

Perceptions and experiences of nursing students and faculty members regarding implementation of the BS-Nursing programme

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Abstract

Objective: To explore the perceptions and experiences of nursing students and faculty members regarding the implementation of the baccalaureate nursing programme in public-sector setting.

Method: The descriptive, exploratory, qualitative study was conducted at the Khyber Medical University, Peshawar, Pakistan, from April 15, 2020 to April 15, 2021, and comprised undergraduate nursing students and faculty members. Because of the coronavirus disease-2019 pandemic, the subjects were interviewed through telephonic call using a semi-structured interview guide. Data was analysed using the Creswell's analysis approach.

Findings: Of the 15 subjects, 10(66.6%) were students aged 21-24 years; 7(70%) males and 3(30%) females. The remaining 5(33.3%) subjects were faculty members aged 25-45 years and with teaching experience of 1-18 years; 2(40%) males and 3(60%) females. A total of 85 codes and 17 categories emerged under 5 major themes; programme positive impacts, curriculum revamping, students' challenges, faculty challenges, and recommendations. The participants believed that the four-year undergraduate nursing programme would improve the profession and quality of nursing care. Some perceived challenges were also pointed out regarding the curriculum, faculty, infrastructure and learning resources.

Conclusion: Through the provision of an updated curriculum, qualified teaching faculty, appropriate learning resources and proper infrastructure, the undergraduate nursing programme can be successfully implemented in Pakistan.

Key Words: BS-Nursing, Perceptions and experiences of faculty, Nursing students perceptions, Nursing curriculum, Learning resources.

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Introduction

Nursing is a shared discipline of theory and practice and is based on cognitive, affective, and psychomotor domains of learning¹. Globally, there are three entry points to nursing education: a three-year hospital-based apprenticeship training diploma, a three-year associate degree in nursing (ADN), and a four-year baccalaureate of science in nursing (BS-Nursing) degree. Globally, majority of the developed countries have phased out three-year nursing diploma and replaced them with a four-year degree programme offered at the college or university level². BS-Nursing programmes should contain an ample and well-furnished infrastructure, qualified and adequate faculty members, and sufficient learning resources^{3,4}.

In Pakistan, the BS-Nursing four-year degree programme was initiated in 1997 by the Aga Khan University School of

Nursing⁵. The president of Pakistan had declared 2019 as the Year of Nurses and Midwives, therefore the Pakistan Nursing Council (PNC) phased out the three-year nursing diploma and declared BS-Nursing as an entry point to the nursing profession⁶.

According to the PNC⁷, the minimum requirements for an institute to initiate a BS-Nursing programme with 50 students, included a land of two acres with good infrastructure, at least one MSN, three Post-RN BSN, or three BS-Nursing full-time faculty with experience in the relevant field. Furthermore, learning resources like a library, skills and computer labs, students' academic, financial, and career counselling cells should be included in the institution. There is a limited number (62) of nursing institutions that offer degree programmes, including BS-Nursing and Post-RN, and, as a result, the BS-Nursing work force is deficient in the country⁸. Compared to diploma nurses, baccalaureate-prepared nurses have a greater impact on quality care and there is a 5% decrease in the likelihood of death in a hospital with 10% raised proportion of BS-Nursing nurses⁹.

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Globally, research indicated a positive association of baccalaureate nurses with higher-quality nursing performance and improved patient outcomes. Therefore, the Institute of Medicine (IOM) emphasises that hospitals need more baccalaureate-prepared nurses, because such nurses have diverse competencies in leadership, health policies and quality improvement skills¹⁰.

The published literature in Pakistan has explored sub-components of BS-Nursing programmes, like teaching-learning strategies^{11,12}, some have discussed the clinical preceptors¹³, while others have described the educational environment¹⁴. However, no study has explored the whole programme from the perspective of both students and faculty.

Khyber-Pakhtunkhwa (KP) is one of the remote provinces of Pakistan where the majority of public and private nursing colleges are affiliated with the Khyber Medical University (KMU). The current study was planned to explore the perceptions and experiences of nursing students and faculty members regarding the implementation of the BS-Nursing programme.

Subjects and Methods

The descriptive, exploratory, qualitative study was conducted at the Khyber Medical University, Peshawar, Pakistan, from April 15, 2020 to April 15, 2021. After approval from the ethics review committee of Aga Khan University, Karachi, the sample was raised using purposive sampling technique, and participants were recruited until saturation was achieved¹⁵.

The participants were recruited from KMU after permission from the institutional nursing director. Those included were BS-Nursing third and final year full-time enrolled students and faculty members with at least six-months experience because they have rich experiences of the programme¹⁶. Informed consent was obtained, and those not willing to volunteer were excluded. Separate codes were assigned to the participants to maintain anonymity. All the interviews were conducted at participants' convenience.

Initially, it was planned that data will be collected through focus group discussions (FGDs) and in-depth interviews, but because of the coronavirus disease-2019 (COVID-19) pandemic and the resultant lockdowns, data was collected individually through telephonic interview, using a self-developed, semi-structured interview guide.

Each participant was encouraged to have a video call, but due to internet connectivity issues, all interviews were conducted through direct phone call. Each interview lasted approximately 55 minutes and probes were used to

explore in depth the experiences of the participants. Field notes were taken during the interview and each interview was audio-recorded. All interviews were conducted in the Urdu language because of participant's comfort level, and was translated into English through experts, and was cross-checked by Urdu and English experts to maintain the original statements and meaning.

Data collection and analysis were done simultaneously to identify gaps and vague information in the data, which provided a chance to fill that gap by again contacting the participant¹⁶. Thematic analysis led to codes which were converted into categories. The data of students and faculty was coded and categorised separately. Similar categories from both datasets were merged to form combined themes to represent both students and faculty experiences. Data was analysed by the researchers as well experts in the field of qualitative research.

Data was analysed manually through the Creswell six-step approach¹⁷, in which initially all the data was organised, coded, categories and themes were developed, represented in table and figures, findings were interpreted, and the findings were validated through member checking.

The rigour of the study was maintained through Lincoln and Guba trustworthiness criteria¹⁸. The credibility of the study was maintained through data triangulation, and pilot study. Dependability of the study was ensured via thick methodology description and enriching quotes from the participants. Finally, the confirmability of the study was maintained through audit trails with supervisor and member checking.

Results

Of the 15 subjects, 10(66.6%) were students aged 21-24 years; 7(70%) males and 3(30%) females (Table 1). The remaining 5(33.3%) subjects were faculty members aged

Table-1: Demographic characteristics of the students.

Demographic Variables	Count	Percentage (%)
Gender		
Males	07	70%
Females	03	30%
Age		
21 years	02	20%
22 years	03	30%
23 years	03	30%
24 years	02	20%
BS-Nursing years		
Year III	04	40%
Year IV	06	60%

Table-2: Demographic characteristics of faculty members.

Demographic Variables	Count	Percentage (%)
Gender		
Males	02	40%
Females	03	60%
Age		
25-35 years	02	40%
36-45 years	03	60%
Qualification		
BS-Nursing	01	20%
MScN, MPH, MHR	02	40%
MScN	02	40%
Years of teaching experience		
1-6 years	03	60%
7-12 years	01	20%
13-18 years	01	20%

MScN: Masters of Science in Nursing, MPH: Masters in Public Health, MHR: Masters in Health Research.

25-45 years and with teaching experience of 1-18 years; 2(40%) males and 3(60%) females (Table 2). A total of 85 codes and 17 categories emerged under 5 major themes (Figure).

Theme 1 was Positive Impacts which contained 3 categories. It was the main theme because 9(60%) participants appreciated the initiation of BS-Nursing programme in the country.

The first category was the description of BS-Nursing as the first step towards advanced nursing profession by both students and faculty members, and they thought it had added value to the nursing profession. The faculty also shared that baccalaureate nurses are competent and compassionate. A faculty member verbalised, "I think that the BS-Nursing programme is a great step in the nursing history of Pakistan and believe that it would raise our standards in the country because these folks are competent, energetic and passionate towards the profession." (P-04).

The second category was about greater competence level compared to the nursing diploma. The students believed that the BS-Nursing programme equipped the learner with advanced knowledge and skills, enabling them to take care of the patients more effectively. One student explained: "We have more knowledge and skills compared to diploma because we have broader subjects of leadership management, advanced critical care, and pharmacology." (P-08)

The third category was effective community outcomes. The faculty and students were confident and had a positive attitude towards BS-Nursing graduates' services for patients and the community. They believed that baccalaureate nurses could effectively serve the community. One student said: "I believe that through our advanced

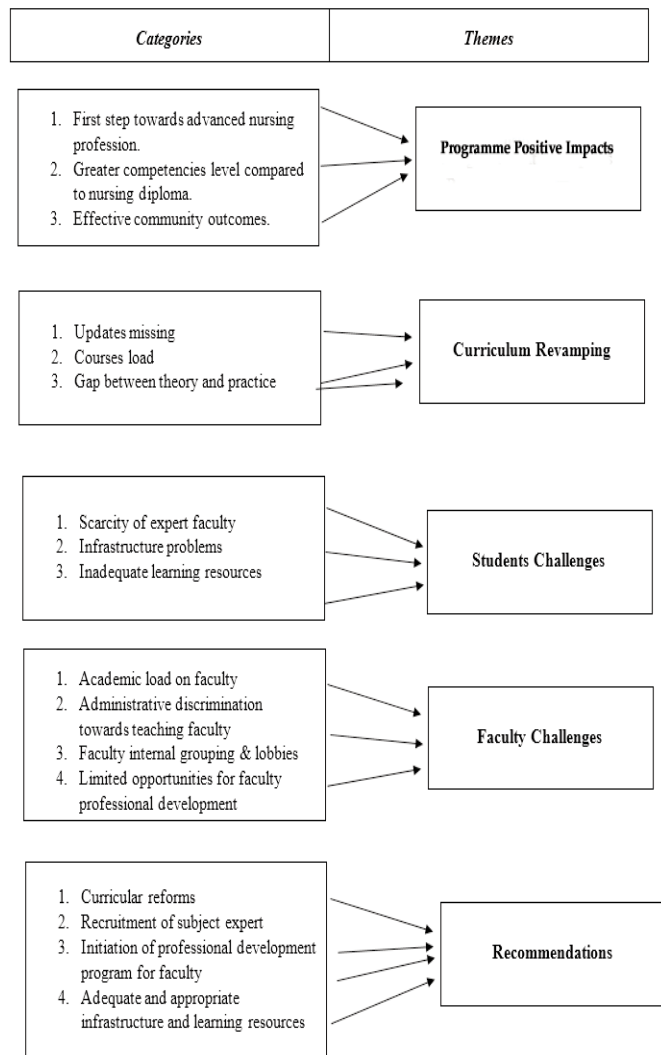


Figure: Categories and themes

leadership, communication and community subjects, we can more effectively serve our community compared to the diploma nurses." (P-06)

The second theme was curriculum revamping. The participants had different views and experiences about the nursing curriculum. The theme had 3 categories.

The first category was about missing updates. The subjects shared that their current curriculum was comprehensive and available for all baccalaureate programmes across the country, but not up to date in some important subjects. One faculty member said: "I think the BS-Nursing curriculum is partially reflecting the emerging health needs of our society because, now in our society, the burden of chronic disease is more than infectious disease." (P-04)

The second category was course overload. The students said the BS-Nursing programme had a comprehensive

and detailed curriculum. Therefore, students hardly cover the whole curriculum due to numerous courses. A student remarked: "You know, there are more than 16 units in adult health nursing besides tests and daily assignments. So, how someone will cover it?" (P-15)

The third category was about the gap between theory and practice. Some faculty members informed that because of missing some contextual updates, there is a wide gap between theory and current practices. One faculty said: "You know, knowledge is an evolving process and a few of our basic nursing subjects do not reflect in our current nursing care which have huge a gap between theory and practice." (P-03)

The third theme was students' challenges which had 3 categories.

The first category was scarcity of expert teachers. The students expressed that they were facing a shortage of faculty and expert teachers from the beginning of the programme. A student stated: "We do not have expert teachers for some subjects, because they give you a detailed explanation of everything and enable you to understand quickly and boost your knowledge and skills." (P-08)

The second category was infrastructure problems. Majority of the students had negative experiences with the institute's building, library and classrooms. One of the students stated: "Our campus building, like a commercial market, has congested rooms, old and broken windows." (P-10)

The third category was inadequate learning resources. The students were not satisfied with the learning resources, and said their current learning resources were inadequate, with limited number of books in the library, insufficient mannequin model, and lack of instruments in the skills lab.

The fourth theme was faculty challenges which had 4 categories.

The first category was academic load on faculty members. Because of limited number of faculty members, the academic load was more, they argued. One faculty member stated: "How can you explain your lecture to the students effectively when you have to teach two different subjects daily?" (P-02)

The second category was administrative discriminations towards teaching faculty. The resources were unequally divided in faculty, the argued. One of the faculty stated: "The biggest challenge I faced here as a teacher is the discriminations from the university higher management in terms of the distribution of resources because they prioritise other health sciences departments, while nursing and paramedical sciences are suffering." (P-01)

The third category was faculty internal grouping and lobbies. One of the main challenges that most public-sector faculty members were facing was politics and

lobbies, which negatively influenced students' learning. One faculty verbalised: "Here politics became a headache for us, as everyone has their own group here and nobody is ready to work with others." (P-03)

The fourth category was limited opportunities for faculty's professional development. The faculty reported that the nursing institutes provided limited opportunities for professional development. A faculty member stated: "I know that majority of the institutes hardly pay salaries and are not providing their faculty members chances to continue their educations or participate in workshops or seminars." (P-02)

The fifth theme comprised recommendations by both the faculty members and the students. The theme had 4 categories.

The first category was curriculum reforms. Both the students and faculty members shared their suggestions for the improvement of the BS-Nursing programme. One faculty member explained: "There should be a revision of the research course, (there is a) need to incorporate current nursing trends and self-directed learning in the curriculum, and we should make this curriculum more advanced to prepare quality nurses." (P-05)

The second category was recruitment of subject experts. The participants suggested that more faculty and subject specialists are required to maintain the programme's quality. One faculty member expressed: "I believe that for delivering quality BS-Nursing programme, an institute should have sufficient expert teaching faculty at least for their main subjects to improve learning." (P-04)

The third category was initiation of professional development programmes for faculty. The faculty members suggested that PNC should take the initiative and make professional development programmes mandatory for all nursing institutes. One faculty stated: "We should have refresher courses for faculty to keep them updated; our faculty should benefit from our existing faculty development programme," (P-03)

The fourth category was adequate and appropriate infrastructure and resources. The participants suggested that a new building and quality infrastructure would motivate them to study better and enhance their learning experience. One student stated: "A nursing institute should have the infrastructure, library, skills lab, and computer lab as per the PNC rules." (P-10)

Discussion

The current study indicated that both students and faculty members had positive experiences with the programme initiation. They believed that it would raise the nursing practice and the image of nurses in Pakistan. These findings are supported by other international studies¹⁹.

Both the faculty members and students perceived that nursing care quality would improve through the baccalaureate-prepared nurses because they have advanced clinical competencies compared to diploma-nurses, and they can serve the community effectively. Other international studies also reported similar findings^{9,10}.

The participants expressed various challenges related to the BS-Nursing programme, including an outdated overloaded curriculum with more assignments and course burden. These findings are supported by international literature²⁰. Moreover, both national and international studies²¹ found that BS-Nursing students' academic stress was associated with more assignments and critical condition of patients. In contrast, other studies also found that more assignments provide more opportunities for learning for students²². Therefore, the assignments, tests and projects should be revised and evaluated by the educators to ensure their effectiveness in learning, as well as to assess the academic load on students.

Other challenges faced by both faculty members and students were the shortage of teaching faculty and limited opportunities for faculty professional growth which has negative influences on faculty performance and affected students learning. These findings are consistent with other studies²³. The study also revealed several issues in the current infrastructure, such as old and inappropriate buildings, small classrooms, and limited space in the library, which is aligned with other global studies²⁴.

Finally, the study participants made recommendations for improving the BS-Nursing programme, suggesting that the current curriculum should be reviewed and updated concerning evidence-based practices, content upgradation, concept-based teaching and virtual learning. These suggestions were also aligned with an international study²⁵.

The current study has some limitations, like data was collected through telephonic interviews due to the COVID-19 precautions, which meant that the participants' facial expressions and body language was not recorded, which may have affected the interpretation of the actual perceptions of the participants. The study was conducted at a single centre due to limited time, and female participants were reluctant to participate due to cultural constraints.

Despite the limitations, the current study has provided a basis for further studies regarding the BS-Nursing

programme's implementation in the country.

Conclusion

The BS-Nursing programme is an excellent initiative in the country, but it does place significant challenges affecting its successful implementation. Nursing stakeholders should play their role in ensuring quality implementation of the BS-Nursing programme in the KP province.

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