

Assessment of a post-basic nursing education programme

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Abstract

A post-basic nursing education programme was introduced by the School of Nursing, University of the Free State, in 1999. The main aim of the programme is to offer vocationally directed specialisation and continuing educational opportunities to registered nurses. Qualifications, exit possibilities, the learning programme and the teaching-learning methods are described. A year after the programme was introduced student evaluation of the programme took place by means of questionnaires. The survey method was used to obtain the opinion of students via questionnaires. A convenience sample was applied and 82% of the questionnaires were returned. Although students appeared to be satisfied, they found some modules difficult. Twenty-three per cent found the lecturers helpful and considerate and 93% found contact with lecturers to be essential. The greatest advantage of the programme, however, is that it offers registered nurses an opportunity to qualify as clinical experts, because the programme focuses mainly on clinical specialisation. Tutorial staff are compelled by student estimates to examine the relevancy of curricula on a regular basis.

Abstrak

'n Nabasiese verpleegonderrigprogram is in 1999 by die Skool vir Verpleegkunde, Universiteit van die Vrystaat, ingestel. Die hoofdoel met die program is om beroepsgerigte spesialisasie en voortgesette onderrigleenthede aan geregistreerde verpleegkundiges daar te stel. Kwalifikasies, uittredingsmoontlikhede, die leerprogram sowel as die onderrigleermetodes word beskryf. Na 'n jaar is studentevaluering van die program deur middel van vraelyste gedoen. Die opnamemetode is gebruik en deur middel van vraelyste is die mening van studente verkry. 'n Gerieflikheidsteekproef is aangewend en 82% van die vraelyste is terugontvang. Alhoewel dit blyk dat studente tevrede was, is sekere modules moeilik gevind en 93% vind kontak met dosente noodsaaklik. Drie-en-twintig persent het die dosente hulpvaardig en tegemoetkomend gevind. Die grootste voordeel van die program is egter dat dit aan geregistreerde verpleegkundiges die geleentheid bied om as kliniese deskundiges te kwalifiseer, omdat die program hoofsaaklik op kliniese spesialisasie-areas fokus. Studenteberamings dwing onderrig personeel ook om voortdurend hul kurrikulums vir relevantheid te toets.

Introduction

It is alarming to think that knowledge acquired in formal education is outdated within five years (Cox & Gibbs, 1994:5)

Technological progress feeds on knowledge, and knowledge is increasing at such a rate at present that nursing education is probably experiencing one of the most exciting periods in its history. Changes in the development and needs of the community, and advances in medical technology daily open up new horizons in the provision of health care. Staff involved in teaching and training nurses are therefore forced to adapt their teaching goals and strategies and to develop new programmes.

The health of the population of South Africa rests on the knowledge of health workers of whom nurses form the largest percentage. Basic teaching and training of nurses is no longer adequate and specialised skills and knowledge to provide nursing care are essential. Although non-clinical areas are most popular among nurses, the profession demands knowledge in the clinical field. Unfortunately, as far as promotion opportunities are concerned "*the clinical career ladder has been seen by many as a dead end in terms of promotion*" (Woodward, 1996:20). In spite of this trend, the School of Nursing concentrates mainly on clinical specialisation, because this is where

the need for actual practice lies. A programme for post-basic training was introduced at the School of Nursing, University of the Free State, in 1999.

Consideration was given during the development of the programme to the necessity of equipping nurses with knowledge on specific specialties as required by the South African Qualification Authority in the following quotation:

"A qualification shall represent a planned combination of learning outcomes which has a defined purpose and which is intended to provide qualifying learners with applied competence and a basis for further learning" (Ramphela, 1999:6-10).

In the first place the purpose of this article is to provide an explanation of the composition of the programme, and in the second place to provide the results obtained from the students.

Aim of the programme

The aim of the programme is to

- (i) prepare specialist nurses in significant and specific ar

- eas of nursing as subject specialists, facilitators of research, preceptors for other health workers and managers;
- (ii) provide professional specialisation and continuing educational opportunities at various academic levels for nurses;
 - (iii) enable nurses to earn the credits that will be required should re-registration with the South African Nursing Council be instituted; and
 - (iv) equip nurses in new dimensions to meet the requirements of the newly phased-in primary health care policy of the government.

Qualification and exit possibilities of the programme

A bachelor's degree in advanced nursing can be obtained. However, the programme has four exit possibilities determined by the choice of modules.

The following exits are offered. They are represented in Table 1:

Table 1: Exit possibilities (Including degree)

UNIVERSITY QUALIFICATION	PROFESSIONAL REGISTRATION /CERTIFICATION	MINIMUM NUMBER OF CREDITS	MINIMUM PERIOD FOR COMPLETION
University certificate	Certification	72	Two semesters
Advanced university diploma	Registration	120	Two semesters
Advanced university diploma and university certificate	Registration and Certification	192	Four semesters
Two advanced university diplomas	Two registrations	240	Four semesters
Degree	Three registrations	360	Six semesters

- (i) Exit after completing 72 credits. This earns a student a **university certificate and certification** with the SA Nursing Council. The minimum duration is two semesters.
- (ii) Exit on completing 120 credits. This leads to an **advanced university diploma and registration** with the SA Nursing Council. The minimum duration is two semesters.
- (iii) Exit on completing 192 credits. This earns a student an **advanced university diploma and a university certificate, one registration and one certification** with the SA Nursing Council. The minimum duration is three semesters.
- (iv) Exit on completing 240 credits. This leads to **two advanced university diplomas and two registrations** with the SA Nursing Council. The minimum duration is four semesters.

On completing 360 credits the student earns a **bachelor's degree in advanced nursing** and three registrations/certifications with the SA Nursing Council. The minimum period is six semesters as indicated in Table 1.

University qualifications achievable on exit

As stated in the introduction, the School considers it important to focus mainly on clinical specialties. At present 21 professional registrations/certifications can be earned, as indicated in Table 2:

Only two of the 21 qualifications are not clinical, viz. health care management and nursing education.

The wide choice available gives registered nurses with only a qualification in general nursing an opportunity to become qualified in all the basic areas – midwifery, community nursing and psychiatric nursing. Organising and offering clinical specialties can have financial implications for a School.

Student numbers in some courses are too low to be cost-effective. For some courses such as basic midwifery, operating theatre nursing, paediatric nursing and intensive care, students

must take study leave which is difficult to come by and requires them to be away from their families. However, it has been observed that offering a course is a positive recruiting method as students develop an awareness of the type of specialisation.

The curriculum (learning programme)

The learning programme for the degree consists of a choice of three of the 17 advanced areas, and is made up of fundamental, core and elective modules. A certificate consists of only core modules.

The noun "subject" has been replaced by "module", the latter being subdivided into "themes". Fundamental or basic modules are compulsory for all students and provide the platform or structure. "Core" modules are also in this category and are selected as specialty by the student. A further cat-

egory of “elective” or “choice” modules is not compulsory, but open to choice provided that the required number of credits are met.

- Health care and the law
- Ethos and professional practice
- Introduction to HIV/AIDS care

Pharmacology is a requirement for all clinical courses.

Table 2: University qualifications and professional registrations/certifications on exit

QUALIFICATIONS	PROFESSIONAL REGISTRATIONS	MINIMUM NUMBER OF CREDITS
Advanced university diploma in health care management	Nursing administration	120
Advanced university diploma in nursing education	Nursing education	120

Advanced university diploma in basic midwifery	Midwifery	120
Advanced university diploma in occupational health nursing	Occupational health nursing	135
Advanced university diploma in forensic nursing	Forensic nursing	120
Advanced university diploma in community nursing	Community nursing	120
Advanced university diploma in Gerontological nursing	Gerontological nursing	120
Advanced university diploma in child psychiatric nursing	Child psychiatric nursing	120
Advanced university diploma in paediatric nursing	Paediatric nursing	120
Advanced university diploma in critical care nursing (general)	Critical care nursing (general)	120
Advanced university diploma in medical and surgical nursing	Medical and surgical nursing	120
Advanced university diploma in operating theatre nursing (general)	Operating theatre nursing (general)	120
Advanced university diploma in orthopaedic nursing	Orthopaedic nursing	120
Advanced university diploma in primary clinical health care	Health assessment, - diagnosis, treatment and care	120
Advanced university diploma in psychiatric nursing	Psychiatric nursing	120
Advanced university diploma in trauma nursing	Trauma nursing	120
Advanced university diploma in advanced midwifery and neonatology	Advanced midwifery and neonatal nursing	120

	PROFESSIONAL CERTIFICATION	
University certificate in pharmacology for primary health care prescription	Pharmacology for primary health care prescription	72
University certificate in high care	High care nursing	72
University certificate in HIV/AIDS care	HIV/AIDS care	72
University certificate in wound care	Wound care	72

Fundamental modules

The fundamental modules for all the areas are:

- Health care management

Depending on the core module, for instance health care management, sociology is an additional requirement and educational psychology is an extra requirement for nursing education.

Core modules

Core modules are those relevant to specific specialties and extend over two semesters. The practical module extends over a year.

Elective modules

If a student does not have sufficient credits to complete the degree, a choice can be made from a variety of elective modules. Students may choose from modules of eight or 16 credits. Interesting, student-friendly modules in various departments in other faculties on campus have been included as electives, for instance, introduction to English language skills, the study of well-being, and political science.

Teaching methods

According to Smith (1994:49), among others, the success of any teaching-learning programme depends on the teaching-learning method. As these are all working people and generally have a family, the teaching method has to suit the learner. Resource-based learning is one way of handling the present problem of parallel-medium teaching, diversity, limitations in terms of physical facilities, timetable and high-level staff at the University of the Free State (Bitzer, 1996:1).

The School of Nursing has attempted to phase in this method since 1999. Resource-based learning is a term that is used to describe learning processes that do not depend on time, place or pace. The resources may take any number of forms and are used primarily to structure and support the learning processes of students (Nunan, 1997:5). Study material consists of multimedia study resources or learning packages. They may include structured study guides or modules, books, videotapes, videocassettes and computer programs (Letuka, 2000:7).

Contact sessions

Contact sessions are scheduled learning facilitation sessions with the aim of monitoring progress with study material and of clarifying questions. If appropriate, especially in practicals where knowledge is applied in practice and skills are developed and practised, the role of the lecturer is critical.

Classes remain necessary to handle general problems, orientate students to new learning material and discuss learning evaluation.

Evaluation

Continuing evaluation, i.e. formative evaluation, is built into the study material. Summative evaluation is scheduled for specific periods. The main aim is to monitor the progress of students and to identify learning deficiencies. As regards resource-based learning, Robertson (2000:3) stated that not all students are ecstatic about the method, although part-time students and students not on campus appreciate well-compiled resources (material) put at their disposal. However, some students realise that they must learn harder as they did not do much learning

before – possibly took a few notes and put them in the back of a file for use a few days before the examination.

Student evaluation of the programme was conducted informally in 1999. In 2000 it took the form of questionnaires. A summary of the findings is given.

Problem statement and aim

Student satisfaction is essential for the survival of the School, as is the relevance of the content. Students raised problems in informal feedback sessions regarding the number of contact sessions, fundamental modules and administrative aspects.

The need also existed to assess the degree of student satisfaction during contact sessions and the learning resources provided. According to Price (1997:154) it is imperative to support adult students by means of learning resources and discussions.

The aim was to determine whether students were satisfied with the presentation and content of the programme and to enhance student satisfaction.

Methodology

An exploratory descriptive quantitative survey was used in an attempt to identify possible problems encountered by the students. The survey method was used in order to minimize the time lost in interrupting the students' studies. This method also allowed easy computer processing. Students enjoyed a sense of security by not being exposed to the lecturers directly, which prompted honest answers (Burns & Grove, 1993:243).

Research instrument

A structured questionnaire containing mostly closed ended questions, but also a number of open-ended questions, was used because it was the only way in which all the students could be reached.

The questionnaire was compiled by the researchers and the questions were selected and included on the basis of students' feedback to the researchers the previous year.

The questions included were relevant to the modules, e.g. the fundamental and core modules. The significance of the questions asked in relation to the clinical practice and difficulties experienced were investigated. Concerning the core modules, questions were formulated in such a way as to enable researchers to ascertain if students experienced problems.

In order to evaluate the success rate of resource-based learning, questions on the composition of modules (study manuals) were included, among these questions on administration, orientation and registration.

Ethical aspects

The aim of the research was explained to the students and the questionnaires were anonymous.

Sample

A convenience sample was used. Uys and Basson (1993:101) emphasized that this method of sampling is aimed at the convenience it provides for the researcher. In this case the convenience of the respondents (students) was also taken into consideration (80% of the respondents were present and it took 15 minutes of their time). All those students attending a compulsory module on that day were requested to respond.

Table 3: Problems mentioned (N=128)

PROBLEMS	F	%
(i) There is too much work	30	23%
❖ Students were not well prepared for tests and examination	25	20%
❖ Too many lectures were given only in Afrikaans	25	20%
❖ Too many lecturers in pharmacology were confusing	20	16%
❖ Confusion about test dates	10	7.8%
❖ Lectures were boring	5	3.9%

They were allowed to take the questionnaire and complete it in their own time and return it to the researchers. Two hundred questionnaires were issued in this way, and the response rate was 82%, because 164 were returned. The population comprised 300 students.

Reliability and validity of the research instrument

The reliability of a research instrument is determined its stability, consistency or dependability as an instrument that measures certain attributes. *“The reliability of an instrument is the degree of consistency with which it measures the attribute it is supposed to be measuring”* (Polit & Hungler, 1989:242). The items included in the questionnaire were based on an in-depth literature review about resource-based learning, as well as on suggestions from lecturers and students who were part of the programme. Reliability was also enhanced by a pilot study. Validity refers to the degree to which an instrument measures what it is supposed to measure (Polit & Hungler, 1989:246).

Content validity, concerning the adequacy of the content being covered by the questions, was assessed by requesting the lecturers who presented the various modules for commentary. Problems raised by students in informal sessions regarding the programme were also included. After the pilot study, corrections were made and the lecturers were satisfied with the content of the questionnaire.

Data analysis

One hundred and sixty-four students (82%) out of 200 completed the questionnaire. As discussed, contact sessions are not compulsory and students who did not attend contact sessions that day did not complete the questionnaire.

Fundamental modules

Students were asked to indicate whether they experienced problems with the fundamental modules. Problems were experienced by 64 (39%) students in pharmacology and 82 (50%) students found health care management to be a problem. The above problems were mentioned as indicated in table 3 above.

Some of the students had not been exposed to studies for a very long time and found the work difficult and too much. The fact that students stated that they were not well prepared for tests and examinations may indicate that the study guide does not include adequate information. The same applies to the complaint of confusion about test dates.

Students were also required to state whether the fundamental modules broadened their knowledge and were of value for their specialisation. In spite of problems experienced by students, 115 (70%) of them responded positively to this question.

Core modules

Most students, 74 (45%) had problems with health care management. The following reasons were given:

- Fifty (68%) of the 74 stated that the amount of work was unmanageable, 20 (27%) felt that they were not given adequate guidance in practice and that the community project was time-consuming.
- Ten (13.5%) stated that the tests were difficult and the papers were too long.
- Ten students out of 164 had problems with other core modules, including too much work and difficult work.

The fact that students found the work difficult and unmanageable may indicate poor management of their personal lives and academic commitments (Chichering & Reissler, 1993:150). However, these findings also force lecturers to re-evaluate whether the work is really meaningful and relevant and whether the curriculum is not just overloaded.

Number of contact sessions and composition of modules

Students in all the courses stated that they were satisfied with the number of contact sessions, but those in pharmacology

and health care management indicated that they required more contact, i.e. 23 (14%) in health care management and 19 (12%) in pharmacology.

Despite resource-based learning, contact with students remains essential (Cox & Gibbs, 1994:9) for pacing, motivation, sorting out problems and understanding.

One hundred and fifty-two (93%) students indicated that they found contact sessions essential.

Occupational health was the only course in which students stated that the module was structured in such a way that they could work independently. According to the resource-based method it is indeed true that some very good students do not need contact and will cope well without it (Cooper, 1993:50). However, the resources must be such that independent study is possible.

Orientation, registration and administration

Forty-nine (30%) of the students stated that the orientation to the programme did not include all aspects such as campus orientation. This shows that post-basic students require thorough orientation. As regards registration and daily administration, students also made remarks that emphasize the importance of administrative support in a programme.

Information gleaned about the programme

As a matter of interest a question was included to enquire where students received information about the programme. Table 4 gives the particulars:

Table 4: Information obtained about the degree programme (N=162)

INFORMATION	F	%
Information sessions	33	20.4
Information pamphlets	24	14.3
Friends	27	16.7
Media	1	0.6
Colleagues	36	22.2
Lecturers	41	25

The table shows that students obtained information from a wide variety of sources. Most, 41 (25%) students, indicated that they obtained information from lecturers. This demonstrates the power of lecturers as role models. Some students (20.4%) mentioned the information sessions as well, thus indicating personal contact to be of great value when a programme is being marketed.

In the concluding question students were invited to state what they found to be positive as well as negative.

It was gladdening to notice that students experienced their lecturers as helpful and accommodating. Certain areas of specialisation were raised such as critical care and paediatrics, and

their observations indicated that they experienced personal gain from the programme. However, some of them still reflected negatively on the language issue as well as the level of difficulty of the programme.

It was mentioned that lecturers are often not available.

Complaints were expressed that fellow-students were irritated by late-comers and interruptions by cellphones.

Suggestions were submitted that more subcampuses should be established and that communication between students and the school should improve. This may suggest that students regard direct contact with lecturers as essential in spite of other sources of learning being available.

Conclusion

The fundamental (basic) module produced the main issue, namely the mass of work that students had to master. Despite this enormous challenge students responded positively in admitting that the modules increased their level of knowledge of clinical practice. Lecturers should heed to this timely warning not to overburden curriculae and omit irrelevant aspects.

Although source-based learning has become the accepted way of studying, respondents still clearly indicated a preference to maintain strong ties with the lecturer. Some students experienced hassles with orientation, registration and other administration related issues. For an institution in transformation the language issue still remains a regular bone of contention, but a challenging opportunity for lecturer and student alike to find a workable solution.

In general students indicated that their lecturers were helpful and accommodating, thereby motivating teaching staff to contribute more than is expected.

Recommendations

- Course guides should be compiled in a way that provides a framework that will help students to select and exploit a range of other resources effectively and to operate independently within a course.
- Lecturers should respond to students' opinions regarding problem areas such as pharmacology, and health-care management should receive attention.
- The language question remains very sensitive for students and should be managed with circumspection.
- Contact sessions remain essential as demanded by students.
- Attention should be paid to aspects such as study methods, time management and preparing students to writetests and examinations.
- The important process of re-developing curricula to determine relevance cannot be overemphasized.

Summary

An overview was given of the post-basic nurse training programme implemented by the School of Nursing of the University of the Free State. Students gave their opinion of the pro-

Table 5: Comments made by students (N=164)

The following positive remarks were made:	F	%
➤ Lecturers were helpful and considerate	38	23
➤ Critical care was superbly presented	3	1.8
➤ The programme is excellent	5	3
➤ Paediatrics was superbly presented	2	½
➤ The language question was well handled	7	4.2
➤ The programme was well organised	1	0.6
➤ Had to work hard	2	1.2
➤ Learned about self-discipline	2	1.2
➤ Cooperation with colleagues pleasant	2	1.2
➤ Realised that nursing is a broad field	5	3
➤ Learned to know new people with other ways of thinking	5	3
➤ Came out of a groove and had new experiences	5	3
Some negative comments were		
➤ Pharmacology modules very expensive	7	4.2
➤ Students who are late for lectures are annoying	8	4.8
➤ Mostly English is spoken in class	4	2.4
➤ Misunderstandings about venues	5	3
➤ Insufficient venues	13	7.9
➤ Waited long for health care management modules	15	9.1
➤ Too much work	8	4.8
➤ Too much Afrikaans spoken	6	3.6
➤ Course is very expensive	5	3
➤ Lecturers not available	10	6
➤ Community health practicals: sisters disappear when students are there and students have to do the work	2	1.2
➤ Course is difficult	10	6
Some of the suggestions for improvement were:		
➤ Open sub-campuses	20	12.1
➤ Prohibit cell phones	10	6
➤ Late students must not be allowed into class	5	3
➤ Give feedback about assignments to students	6	3.6
➤ More English should be used	10	6
➤ Communication between School and students must improve	5	3

gramme by means of questionnaires. The most common complaint was that students found the learning content difficult and comprehensive. It appears that the resources put at the disposal of students require continual attention.

The greatest advantage of this programme is, however, that it offers registered nurses an opportunity to qualify as clinical experts. Student estimates furnish teaching personnel with the necessary feedback that can assist them with future planning.

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