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Collaborative Online Instruction: A Care Ethics Perspective

Abstract: Isolation is often a problem in online courses. In this qualitative study, we used care ethics perspectives to design the social organization of an online course to foster the development of robust collaborative professional relationships. Redesign focused on two areas. First, we centered all assignments on complex real-world problems. Second, we used dialogic instructor-assisted self-assessment. We found that students built professional relationships through dialogue, and simultaneously produced high-quality work. The significance of this work lies in its potential to help other instructors address the challenge of helping teachers adopt collaboration as a professional disposition.

1. Objectives

New to online teaching, but experienced in the area of care ethics, we explored ways to bring pedagogical perspectives of care ethics (e.g. Author, XXXX; Authors, XXXX; Charney, 2002; Noddings, 2002; Watson, 2003) to the online environment, particularly with regard to the social organization of the course. With caring collaboration as a primary aim in our work as teacher educators, we were initially loath to teach online at all; however, we decided to attempt it with the idea to study our students' experience of an online course designed specifically with care in mind. Thus, we transformed an established traditional class, *Health Education for the Classroom Teacher*, into a 16-week online course. Our objective was to use care ethics perspectives to address the well-documented challenge of student isolation (e.g. Aragon, 2003) by structuring the course explicitly to foster professional relationships among our students. We addressed the following research question: *What happens when we use care ethics to reduce student isolation in the online environment by structuring complex professional collaboration?*

2. Perspectives

Student engagement has long been recognized as a necessary factor in learning (Dewey, 1938, Piaget, 1970). Engagement in a collaborative learning process, in turn, is understood as an inherently social problem (Bibeau, 2001; Vygotsky, 1978). However, in teacher education programs, research reveals a lack of attention to teacher relationships throughout candidates' preparation that often leads to isolation (Cramer, 2010; McKenzie, 2009; McHatton & Daniel, 2008), and that often follows candidates into the workplace, leading to a dearth of collaborative relationships in schools (Avila de Lima, 2003; Hargreaves, 2002). This is a particular challenge in the online environment, where students and teachers face both psychological and physical distances that can impede the development of collaborative relationships (Bibeau, 2001).

With this challenge in mind, we sought to leverage learning strategies to reflect the kind of caring community that we teach our candidates to create in their own classrooms (Charney, 2002; Noddings, 2002; Watson, 2003). Such communities are led by teachers who seek to develop authentic relationships with each student and who explicitly teach their students how to care for one another (Authors, XXXX; Bondy et al, 2007; Brown, 2004; Noddings, 2002; Weinstein et al, 2004). Philosopher Nel Noddings defines caring as engrossing oneself in another's concerns enough to "feel for them" and become motivated to act on their behalf. The basis of this kind of care is a relationship that allows one to recognize another's individual concerns and needs and work to address them and that develops through open-ended process-

oriented experiences, such as modeling, practice, dialogue, and confirmation (Noddings, 1984; 2002). The worth of assuming the daunting task to foster caring in our schools lies in its promise to prepare citizens who consider others' needs and move to support one another.

3. Methods

In this qualitative action research project, we sought to characterize the subjective experiences of participants in the context of our research question (see section 1). Participants were 33 elementary education credential students enrolled in *Health Education for the Classroom Teacher*, a required course in an elementary teacher credential program at a large urban public university. We gathered qualitative data from several sources (see section 4). Data analysis followed Creswell's (1998) guidelines for categorical aggregation, interpretation and generalization. Thus, during initial stages of data analysis, broad conceptions of relevant constructs we recognized in the data were used, and a relatively large number of codes (~80) was developed. During the initial data reading and code-generation process, we kept information from the literature in mind, using a methodological process that Miles and Huberman (1994) describe as "partway between the a priori and inductive approach" (p. 61). The large number of codes were then aggregated into a much smaller number of categories (~8), and these categories were organized into two overarching themes. Once themes were identified, all of the data was re-examined with these themes in mind in order to make what Creswell (1998) refers to as "naturalistic generalizations."

4. Data sources

Data included (1) a 2-hour-long audio recording of class dialogues about group work, which consisted of about 45 minutes of whole-group discussion and 75 minutes of small-group discussions; (2) six audio-recorded one-on-one in-person semi-structured interviews with selected students at course midpoint; (3) three audio-recorded one-on-one in-person interviews with the same students at course completion; and (4) twelve online open-ended surveys (administered roughly weekly throughout the course) that asked students about their experiences as the course unfolded.

5. Results

In course design, we focused on two areas. First, we centered all assignments on complex real-world problems candidates could reasonably expect to face as teachers. Second, we substituted traditional grading structures with online and face-to-face dialogic instructor-assisted self-assessment that de-emphasized grades and highlighted students' professional development. Evidence suggests that these efforts, they contributed to collegiality and connectedness and to the positive experiences many of our students reported.

Assignments centered on collaborative work. Studies show many students prefer to work alone (e.g. Gottschall & Garcia-Bayones, 2008). Well-reported persistent instructor-related problems associated with groupwork include failure to promote interdependence of group members; to link individual goal achievement to group goal achievement; to support student reflection about the collaborative process; and to disentangle individual credit from group performance (Johnson & Johnson, 1994; Slavin, 1983). With these potential pitfalls in mind, and guided by a perspective from care ethics valuing authenticity, we designed weekly group-centered tasks we judged our students would find immediately relevant, like collaboratively analyzing a teaching video, identifying and synopsizing curriculum resources, planning

intervention strategies to address the needs of students described in vignettes, etc. We assigned pre-groupwork tasks to prepare each group member to contribute meaningfully. A typical assignment follows:

Orienting Question: *How will I teach health standards in my first year?*

Individual preparation for group work:

- For NHES (1-8) take summary notes organized by grade level on two activities you'd choose to use in your classroom.
- For one of the activities, do more in-depth preparation. For example, if you plan to use Maya Angelou's *Life Doesn't Frighten Me*, read it! If you want to show the documentary, "Dying to be Thin," watch it!

Group:

- Each member will share her/his activity. Choose one to improve as a group.
- Demonstrate your in-depth prep by modifying it for your particular (real or imagined) students and context.
- Post your group's chosen activity for the whole class under "Week 5 Discussion." Introduce the activity for your colleagues in other groups with a 100-word abstract describing how you could use it to teach one of the overarching health standards.
- After all groups post, select two to include in your e-portfolio, with a synopsis supporting your choices. Include aspects of our and your colleagues' feedback you find meaningful.

As we had hoped, the quality of the work was high. Occasionally, groups submitted sub-par work, but unfailingly, they provided cogent reasons for low quality work, and improved it later. Students seemed to recognize and value the caring perspectives of fairness, authenticity, and meaningful interaction the structure fostered. Most students described collaboration as the salient feature that "worked" in the course. A typical response from a weekly survey that asked, "*What is working well for you in the course, and why?*" follows:

I had a good experience this week, because my group's developed a working relationship. I steer away from online courses because it is difficult for me to learn the material without direct human interactions. Working alone on a computer is not fun, so I get distracted. Having to work so much in my group, on stuff I actually need to think about, I realize that my group helps me go deeper, and that makes me want to do my best for them too. Also, my group skills are improving, which makes the work seem more enjoyable.

Unsurprisingly, early in the course, many students experienced challenges. Drawing on the care ethic perspective of honesty and reciprocity in communication, we responded to complaints to the class as a whole (being careful to protect identities of the complaints' authors) acknowledging issues and communicating clearly about our efforts to address them, which including working to increase assignment relevance by asking students to share "burning questions about health education" then revising assignments to connect them to these questions, and to invite student critique/feedback and/or amendments to assignments as an ongoing practice. While a small number (~3) experienced persistent struggles with groupwork (as we report on in the full paper), evidence suggests that most valued it highly. For example, when

given a chance to change groups midway, 32 of 33 students elected to remain in the same group. As one student wrote, “It was hard to get our stride and now I love my group.”

Assessment as a continuation of dialogue. Borrowing from practices both of us use in face-to-face classes, we worked hard to encourage students to focus on content by diminishing the focus on grades. Rather than adopt the role of graders, we assumed the stance of curious colleagues seeking to build a caring community characterized by open-ended non-teleological dialogue that demands valuing the relationships above discourse content as the most fundamental aspect of caring (Noddings, 2002). Thus, we sought to open dialogue through questions and connections, rather than close it with a grade, modeling teacher-student collaboration as a path to learning rather than an exchange of work for a reward. We also structured this dialogue to be class-wide when appropriate, and students posted groupwork in a public discussion forum. We posted much of our feedback publicly and asked students to incorporate it by investigating resources and revising their posts. (Occasionally, we judged that a groups’ posts were thin or incomplete, and we wrote them privately asking for revisions before we provided public feedback.) We requested groups read and give feedback to other groups as well. All boards stayed unlocked for the duration of the course to allow for revision. In the full paper, we include excerpts to illustrate the nature of these online dialogues.

As required by our department’s policy, we did provide a course grade for each student; however, rather than take the lead on grading, we charged our students with assigning themselves grades for each assignment and for the course, and providing a narrative justification of their assignments. Consistent with what we typically see in our traditional classes where we implement this practice, we discovered that students tended to grade themselves more strictly than we would have, and we learned more about their efforts from reading their justifications. Also consistent with what we typically see, many students were initially resistant to this practice, expressing discomfort about how we as instructors would ensure fairness, prevent some from ‘gaming the system,’ etc. Over time, however, most students came to value the practice. When asked, “What worked well in the course?” most students noted the importance of collective knowledge gained from substantive public feedback, rather than grades:

I feel that working in groups in this class caused me to work more responsibly, and caused me to look at things in a different light. Instead of grades, getting feedback from other groups and instructors was better.

6. Significance

We found that when we use care ethics as a guide to structure complex professional collaboration around authentic problems, students built robust professional relationships through dialogue, and their work improved as they responded to diverse viewpoints. The students themselves expressed appreciation for the groupwork. As one wrote:

I didn’t think group work was going to work for me. I dreaded it. I knew I was going to do the lion’s share. Then mid semester when you gave us the choice to change groups, we all looked at each other and said no way. We had seen what we could learn from each other.

The significance of this work lies in its potential to help other instructors address the challenge of fostering collaboration as a valuable professional disposition, even online, and thus to prepare teachers who are more inclined to collaborate, countering the norm of teacher isolation.

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