alligood, 2002; Clark, 2008). Bandura suggests that the person’s nature explains learning where behavior, personal factors, and environmental factors all play a key role (Bandura, 1986). Social Cognitive Theory has been shown to have positive educational benefits in the areas of developing attitudes, beliefs, and performance skills (Bandura, 1969). Several advantages of Social Cognitive Theory have been noted, which include the focus on social aspects of learning and interaction of the environment and learner (Callery, 1990).

It is important for nurse educators to develop learning environments that promote self-beliefs, or self-efficacy, in nursing students (Clark, 2008). Self-efficacy is important in vicarious learning experiences, especially in collaborative or group learning experiences versus distance education learning experiences. Self-efficacy is also a major proponent in Social Cognitive Theory. Self-efficacy is the belief in the “capabilities to exercise control over [the] level of functioning and environmental demands” (Bandura, Barbarenelli, Caprara, & Pastorelli, 1996, p. 1206). Bandura (1997) also defined efficacy as “beliefs in one's capabilities to organize and execute the course action required to produce given attainments” (p. 3).

Self-efficacy shapes a person during childhood and an increased belief in efficacy leads to an increased choice in life as well as an increase in educational preparation and persistence. Bandura et al. (1996) surveyed 279 children ages 11-14, parents and teachers on social, academic, and self-regulatory behaviors and found that the child’s overall well-being and academic efficacy were linked together. Hodges (2008) states that “self-efficacy beliefs are context-specific and must be considered carefully as situations change.

The concepts of the Adult Learning Theory include the need to know, learner’s self-concept, role of the learners’ experiences, readiness to learn, orientation to learning, and student motivation (Knowles, 2011; Lehmann & Chamberlin, 2009). It is interesting to note that the Adult Learning Theory has viable applications to the Millennial student, since an adult is someone considered to be older than eighteen.

Members of Generation X are comprised of those generally born between the years 1960 and 1980 (Lohrmann, 2011; Niles, 2011; Weston, 2010). Generation X members tend to be independent, energetic, assertive, resourceful, and less loyal (Lavoie-Tremblay et al., 2010; Niles; 2011; Weston, 2006). Generation X grew up mostly in unstable family environments where parents were not around, but technology was abundant with microwaves, computers, and video games (Niles; 2011; Weston, 2010).

Millennials have a new set of characteristics different from previous generations due to varying life events as well as growing up in difficult and changing times. This generation is more racially and ethnically diverse as well as less religious than previous generations (Weston, 2010). Millennials believe that their
generation is special and unique, which is how their parents brought them up. There are seven main characteristics of the Millennial generation. Howe and Strauss (2000) state that Millennials are special, sheltered, confident, conventional, team-oriented, achieving, and pressured. This generation relies on technology as a way to make life easier while remaining connected with friends and family (Bennett, Maton, & Kervin, 2008; Bonaduce & Quigley, 2010; Pardue & Morgan, 2008). Technology immersion of the Millennials may be the most important aspect for an educator to consider when trying to meet the educational needs of this generation (Bennett et al., 2008).

According to Silverman (2006), there are three main types of learning style modalities: auditory-sequential, visual-spatial, and tactile-kinesthetic. Auditory-sequential learners use a step-wise process and learn from hearing material and being able to discuss the subject matter (2006). Visual-spatial learning takes place “all at once” and relies on images (2006, p. 71). The learning modality where the student uses touch and hands on demonstration is known as tactile-kinesthetic learning (2006). Learning styles, specifically styles where an individual can assimilate information learned, are important predictors of performance (Manochehri & Young, 2006).

It is important for nurse educators to take into account all the different aspects and individuality each student brings to the classroom. Educators should incorporate a variety of learning activities to keep all students engaged in the learning environment (Lohrmann, 2011; Tanner 2006). The Partnership for 21st Century Skills (2009) states that it is important for students to learn the essential skills, such as critical thinking, problem solving, communication, and collaboration, in order to succeed in the world. Educators can teach these essential skills through a variety of means. “Learning is mainly an active and self-regulatory effort in the learning environment” which fits into educating Millennials (Korhonen, 2004, p. 109). Educators must take into account the different and unique life experiences of all students in order to teach them effectively. Instructors must understand the students they are teaching and adjust andragogies accordingly.

There is research that suggests Millennials must be taught differently from previous generations (Bennett et al., 2008; McDermott, 2011; McWilliam, 2008; Reilly, 2012). This is a generation that likes a structured learning environment that is objective driven (Wilson & Gerber, 2008). Students also only want to be taught what they need to know in an environment that is conducive to their learning style (Skiba, 2005). There has been noted to be a movement from the “sage on the stage” to the “guide on the side” by instructors teaching this generation of students (Barnes et al., 2007; Bonaduce & Quigley, 2010; McWilliam, 2008; Skiba, 2005). The “old way” of didactic teaching with an instructor delivering a power point presentation in front of the classroom is no longer beneficial to student education (Bennett et al., 2008). Instructors are discovering that lectures are no more than 15 to 20 minutes in duration before the students are broken up into small groups for discussion and teamwork building exercises (Carlson, 2005). Some of these techniques can be carried over into the clinical setting with the use of simulation and standardized patients. McWilliam (2008) even goes on to state that the instructor becomes the “meddler in the middle” for the Millennial generation. The meddler in the middle notion involves the student and instructor as co-creators of the learning environment, where both parties share input and feedback.

An independent samples t-test was employed to identify performance differences between students in face-to-face interaction and distance education sections. A t-test was also performed to assess differences in course grades and GPAs of students who were in their preferred setting and those who were not. Type I errors were controlled for by using SPSS software.

A quantitative analysis regarding satisfaction was performed with a series of questions on a researcher-developed survey. For categorical responses on the questionnaire, such as age, gender, ethnicity, learning styles, and satisfaction counts and percentages are presented. All tests were conducted at a significance level of 0.05.

There were 110 participants who were eligible and agreed to participate in the study. There were 63 participants in the distance education group and 47 participants in the face-to-face interaction group. The majority of participants were 18 to 29 years of age (59.1%, n=65), female (84.5%, n=93), and Caucasian
The age distribution of the remainder of the participants was as follows: 23.6% (n=126) categorized themselves as between the ages of 30 to 39, 17.3% (n=19) categorized themselves as between the ages of 40-59. The majority of the participants, 42.7% (n=47) categorized themselves as visual and auditory learners, 32.7% (n=36) categorized themselves as tactile and visual learners, 24.5% (n=27) categorized themselves as other style learners.

Nurse educators know that engaging the learner is imperative to preparing students who will be critical thinkers. Research on the practice of active learning strategies suggests that when students are actively involved in thinking about what they do there are improved student outcomes (Braxton, Milem, & Sullivan, 2000). The use of active learning strategies in learning activities has demonstrated positive effects on problem solving, critical thinking, and persistence in college students (Braxton et al., 2000; Kuh, Kinzie, Buckley, Bridges, & Hayek, 2007). One way to develop effective teaching strategies is to better understand the background as well as current needs of nursing students. Student engagement of this new generation of students will help improve student outcomes.

Title: Creating Student Engagement in Psychiatric Nursing Education for the Next Generation

Keywords: Generational Learning, Learning Styles and Student Engagement

References:


**Abstract Summary:**
Psychiatric Mental Health nursing is an important component of the nursing curriculum, but the next generation of nursing students don’t want to pursue a career in this field. It is important for educators to engage these students in an active learning environment to improve student outcomes.

**Content Outline:**

1. Introduction
   1. Purpose
   2. Objectives
   3. Importance of psychiatric mental health education
   4. Definition of engagement
   5. Social Learning Theory
      1. Bandura
      2. Self-attribution
      3. Self-evaluation
      4. Self-efficacy
      5. Adult Learners
         1. Adult Learning Theory
         2. Generation X
            i. Characteristics
            ii. Age groups
   1. Millennials
      i. Characteristics
      ii. Age groups
   1. Who’s Next?
   2. Learning Styles
      1. Auditory-sequential
      2. Visual-spatial
      3. Tactile-kinesthetic
      4. Teaching Styles – Creating Engagement
         1. Styles – types and definitions, examples
         2. Motivating Students
         3. Small class vs large class
            i. Examples of activities
   1. Clinical Experiences
   2. Incorporating Simulation
   3. Standardized patients
   4. What Does the Evidence Show?
1. How do students identify?
   
   i. Generation
   
   ii. Learning style

1. How do they feel they learn best?
2. Conclusion
   
   1. Advantages and disadvantages
   2. What's next?

First Primary Presenting Author

Primary Presenting Author
Jennifer Graber, EdD, MSN, BSN, APRN, CS, BC
University of Delaware
School of Nursing
Assistant Professor
Newark DE
USA

Professional Experience: Dr. Graber is currently an Assistant Professor at the University of Delaware. She is a Board Certified Psychiatric Mental Health Clinical Nurse Specialist and has her doctorate in Educational Leadership. Jennifer has worked for over seventeen years as a psychiatric nurse in many roles and has taught psychiatric nursing for varying colleges. She is the recent Past-President of the Beta Xi Chapter and serves as a member on several committees within the chapter. In 2013 she received the Excellence in Teaching Award from Delaware Technical Community College. In 2014 and 2015 she was nominated by Delaware Today’s Top Nurses for her work as a Clinical Nurse Specialist in Mental Health. In 2015 she was nominated by Delaware Today’s Top Nurses for her work in Nursing Education. In 2016 she was the winner of Delaware Today’s Top Nurses as a Mental Health Nurse.

Author Summary: Dr. Graber is currently an Assistant Professor at the University of Delaware. She is a Board Certified Psychiatric Mental Health Clinical Nurse Specialist and has her doctorate in Educational Leadership. Jennifer has worked for over seventeen years as a psychiatric nurse in many roles including teaching. She has been actively involved in the Beta Xi chapter of STTI, holding numerous positions and serving on several committees.