

Challenges Faced by Nursing Faculty in Curriculum Implementation in Nursing Schools of Sindh: Nurses Faculty Perspectives

Mahaveer Singh Sodho, Musarat Fatima, Zeeshan Abbas

Mahaveer Singh Sodho (*Corresponding author*)

Staff Nurse

LUH, Hyderabad, Sindh-Pakistan.

Email: sodhomahaveer@gmail.com

Musarat Fatima

Assistant Professor

People's Nursing School

LUMHS, Jamshoro, Sindh-Pakistan.

Zeeshan Abbas

Staff Nurse

Sir CJ Institute of Psychiatrics

Hyderabad, Sindh-Pakistan.

ABSTRACT

OBJECTIVE: To identify the challenges faced by the nursing faculty in implementation of curriculum in nursing schools in public sector in Sindh province.

METHODOLOGY: This analytic cross-sectional study from October – December 2019 carried out at Public sector Nursing schools including Schools of Nursing at Karachi, Hyderabad, Thatta, Badin, Mirpurkhas, Sanghar, Shaheed Benazir Abad, Khairpur, Sukkur, Shikarpur, Larkana and Jacobabad which are offering diploma program in interior southern region of Sindh were chosen. Non probability convenience sampling using Raosoft software was used. Total 123 participants were selected. All the nursing faculty both male and female who consented to be the part of the study having at least one-year experience of work in public nursing school and having qualification either PGD, BSc.N (Post R.N) or BSc.N, MPH, MSPH or MSc.N. The data was entered and analyzed using statistical package (freq) for social science (SPSS) version 23.0.

RESULTS: Majority of respondents were females (64.2%), while most of respondents were clinical instructor (55%). Challenges like resources were found severely, whereas personal challenges found on moderate level. Highlighted issues identified were lack of training sessions (66.7%), non-availability of computer lab (70%), communication gaps (61.7%), poor interest by faculty in implementation of curriculum (50.8%), irregular facilitation of teaching gadgets (56.7%) were found most significantly association ($p = 0.000$).

CONCLUSION: There was Existence of Challenges among faculty that should be eradicated to ensure a productive outcome through effective implantation by faculty. This will surely develop a productive result for society depends over health sector.

KEY WORDS: Curriculum, Nursing Faculty, Challenge, Schools, Perspective.

INTRODUCTION

Nursing education has developed very fast in nursing profession since post-Victorian time.¹ Previously there was inadequacy in nursing education based on curriculums prepared by medical professional, then nowadays Nursing instructors have been playing their role in developing curriculums which meet all aspects of health. It is a channel through which the students learn their educational and life skills under supervision of the school administration.^{2,3} However, unluckily, in Pakistani context, this idea is highly misunderstood due to which students do not enhanced educational experience in schools.⁴

Moreover, the Curriculum implementation plays a key role in development of professional nursing competence as it creates opportunities to achieve vast knowledge and capability to solve problem and do critical thinking as each and every student to become master⁵⁻⁷. Teachers are the main curriculum implementers⁸. Globally more than 50% of health workforce comprised over nurses and midwives by World Health Organization (WHO), Primary care provision, patient treatments, public education about the importance of health in the community, participation in controlling diseases and infections as well as play a vital role for smooth functioning of the healthcare team.⁹ Furthermore a survey conducted by United Nations International Children's Emergency Fund (UNICEF) that 90% of nurses qualify for their exams without having sufficient theoretical knowledge and hands on practice resulting in unsafe patient care.¹⁰ Another troubling situation of our education system is the lack of expert teachers, while the nursing curriculum consists of more than 50% of clinical skills.⁴ They require both theoretical and clinical competencies to train nursing students according to curriculum.^{11,12} Nursing students experience fear while performing procedures they perform easily when faculty is not present. Despite that, the importance of nursing education and training cannot be overemphasized.¹³

Government of Pakistan is the responsible for maintain and monitoring the quality and continuous professional development of healthcare workforce, and revision of curriculum. Curriculum for nurses is regulated by Pakistan Nursing Council (PNC), is an autonomous body for nurses, midwives and auxiliaries, responsible for developing the curriculum for nurses and midwives, implemented in all schools of nursing and midwives throughout the country.

In Pakistan, and around the world challenges faced by nursing faculty is educational system, limited availability of faculty development programs, inexperienced faculty, lack of confidence, lack of leadership skills, insufficient knowledge, inappropriate teaching methods, lack of clarity content, role overload, rigid time schedule, reporting systems, administrative issues, lack of sufficient funds and inadequate resources.^{4,6}

According to Sindh nurses' examination board, the passing rate is 54% that indicates there are gaps and challenges in curriculum implementation.¹⁴ This study was planned to identify the challenges and findings of this study would advance the nursing curriculum to exposed faculty associated with effective curriculum implementation and promote professional accountability, to improve the nursing students' quality skills and academic success percentage.

METHODOLOGY

The Analytic cross sectional study was conducted among 123 Nursing faculty members in Public Nursing Schools of Sindh offering diploma program, including Schools of Nursing at Karachi, Hyderabad, Thatta, Badin, Mirpurkhas, Sanghar, Shaheed Benazir Abad, Khairpur, Sukkur, Shikarpur, Larkana and Jacobabad from October–December 2019, through convenient sampling method. Sample size was calculated through Raosoft¹⁵. All the nursing faculty both male and female who consented to be the part of the study having at least one-year experience of work in public nursing school and having qualification either Post Graduate diploma (PGD), Bachelor Science in Nursing (BSc.N), Bachelor Science in Nursing Post Registered Nurse (BSc.N Post R.N), Masters in Public Health (MPH), Masters Science in Public Health (MSPH) or Masters Science in Nursing (MSc.N) were part of this study. Visiting faculty, Staff nurses, working as Nursing faculty, Administrative and ministerial staff of nursing schools and Private Nursing schools of Sindh were being excluded from study.

A self-developed questioner will be used to collect data. The questioner required participants' response to items and show their agreement with it by using 5 point Likert-type scale (score from 1 = strongly disagree to 5 = strongly agree).

The items included in questioners were validated by researchers of PhD level for construct and criterion. The subscales reliability is checked after having a pilot study over 10 participants and the Cronbach alpha is 0.823. Data was analyzed by using SPSS version 23. For categorical variables, frequency and percentage was calculated. Chi square test was applied to seek the association between variables at p-value of 0.05 for level of significance.

RESULTS

The sample size of this study was one hundred twenty-three (123), one hundred twenty (120) participants returned their data collection forms.

Table I shows socio demographic distribution of participants. Most of the participants belongs to age group ranging from 34-46 years were 50% (n=60). Females were 64.2% (n=77), Post RN BSN 53.3% (n=64), Masters in Public Health 1.7% (n=2) participants had. 28.3% (n=34) participants were having teaching experience of 11 to 15 years.

TABLE I: SOCIO DEMOGRAPHIC DISTRIBUTION OF PARTICIPANTS

Socio demographic Variable	Frequency %
Age	
20-33 years	59 (49.2%)
34-46 years	60 (50%)
47-59 years	1 (0.8%)
Gender	
Male	43 (35.8%)
Female	77 (64.2%)
Professional education	
PG	47 (39.2%)
Post RN BSN	64 (53.3%)
MSN	7 (5.8%)
MPH	2 (1.7%)
Teaching experience	
1 to 5 Years	12 (10%)
6 to 10 Years	17 (14.2%)
11 to 15 Years	34 (28.3%)
16 to 20 Years	28 (23.3%)
more than 20	29 (24.2%)
Job title	
Nursing instructor	54 (45%)
Clinical instructor	66 (55%)

Table II show presence of challenges faced in implementation of curriculum by Faculty identified by participants. Among all challenges there were major concern of having 65.8% (n=79) participants respond to severe presence of resources challenges.

TABLE II: DISTRIBUTION OF PARTICIPANTS PERCEPTION IN ASSOCIATION OF PRESENCE OF CHALLENGES

Challenges	Presence		
	Mild	Moderate	Severe
Administrative	Nil	98 (81.7%)	22 (18.3%)
Resources	1 (0.8%)	40 (33.3%)	79 (65.8%)
Personal	8 (6.7%)	106 (88.3%)	6 (5%)

Table III shows participant's response distribution regarding presence of challenges. Participants' response to administrative challenges, 45.8% (n=55) of the study participants refused to having additional responsibilities except teaching. 54.2% (n=65) of the participants agreed to subjects over burden 66.7% of the participants strongly agreed that there is immense need to have training sessions, workshops should be conducted to implement curriculum. 48.3% (n=58) participants of the study agreed to have proper monitoring of faculty in implementation of curriculum. 64.2% (n=77) believed that there is no any plan to evaluate curriculum. Resource challenges faced by faculty in implementation of curriculum, there was lack of subject related books strongly agreed by 38.3% (n=46). 54.2% (n=65) participants agreed to have faculty shortage. Skills labs are not fully equipped responded by 63.3% (n=76). Absence of computer lab by 70% (n=84) of participants responded. 56.7% (n=68) agreed that teaching gadgets are not properly provided. Non-availability of conveyance for visits, 58.3% (n=70) agreed to existence of issues. There was proper faculty accommodation agreed by 51.7% (n=62). 50.8% (n=61) agreed over poor interest by faculty in implementation of curriculum. There was presence of communication gaps to administration believed by 59.2% (n=71) participants. Communication gaps from students were there respond by 61.7% (n=74). Lectures were prepared poorly reported by 50% (n=60) of study population. Faculty methodology of teaching was inappropriate agreed by 55% (n=66). Students have poor ability of understanding 43.3% (n=52) agreed.

TABLE III: DISTRIBUTION OF CHALLENGES

Challenges	Participants Perception				
	Strongly Disagree	Disagree	Not sure	Agree	Strongly Agree
Administrative					
Additional responsibilities assigned except teaching	Nil	55 45.8%	Nil	52 43.3%	13 10.8%
over burden of subjects to faculty	Nil	50 41.7%	1 0.8%	65 54.2%	4 3.3%
Rude behavior to faculty	Nil	64 53.3%	9 7.5%	42 35%	5 4.2%
Unfair distribution in assigning subjects to faculty	Nil	68 56.7%	17 14.2%	30 25%	5 4.2%
Resources					
Subject related books in library are not sufficiently available	Nil	13 10.8%	1 0.8%	60 50%	46 38.3%
Shortage of faculty	Nil	46 38.3%	Nil	65 54.2%	9 7.5%
Skill labs are not fully equipped	Nil	8 6.7%	1 0.8%	76 63.3%	35 29.2%
Absence of computer lab	Nil	1 0.8%	2 1.7%	33 27.5%	84 70%
Irregular facilitations of teaching gadgets	Nil	3 2.5%	43 35.8%	68 56.7%	6 5%
Conveyance issues in community visits, clinical duties	Nil	32 26.7%	1 0.8%	70 58.3%	17 14.2%
Improper faculty accommodation in institutes	Nil	62 51.7	Nil	49 40.8	9 7.5
A location of insufficient time to implement the curriculum contents	Nil	92 76.7%	20 16.7%	4 3.3%	4 3.3%
lack of training sessions, workshops to curriculum implementation	Nil	Nil	Nil	40 33.3%	80 66.7%
Faculty monitoring towards curriculum implementation is poor	Nil	11 9.2%	12 10%	58 48.3%	39 32.5%
No any plan for evaluation of curriculum	Nil	1 0.8%	6 5%	77 64.2%	36 30%

ONLINE FIRST

Irrelevant curriculum contents	Nil	99 82.5%	7 5.8%	13 10.8%	1 0.8%
Personal Challenges					
Curriculum is poorly interpreted	1 0.8%	74 61.7%	19 15.8%	26 21.7%	Nil
Poor interest in curriculum implementation by faculty	1 0.8%	17 14.2%	35 29.2%	61 50.8%	6 5%
Poor understanding of curriculum content by faculty	1 0.8%	75 62.5%	33 27.5%	11 9.2%	Nil
Poor competencies by faculty to subjects	Nil	71 59.2%	42 35%	6 5%	1 0.8%
Communication gaps in discussing problems of curriculum to administration	Nil	8 6.7%	12 10%	71 59.2%	29 24.2%
Communication gaps in discussing problems of curriculums from students	Nil	16 13.3%	25 20.8%	74 61.7%	5 4.2%
Poor lecture preparation	Nil	29 24.2%	17 14.2%	60 50%	14 11.7%
Inappropriate teaching methodology	Nil	17 14.2%	8 6.7%	66 55%	29 24.2%
Poor ability of students	Nil	46 38.3%	17 14.2%	52 43.3%	5 4.2%

Table IV show significant association among socio demographic characteristics of participants and the challenges they faced. That show teaching experience was significantly associated to administrative (p= 0.000), resources (p= 0.000) and personal (p=0.004) challenges. Participants professional education was associated to personal challenges they face in curriculum implementation (p=0.003), while age of participants associated to challenges of resources found significant (p=0.005).

TABLE IV: DISTRIBUTION OF SIGNIFICANT ASSOCIATION REGARDING SOCIO DEMOGRAPHIC FEATURES OF PARTICIPANTS TO CHALLENGES

Challenge	Type	Socio demographic Variable	Response					p Value
			Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree	
Improper faculty accommodation in institutes	Resources	Age (Years)						0.005*
		20-33	Nil	21	Nil	30	8	
		34-46	Nil	40	Nil	19	1	
		47-59	Nil	1	Nil	0	0	
Poor interest in curriculum implementation by faculty	Personal	Professional educational level						0.003*
		PG	Nil	6	11	28	2	
		Post RN BSN	Nil	7	22	32	3	
		MSN	1	3	1	1	1	
		MPH	Nil	1	1	0	0	
Additional responsibilities assigned except teaching	Administrative	Teaching experience						0.000*
		1 to 5 Years	Nil	7	Nil	4	1	
		6 to 10 Years	Nil	8	Nil	9	0	
		11 to 15 Years	Nil	22	Nil	10	2	
		16 to 20 Years	Nil	15	Nil	13	Nil	
		more than 20	Nil	3	Nil	16	10	
Irregular facilitations of teaching gadgets	Resources	Teaching experience						0.000*
		1 to 5 Years	Nil	2	1	7	2	
		6 to 10 Years	Nil	1	3	10	3	
		11 to 15 Years	Nil	Nil	12	22	Nil	
		16 to 20 Years	Nil	Nil	10	18	Nil	
		more than 20	Nil	Nil	17	11	1	
Poor ability of students	Personal	Teaching experience						0.004*
		1 to 5 Years	Nil	3	0	7	2	
		6 to 10 Years	Nil	2	1	13	1	
		11 to 15 Years	Nil	15	7	12	0	
		16 to 20 Years	Nil	9	3	14	2	
		more than 20	Nil	17	6	6	0	

DISCUSSION

There was 97.6% clinical and nursing faculty response to studies. In a study it was reported that there was lack of support to implementation, if it was not their chances of being failure would be increased¹⁶ these results were supported for administrative challenges as 81.7% agreed to this.

A busy schedule is related impact on curriculum discussed in a study as there was overloaded schedule¹⁶, 54.2% participants agreed over that due to the burden of subjects' implication of curriculum is a challenge for them in this study.

Training sessions regarding pedagogical strategies or teaching methods are mandatory in implantation of a curriculum to improve skills and competencies of faculty. 48.3% participants recommend to conduct a training session and workshops while in a study¹⁶ it was observed that new curriculum programs skills and competencies would be achieved through attending seminars.

Implementation of curriculum affected by time, as newly inducted course require more time to make lesson plans and concept maps to easily understand for students ¹⁶. 67% not enough workshops reported¹⁷, this study support this as 33.3% by participants responded that lack of trainings and workshops is a challenge in implementation of curriculum. Those who held workshops did not seem to be sufficiently knowledgeable. For half a day, teachers participated in workshops that were not enough to gather all information for students. This suggests that the information provided in a short space of time did not satisfy both male and female nursing faculty ¹⁷. Time management was the most reported personal challenges also in a study¹⁸. In this study over this query only 3.3% participants strongly agreed to this.

Teaching methodology is fundamental portion in the implementation process. Teachers' use of inappropriate teaching methods¹⁶ in this study 55% participants also confirmed this.

Infra structure in any process is most needed part of program, it was identified that lack of furniture and laboratory space causing issues in implementation process¹⁶ in this study, 63.3% agreed to partially equipped skill labs, 27.5% respond to unavailability of computer labs. 67% deficiency of items required for teaching and also books to comment for additional knowledge and informatics data to ¹⁷. In this study 50% of participants agreed over Subject related books in the library are not sufficiently available.

Teaching competencies are closely associated with maximum implementation process as in a study of Ghana concluded that many teachers feel like they did not have so many skills and competencies for accomplishment and maximum use in the course work program¹⁶, Only 5% agreed over this., while in this study most were experienced For an effective result it is needed to be proper implementation process should be monitored and evaluated.

Faculty shortage is also a big concern, 54.2% respond that there is shortage of faculty as a challenge, it is quit tough to arrange faculty 100% as required on priority based to full this gape in emergency, according needs issues could be solved¹⁷. In South Africa, the country faces a 'nursing crisis' regarding implementation characterized by shortages lack of supervision and mentoring of students, shortage of clinical is also a big challenge¹⁹ in india²².

As personal challenges this study found 43.3% agreed to poor ability of students, another study there were 75% this depends on availability of resources used for learning, and noted insufficient resources. 50% agreed that they were poorly prepared for lectures while 67%¹⁷ sometimes of educators indicated they were not always prepared.

CONCLUSION

There was moderate presence of administrative challenges among participants that show administration as less cooperation with issues related to faculty for curriculum implementation. The Burden of subjects, lack of training sessions, running curriculum without any monitoring and evaluation were most frequently reported challenges, If these are not addressed it will result into increasing of hurdles to faculty. Regarding infrastructure institutes were lacking facilities like skill lab, computer lab, relevant books, and teaching gadgets along faculty shortage that assist resources challenges and make its presence as a severe challenge. Resources are the most mandatory for successful implementation of nursing curriculum. Curriculum is the route travelled by an academic organization to achieve its desired goals. For its success in planning phase, the challenges should be identified and addressed as for having better academic results.

Disclaimer: This manuscript is based on original research & has not been sent to anywhere in part /completely for publication.

Ethical Permission: Liaquat University of Medical and Health Sciences, Jamshoro Letter No. DOC#LUMHS/REG/ACD/28274/79, dated: 1-10-2019.

Conflict of Interest: There was no any conflict of interest.

Funding: There was no any funding agency

AUTHOR CONTRIBUTIONS

Sodho MS: Conducted study, Chief investigator, Compile and data collection, manuscript writing.

Fatima M: Analyzing the gathered data in SPSS and interpreted it. Supervise the study and helped in each section.

Abbas Z: Grammatical corrections and language

REFERENCES

1. Fong MK, Chan ZCY, Li YL, Wong TL, Tsoi WF, Wong HT, et al. Curriculum design and attrition among undergraduate nursing students: A systematic review. *Nurse Educ Today*. 2018; 74: 41–53.
2. Muraraneza C, Mtshali NG, Mukamana D. Issues and challenges of curriculum reform to competency-based curricula in Africa: A meta-synthesis. *Nurs Heal Sci*. 2017; 19(1): 5–12.
3. Caverzagie KJ, Nousiainen MT, Ferguson PC, ten Cate O, Ross S, Harris KA, et al. Overarching challenges to the implementation of competency-based medical education. *Med Teach*. 2017; 39(6): 588–93.
4. Dias JM, Violato C. A Need Assessment for Faculty Development in Baccalaureate Nursing Programs in Pakistan. *Int J Stud Nurs*. 2018; 3(1): 168.
5. Atashzadeh-Shoorideh F, Mohtashami J, Pishgooie SAH, Jamshidi T, Sedghi S. Effectiveness of implementation of “mental health nursing students’ clinical competency model” on academic performance of nursing students. *F1000Research*. 2018; 7: 1212.
6. Jafree SR, Zakar R, Fischer F, Zakar MZ. Ethical violations in the clinical setting: The hidden curriculum learning experience of Pakistani nurses *Ethics in Clinical Practice*. *BMC Med Ethics*. 2015; 16(1).
7. Muraraneza C, Mtshali GN. Implementation of competency based curriculum in pre-service nursing education: Middle range theory. *Int J Africa Nurs Sci*. 2018; 8: 53–8.
8. Tshitenge ST, Ndhlovu CE, Ogundipe R. Evaluation of problem-based learning curriculum implementation in a clerkship rotation of a newly established african medical training institution: Lessons from the university of Botswana. *Pan Afr Med J*. 2017; 27: 1–8.
9. Ginsburg LR, Dhingra-Kumar N, Donaldson LJ. What stage are low-income and middle-income countries (LMICs) at with patient safety curriculum implementation and what are the barriers to implementation? A two-stage cross-sectional study. *BMJ Open*. 2017; 7(6).
10. Papp CL, Podolak LA, Kosturko MEH, Gambardella LC. It Takes a Village... RN Diploma to BSN Program. *Teach Learn Nurs*. 2018; 13(4): 226–32.
11. Papadopoulos E, Arsenos G, Ptochos S, Katsoulos P, Oikonomou G, Karatzia MA, et al. Teachers’ perceptions on challenges faced by rural secondary schools in the implementation of the technical and vocational education and training policy in Nkayi district. *Int Res J Teach Educ*. 2014; 65(2): 115–20.
12. Ogar o. e. Teachers perceived problems of curriculum implementation in the tertiary Institution in cross River of Nigeria. *Educ Pract*. 2015; 6(19): 150.
13. Brown T, Sorrell J. Challenges of Novice Nurse Educator’s Transition From Practice to Classroom. *Teach Learn Nurs*. 2017; 12(3): 207–11.
14. Results|Sindh Nurses Examination Board [Internet]. [cited 2019 May 4]. Available from: <http://www.sneb.org.pk/Results>
15. Raosoft. Sample Size Calculator by Raosoft, Inc [Internet]. Sample size. 2004 [cited 2019 May 4]. p. 1. Available from: <http://www.raosoft.com/samplesize.html>
16. Cobbold C. Moving from Page to Playground: The Challenges and Constraints of Implementing Curriculum in Ghana [Internet]. Vol. 7. 2017 [cited 2020 Jan 15]. Available from: www.iiste.org
17. Thivhavhudzi Muriel Badugela by. Problems Facing Educators in Implementing the

ONLINE FIRST

- National Curriculum Statement: The Case of Tshifhena Secondary School, Vhembe District, Limpopo Province, South Africa. 2012.
18. Kermansaravi F, Navidian A, Yaghoubinia F. Nursing students' views of nursing education quality: a qualitative study. *Glob J Health Sci.* 2015; 7(2): 351–9.
 19. Rispel LC. Transforming nursing policy, practice and management in South Africa. Vol. 8, *Global Health Action*. Co-Action Publishing; 2015.
 20. Oye Bandele S, Akintoye Faremi Y. An Investigation into the Challenges Facing the Implementation of Technical College Curriculum in South West, Nigeria [Internet]. Vol. 3. Online; 2012 [cited 2020 Jan 16]. Available from: www.iiste.org
 21. Upendra S. Progression of nursing education and research in India| Abstract [Internet]. [cited 2020 Jan 16]. Available from: <http://www.imedpub.com/proceedings/progression-of-nursing-education-and-research-in-india-2072.html>
 22. Zodpey S, Tiwari R. Situational analysis of nursing education and work force in India. *Nurs Outlook*.