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TEACHING PHILOSOPHY IN NURSING EDUCATION

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ABSTRACT

Teaching in nursing education extends beyond the delivery of theoretical knowledge; it involves developing competent, reflective, and compassionate nursing professionals who can respond effectively to the evolving demands of healthcare. This teaching philosophy outlines an approach to creating a supportive, inclusive, and engaging learning environment that promotes students' academic and professional development. It is guided by six principles: integrating theoretical knowledge with clinical practice, evidence-based education, student-centred and active learning, reflective practice and continuous professional development, inclusivity, and a safe learning environment. Bridging classroom learning and clinical practice is emphasized through skills laboratories, simulation-based activities, case studies, and authentic clinical experiences. Evidence-informed teaching strategies and active student participation are considered important for strengthening critical thinking, clinical reasoning, problem-solving, and decision-making. Reflection, constructive feedback, and individualized academic support are encouraged to address diverse learning needs and promote lifelong learning. This philosophy recognizes that every student can develop professionally when provided with appropriate guidance, encouragement, and learning opportunities. Its ultimate aim is to prepare nursing graduates who demonstrate clinical competence, professional accountability, empathy, and a commitment to safe, evidence-based, and patient-centered care.

I. INTRODUCTION

Teaching is a purposeful process that requires dedication, planning, and commitment to supporting learners' growth. It involves more than the transmission of academic knowledge; it also requires recognizing students' learning needs, helping them address areas for improvement, and providing opportunities to develop the knowledge, skills, and confidence needed to achieve their potential. Therefore, effective teaching extends beyond the classroom and contributes to the development of future professionals, leaders, and critical thinkers. The demands of nursing are evolving due to staffing shortages on health systems and the increasing impact of digital tools on care and education. Key Priorities in the World Health Organization's report in nursing study include clinical learning opportunities, faculty availability, education capacity, and digital competency (World Health Organization, 2025). A 2025 scoping review identified curriculum framework, simulation, technology, interprofessional teamwork, and supported clinical situations as strategies for strengthening clinical teaching (Hobenu et al., 2025). A simulation can support clinical judgment, decision-making, and confidence, while noting challenges linking debriefing quality, faculty preparation, and technology access (Daneshfar & Moonaghi, 2025; Saragih et al., 2024). I see simulation as preparation for, not a replacement for, engagement with patients and clinical teams. Students should explain their perceptive, practice a skill, receive feedback, and apply learning in reliable care settings.

Students learn more effectively when they understand what is expected of them and feel comfortable seeking clarification. Therefore, I explain learning objectives and assessment criteria at the beginning of teaching sessions and encourage students to ask questions whenever they need further guidance. I also use classroom and clinical activities that allow them to work through patient cases, explain their clinical decisions, and consider different approaches to patient care. Rather than focusing only on whether an answer is correct, I try to understand how students have reached their conclusions and guide them in recognizing which additional information may influence their decisions. This approach reflects the principles of student-centred nursing education, where active participation and clinical reasoning are essential to learning (Berg & Lepp, 2023). I also encourage students to connect classroom knowledge with evidence-based practice by developing clinical questions, reviewing relevant literature, and evaluating the reliability of available evidence. Different teaching approaches can further strengthen students' clinical competence, confidence, and communication skills (Barnard et al., 2024). With the increasing use of digital technologies and artificial intelligence in healthcare and education, I believe students must also learn to use these resources responsibly. This includes checking the accuracy of information, protecting patient privacy, recognizing potential bias, and understanding situations in which technology should not replace professional clinical judgement (WHO, 2025).

I believe that maintaining academic standards and understanding individual learning needs should go hand in hand. Every student enters the learning environment with different educational experiences, levels of confidence, communication abilities, and learning challenges. As an educator, I try to recognize these differences and provide appropriate support without compromising academic expectations. I use different ways of explaining difficult concepts, provide opportunities for guided practice, and offer feedback that helps students understand both their strengths and the areas requiring improvement. In my view, students should be able to express uncertainty, ask questions, and acknowledge mistakes without feeling embarrassed or discouraged. Creating such an environment does not mean reducing academic challenges; rather, it means providing the support and encouragement students need to overcome them. This perspective is consistent with the findings of an integrative review highlighting the importance of combining psychological safety with meaningful learning challenges to promote students' development (Madsgaard & Svellingen, 2025).

I also consider assessment an ongoing part of the learning process rather than an activity limited to examinations or a single clinical performance. I encourage students to think about their learning experiences, identify the difference between what they intended to do and what they actually achieved, and use feedback to set realistic goals for improvement. These goals can then be revisited during subsequent learning and clinical practice. Reflection is particularly important in nursing because it allows students to examine their decisions, recognize areas for development, and gradually become more confident in their professional roles. A 2025 scoping review highlighted the contribution of reflective practice to professional development, self-awareness, clinical reasoning, and the transition from education to professional practice, while also acknowledging limitations in the available research (Bowers et al., 2025). For this reason, I believe reflection should be supported through meaningful questions, constructive feedback, and educator–student discussions rather than being treated as an independent activity without guidance. I also reflect on my own teaching by considering students' questions, assessment results, and feedback from clinical settings. When these observations identify gaps in understanding or practice, I make changes to my teaching strategies. Ultimately, I aim to create a learning environment that maintains academic standards, respects individual differences, encourages critical thinking, and prepares nursing students to provide safe, compassionate, and evidence-informed patient care. In nursing education, this responsibility is particularly important because students must be prepared to apply knowledge and skills in real healthcare settings. My teaching philosophy is founded on the belief that every student has the potential to develop academically and professionally when provided with appropriate guidance, encouragement, and learning opportunities. The philosophy is organized around six interconnected principles that guide my approach to teaching and learning.

II. INTEGRATION OF THEORETICAL KNOWLEDGE AND CLINICAL PRACTICE

I believe that Theoretical knowledge should be consistently connected with practical application. Students must not only understand nursing concepts but also apply them appropriately in real clinical situations. Theoretical learning provides a foundation for clinical reasoning and decision-making, whereas practical experience helps students develop the skills required to translate those decisions into safe patient care.

To support this integration, I emphasize the use of skills laboratories, high-fidelity simulation, case-based activities, and regular clinical practice. These learning opportunities allow students to apply and evaluate their knowledge in realistic situations, build confidence, and prepare for challenges encountered in healthcare environments. Integrating classroom instruction with clinical experience can support the development of critical thinking and decision-making and strengthen students' ability to provide patient-centered care (Benner et al., 2009).

III. EVIDENCE-BASED EDUCATION

Evidence-based education is an essential component of teaching. Teaching strategies should be informed by relevant research, current educational resources, and approaches that support meaningful learning. I value experiential learning and active teaching techniques to make educational experiences relevant to contemporary nursing practices.

I aim to select and adapt teaching strategies according to students' learning needs and the intended learning outcomes. Evidence-based education can help strengthen students' competencies, critical thinking skills, and ability to provide quality nursing care. Evidence-based practice education programs should be appropriately designed and adapted to support the development of nursing students' evidence-based practice competencies, critical thinking skills, and problem-solving abilities (Jeong et al., 2024).

IV. STUDENT-CENTERED AND ACTIVE LEARNING

I believe that students should actively participate in the learning process rather than depend solely on passive instruction. Student-centred learning encourages learners to take responsibility for their progress and engage with concepts through discussion, collaboration, and practical application. Therefore, I value learning activities such as case studies, kinesthetic activities, and group projects that involve students physically, socially, and intellectually.

These approaches can promote understanding, knowledge retention, collaboration, and problem-solving. Group work and collaborative learning also provide opportunities for students to consider their thinking, learn from peers, and develop metacognitive skills (Wismath & Orr, 2015). Active learning can further help students connect academic concepts with their practical applications (Yannier et al., 2021). As an educator, my role is to facilitate these experiences and encourage students to become responsible and engaged learners.

V. REFLECTIVE PRACTICE AND CONTINUOUS PROFESSIONAL DEVELOPMENT

Reflective practice is central to my philosophy because professional growth requires learners to examine their experiences and identify opportunities for improvement to achieve their goals. I encourage students to engage in self-assessment, reflection, and constructive feedback as regular components of their learning process. Students should be supported in evaluating their performance, recognizing areas that require further development, and discussing their progress with classmates, teachers, and clinical mentors.

In nursing, reflection can help students consider both their technical and interpersonal interactions. Developing this habit supports commitment to continuous learning and professional improvement. I aim to foster an attitude

in which students view feedback and reflection as constructive processes that contribute to their development as capable and compassionate healthcare professionals.

VI.INCLUSIVITY AND A SUPPORTIVE LEARNING ENVIRONMENT

An inclusive learning environment recognizes that students have diverse learning needs, experiences, and levels of preparedness. I believe that teaching strategies should be adapted where appropriate so that all students have meaningful opportunities to participate and progress. Individualized academic support can help students address learning difficulties and develop their abilities.

A supportive classroom promotes belonging, mutual respect, and collaboration. Students should feel valued and encouraged to contribute without fear of being dismissed or disrespected. Positive teacher–student relationships and an encouraging classroom environment are important considerations in supporting student achievement (Hattie, 2008). My responsibility is to recognize individual needs while maintaining fair expectations and supporting each student's academic and professional development.

VII. FOSTERING A SAFE LEARNING ENVIRONMENT

A safe learning environment is necessary for meaningful participation and discussions. I believe that every student should be treated with respect and feel comfortable asking questions, exploring ideas and analyzing information. Teachers should establish a classroom climate in which students can participate openly and learn from their experiences.

In nursing education, a supportive learning environment provides a foundation for students to develop the confidence needed to engage in learning activities and prepare for professional responsibilities. Therefore, I seek to maintain an environment characterized by respect, encouragement, and constructive interaction.

VIII. CONCLUSION

My teaching philosophy is based on the belief that nursing education should develop knowledgeable, clinically competent, reflective, and compassionate professionals. The six principles described—integration of theory and practice, evidence-based education, active and student-centered learning, reflective practice, inclusivity, and a safe learning environment—are interconnected and guide my approach to supporting students. Through purposeful teaching, practical learning opportunities, constructive feedback, and individualized support, I aim to help students recognize their potential and take responsibility for their development. Ultimately, I seek to prepare nursing graduates who can confidently apply their knowledge and contribute to safe, evidence-based, and patient-centered care.

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X. REFERENCES

Berg, E., & Lepp, M. (2023). The meaning and application of student-centered learning in nursing education: An integrative review of the literature. *Nurse Education in Practice*, *69*, 103622. https://doi.org/10.1016/j.nepr.2023.103622

Benner, P., Sutphen, M., Leonard, V., & Day, L. (2009). *Educating nurses: A Call for Radical Transformation*. John Wiley & Sons.

Daneshfar, M., & Moonaghi, H. K. (2025). The impact of clinical simulation on bridging the theory–practice gap in nursing education: a systematic review. *BMC Medical Education*, *25*(1). https://doi.org/10.1186/s12909-025-07790-8

Hattie, J. a. C. (2008). *Visible Learning: a synthesis of over 800 Meta-Analyses relating to Achievement*. https://minerva-access.unimelb.edu.au/bitstream/11343/31622/1/281182_161493.pdf

Hobenu, K. A., Adefuye, A. O., Naab, F., & Nyoni, C. N. (2025). Strategies to enhance clinical teaching and learning in undergraduate nursing education: A scoping review. *Plos One*, *20*(6 June), 1–24. https://doi.org/10.1371/journal.pone.0305789

Jenkins Barnard, P., Saylor, J., Graber, J., & Trinkaus, D. (2024). Educational Outcomes in Undergraduate Nursing: A Systematic Review. *The Journal of Nursing Education*, *63*(6), 380–386. https://doi.org/10.3928/01484834-20240404-06

Jeong, D., Park, C., Sugimoto, K., Jeon, M., Kim, D., & Eun, Y. (2024). *Effectiveness of an Evidence-Based Practice Education Program for Undergraduate Nursing Students : A Systematic Review*

Madsgaard, A., & Svellingen, A. (2025). The benefits and boundaries of psychological safety in simulation-based education: an integrative review. *BMC Nursing*, *24*(1), 922. https://doi.org/10.1186/s12912-025-03575-y

Saragih, I. D., Tarihoran, D. E. T. A. U., Lin, W.-T., & Lee, B.-O. (2024). Outcomes of scenario-based simulation courses in nursing education: A systematic review and meta-analysis. *Nurse Education Today*, *136*, 106145. https://doi.org/10.1016/j.nedt.2024.106145

WHO. (2025). *World ' S Nursing World ' S Nursing*.

Wismath, S. L., & Orr, D. (2015). Collaborative learning in problem solving: A case study in Metacognitive learning. *The Canadian Journal for the Scholarship of Teaching and Learning*, *6*(3). https://doi.org/10.5206/cjsotl-rcacea.2015.3.10

Yannier, N., Hudson, S. E., Koedinger, K. R., Hirsh-Pasek, K., Golinkoff, R. M., Munakata, Y., Doebel, S., Schwartz, D. L., Deslauriers, L., McCarty, L., Callaghan, K., Theobald, E. J., Freeman, S., Cooper, K. M., & Brownell, S. E. (2021). Active learning: "Hands-on" meets "minds-on." *Science*, *374*(6563), 26–30. https://doi.org/10.1126/science.abj9957