

## **Technology-enhanced learning in transnational higher education**

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Some university schools of nursing in Australia and the UK have developed collaborative links with Malaysia to deliver part-time Transnational Higher Education (TNHE) post-registration top-up nursing degree courses. It enables nurses trained to diploma level to upgrade to a degree qualification. The views of 18 Malaysian nurses who had studied with at Australian and two UK TNHE universities were explored using a hermeneutic phenomenological approach. Participants recruited via convenience and snowball sampling methods were interviewed in English and Bahasa Malaysia (Malaysian language). Thematic analysis were used to analyse data. Findings indicated nurses' frustration with technology-enhanced teaching and learning and a lack of support throughout the programme. Although nurses developed confidence in using computer technology, they remained disappointed with the level of academic support. The data and some useful strategies outlined provide important insights for TNHE providers, the Malaysian Nursing Board and private hospital employers to consider for enhancing nurses learning and experiences.

**Key words: Transnational ■ Malaysia ■ Nurses ■ Information communications technology ■ On-line/distance learning**

### **Key Points**

TNHE providers raised their international profile and influence in Malaysia by providing top-up nursing degree programmes with ICT

Private hospital employers who embraced these programmes raised their ranking because their nurses were now Western-degree graduates with ICT skills

Pre-course orientation should be provided with explicit information and support given for required competencies such as essay writing, critical thinking and ICT

Assessment criteria should be clarified and step-by-step instructions or guidelines provided to follow from the very beginning to the end

After each teaching period (on each module), time to be allocated for synchronous online support for assessments, using Skype to enable face-to-face communication with all nurses in the cohort together.

Internationally, mobile programmes of study and institutions now define the global higher education landscape. In the UK and Australia, certain university schools of nursing are developing collaborative links with some private colleges linked to private hospitals, private Higher Education Institutions (HEIs) and public universities in Malaysia to deliver part-time transnational higher education (TNHE) post-registration top-up nursing degree courses. These courses are delivered by academics known as 'flying-faculty': they 'fly in' to Malaysia to block teach within 1-2 weeks and 'fly out' to return to their academic roles. The western HEIs' focus is on market expansion

and raising their international profile while Malaysia accepts these part-time programmes because there is a lack of local provision.

In the current climate of competitive development within HEIs world-wide, it has become a trend for teaching and learning experiences to include virtual campuses, e-learning or distance learning and web-based courses (Axley, 2008; Lahti et al, 2014). In the UK, information communication technologies (ICTs) play an important role in nurse education, to encourage evidence-based provision of care delivery within the NHS (Cook et al, 2010; Button et al, 2014).

In the context of this study, ICT refers to technologies that allow nurses to access the internet and online resources uploaded in the Managed Learning Environment of TNHE universities; they may produce and share ideas, use Microsoft Word and PowerPoint. Following the short/ intensive teaching period, nurses can only contact the TNHE academics via email for queries with regard to module assessments. Nurses are required to upload all module assessments on the Assignment Portal in the Managed Learning Environment and submit them online. The release of marks and feedback for the module assessment is also given online.

To undertake stand-alone modules or the TNHE degree pathway which is over a 2-year period, nurses must hold a diploma in nursing (Ministry of Higher Education, 2007-2010) and a registration with the Malaysian Nursing Board. The course content is 100% theory. Teaching or distance learning delivery on a module is for one week (15 credits) or 2 weeks (30 credits) in a semester.

The courses enable qualified nurses to upgrade their diploma of 240 credits to a degree level of 360 credits on successful completion of the course. The private colleges linked to private hospitals offer these courses as stand-alone modules or as part of their in-service training. Their staff are sponsored but sign a contract with their employer to continue working for 4 years after completion of their studies. In contrast, the private HEIs connected with public universities promote the modules as part of a degree course, with nurses self-funding their studies. This article has been developed from a doctoral thesis (Arunasalam, 2013).

Successful completion of the modules for each course leads to an academic award. There is no change to the nurses' previous registration with the Malaysian Nursing Board (Malaysian Nursing Board, 2007). However, neither the UK Nursing and Midwifery Council nor the Australian Nursing and Midwifery Council will permit TNHE qualified nurses to register to practice in their countries because these degrees lack clinical assessment.

## **Research framework**

### **Objective**

The objective of this article is to outline the Malaysian nurses' views of the Technology Enhanced Teaching and Learning in Transnational Higher Education post-registration top-up nursing degree courses.

### **Research design**

The hermeneutic phenomenological design informed by Van Manen (2014) was chosen as it provided participants with the opportunity to describe their TNHE experiences. It also enabled the researcher to identify and make clear their pre-conceptions, assumptions, roles and stances. Savin Baden (2004) believes that these influence the decision-making and strategies adopted in the research journey. The ethnographic principle of cultural interpretation (Geertz, 1973) was also utilised; it revealed how the researcher's views and value systems connected with the nurses' opinions. This enabled uncovering of experiences (emic) and interpretation of perspectives (etic) for the readers' insight into the phenomena (Pike, 1967).

## **Methods**

Qualitative methodology was used as it allows the researcher to use a conversational route to probe and gain insight of participants' perspectives, and enables the eliciting of meaning and creating descriptive findings (Merriam, 2009). Within the interpersonal situations of qualitative research, the researcher uses a personal approach to analyse and interpret the data in an attempt to construct knowledge, as the focus is for readers of the text to understand the phenomena. In an attempt to gain, develop, validate and ascertain indepth understanding, interviews were chosen as the method by which to collect data. Reason (1988: 79) believed this approach would enable 'the liveliness, involvement and even the passion' of nurses' experiences to be captured. The nurses may be more confident and relaxed to express personal views about a topic on a one-to-one basis which they may be reluctant to discuss in a focus group: but, there is a tendency that the sensitive or intrusive and time-intensive nature of interviews may also prevent the nurses from voicing their views. An eight-question interview guide was developed to undertake the semi-structured interviews that were conducted in both English and Bahasa Malaysia (Malaysian language). This was to encourage the 18 Malaysian nurses from one Australian and two UK TNHE universities to describe their experiences. In addition, a demographic survey questionnaire was constructed to reveal a snapshot of collective details (n=18) to complement the semi-structured interviews in a meaningful way.

## **Settings**

The semi-structured interviews were undertaken in the participants' clinical settings in Malaysia.

## **Participants**

Six participants were recruited from the UK with the only participating UK university via convenience sampling (Polit and Beck, 2010). In Malaysia, five other nurses who had studied with one Australian and one other UK TNHE universities, showed interest in being part of the study when they became aware of the research. These volunteers were recruited and asked to introduce other nurses who had studied on similar programmes. Merriam (2009) identifies this method to locate information-rich participants as 'snowball sampling'. The criterion for selecting participants were nurses who had studied and completed their TNHE post-registration top-up nursing degree course. A total of 18 Malaysian nurses participated in this research.

## **Ethical considerations**

In order to maintain moral and intellectual responsibilities, the researcher's University Ethics Committee formally provided written approval, and the British Education Research Association's (2011) key principles about research have been followed from instigation to planning to the communication of the findings. Cohen et al (2011) and Grove et al (2013) emphasised the importance for a researcher to identify and consider the ethical and moral aspects that need to be taken into account for their own research process.

Thematic analysis developed from Benner's (1994) hermeneutic analysis was used to analyse the dual language interview data. It captured the views of the Malaysian nurses.

## **Technology-enhanced teaching and learning**

Twelve nurses held common views regarding the challenges of using other teaching methods compared to the culture of being taught face-to-face:

'Online...Ooh difficult, everything have to learn, ... maybe that is their way [delivery of teaching via online] but we here they have to teach more [give in-depth and explicit information with increased face-to-face contact hours for delivery of teaching] only then we will understand' Int: 013

Nurses' arguments against the notion of online learning were that they did not own computers, or have Internet access; they lacked confidence and computer literacy. Interviewee 003 stated: "Distance learning difficult especially if one is not IT [Information Technology] savvy or have facility". Interviewee 007 identified: "Long distance learning, very tough lah because language problem...".

In addition, all participants acknowledged their challenge with English as it was not their first language, and for some was a third language. Further, their spoken English incorporated code-switching from the languages of the diverse ethnic groups' mother tongues. The non-ICT culture was emphasised:

'The media used is computer, we Asian we don't use computer that much. We only open when we need otherwise we don't even open' Int: 009

The TNHE taught theory was assignment focused and nurses found it difficult to interpret the assessment criteria to complete their assessments. Interviewee 018 pointed out the type of assessments they were familiar with: ' ... In diploma we answering a,b,c,d - that's what we learn'.

In contrast, in the TNHE courses, they were required to use ITC skills to search and identify information from a variety of sources to gain access to in-depth knowledge. The principles and theories they had to use had to be questioned, debated and justified by using relevant evidence and academic writing conventions. Interviewee 003 outlined how it affected her completion of the TNHE assignments:

'Guidelines given on database, but not useful. No, it is a struggle. I put in whatever I know or feel I want, you have to do everything, just pour it on the paper. Whatever I

thought I need to put in, I put it on paper. A-Z what you know pour it in my paper, I have to open ... book, see what is in their content and then I copy in to my content'.

Email contact with the 'flying faculty' academics following face-to-face teaching, or the distance learning time frame for queries or support with regard to their assessments, was reported by nurses as being inappropriate and/or insufficient:

'... how much can we ask [by email], right. Even when we ask you see there is another cultural and language barrier. The way we ask they don't understand what exactly we want and they will be understanding different thing and they will be replying different thing' Int: 017

The traditional conceptions of assessment support that they were accustomed to is lecturers giving them all the knowledge and guidance that was needed for their exams; they simply memorised the text from the teacher and textbooks in order to pass their examinations.

Another six nurses studying with the other UK university were required to complete a dissertation for the honours component of their programme of study. These nurses expressed there was no teaching and not enough guidance, just email contact with their supervisors:

'They didn't teach but expect us to do, they don't have idea, they totally don't have idea. ..., for a culture that had not written assignments, to do research project no support other than online, not face to face, how do I do a research project ... keep asking, ask people around, ask some of them people who done masters, lecturers who have done PhD, like a nuisance going around asking. When you go to higher level they start questioning you, didn't they teach you? University expect us to know but I no idea, we all no idea, ... Not worth it, RM\$18000' Int: 015

This interviewee's previous didactic teaching and learning experiences were still impacting on her new learning. Feedback for the assessed submissions illustrated that despite hard work and attempts to conform, for some, unfamiliarity remained:

'Until now I don't understand, we followed Harvard referencing. When the result came, comment was the reference was not appropriate. When we ask them they say "please refer to handbook" but I follow handbook!' Int: 002

Clearly, in this case just conforming did not entail understanding. Instead, it appeared to cause an opposite effect of failure to appreciate the value behind this academic practice.

The nurses on the programme identified that initially, the use of ICT was considered extremely difficult by some nurses; '... it is not easy, you know...' (Int: 004). The nurses stated that they needed ICT skills to use MS Word and PowerPoint, to read and send e-mail, contribute to online interactive activities and discussions, upload and submit their assignments. In addition, they required information on how to access the internet and undertake an online search to find information and relevant evidence.

In fact, the nurses demonstrated their resilience to those frustrating experiences by being determined to overcome the challenges. They used this as an opportunity to obtain computers and develop their ICT literacy skills. The nurses learnt to log into the Learning Environment from where they were to retrieve the module guide, timetable, course content and assignment criteria and participate in class discussions. Further, they learnt to access online resources, as stated by interviewee 011: '... I will go and search in the internet'.

Most of the nurses had no personal email addresses nor had they used the internet. This meant they lacked online experience and had to learn how to read and send email. Learning how to send and access emails helped them to seek support and guidance from the module academic with completing their assessments, as interviewee 017 pointed out: 'Through email we can ask ...'

ICT skills that the nurses developed while studying on the TNHE programme led to their ability to type, upload and submit their assessments successfully to attain the degree. They were determined to succeed in the programme. It boosted their self-confidence and enhanced their sense of achievement: 'I am more confident' (Int: 013). It enabled them to use their learning and confidence in strategic ways to portray themselves more positively:

'... helped me a lot how I talk to Doctors in meetings. When I say it is the National Health Service UK evidences actually said ... they don't ask any more questions!'

## **Discussion**

The TNHE providers raised their international profile and influence in Malaysia by providing top-up nursing degrees with ICT programmes where their existing degrees were adapted to meet certain regulatory frameworks in the receiving countries. However, Heffernanan et al (2010) stressed that TNHE courses are intentionally chosen in Malaysia based on the assumption that Western education and nursing tenets are superior.

Knight and Sirat (2011) argued the importance of modifying and adapting courses to suit the needs of different groups of students and their cultural contexts for a positive inter-cultural exchange. The Western-taught graduate nurses also disagreed with being taught and assessed in exactly the same way as Western students. They argued that they were in their own country and studying for a foreign degree and they wanted to maintain their national identity and cultural rules. Other reasons were the short teaching time frame, lack of subject knowledge and differences in the education and healthcare systems.

To internationalise their knowledge and skills, academics need to engage with the local community to develop insights of cultural rules and the environment of the host country. Continuous evaluation of their teaching will help to gauge nurses' understanding. The hidden values of western teaching and learning practices should also be made explicit, e.g. in a pre-orientation course providing a clear outline of the course structure, requirements, method of teaching and assessment.

In addition, nurses found the experience of learning to use computers, internet or to access resources online or to use email, challenging; as these were key skills that they had to learn for the first time. This is because in Malaysia, the nursing profession is perceived to be less academically inclined and the academic requirements to enter nurse training are therefore lower compared with other professions. Thus, computer literacy had not been a pre-requisite nor was it required throughout their pre-registration or post-basic training. It highlights the need for TNHE universities to assess ICT skills before accepting nurses onto the programme. This will inform the design and development of appropriate pre-course orientation to develop nurses' competencies. With regards the lack of support that students identified, it would be useful if time is allocated for synchronous online support via Skype to enable face-to-face communication with all nurses in the cohort together.

Despite this, there appeared to be a positive transformation in the nurses with the teaching, learning, support, assessment and ICT. This supports the view of Dewey (1916), Royal College of Nursing (2013) and Kirkwood and Price (2014) that to enable students to make sense and meaning of their learning, they need to engage with the activities.

## **Conclusion**

This paper revealed that interviewees' experiences of the short and intensive teaching and learning period was overwhelming. The introduction of ICT into the TNHE nursing curricula was a key skill that most Malaysian nurses had to learn for the first time, which frustrated and challenged them. In spite of this, it led to the development of ICT skills required to complete the programme of study successfully. However, nurses remained disappointed with the lack of academic support they received. The data and some useful strategies outlined provide important insights for TNHE providers, the Malaysian Nursing Board and private hospital employers to consider for enhancing nurses' learning and experiences.

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