

Every individual has a
specific way in which



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Every individual has a specific way in which they internalize and retain, new and known information. As this is the case theorists have tried categorizing people into different groups (Hatami, 2013). Stirling (2017) states that it is important to group a learner into one of the many learning styles, this is because once the learning style is realized there is lots of information and resources they are able to which may improve the way they learn. However, a problem is that the grouping tools are only as good as the information that has been inputted into them.

This means people may input information that was incorrect about themselves because of pride or some other reason, this can cause them to be grouped into a category that they may not actually belong to (Abdollahimohammad & Ja'afar, 2014). There are multiple online and offline tools that can be used to categorize me into a specific learning style group based on the model, the tool is usually a questionnaire and asks specific questions which requires the person to fill them out as best as possible to be able to accurately place the person in the correct group. After time and becoming used to my learning style can make learning easier, more efficient and less stressful. So, it is important when I take the questionnaire given by the different models, I answer truthfully. This is because being categorized into the appropriate learning style can help me improve the way in which I learn to make it easier and more efficient, allowing me to retain more information required for developing from a student nurse to an actual nurse. In 2013, Pritchard explains about many different types of learning style models, such as: the Myers-Briggs model; Kolb model; Felder-Silverman model; Dunn and Dunn learning styles.

However, in this assignment I am writing about the VARK and Honey & Mumford model. Fleming (2012) states that although many people perceive it as a learning style VARK is not actually, this is due to learning styles being based on a personal preference, so this could be the person's behavior and preference to want to study at a certain time of day. VARK focuses my learning and the way in which I prefer to learn, the ways in which people can learn are visual, audio, reading/writing and kinesthetic. On the VARK website there is a questionnaire in which can be filled out to find out which method suits me best. My best method of learning is kinesthetic, which means I prefer a more hands on experience and learn by interacting.

I am usually not as good at studying in a passive lecture setting, in which there is little to no practical element (Prithishkumar, & Michael, 2014). This all relates to me being a student nurse as now I know the best method in the way I learn I can change the way I try remembering information, so I can try ensure that I try mix studying with some sort of activity for example I could try getting someone to give me lots of different questions. Anderson (2016) presents that the Honey and Mumford learning style model looks at how people learn knowledge and from experiences, it also looks at their behaviour tendencies towards learning. The different categories are activist, reflector, theorist and pragmatists.

Honey & Mumford (2011) describes about how although each person is usually defined as one sort of learner, they do not always stay that kind of learner and can fluctuate depending on the contexts or situation. Fleming (2011) researches the difference in student nurses and their preferred style of learning between their first and last year. The preferred learning style is <https://assignbuster.com/every-individual-has-a-specific-way-in-which/>

dual learning between activist and reflector in the first year, whereas the dominant learning style within the last year was none of the learning styles. This is the case in student nurses as we need to be able to learn in different ways because of the different ways we are taught in university and out on placement. When being taught at University the method of teaching usually accommodates one learning style at a time, such as the practical makes it easier for activists to learn. Knowing the type of learning style that I am most dominant is important as it can help me identify the learning styles I need to develop to help increase the ability to intake knowledge. After taking the Honey and Mumford questionnaire, it deemed that I was categorized as an activist. This means that my strengths are that I am flexible and open minded, people in the activist category is also seen as living in the present, enjoying new experiences and not afraid from just having a go.

However, my weaknesses is that I may sometimes do an action without completely thinking about all of the consequences, such as a trial and error kind of approach. I am also able to become uninterested in activities quite quickly making me distracted from learning and not being able to obtain the information easily, such as in a lecture setting. It is important as I can make sure that after being taught in a style I am not dominant in such as a lecture which is bets for a reflector, I know after that I need to go back over what was taught to ensure that I remember the information and if not use a method more suitable for an activist. In 2015, Aliakbari et al. composes an article talking about different learning theories and their applications within education of nurses. There are many types of learning theories such as cognitivism, constructivism, humanism, behaviorism and andragogy

(Arghode et al. 2017). Social cognitive theory is a theory in which people learn via observation another's behaviour.

Busey (2015) states that social cognitive theory considers the links between people, behaviours and environments. The way in which a person behaves and interacts with other people is based on the interlinkage between intrapsychic factors within the specific individuals and the many environments that inflicts an effect on the individual. When the observer is watching other person's behaviour depending on their self-regulation and behaviour, this can change how effective the modeling of behaviour is. The key aspects are attention, retention, reproduction and motivation. Self-regulation is important within social cognitive theory as it can mean two people experiencing the same environment can have different experiences because one possibly having a higher motivation or are able to reproduce the behaviour easier. Bandura was able to shape the behaviour of children by exposing some to an aggressive model which was aggressive to a bobo doll by being violent to it, the children that were exposed to this also showed aggressive behaviour to the bobo doll whereas that not exposed to the aggressive model did not (Zimmerman, 2015).

The learning theory most relevant to student nurses is Bandura's social cognitive learning, due to within placement I have been assigned a mentor in which I follow and observe. I can use Bandura's social cognitive theory to help shape the way I act as a nurse. I need to ensure that when observing the mentor, I am giving them my full attention not being distracted. I also need to make sure I remember the information, I can help this by going over the information in my independent time and I can also make note, so I can

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come back to that information. When observing I also need to make sure that I am physically able to copy them and reproduce the actions that they do, this could be a physical skill or a verbal one, such as being able to take blood. Finally, I also need to ensure I am motivated to follow these key concepts to be able to learn and develop as a student nurse. Grove (2015) defines nursing research as a diligent study which validates and refines existing information while also helping to develop new concepts and new information.

Research within nursing is required to help educate nurses about information they may or may not know, helping to reassure them that they are performing to the highest of possible standard to ensure the patient is getting the best possible care (May, 2012). The research reassures the nurses because the information gathered from research can help to refine current methods that may already be applied in a healthcare setting or it can also help to introduce new and efficient methods that can help a nurse give the best possible care. Ellis (2010) states that there is a model which is used when researching, it is known as the SPICE model. It stands for setting, perspective, intervention, comparison and evaluation. The model helps to create the framework for a research project. Moule (2014) describes the relationship between research and the education of nurses, since 2013 England implemented a pre-registration is only offered at undergraduate level only.

This was done as the NMC desired that nurses should be able to have the capability to research and undertake complex assignments, they also wanted nurses that were able to use evidence to explain their decisions.

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These are all important characteristics which can help a nurse provide the best care possible with the recent valid and reliable information. Evidence is related to research as the research will usually lead to test or experiments which will then provide evidence. There is multiple definition for evidence based practise have been produced and they have evolved through time. Callum (2013) states about how evidence based practice can be defined as using relevant and reliable research to help a nurse to gather as much information before making decisions. Within Moule (2014) it explains that evidence based practise should promote a quality and cost-effective outcome, ensuring that the best and most recent evidence should be used to help a nurse's judgment. The NMC (2015) also agrees with this point as they believe that nurses should always be working with the best available evidence, this is evidence that is reliable, valid and relevant to the patient as it can make care for the patient safe and effective.

So, evidence is very important both for a nurse and student nurse, as the healthcare is an ever-changing subject which is always coming out with better or safer ways to treat patients. Within evidence there is a hierarchy, this hierarchy system was developed to allow researchers to identify which evidence was the most reliable and the best compared to others. The system allows for nurses to choose the evidence the hierarchy determines best to apply into practice. The hierarchy system is a pyramid with 7 different sections to it (Daly et al., 2007).

There are many different diagrams of the pyramid with different amounts of detail so Ingham-Broomfield (2016) explains 7 different levels within the pyramid, whereas Hopp & Rittenmeyer (2012) explain the hierarchy system <https://assignbuster.com/every-individual-has-a-specific-way-in-which/>

with 4 levels. Although the detail of the hierarchy system is different the main concept of it is the same. The bottom of the pyramid is the least reliable evidence and mainly contains ideas, opinions, anecdotes and editorials. Although while working as a nurse and having personal thoughts and experiences could be useful, being able to implement them is not always applicable. Editorials are mainly used to public use; however, they are not very useful when looking for scientific evidence to implement into practice. The next section up contains evidence such as case controlled studies and case reports. A case study is a detailed study of a specific subject and is usually seen with both quantitative and qualitative data.

A case study, case series or case report is usually one study on a specific subject, which limits the ability of the evidence to be able to be relevant to a wider audience. The next section up evidence from a cohort study. This is a study in which participants are categorized due to a risk factor they are exposed to, they are then observed to see the multiple different outcomes and they can then be compared to those given no risk factor.

Cohort studies are good but the problem with them is that the evidence is not as good at answering if there was a situation in which a participant would try improving their condition, random control trails (RCT) is nearly the highest on the pyramid as they are better and answering this question. RCT's tries to reduce the bias within experimental research. This can be done as participants are randomly put into different categories receiving different intervention.

To find out the result at the end of the RCT the researchers can measure effects that occurred in the different groups and then compare the different categories of participants. The hierarchy of evidence is important within nursing as it is a system in which nurses can easily view evidence and know which is better evidence to implement into a clinical setting.