Attending to Affective Domain Learning: Essential to Prepare the Kind of Graduates the Public Needs

Nurse educators seem to be increasingly caught in the content coverage web. Knowledge continues to explode at an alarming rate, technological advances seem to spiral out of control, and the roles assumed by nurses are increasingly complex. However, the answer to these challenges is not to add more content to the curriculum or to expect students to read and absorb the information contained on thousands of textbook pages. The answer, in my opinion, is to focus more on affective domain learning.

Undoubtedly, students need to be able to remember information, as well as apply and evaluate it. They also need to be competent and confident when performing psychomotor skills. Therefore, one can argue that our nursing programs are quite successful in helping students achieve these goals—but at what price?

When we devote extensive—and sometimes all—class time to covering content and focusing curriculum discussions more on what they need to know than on who they need to become, we are undermining the opportunity to prepare our students to be the leaders, scholars, perpetual learners, and active members of the profession our future and the public need them to be. To help them become those leaders and scholars, our educational systems must focus more on the development of values, so students form strong identities and learn to expect more of themselves.

Affective domain learning has to do with values, beliefs, humility, and personal insight. Learning in this domain occurs when students are challenged to (a) think deeply and critically about what guides their actions and how they relate to others, (b) reflect on their values, and (c) make conscious decisions about the kind of individuals they want to be in this world.

When students can explain cultural differences, we conclude that they are culturally sensitive. However, knowing cognitively that people are different is not the same as treating people in ways that respect those differences. The former is cognitive learning, whereas the latter is affective learning. When students can outline the roles of a leader, we conclude that they will fulfill those roles upon graduation. However, knowing what leaders are supposed to do is not the same as taking the risk to articulate a vision of a better way to provide care, presenting proposals for change to administrators, and inspiring peers to join in and make important changes happen.

For students and graduates to take action and right a wrong, they must value doing right over taking a risk.

For students and graduates to make a difference as professionals, they must value the importance of participation over sitting back and letting others do the difficult work.

For students and graduates to constantly challenge the way things are done, they must value inquisitiveness and the importance of bringing a scholarly perspective to their roles as nurses.

This list can go on and on. The point is that we will not have the leaders, risk takers, scholars, involved professionals, and true lifelong learners we need in nursing if we do not invest significant time and effort in facilitating affective domain learning.

This is not indoctrination—it is personal insight. It is not cloning students in our own image—it is helping students to develop holistically and come into their own. And it is not sacrificing attention to cognitive and psychomotor domain learning—it is bringing all three domains into better balance.

Nurse educators are encouraged to take on the challenge of attending more to affective domain learning and identity formation in students. Cut back on multiple choice tests and have students do more reflective papers; even have them read and comment on peers’ papers. Cut back on presentations of content, and challenge students to share what they have learned about themselves. Cut back on assigning thousands of pages of reading in the textbook, and ask students to read and reflect on a poem, a novel, a biography, or a song. We might be amazed at how much they truly learn about themselves, others, and the material under study from assignments such as these.

By taking such risks, we are more likely to graduate individuals who see their nursing role as much more than a caregiver whose practice ends when the workday is done. We will graduate individuals who see their nursing role—and their career—as an ever-evolving one that requires them to be leaders, scholars, and perpetual learners. It will not be easy, but if we truly value who our students become as a result of their educational experiences, then we must create ways to attend effectively to affective domain learning.

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