

Andragogy versus Pedagogy in Nursing Education

S. Sridevy

Abstract

Today's Traditional clinical learning driven by competitive placement opportunities and challenges. Teaching Faculty are not prepared to utilize adult teaching strategies and resort to pedagogical methods using lecture, memorization, quizzes, and examinations. According to nursing education organizations, faculty should be teaching with more interactive, student-centered, adult methods. The nurse educators are frequently not prepared to use timely teaching strategies and may resort to teaching nursing students the way they were taught - using methods such as lecture, memorization, quizzes, and examinations. Andragogy is an adult focused teaching approach while Pedagogy is a child focused teaching approach. This short communication attempts to bring a glimpse on modern adult education strategies needed for the present day nurse educators.

Keywords: Andragogy; Pedagogy; Adult Learning.

There is little orientation or academic preparation provided to nurses who choose the role of a nurse educator. The use of andragogical methods in the teaching of adults has been documented by several adult education theorists and philosophers Thus bridging the gap between theory and practice, while providing nurse educators needed tools to be effective in the educational environment. Currently, adult education strategies for nurse educators are available in plenty.

Pedagogy

- Pedagogue is referred to as "a schoolteacher. One who instructs in a pedantic or dogmatic manner". In the pedagogic model, teachers assume responsibility for making decisions about what is learned, and how and when something will be learned.
- Pedagogy is a term derived from the Greek words paid (meaning "child") and agogus (meaning "leading"). So "pedagogy" means, literally, the art and science of teaching children (Knowles,

1973) It evolved in the monastic schools of Europe in 7th- 12th centuries. It is concerned teaching young children relatively simple skills mostly reading and writing.

- Adult education began to be organized systematically during the 1920s. Teachers of adults began experiencing several problems with the pedagogical model. Pedagogy was based on the premise that the purpose of education was the transmittal of knowledge and skills. Adult learners seemed to feel this was insufficient and frequently resisted teaching strategies that pedagogy prescribed, such as lectures, assigned readings, quizzes, note memorizing, and examinations. Dropout rates were high. Teachers also noted that many of the assumptions about the characteristics of learners in the pedagogic model did not fit their adult students. Then Andragogy came into existence.

Andragogy

The term andragogy was coined in 1833 by the German teacher Alexander Kapp. Andragogy is based on the Greek word aner with the stem andra meaning "man, not boy" or adult, and agogus meaning "leader of." Andragogy was first introduced to the United States in 1927 by Martha Anderson and Eduard Linderman, but they did not attempt to develop the concept. Andragogy is an adult focused teaching approach while

Author Affiliation: Assistant Professor, College of Nursing, Mother Theresa Post Graduate and Research Institute of Health Sciences, Pondicherry.

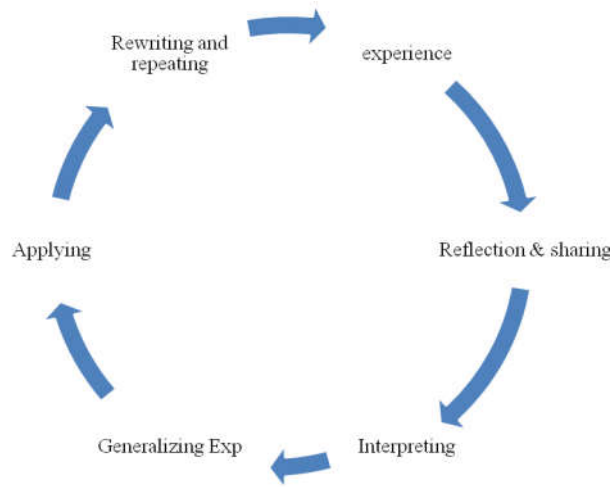
Correspondance: S. Sridevy, Assistant Professor, College of Nursing, Mother Theresa Post Graduate and Research Institute of Health Sciences, Pondicherry.
E-mail: dr.s.sridevy@gmail.com

Pedagogy is a child focused teaching approach.

By definition, an adult is someone who has achieved the self concept of being responsible for their own life. The goal of adult education should be self-actualization; thus, the learning process should involve the whole emotional, psychological, and intellectual being. The mission of adult educators is to assist adults to develop their full potential, and andragogy is the teaching methodology used to achieve this end.

Basically adults are Autonomous and Self - Directed. They need to be free to direct themselves. Trainer must actively involve adult participants in the learning process and serve as facilitators for them.

Malcolm Knowles (1970) defines andragogy as the art and science of helping adults learn in contrast with pedagogy, which concerns helping children learn.



Need for Andragogy

- Adults need to know why they need to learn something. They need to learn experientially. They approach learning as a problem solving. They learn best when the topic is of immediate value. They need to be involved in the planning & evaluation of their instructions. Adults are

most interested in learning subjects that have immediate relevance to their job or personal life. Adult learning is a problem centered rather than content oriented.

- In the minds of many around the adult education field, andragogy and the name of Malcolm Knowles have become inextricably linked. For Knowles, andragogy is premised on at least four crucial assumptions about the characteristics of adult learners that are different from the assumptions about child learners on which traditional pedagogy is premised. A fifth was added later.
- Self-concept: As a person matures his self concept moves from one of being a dependent personality toward one of being a self-directed human being
- Experience: As a person matures he accumulates a growing reservoir of experience that becomes an increasing resource for learning.
- Readiness to learn. As a person matures his readiness to learn becomes oriented increasingly to the developmental tasks of his social roles.
- Orientation to learning. As a person matures his time perspective changes from one of postponed application of knowledge to immediacy of application, and accordingly his orientation toward learning shifts from one of subject-centeredness to one of problem centeredness.
- Motivation to learn: As a person matures the motivation to learn is internal
- The characteristics of Adult Learners are :
 - They are Problem-centered, Results-oriented, Self-directed, Often skeptical about new information, Seek relevancy and Accepts responsibility for own learning.
- The Characteristics of Youth Learners are:
 - They are Subject-oriented, Future-oriented, Often depend on adults for direction, More accepting and Often needs training for unclear future.

Differences between the Traditional Pedagogy Versus the Modern Practice of Andragogy

Topic	Traditional Pedagogy	Andragogy
Perception of Nature of Work	Necessary evil	Vehicle for self-expression
Organization Design	Bureaucracy	Reduced hierarchy, team based high performance
Organization Goals	Stable, slow-changing, highly structured performance	Dynamic, fast-changing, continuous improvement
Organization Climate	Authority-oriented Formal/closed Competitive	Respect-oriented Informal/open Collaborative
Diagnosis of Needs	Supervisor	Mutual/self-diagnosis
Purpose of Intervention	Orientation,	Change,

	Standardization, Instruction (acquisition of existing knowledge)	Development, Creation of new knowledge
Employee Competence	Below minimum acceptable performance	Above minimum acceptable Performance
Learners/employees	Dependent	Independent
Subject matter	One right way	Many ways
Motivation to learn, change, or improve	External, dictated by others	Internal, response to personal/career needs
Role of experience	Unimportant or even discounted	A rich resource that can be the basis for learning, change or improvement
Learner/employee self concept	Need outside direction	Must be integrated
Learning orientation	Subject-centered	Capable of self-direction
Objective	Logic-oriented	Life/career-centered
Identification of Need	Minimum requirements	Process centered
	Mandate from above	Self-betterment
Instructional Design	Transmission of prescribed subject matter through lectures, Socratic dialogue, and memorization	Choice of learning motivated by life enhancement or performance improvement expectation
Learning Process	Passive learning Instruction, memorization, modeling, demonstration, coaching, etc.	Subject matter is life centered, task-centered, problem centered and learning is facilitated, self-reflective and transformative
		Active Learning Critical and reflective thinking, shared visioning. Simulations throu team learning, case studies, role play etc. On the job experience, new information, interpretation, practic adaptation, and integration. Experie learning such as creative thinking improvisation, ropes courses, etc

To produce nurses prepared to practice in reformed health care environments, we can no longer educate our nursing students using the traditional educational practices that we have long embraced. There exists no substantive evidence to suggest that our traditional means of clinical education in nursing and other health professions are particularly effective in developing clinical reasoning, so it is an opportune time to closely examine our educational practices and create new learning paradigms that are grounded in evidence.

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