Outcomes of problem based

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Research article

Outcomes of problem-based learning in nurse education: A systematic review and meta-analysis

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ARTICLEINFO	A B S T R A C T
Keywords: Problem-based learning Nurse education Critical thinking meta-analysis	Objective: To investigate the effectiveness of problem-based learning (PBL) in nursing students, including recently reported trials. Design: Meta-analysis was performed to obtain summary conclusions on the influence of PBL on nursing students learning outchesting outchesting. Data sources: Academic Search Complete, CINAHL, Cochrane Library, EMBASE, MEDLINE, PubMed, and Web on Science were searched for relevant studies from the period between database inception and March 3, 2022. Review methods: A random-effects model was used to guidente point of achievement database inception and March 3, 2022. Review methods: A random-effects model was used to guidente point of achievement database inception and March 3, 2022. Review methods: A random-effects model. Results: Overall, PBL had a greater positive effect than traditional learning on critical thinking (SMD: 0.44; 95 % CI: 0.14-0.73), analysis (SMD: 0.72; 95 % CI: 0.84-1.25), and evaluation (SMD: 0.33; 95 % CI: 0.05-0.61) However, the impact of PBL on problem-solving and self-confidence need further investigation. Conclusions: PBL appears to improve nursing students' critical thinking, sepecially their ability to analyza and evaluate. The findings of this study may be used as evidence of PBL being a more effective method that traditional/conventional learning techniques for increasing students' critical thinking.

1. Background

Nurses are the most significant component of the healthcare environment and have a major role in healthcare provision, favorable health outcomes, and care promotion (Considine et al., 2021; Rivaz et al., 2017). Nurses must develop critical thinking skills in order to be competent in flexible, personalized, and situation-specific problemsolving in today's healthcare environment, which is marked by rapid change and ever-increasing information (Ahmady and Shahbazi, 2020). This means that nurse education must prepare nursing students to handle patients' needs, function as leaders, develop scientific rigor in their practice to benefit patients, and make judgments based on critical thinking (Fawaz et al., 2018; Wong and Kowitlaw 12 I, 2020). Several educational strategies can be used to develop the critical thinking and problem-solving a9 lities of nursing students, including team-based learning (Alberti et al., 2021; Ulfa et al., 2021), concept mapping

(Kaddoura et al., 2016), case studies (Seshan et al., 2021), and problembased learning (PBL) (Song, 2020).

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Problem-based learning is a student-centered method and strategy that allows nursing students to collaborate in small groups with the goal of improving their clinical skills and cognitive capacities (Jamshidi et al., 2021a, 2021b; Owen, 2019). It allows students to actively participate, interact with peers in small groups to define learning goals, engage in self-study, discuss and apply new knowledge, and eventually integrate a variety of material during the learning process (Savin-Baden, 2016; Yew and Goh, 2016). This teaching method also improves selfdirected learning, self-confidence, teamwork, and students' communication abilities, as well as self-assessment, peer evaluation skills, critical thinking, and interpersonal skills (Demirören et al., 2016; Mohamed et al., 2017). Furthermore, this method enables nursing students to solve problems and improve critical thinking through scientific and clinical scenarios, as well as being an effective and enjoyable teaching strategy

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for nursing educators (Gholami et al., 2016; Rao, 2019).

Critical thinking is a term used by educators to describe the process of clarifying, simplifying, organizing, and rationalizing ideas (Farrelly and Linse, 2019). It comprises various fundamental elements, such as seeking for and grasping relevant information, making links between knowledge, reasoning, and cognitive inclinations, self-confidence, and investigating different frames of r12 ence (Fero et al., 2010). The development of critical thinking, problem-solving ability, and selfdirected learning, including self-efficacy and self-confidence, are the main goals of PBL (Lee, 2020; Song, 2020). According to the majority of studies, PBL is a method of connecting theoretical learning with realworld clinical problems (Li et al., 2020; Liu et al., 2020). This combination is viewed as a vital foundation for the clinical reasoning of health practitioners. In addition, the capacity to engage in self-directed learning is critical to the performance of healthcare provider students, especially nursing students, in college and after graduation and employment in the healthcare area (Ali, 2019; Da Silva et al., 2018).

Several systematic studies have been conducted to assess the effect of PBL on nur 5 education, but the conclusions require further investigation (Kong et al., 2014; Li et al., 2019; Sayyah et al., 2017; Yuan et al., 2008b). For example, a 2014 review study showed that PBL increased critical thinking in nursing students compared to traditional training; nevertheless, the number of papers included in the study (n = 3) was insufficient, and more recent intervention studies are needed to make more rigorous conclusions (Kong et al., 2014). Moreover, a theoretical framework is necessary to analyze the effectiveness of PBL in nursing instruction, but the previous study used a mixed-model method of teaching based on PBL and lectures (Sayyah et al., 2017). However, the question remains whether PBL has a greater impact than other instructional strategies on the development of related outcomes for nursing students. Furthermore, two previous review studies only reported descriptive findings due to lack of data in the studies used to perform pooled analysis (Li et al., 2019; Yuan et al., 2008b). In addition, there is growing concern in nurse education about the pedagogical method that could increase the quality of learning of nursing students. Such a method will encourage nursing students to learn and develop a lifelong respect for the learning environment. Thus, the purpose of this study was to determine the effectiveness of PBL in nursing students, including recent trials that have been conducted.

2. Materials and methods

The Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) were used to conduct this systematic review and as meta-analytical standards (Supplementary Document 3) (Page et al., 2021). This study was registered on the International Prospective Register of Systematic Reviews (PROSPERO; CRD42022326839).

2.1. Search strategy

Supplementary Document 1.

A search method was created to find relevant material for Academic Search Complete, CINAHL, Cochrane Library, EMBASE, MEDLINE, PubMed, and Web of Science databases from their establishment until March 3, 2022. A professional librarian supported the authors in establishing the search technique and MeSH terms. The following MeSH terms: Nurs* students; ab OR nurs* education; ab OR nurs*; ab OR undergraduate student nurs*; ab OR pre-licensure nurs*; ab OR nursing diploma; ab AND Problem-based learning; ab OR PBL; ab OR problem based learning in 15 ursing; ab OR problem-based approach; ab OR problem-solving; ab AND Randomized controlled trial; ab OR RCT; ab OR randomized control* trial; ab OR, experimental study; ab (Supplementary Document 1). A summary of the search strategy is presented in

2.2. Eligibility criteria and study selection

To construct ind 5 sion criteria, the Population, Intervention, Comparison, Outcomes, and Study (PICOS) approach was employed (Amir-Schghadami and Janati, 2020). The population comprised nursing students. Trials with a PBL intervention were included; they used a quasiexperimental design or were randomized controlled trials. In addition, only studies published in this nglish language were included. Studies that did not meet the PICOS criteria or were not available as a full article were excluded. Additionally, duplicate articles were found by comparing the search results across the database, focusing on the title, publication year, and author name. The titles and abstracts of all papers were reviewed independently by two authors (SS and DET) following PICOS. Study eligibility was reported using the PRISMA flow diagram, and the authors independently selected each study, retrieving the complete texts for those that passed the first level of screening. Data extraction was performed in duplicate by two authors (SS and DET) for each publication after a full-text examination of the publication. Based on a comparison of the records of the authors, mutual consensus was used to reach an agreement. A third author (IDS) was consulted to resolve all disagreements.

2.3. Data extraction

Two authors (IDS and SS) discussed and decided on data extraction using an Excel spreadsheet with a bespoke format. The following information was extracted: author and year of publication of study; country; study design; participant information, including total number, total number of females in intervention and control groups, and the university year of the participant; intervention types in both groups; frequency or duration of intervention; duration of follow-up; and outcomes.

2.4. Risk of bias in assessment

This study employed a methodological assessment based on an evaluation quality scale to limit the possibility of bias in the studies selected depending on study design (Ma et al., 2020). E 2h study was examined independently by two authors (IDS and SS) using the JBI (Joanna Briggs Institute) approach to quasi-experimental studies. For each study, the JBI Critical Appraisal Checklist was used to assess the methodological qually, with scores ranging from high risk to low risk of bias (Buccheri and Sharifi, 2017; Morgan et al., 2016). The response to ⁸ ch question in the 12-item questionnaire was graded on a scale of 0 (high risk of bias) and 1 (low risk of bias), with ≤ 6 points indicating low quality and > 6 points indicating high quality. This review evaluated the methodological quality of the randomized controlled stud included in this review using RoB-2 with five domains, the revised for assessing risk of bias in randomized trials (Steme et al., 2019). Risk of bias was assessed for (a) the randomization procedure, (b) the recruitment time, (c) changes from the intended treatments, (d) missing outcome data, and (e) reported findings. A risk of bias was assigned to each dimension based on three levels: low, unclear, and high. A mutual consensus was reached based on the comparison of the methodological assessment results of each author. A third author (IDS) was consulted in order to resolve all differences.

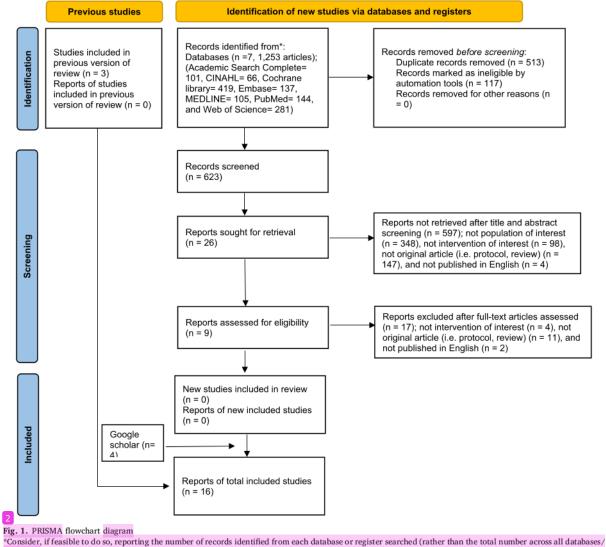
2.5. Statistical analysis

The standardized mean difference (SMD) with a 95 % confidence interval (CI) was calculated when various scales were used to measure the same outcome in the trials included in the meta-analysis 15 drade, 2020; Murad et al., 2019). As a result, before estimating the effect size (Cohen's d), the reviewers estimated the raw mean difference and standard deviation of the intervention group and control gro Furthermore, the pooled standardized mean differences (SMD) for

critical thinking, problem-solv 10 and self-confidence were calculated using a random-effects model. The heterogeneity of each variable in the pooled estimate was demonstra 10 for a random-effects model by Q and I². For I², a score of 25 %–49 % indicated low heterogeneity, 50 %–74 % moderate heterogeneity, a 16 > 75 % severe heterogeneity (Higgins and Thompson, 2002). The data were displayed using a forest plot. Furthermore, publication bias was evaluated u 5 g visual funnel plots and Egger's regression test (Egger et al., 1997). Stata 16.0 was used for the statistical analyses.



Seven databases yielded a total of 1253 studies. Using Endnote's Find Duplicates feature, 630 studies were deleted. As a result, we screened a total of 623 studies for title and abstract and found 26 studies, which we then reviewed in full for eligibility. A total of 17 articles were excluded because they were not original research (n = 11), the intervention did not apply PBL (n = 4), or the published study was not in English (n = 2). We finally obtained and examined 16 studies, with an additional four studies from Google Scholar and three studies identified from a previous review (Choi et al., 2014; Choi, 2004; Choi and Ahn, 2021; Gholami et al., 2016; HASAnPour-DeHKorDi and SolAti, 2016; Hassanpour



registers).

**If automation tools were used, indicate how many records were excluded by a human and how many were excluded by automation tools.

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: https://doi.org/10.1136/bmj.n71

For more information, visit: http://www.prisma-statement.org/

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Dehkordi and Heydarnejad, 2008; Jamshidi et al., 2021a, 2021b; Kang et al., 2015; Lee and Son, 2¹³; Moradi and Taghadosi, 2016; Penjvini and Shahsawari, 2013; Safa et al., 2021; Tiwari et al., 2006; Tseng et al., 2011; Yu et al., 2013; Yuan et al., 2008a). A summary of study selection is presented in Fig. 1.

3.2. Characteristics of studies

All studies took place between 2004 and 2021. Iran conducted seven studies, South Korea five, China three, and Taiwan one. The total number of nursing students that took part in the 16 studies was 1143. The intervention and control groups varied in age from 18.67 to 22.95 years old and 18.57 to 23.26 years old, respectively. The 16 studies included nursing students in first to final (fourth) year of university. Furthermore, the PBL method adopted was integrated with clinical scenarios, case-based learning, or learning content. The intervention was given once a week for 10 min to 2 h for a period of 3 to 32 weeks. The length of follow-up in all trials included in the analysis was measured from baseline to post-intervention. A summary of study characteristics is presented in Table 1.

3.3. Risk of bias in studies

Overall, all of the studies assessed were considered to have a low risk of bias (Supplementary Document 2 and Table 2). An analysis of the five domains of the RoB-2 instrument and the nine-item J⁵ Critical Appraisal Checklist for quasi-experimental studies found a potentially high risk of bias originating from the randomization technique due to (a) a lack of treatment concealment and blinding of treatment to participants. (b) a therapist delivering the intervention, and (c) an assessor.

3.4. Effects of PBL on nursing students' learning skills

3.4.1. Critical thinking

Eight studies used the Critical Thinking Ability Scale for College Students (Choi et al., 2014), the California Critical Thinking Skills Test (Choi and Ahn, 2021; Gholami et al., 2016; Lee and Son, 2021; Moradi and Taghadosi, 2016; Safa et al., 2021; Yuan et al., 2008a), or the Critical-Thinking Scale (Tseng et al., 2011). The weighted pooled SMD was 0.44 (12 idence interval [CI]: 0.14–0.73, $I^2 = 65.56 \%$, p < .001), indicating that the PBL group showed greater improvement in critical thinking 3 ompared to the control group. A forest plot is shown in Fig. 2.1. Egger's test yielded a non-significant result (t = 2.84, p = .294). Furthermore, the subscales of critical thinking, i.e., analysis and evaluation abilities, were analyzed. The pooled SMD of analysis and evaluation was 0.72 (CI: 0.84–1.25, $I^2 = 74.56$ %, p = .01) and 0.33 (CI: 0.05–0.61, $I^2 = 0.00 \%$, p = .02), respectively, indicating that in terms of analytical and evaluation ability, the nursing student group that undertook PBL showed greater improvement than the control group. The forest plots for the two groups are displayed in Figs. 2.2 and 2.3, respectively.

3.4.2. Problem-solving

Three studies were pooled to generate data for problem-solving of nursing students; one study used the Problem-Solving Scale for College Students (Choi et al., 2014) and another used the Problem-Solving Skill Measurement (Choi and Ahn, 2021), whereas one study did not provide the scale (Choi, 2004). The weighted pooled SMD was 0.25 (CI: 3.02-0.52, $I^2 = 0.00$ %, p = .07). The forest plot is shown in Fig. 2.4. Egger's test yielded a non-significant result (t = 0.30, p = .817).

3.4.3. Self-confidence

Three studies were pooled to generate data for the self-confidence of nursing; the three studies used the Numeric Rating Scale (Lee and Son, 2021), the California Critical Thinking Disposition Inventory (Tiwari et al., 2006), or the California Critical Thinking Disposition Inventory

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Chinese Version (Yu et al., 2013). The weighted pooled SMD was 0.31 (CI: -0.3 0.65, $I^2 = 47.20$ %, p = .07). The forest plot is shown in Fig. 2.5. Egger's test yielded non-significant results (t = 0.79, p = .574).

4. Discussion

This meta-analysis investigated the efficacy of PBL in enhancing nursing students' learning. The pooled analysis found that PBL was more effective than traditional learning in promoting critical thinking, including the ability to analyze and evaluate, in this population. This meta-analysis strengthens the conclusions of studies conducted over the past decade which demonstrated that PBL is highly effective and contributes positively to the development, promotion, and improvement of nursing students' critical thinking and problem solving abilities (Kong et al., 2014; Oliveira et al., 2016; Song and Park, 2020). According to only two studies (Choi, 2004; Yuan et al., 2008b), PBL is not associated with improvements in critical thinking among nursing students. It is important to note that all studies that found a significant effect of PBL were published within the past decade, while those that found no significant effect were published more than a decade ago. According to Hung et al. (2019), this phenomenon appears in three phases ov 12 he years 1990s, 2000s, and 2010s. Furthermore, the investigation of the effects of PBL on self-confidence in nursing students may be regarded as a novel finding that has not been previously published in prior systematic reviews or meta-analyses (Kong et al., 2014; Li et al., 2019; Sayyah et al., 2017; Song and Park, 2020; Yuan et al., 2008b).

Problem-based learning is a comprehensive teaching and learning method for mastery of knowledge, skills, and attitudes and uses real-life situations to identify patient problems and the necessary solutions (Jeon and Park, 2021). In PBL, students face a situation or problem that encourages them to apply the knowledge they already have and are stimulated to think of new solutions (Kong et al., 2014). This process trains students to think critically by shifting the learning process from memorizing abstract scientific concepts to gaining implementable knowledge, from passive to active learning to seek knowledge, and from individually developing understanding to collaboratively sharing knowledge with others (Hung et al., 2019).

In contrast to nursing students' critical thinking skills, their problemsolving skills are not significantly affected by PBL. A recent metaanalysis reported a similar finding that emphasized that students' problem-solving skills do not change after PBL (Park et al., 2015; Song and Park, 2020). Our results are in contrast to a previous PBL study that stated that participants who take part in PBL have better problemsolving abilities (Uvs et al., 2004). However, Uvs et al. (2004) studied graduate nurses, whereas our study included only undergraduates. Problem-solving skills are complex, take time to acquire, and involve comprehensive cognitive, attitudinal, and behavioral processes (Kanbay and Okanlı, 2017). Therefore, the characteristics of PBL participants can be a factor that affects the level of problem-solving skills gained. Graduate nurses have an advantage in that they have greater experience in cognitive, attitudinal, and behavioral development, whereas in this study, all participants were nursing students. PBL alone does not significantly affect the problem-solving skills of nursing students; therefore, additional strategies are needed for inexperienced students. Some studies have reported that a modified PBL structure with sessions on problem-solving skills improves these skills of nursing students (Ahmady and Shahbazi, 2020; Lin et al., 2022).

The PBL environment facilitates students to learn to be more independent and comfortable with expressing their thoughts without fear, leading to increased self-confidence. Our results confidence that there is no significant relationship between PBL and self-confidence. Confidence is achieved when nurses can use their critical thinking skills to solve a problem (Lee and Son, 2021; Song, 2014). The absence of problemsolving skills in this study might affect students' self-confidence is rarely considered a target of the PBL method; only a few studies have measured

Follows-up Outcomes	length (month) 6	Baseline and Critical thinking, problem solving, self- immediate neet diseased learning			ost	problems, defining problems, developing		Baseline and Communication ability, problem solving 14 ediate nost ability, subjective conflict resolution		Reseline and Metaconnition critical thinking (total	immediate post analysis, inference, evaluation, induction,		immediate post skills, self-awareness and self-evaluation		Baseline and Analysis, inference, evaluation	il.4. ediate post	intervention	Baseline and Knowledge, attitude, perception	immediate post	Baseline and Knowledge	ost	Baseline and Self-confidence, learner satisfaction,	14 ediate post critical thinking	intervention Baseline and Critical thinking	ost	Baseline and Knowledge and behavior	ost	Baseline and Critical thinking	immediate post	Baseline and Critical thinking (total, truth seeking, open	ost	intervention cognitive maturity) Beeline and Critical thinking, self-directed and students	ost	Intervention Baseline and Critical thinking (total, truth seeking, open	immediate post mindness, analicity, systematically, self- intervention confidence innuisitiveness coontrive		Baseline and Critical thinking (total, analysis, inference, immediate post evaluation, induction, deduction)
Frequency/	duration of intervantion	Once a week	weeks	Once a week	for 2 h/ 16	WCCKS		Once a week for 90 min/32	weeks	Once a week	for 2 h/ 8 week		WN		NA			NA		NA		10 min/6 week		40 min/ 12	week	3 h/3 week		NA		NA		NA		NA			Once a week for 2 h / 18
	Control group	Received	learning	Received	traditional	1Cdilling		Received No intervention		Received	traditional	learning	traditional	learning	Received	traditional	learning	Received	traditional	Received lecturer	based instruction	Received	demonstration	based learning Conventional	clinical education	Received lecture	based learning	Received	traditional	Received lecture	based learning	Received lecture	based learning	Received lecture	based learning		Received lecture based learning
Intervention types	Intervention group	Received learning	perkages with children scenario	Received learning	packages with clinical	SCELIGITO		Received learning nackages with	delivering learning	content Received learning	packages with PBL		Received learning packages with case-	based learning and	Received problem-	based learning (PBL)	following constructive learning	Received problem-	based learning (PBL)	based education Received problem-	Based Learning (PBL)	Received problem-	Based Learning (S-	PBL.) Received problem-	based clipical	education	based learning	Received problem-	based learning	Received problem-	based learning	Received problem-	based learning	Received problem-	based learning		Received problem- based learning
	Grade (IG/CG)	First year		NA				Senior Nursing studens		NA			senior nursing		Second-year	nursing students		Fourth-year	nursing students	NA		Third-year nursing	students	NA		The fourth and fifth	semester nursing	Third year nursing	students	NA		NA		Second year	undergraduate nursing students	company Quiterni	NA
	Mean age (IG/ CG)	18.67/	10.01	NA				NA		NA			NA		NA			22.95/	23.26	NA		22.54/	22.08	20.94/	20.59	NA		22.07/	21.54	NA		NA		NA			NA
ants	Female (IG/CG)	38/44		NA				22/21		25	ì	č	74		NA			19/23		NA		41/44		44,877		NA		NA		NA		NA		1			NA
Participants	Total (n)	8		76			1	48		40	2	ç	4		40			78		205		105		36		29	ì	27		62		120		76			46
Study design		Quasi- evverimental	experimentat	Quasi-	experimental			Quasi- exnerimental		Ousei	experimental	100	KCI		Quasi-	experimental		RCT		Quasi-	experimental	Quasi-	experimental	RCT		Ouasi-	experimental	RCT		RCT		Outasi-	experimental	RCT			Quasi- experimental
Author, year/	country	E. Choi, Lindquist, & Song 2014/	South Korea	H. Choi, 2004/	South Korea			H. G. Choi and Ahn. 2021 / South	Korea	Gholami et al	2016/ Iran		DeHKorDi and	SolAti, 2016/ Iran	Hassanpour	Dehkordi and	Heydamejad, 2008/ Iran	Jamshidi et al.,	2021b/ Iran	Kang et al., 2015/	South Korea	Lee and Son, 2021/	South Korea	Moradi and	Taghadosi, 2016/	Iran Penivini and	Shahsawari, 2013/	Safa et al., 2021/	130 130	Tiwari et al., 2006/	China	Tseng et al., 2011/	Taiwan	Yu et al., 2013/	China		Yuan et al., 2008a/ China
No		-		2			,	m		4		L	n		9			7		æ		6		10		11		12		13		14		15			16

Table 2

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Quality a	assessment o	f the included	studies of	quasi-experimental s	tudy.
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lo	JBI checklist	E. Choi, Lindquist, & Song, 2014	H. Choi, 2004	H. G. Choi & Ahn, 2021	Gholami et al., 2016	Hassanpour Dehkord & Heydarnejad, 200
	Were the participants included in any comparisons similar?	18 Y	Y	Y	Y	Y
	Were the participants included in any comparisons receiving similar treatment/care, other than the exposure or intervention of interest?	Y	Y	Y	Y	Y
	Was there a control group?	Y	Y	Y	Y	Y
	Were there multiple measurements of the outcome both pre and post the intervention/exposure? Was follow up complete and if not, were differences	Y	Y	Y	Y	Y
	between groups in terms of their follow up adequately described and analyzed?	Ν	Ν	Y	Ν	Ν
	Were the outcomes of participants included in any comparisons measured in the same way?	Y	Y	Y	Y	Y
	Were outcomes measured in a reliable way? Was appropriate statistical analysis used?	Y	Y	Y Y	Y	Y y
	Overall appraisal	Include: 8 Exclude: 1	Include: 8	Include: 9 4. clude: 0	Include: 8 4 clude: 1	Include: 8
	Level of evidence	2.d Pre-test – post- test control group study	2.d Pre-test – post-te control group study			
D	JBI checklist	Kang, Kim, Kim, Oh, & Lee, 2015	Lee & Son, 2021	Penjvini & Shahsawari, 2013	Tseng et al., 2011	Yuan, Kunaviktikul, Klunklin, & Williams 2008
	Is it clear in the study what is the 'cause' and what is the 'effect' (i.e. there is no confusion about which variable comes first)?	Y				
	Were the participants included in any comparisons similar?	Y	Y	Y	18 ¥	Y
	Were the participants included in any comparisons receiving similar treatment/care, other than the exposure or intervention of interest?	Y	Y	Y	Y	Y
	Was there a control group?	Y	Y	Y	Y	Y
	Were there multiple measurements of the outcome both pre and post the intervention/exposure? Was follow up complete and if not, were differences	Y	Y	Y	Y	Y
	between groups in terms of their follow up adequately described and analyzed?	Y	Ν	UC	у	Y
	Were the outcomes of participants included in any comparisons measured in the same way?	Y	Y	Y	Y	Y
	Were outcomes measured in a reliable way?	Y	Y	Y	Y	Y
	Was appropriate statistical analysis used? Overall appraisal	y Include: 9 Exclude: 0	y Include: 8 Exclude: 1	y Include: 8 Exclude: 1	4 Include: 9 Exclude: 0	Y Include: 9 Exclude: 0
	Level of evidence	Pre-test – post- test control group	2.d Pre-test – post- test control group study	2.d Pre-test – post- test control group study	2.d Pre-test – post- test control group study	2.d Pre-test – post-te control group study

this variable. Our study found only one instance of a significant increase in self-confidence due to specific simulation and demonstration interventions during PBL, similar to results of PBL studies in specific nursing courses such as pediatric and maternity nursing (Salari et al., 2018; Son, 2020). The development of self-confidence through PBL simulations has high potential because the focus of learning is on one specific competency. Students have a positive impression of simulation as a learning tool because they found the experience satisfactory and gained in self-confidence (Zapko et al., 2018).

This meta-analysis strengthens the view that PBL is superior to traditional/conventional learning methods and significantly increases students' critical thinking. PBL can be used with first- and final-year nursing students with minimal frequency and duration, e.g., at least once a week, 10 min per session for three weeks. These findings align with the results of previous meta-analyses on the effectiveness of PBL in nurse education from across the globe (Lopes et al., 2020; Oliveira et al., 2016). Moreover, PBL is applied not only in the field of nursing but also in medicine, engineering, financial mathematics, accounting, computing, etc. (Ku and Ha, 2016). PBL is practical and appropriate for teaching and learning, and meets the restrictions imposed after the

COVID-19 pandemic era. In PBL, students are more independent; they are no longer instructor-led learners but become active thinkers and problem-solvers (Ku and Ha, 2016; Sharma et al., 2020). Recent studies have reported that online PBL promotes students' deep active learning, self-directed learning, and problem-solving (Hung and Amida, 2020; Wong and Kan, 2022).

The importance of PBL in nurse education is clearly demonstrated in this current study. The application of PBL in the undergraduate nursing curriculum can be expanded by appropriately modifying the evaluation questions to match the clinical situation and enhance favorable outcomes for nursing students. In light of the extensive use of PBL in nurse education aro 17 the world, as well as in nursing programs, experts believe that it may be able to bridge (6 gap between theory and practice (Dolmans, 2019; Salari et al., 2018). The use of PBL in nurse educators. Therefore, more nursing graduates are required, as well as appropriate skills as teachers or nurse educators who assist in the facilitation of the learning process (Jamshidi et al., 2021a, 2021b; Yang and Yang, 2013).

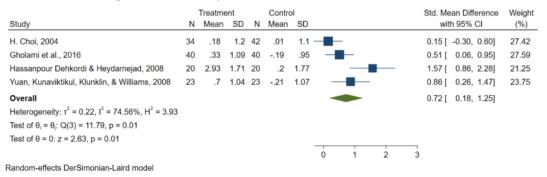
However, our study has some limitations. First, all the studies we used in the meta-analysis were from Asian countries. Therefore, our

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2.1 Critical Thinking

		Treatme	ent		Contro	ol		Std. Mean Difference	Weight
Study	Ν	Mean	SD	Ν	Mean	SD		with 95% CI	(%)
E. Choi, Lindquist, & Song, 2014	46	2.2	5.54	44	.82	5.75		0.24 [-0.17, 0.66]	14.37
H. Choi, 2004	34	.66	3.32	42	1.1	3.4		-0.13 [-0.58, 0.32]	13.64
Gholami et al., 2016	40	1.03	2.43	40	02	2.29		0.44 [0.00, 0.89]	13.81
Lee & Son, 2021	53	5.45	3.16	53	3.64	3.28		0.56 [0.17, 0.95]	14.90
Moradi & Taghadosi, 2016	18	2.61	1.56	17	.94	1.86		0.98 [0.27, 1.68]	9.38
Safa, Adib-Hajbaghery, & Moradi, 2021	14	2.85	1.32	12	1	1.77		1.20 [0.36, 2.04]	7.62
Tseng et al., 2011	51	1.33	8.05	69	1.65	7.37		-0.04 [-0.40, 0.32]	15.42
Yuan, Kunaviktikul, Klunklin, & Williams, 2008	23	2.44	2.82	23	21	3.16		0.88 [0.28, 1.49]	10.86
Overall							•	0.44 [0.14, 0.73]	
Heterogeneity: τ ² = 0.11, I ² = 65.56%, H ² = 2.90									
Test of $\theta_i = \theta_j$: Q(7) = 20.33, p = 0.00									
Test of θ = 0: z = 2.89, p = 0.00									
						-1	0 1 2		
Random-effects DerSimonian-Laird model									

2.2 Critical thinking' subscale; Analysis



2.3 Critical thinking'subscale; Evaluation

Study	N	Treatme Mean		N	Contro Mean			Mean Difference with 95% CI	Weight (%)
0.000		moun	00		moun	00			(10)
H. Choi, 2004	34	.81	1.73	42	.67	1.67	0.0	3 [-0.37, 0.53]	38.06
Gholami et al., 2016	40	.65	1.41	40	08	1.35	0.5	3 [0.08, 0.97]	39.14
Yuan, Kunaviktikul, Klunklin, & Williams, 2008	23	1.09	1.85	23	.22	2.33	0.4	I [-0.17, 1.00]	22.80
Overall							0.3	3 [0.05, 0.61]	
Heterogeneity: r ² = 0.00, I ² = 0.00%, H ² = 1.00									
Test of $\theta_i = \theta_j$: Q(2) = 1.99, p = 0.37									
Test of θ = 0: z = 2.34, p = 0.02									
							5 0 .5 1		
Random-effects DerSimonian-Laird model									

Fig. 2. Forest plot of effectiveness of problem-based learning for nursing students.

findings might not be generalizable to other countries outside Asia due to different characteristics of teaching and learning. Half of the studies included came from one country, i.e., Iran (seven out of the 16 studies). Therefore, future studies should use larger samples from diverse locations. Second, our study looked at only a limited number of learning outcomes, i.e., critical thinking, problem-solving, and self-confidence, while there are many potential outcomes of PBL methods, such as selfdirected learning, self-awareness, communication skills, active participation, learning motivation, learning score, learning satisfaction, selfevaluation, responsibility, performance, truth-seeking, and analytical

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2.4 Problem solving

Study	N	Treatm Mean	ent SD	N	Contro Mean			Std. Mean Difference with 95% CI	Weight (%)
olddy		moun	00		mean				(70)
E. Choi, Lindquist, & Song, 2014	46	4.13	14.03	44	-1.3	15.6		0.37 [-0.05, 0.78]	42.00
H. Choi, 2004	34	.19	2.31	42	.16	2.24		0.01 [-0.44, 0.47]	35.69
H. G. Choi & Ahn, 2021	24	.12	.32	24	01	.32		0.41 [-0.17, 0.98]	22.31
Overall								0.25 [-0.02, 0.52]	
Heterogeneity: $\tau^2 = 0.00$, $I^2 = 0.00^6$	%, H ²	= 1.00							
Test of $\theta_i = \theta_i$: Q(2) = 1.64, p = 0.4	4								
Test of θ = 0: z = 1.81, p = 0.07									
						-)	5 0 .5 1		
Random-effects DerSimonian-Laird	mode	el							

2.5 Self-confidence

		Treatme	ent		Contr	ol		Std. Mean Difference	Weight
Study	Ν	Mean	SD	Ν	Mean	SD		with 95% CI	(%)
Lee & Son, 2021	52	3.46	2.1	53	2.43	1.97		0.51 [0.12, 0.89]	36.68
Tiwari, Lai, So, & Yuen, 2006	40	3.47	6.13	39	.93	4.99		0.45 [0.01, 0.90]	31.78
Yu, Zhang, Xu, Wu, & Wang, 2013	37	1.14	6.41	39	1.46	7 -		-0.05 [-0.50, 0.40]	31.54
Overall								0.31 [-0.02, 0.65]	
Heterogeneity: $\tau^2 = 0.04$, $I^2 = 47.20\%$	6, H ²	= 1.89							
Test of $\theta_i = \theta_j$: Q(2) = 3.79, p = 0.15									
Test of θ = 0: z = 1.82, p = 0.07									
						5	5 0 .5	1	

Random-effects DerSimonian-Laird model

Fig. 2. (continued).

ability (HASAnPour-DeHKorDi and SolAti, 2016; Lee and Son, 2021). Third, half of the included studies considered did not provide detailed information on the frequency and duration of PBL interventions; therefore, this study cannot offer definitive and ideal recommendations for implementing PBL in nurse education. Additionally, we discovered that some trials included in the current study lacked adequate methodological quality, such as lack of treatment concealment and blinding of participants and assessors. As a result, both subjects and assessors may be affected by this factor. Therefore, better methodological quality is recommended in order to reduce bias in the results.

5. Conclusion

This study suggests that PBL is beneficial because it promotes critical thinking in nursing students, including the ability to analyze and evaluate. Well-established PBL has the ability to increase critical thinking in nurse education. However, the impact of PBL on problem-solving skills and self-confidence need further examination. Furthermore, more rigorous randomized controlled trials on the influence of PBL on potential outcomes (i.e. 6) mproved communication skills, learner satisfaction, metacognitic 6 and self-directed learning) are needed. In addition, investigations on the long-term impacts of PBL in nurse education are also necessary.

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Clinical resources

- PROSPERO (york.ac.uk)
- PRISMA (prisma-statement.org)

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Declaration of competing interest

No conflicts of interest to declare.

Data availability

Data sharing is **7** applicable to this article as no new data were created or analyzed in this study.

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8

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi. org/10.1016/j.nedt.2022.105631.

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