

Exploring the live experiences of the nursing faculty, working in public sector institutions of Punjab regarding educational transformation from diploma to degree programme

Rahila Mushtaq¹, Mansoor Ghani², Naveeda Iqbal³, Samina Kausar⁴, Misbah Hanif⁵, Sumera Jabeen⁶

Abstract

The objective of the study was to explore the faculty's views regarding nursing education transformation from diploma to degree programme. Phenomenological descriptive qualitative approach was adopted to explore the experiences of 10 nursing faculty members who were teaching for more than two years in two public sector nursing colleges (inclusion criteria) in Punjab—College of Nursing, Jinnah Hospital Lahore, and College of Nursing, Nishtar Hospital, Multan—from 2021 to 2022. Data was collected by in-depth interviews of the 10 participants. It was tape recorded, transcribed, and analysed by using Braun and Clarke's thematic analysis technique. Seven themes were derived, in which good transition, change in instructional methodology, several strengths of degree programme, higher authorities' ignorance, lack of resources, resources can be managed at government level as well as institutional level, positive impact, improved skills in all dimensions were the main elements. This transition is facing challenges, and authorities need to pay proper attention, while policy formation for smooth implementation is needed.

Keywords: Nursing education, Nursing faculty, Attention, Policy.

DOI: <https://doi.org/10.47391/JPMA.9630>

Introduction

Over the years, there has been considerable development and progress in nursing education worldwide, which has improved the image of nursing¹ because nurses constitute the most important part of healthcare professionals and must show advanced levels of skill in order to manage teams, organise care, and employ

.....
¹University of Health Sciences, Lahore, Pakistan, ^{2,4}Institute of Nursing, University of Health Sciences, Lahore, Pakistan, ³College of Nursing, Nishtar Medical University, Multan, Pakistan, ^{5,6}Shaikh Fatima College of Nursing, Shaikh Zayed Hospital, Lahore, Pakistan

Correspondence: Rahila Mushtaq. Email: rahilashoukat1111@gmail.com

ORCID ID. 0009-0005-6872-8721

Submission complete: 06-04-2023

Review began: 24-05-2023

Acceptance: 11-11-2023

Review end: 11-10-2023

evidence-based practice for safe patient care.² To fulfil these expectations there is a demand for more nurses prepared at the baccalaureate and higher level.³

Globally, authorities concerned with health industry persistently have recognised the need to assess the educational preparedness of nurses. Nursing education is looking forward to address critical gaps in nursing education and training. The purpose was to reinforce both the quality and quantity of the nursing staff through strengthened nursing education not just intelligentsia but also well-qualified professionals to address the joint requirements of the changing society, concentrating on the best quality care founded on scientific evidence.⁴ After the evolving tendencies towards upgrading the nursing academia, many countries in the world, especially developed countries, have initiated BScN as minimum qualification for practice.⁴

In the past, nurses used to be trained in the institutions other than higher education on vocational basis for getting competency in skills by providing them basic knowledge essential for providing nursing care.⁵ The main dissimilarities noted between degree and diploma were the alterations of demonstration of traits and proficiencies by the lecturers of both the programmes. Another key difference exhibited was the vast divergence between the curricula of both the programmes. Baccalaureate degree nurses are more fixated towards evidence and theory-based nursing practice than diploma nurses according to their curricula. Furthermore, as compared to diploma, baccalaureate degree's nursing (BSN) education is based on college and university level learning strategies such as problem-based learning, simulation, and technology-mediated instruction, etc. making up for all the deficiencies very often identified by the critics.⁵

However, different recognised problems were overcome by supporting infrastructure improvement, curricular revisions, clinical skill development, in-service training, and faculty development.⁵

Nursing teachers have a pivotal role in this movement, by doing more than just interceding the knowledge essential

for becoming a nurse. The objective of this qualitative descriptive study is to reconnoitre the perceptions of nursing faculty that can serve as an important tool for the success of nursing education transformation from diploma to degree. The question of quality education, infrastructure, resource management, curriculum, and shortage in the clinical area due to limited seats and scarcity of nursing educators with a doctoral degree in nursing education are challenges for this transformation, which leads the authorities to probe into the need to discover how to cope with change to move into this new paradigm.

This study was conducted to determine the challenges and to discover the views of nursing faculty about the education transformation phenomenon from diploma to degree programme.

Subjects and Methods

The descriptive qualitative phenomenology approach was used to conduct this study in College of Nursing, Jinnah Hospital Lahore, and College of Nursing, Nishtar Hospital, Multan, from 2021 to 2022. This study was approved by the Institutional Ethical Review Committee of University of Health Sciences (UHS) Lahore. Institutional permission was taken from the concerned administrative authorities. Nursing faculty having a minimum qualification of Post-RN BSc Nursing who are teaching nursing students in the public sector colleges of Punjab for the last three years (inclusion criteria) were recruited by using purposive sampling until data saturation occurred when no new information was identified by the participants. Nursing instructors who have basic qualification of Generic BScN were excluded, (Exclusion criteria). The researcher introduced the topic to the participants. Self-designed semi-structured pretested interview guide was used to collect data. The participants were requested before the interview to provide informed consent. A total of 10 interviews were conducted in Urdu. Complete verbatim transcriptions of all the interviews were made in English and reviewed by a linguistic expert. At the end, emerging themes were tracked. Data combination was done on word document. Excel file was created by arranging questions and responses. Data was analysed by using Braun and Clarke's thematic analysis technique.⁶ Themes were generated and presented. Six-phase guide by Braun and Clarke (2006) was used for the detailed inductive thematic analysis approach.

- Step 1: become familiar with data
- Step 2: generate initial themes
- Step 3: search for themes
- Step 4: review themes

Step 5: define themes

Step 6: write up.

Results

Demographic Profile of the Participants: Ten females between the age of 29 to 50 years participated in this qualitative study. The participants were from post RN BSc nursing background. Participants' experience ranged from 2.5 to 10 years teaching nursing diploma students and two to five years teaching degree programme students from Punjab's public sector teaching institutes of nursing. After using inductive thematic analysis approach seven themes were derived from the interviews of the participants which include:

1. Need of time, good transition but it started late; it should have started sooner, as in other countries.

Almost all participants shared the same opinion regarding this transition. The participants' comments included the following:

"It's a good transition, although it should have been introduced long before in Pakistan."

2. The instructional methodology and extent of concept explanation is different in both the programmes

According to the participants, traditional methods such as lectures, book reading, and use of white board, were mainly used for diploma students whereas advanced and innovative methodology is required for degree students such as workshops, project method, role play, and group discussion with traditional methods to encourage retention of vast contents.

Participants specified, *"For diploma programme, traditional methods such as lectures were used. In degree programme, students are increasingly favouring for newer methods such as role play, discussion, and project work."*

3. Strengths of degree programme

The participants discussed several strengths in a degree programme as concepts are more refined. Another strength is the degree itself. FSc is the initial level, and it leads to advanced understanding. As a participant stated:

"This programme's main strength is that it is a degree programme, similar to other disciplines, with deep, extensive, and advanced knowledge."

One more strength is good blend of theory and practice. The degree programme focuses on learning and understanding theory before exercising skills in skill laboratories and then in the clinical field.

One of the participants said,

"A general curriculum is being started at our institute, with different credit hours and several technologies being incorporated, such as a hospital for clinical practice. current skill labs and other different approaches have been introduced, presentations have been created, and clinical practices have been arranged where necessary. According to the curriculum, we teach students in skill laboratories."

Another strength is motivated and satisfied students with advanced and evidence-based knowledge. As one participant commented:

"The strength of this programme is that it will bridge the gap between theory and practice. Degree students will be aware of the rationale of their work. When students gain knowledge, they will gain confidence as a result of their newfound knowledge."

4. Overall, no weakness but various perspectives on attitude and curriculum

Participants expressed their opinions on the programme's strengths, but opinions on other areas such as attitude and curriculum were divided.

As stated by one of the participants:

"Following the completion of the degree programme, one's attitude will improve. They have a strong understanding of how to counsel patients and provide appropriate communication and direction."

Similarly, some views regarding curriculum are as follows:

"The curriculum of a degree programme is significantly superior. More subjects are covered in a degree programme, such as pathophysiology, and pharmacology."

At the same time, there are some disruptive perspectives on curricula; as one of the respondents put it, *"There is a curricular deficit that has to be filled, and we must try to close it."*

5. Higher authorities' ignorance and lack of resources, specifically inadequate faculty.

All three dimensions of resources, i.e. man, money, and material, are lacking but the main issue is qualified faculty.

A participant stated:

"Our primary resource faculty is depleted. They lack the necessary qualifications to teach a degree programme."

Another participant was of the view that:

"There is shortage of space in the institution like library, labs and apparatus and computer labs. Microbiology laboratory and biochemistry laboratory should be independent. Deficiency of these resources causes less development and learning of the students. All of these issues create barriers."

Another element that arose from the participants' perspectives was the lack of autonomy of nursing college

principals, as well as a lack of planning and policy development by authorities as one of the respondents specified in these words,

"Principals of nursing colleges do not have any authority. If funds are available, the principal will not be allowed to utilise them on her own."

6. Deficient resources can be managed at the government level as well as institutional level with collaboration of PNC, Government and Institutions

The participants were of the opinion that problems they were facing during implementation of this programme would be resolved with the passage of time and many of those fixed at the institutional level by sharing resources with medical colleges. The government should hold meetings with regulatory bodies and nursing college principals to discuss the issues and their solutions. As a participant specified,

"Government should hold meetings with all college principals and administration, etc. In the meeting it should be discussed how this problem can be overcome in this programme, how much the budget should be, how this programme should be run. and what should be the service structure? It all should be decided by the government and authorities in collaborative method. PNC should also be included in these meetings."

7. Positive impact as standardised and globally acceptable degree, cost reduction and improved skills in all dimensions

Degree programme will raise the professional standards globally; this programme will enhance cost effectiveness due to good patient care. In this way it will reduce cost and bring a positive impact on the national economy. As a participant said,

"This will aid in the reduction of hospital-patient ratios. Soon, the patient will be released. In addition, the country's economy will benefit."

Degree programme will improve practical, personal, and professional aspects of students, and will enhance their social skills, confidence, communication skills, and competency. As a participant viewed regarding personal impact in this way:

"Personally, nurses will be groomed, knowledgeable, confident."

Conclusion

It was concluded by the faculty's views that this education transformation is a positive change and the need of time but simultaneously it is facing a lot of challenges for implementation. Among these challenges, the major problem is lack of qualified faculty. Nursing education authorities are required to make operational plan for aligning their educational policies by incorporating

participants' views in the main elements of academia, such as faculty impairment and material resource insufficiency.

Nursing education institutions need to be guided regarding their theoretical and pedagogical constructs. In spite of the challenges, overall, the degree programme has boundless strengths such as advanced theoretical knowledge, motivated, confident, and gratified students in terms of profession and practice, good combination of theory and practice.

In future, nurses will be more competent and skilful due to knowledge. Evidence-based practice culture will be established which will lead to better and diverse patient care.

Acknowledgements: Sincere thanks to my supervisor Dr Mansoor Ghani, Programme Coordinator (Institute of Nursing, University of Health Sciences Lahore), and Madam Naveeda Iqbal, Nursing Instructor College of Nursing, Nishtar Medical University, Multan, for their immense guidance and corporation throughout the period of research work. Their suggestions and instructions have served as a major contributor to the completion of my research work.

I would particularly like to thank the following revered persons who assisted and helped me to accomplish this research study.

Prof. Samina Kausar (Head of Department) Institute of Nursing, UHS Lahore

My special thanks to Mr Shah Jahan, In-charge Nursing

Library University of Health Sciences, Lahore, for his moral support throughout my study.

Special thanks to Mrs Samina Farooqi, and colleagues for their continuous support and encouragement.

Disclaimer: None.

Conflict of Interest: None.

Source of Funding: None.

References

1. Younas A, Rasheed SP, Sommer J. Current situation and challenges concerning nursing education in Pakistan. *Nurse Educ Pract.* 2019;41:102638. doi: 10.1016/j.nepr.2019.102638. Epub 2019 Oct 11. PMID: 31693948.
2. Zwane ZP, Mtshali NG. Positioning public nursing colleges in South African higher education: Stakeholders' perspectives. *Curationis.* 2019;42: e1-e11. doi: 10.4102/curationis. v42i1.1885. PMID: 31170798; PMCID: PMC6556869.
3. Angel L. Best practices and lessons learned in academic progression in nursing: A scoping review. *J Prof Nurs.* 2020;36:628-634. doi: 10.1016/j.profnurs.2020.08.017. Epub 2020 Aug 27. PMID: 33308565.
4. Michaels-Strasser S, Smith J, Khanyola J, Sutton R, Price T, El Sadr WM. Strengthening the Quality and Quantity of the Nursing and Midwifery Workforce: Report on Eight Years of the NEPI Project. *Ann Glob Health.* 2018;84:31-35. doi: 10.29024/aogh.6. PMID: 30873797; PMCID: PMC6748304.
5. Baker C, Cary AH, da Conceicao Bento M. Global standards for professional nursing education: The time is now. *J Prof Nurs.* 2021;37:86-92. doi: 10.1016/j.profnurs.2020.10.001. Epub 2020 Oct 19. PMID: 33674114; PMCID: PMC7571445.
6. Drinkwater KG, Dagnall N, Walsh S, Sproson L, Peverell M, Denovan A. Self-Ascribed Paranormal Ability: Reflexive Thematic Analysis. *Front Psychol.* 2022;13:845283. doi: 10.3389/fpsyg.2022.845283. PMID: 35496155; PMCID: PMC9039395.

Author's Contributions

RM: Concept, study design, data analysis and data interpretation.

MG and NI: Concept, study design, data analysis and interpretation, editing.

SK: Drafting, critical revision, final approval.

MH and SJ: Editing, rephrasing and integrity of research work.