Quality of Nursing Education in Philippines: Difference in Quality of Nursing Programme in relation to Profile of Faculty Members

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Research article

Keywords: Nursing education programme, higher educational institutions, faculty members

Posted Date: September 12th, 2020

DOI: https://doi.org/10.21203/rs.3.rs-25420/v2

Version of Record: A version of this preprint was published on November 25th, 2020. See the published version at https://doi.org/10.1186/s12912-020-00508-9.

Abstract

Background: The subject of continuous improvement in the quality of nursing education programme is an extremely sensitive issue worldwide, particularly in the Philippines where a high number of trained registered nurses are exported to both developed and developing countries. The assessment of the quality of nursing education programme is usually measured using pass rates in licensure examinations by several government organizations. However, few studies have indicated that various categories of faculty members view the quality of nursing programmes differently, this study probed further and determined whether the quality of nursing education programme differs according to the profile of faculty members in Philippines colleges of higher education.

Methods: A cross-sectional survey study design was employed in this study. One hundred and eight-five (185) faculty members in fifteen (15) higher educational institutions were selected for the research using purposive-census sampling. The study was carried out from January 1 to June 30, 2017. Close-ended structured questionnaires based on study objectives were used to collect data. Frequency and percentages were used to analyse the profile of faculty members whereas weighted means from a four Likert's scale was used to interpret the extent of perceived quality of nursing education programme.

Results: Majority, 39% and 46% of faculty members had 1-5 years' clinical experience and 6-10 years of teaching experience respectively. Faculty members strongly agreed with a grand weighted mean of 3.84 out of 4.00 that nursing education programme is of good quality in the Philippines and is synonyms with other universities in the world. Teaching experience of faculty members showed significant relations in the quality of mission/vision/goals/objectives (p-value=0.008), curriculum and instruction (p-value=0.038), administration of nursing programme (p-value=0.025), faculty development programme (p-value=0.003), physical structure and equipment (p-value=0.016), student services (p-value=0.017), admission of students (p-value=0.010) and quality assurance system (p-value=0.009).

Conclusion: Faculty members strongly perceived nursing education programme to be of good quality in this study. Teaching experience of instructors showed a significant relationship with the quality of nursing education programme in all the quality assessment indicators. However, clinical experience and job category of faculty members rather showed that the quality of nursing education programme is the same throughout all the higher educational institutions. The study implies that the teaching experience of faculty members is a strong predictor of quality of nursing education programme and employing faculty experienced in teaching is substantial for the continuous improvement of nursing education programme.

Background

The fundamental focus of nursing education is to produce nursing professionals that are clinically competent and can contribute immensely to the provision of quality and safe nurse care (Forsberg, Georg, Ziegert, & Fors, 2011; Tseng et al., 2011). Quality nursing education can be attained if nursing faculty are have a balanced experienced in both theory and clinical and can consequently results in nurses workforce that are able to apply the theory and lessons learnt in simulation laboratories into delivery of health care in everyday living (Lauder, Sharkey, & Both, 2004).

Worldwide, nurses are known to play a vital role in the rendering of health care services including many fundamental health related services, particularly in rural areas. The increase of workforce without compromising on quality is imperative to help achieve Sustainable Development Goals (SDGs) targets that are set by the United Nations and its member countries, especially the one focused on universal health coverage (Dovlo, 2007; United Nations, 2019). Quality of nursing education programme can be viewed as a long-term contributor to attaining quality universal health coverage in the production of qualified nurses.

The assessment of quality of nursing education programmes globally have usually been based on the passing rates in licensure examinations by several government organizations (Cabanda, 2017). Although, several quality factors such as accreditation, students' practical exposure and profile of faculty are sometimes considered to some extent (Giddens, 2009). The issue of quality of nursing education programmes in Philippines colleges of higher education is an extremely sensitive due to the high number of trained registered nurses exported to other countries such as United States of America, United Arab Emirates and Germany (Castro-Palaganas et al., 2017; Uy, 2016).

The quality of nursing education programme has been strong associated with quality of curriculum, faculty and resources. These resources such as teaching materials and facilities are required to assist instructors in their delivery of nursing education (Chaatit, Smith, & Legrouri, 2015). The World Health Organization has also affirmed some standard criteria or area that quality of nursing education programmes should be measured with of which faculty profile or development is included (World Health Organization, 2009). This activates the discussion into whether quality of nursing education programme hinges on the profile of faculty.

Aside the challenge of quality of faculty members in nursing education programmes, there are also problems of shortage of nursing instructors which usually affects the clinical teaching and learning environment and this clinical training feature of the nursing education programme results in long term detrimental effects in practicing nurses if not well taught (Ironside, McNelis, & Enright, 2014). Also, other issues associated with quality of faculty members which consequently affects quality of nursing

education programme includes aging nursing faculty, less attractive faculty positions and length of education required to secure a faculty appointment (Siela, Twibell, & Keller, 2009).

According to a study conducted in Ghana, shortage of qualified instructors and insignificant upgrade of previous infrastructure are critical issues facing the quality of nursing school and subsequently nursing education programme (Bell et al., 2014). As far back as 27 years ago, some authors have connected the quality of nursing education in the aspect of teaching and practical gap to nursing faculty inability to assume a commanding role in clinical learning and teaching (Gerrish, 1992). Earlier researches have related quality of nursing education to the quality of nursing instructors and this study therefore determined whether the quality of nursing education programmes differs according to profile of faculty members using Philippines colleges of higher education as a case study.

Methods

Study Design

A cross-sectional survey study design was used in this research. This was executed by employing a purposive sampling method to recruit one hundred and eight-five (185) faculty instructors in fifteen (15) higher educational institutions. Questionnaires centred on the aim and study objectives of the study were self-administered after the consent of participants was sought. The study was carried out with the period of January 1 – June 30, 2017.

Study Area

The study was conducted in fifteen (15) private owned higher educational institutions in the National Capital Region (NCR) of the Philippines. The central government seat is in the National Capital Region and the city holds the highest number of higher educational institutions which comprises those offering nursing education programmes. Majority of these institutions offer health related programmes at both undergraduate and postgraduate levels. These institutions are mostly monitored by a regulating body; however, some are highly autonomous.

Sampling Procedure

An initial number of all twenty-two (22) recognized higher national institutions owned by private entities in the NCR were contacted to take part in the study, yet, a considerable number of fifteen (15) institutions gave approval for their school and faculty members to partake in the study. The one hundred and eighty-five (185) faculty members recruited into the study consisted of deans, program coordinators, and faculty instructors on full and part time contracts.

Inclusion Criteria

All teaching and clinical instructors who have spent more than 1 year in their educational institution were recruited to partake in the study.

Exclusion Criteria

All other instructors who had not spent complete 12 months in their educational institutions were not allowed to be part of the study.

Tool For Data Collection

Three areas were considered in the design of the close-ended questionnaire used for study. These were; 1) aim and objectives of the study 2) policies, and standards of nursing schools in the Philippines and 3) World Health Organization (WHO) guidelines on quality assurance and accreditation of nursing and midwifery educational institutions in the South-East Asian countries. A four (4) liker scale with standard questions were used to evaluate the quality of nursing education programmes. The criteria for the assessment of quality of nursing education programmes included mission/vision/goals/objectives, curriculum and instruction, administration of nursing education, faculty development programme, physical structure and equipment, student services, admission of students and quality assurance system. Pretesting of questionnaire was done among respondents of related characteristics in the NCR to measure the reliability of the tool before it was employed for the study.

Data Analysis

Information from completed questionnaire were entered into Microsoft Excel and imported into SPSS statistical software version 22 for editing, cleaning and analysis. Frequency and Percentage were employed to analyse the profile of faculty members while weighted means from a four-liker scale was used to interpret the extent of perceived quality of nursing education programme as assessed by faculty members. The scales for assessing quality of nursing education programme; 1.00-1.49, 1.50–2.49, 2.50–3.49 and 3.50-4.00 was interpreted as strongly disagree, disagree, agree and strongly agree respectively. One-way ANOVA was used to test for the differences in quality of nursing education programme in the eight (8) thematic areas (mission/vision/goals/objectives, curriculum and instruction, administration of nursing education, faculty development programme, physical structure and equipment, student services, admission of students and quality assurance system) in relation to the profile of faculty members.

Results

Profile of Faculty Members in Higher Educational Institutions (HEIs)

Majority, 73 (39.0%) of the 185 participants that partake in the study had 1–5 years' clinical experience whilst few, 15 (8.0%) had 16–20 years of clinical experience. Almost half, 85 (46.0%) of respondents had taught for 6–10 years though a small number, 14 (8.0%) had 16–20 years teaching experience. A little below two-thirds, 121 (65.0%) were doing both clinical and classroom teaching whereas very few, 8 (4.0%) were deans of nursing department in their institutions. (Table 1)

Table 1
Profile of Faculty Members in Higher Educational Institutions (HEIs)

Profile of Respondents	Frequency (185)	Percentage (%)
Years of Clinical Experience		
1–5	73	39.0
6–10	47	25.0
11–15	22	12.0
16–20	15	8.0
≥ 21	28	15.0
Years of Teaching Experience		
≤ 5	16	9.0
6–10	85	46.0
11–15	46	25.0
16–20	14	8.0
≥ 21	24	13.0
Job Category		
Classroom faculty	12	6.0
Classroom-clinical	121	65.0
Clinical instructor	22	12.0
Program Coordinator	22	12.0
Dean	8	4.0

Quality of Nursing Education Programme as Perceived by Faculty Members

At the end of the assessment of nursing education programme, an average of grand weighted mean of 3.84 resulted, which means participants strongly agreed that nursing programme is of good quality. However, administrators who were faculty members rated quality of nursing education programme higher with a mean of 3.88 compared to mean of 3.81 by faculty who were only instructors. The quality of the mission/vision/goals/objectives of nursing education programme was appraised highest with a mean of 3.91 while the least valued was admission of students with a mean of 3.76. (Table 2)

Table 2
Quality of Nursing Education as Perceived by Faculty Members

Quality Matrix	Faculty		Administrator		Average	
	WM	QD	WM	QD	WM	QD
Mission/Vision/Goals/Objectives	3.89	SA	3.93	SA	3.91	SA
Curriculum and instruction	3.86	SA	3.94	SA	3.90	SA
Administration of nursing programme	3.81	SA	3.94	SA	3.88	SA
Faculty development program	3.84	SA	3.88	SA	3.86	SA
Physical structure and equipment	3.81	SA	3.80	SA	3.81	SA
Student services	3.81	SA	3.96	SA	3.88	SA
Admission of students	3.73	SA	3.78	SA	3.76	SA
Quality assurance system	3.72	SA	3.84	SA	3.78	SA
Grand Weighted Mean (GWM)	3.81	SA	3.88	SA	3.84	SA

Legend: 1.00-1.49 Strongly Disagree (SD), 1.50–2.49 Disagree (D), 2.50–3.49 Agree (A), 3.50-4.00 Strongly Agree (SA), Grand Weighted Mean (GWM), Qualitative Description (QD)

Difference in Quality of Nursing Education Programme according to Profile of Faculty

Significant differences existed in the quality of mission/vision/goals/objectives (p-value = 0.008), curriculum and instruction (p-value = 0.038), administration of nursing programme (p-value = 0.025), faculty development programme (p-value = 0.003), physical structure and equipment (p-value = 0.016), student services (p-value = 0.017), admission of students (p-value = 0.010) and quality assurance system (p-value = 0.009) in relation to teaching experience of faculty members. On the contrary, the quality of mission/vision/goals/objectives, curriculum and instruction, administration of nursing education, faculty

development programme, physical structure and equipment, student services, admission of students and quality assurance system did not differ significantly with respect to clinical experience and job category of faculty instructors. (Table 3)

Table 3
Difference in Quality of Nursing Educational Program according to Profile of Faculty

Profile of HEIs	Quality Matrix	F	p-value	Decision (Ho)	Interpretation
Clinical experience	Mission/Vision/Goals/Objectives	2.332	0.058	Accept	Not significant
	Curriculum and instruction	0.862	0.488	Accept	Not significant
	Administration of nursing programme	0.672	0.612	Accept	Not significant
	Faculty development program	0.666	0.617	Accept	Not significant
	Physical structure and equipment	0.705	0.589	Accept	Not significant
	Student services	0.763	0.828	Accept	Not significant
	Admission of students	0.302	0.876	Accept	Not significant
	Quality assurance system	0.694	0.597	Accept	Not significant
Teaching experience	Mission/Vision/Goals/Objectives	3.600	0.008*	Reject	Significant
	Curriculum and instruction	2.592	0.038*	Reject	Significant
	Administration of nursing programme	2.856	0.025*	Reject	Significant
	Faculty development program	4.162	0.003*	Reject	Significant
	Physical structure and equipment	3.128	0.016*	Reject	Significant
	Student services	3.104	0.017*	Reject	Significant
	Admission of students	3.421	0.010*	Reject	Significant
	Quality assurance system	3.471	0.009*	Reject	Significant
Job category	Mission/Vision/Goals/Objectives	1.046	0.376	Accept	Not significant
	Curriculum and instruction	1.107	0.355	Accept	Not significant
	Administration of nursing programme	1.734	0.145	Accept	Not significant

The p-values denoted by '*' are significant at a level of $p < 0.05$, Ho – denotes null hypothesis.

Profile of HEIs	Quality Matrix	F	p-value	Decision (Ho)	Interpretation
	Faculty development program	1.171	0.325	Accept	Not significant
	Physical structure and equipment	1.114	0.219	Accept	Not significant
	Student services	1.891	0.114	Accept	Not significant
	Admission of students	1.453	0.218	Accept	Not significant
	Quality assurance system	0.538	0.708	Accept	Not significant
The p-values denoted by '*' are significant at a level of $p < 0.05$, Ho – denotes null hypothesis.					

Discussion

The excellence of nursing education programme and to a large extent nursing institutions, has often been linked to success in licensure exams undertaken by nursing students while other studies have associated it to the quality and shortage of nursing instructors (Cabanda, 2017; Ironside et al., 2014). The findings of this study also sought to unravel another concept of whether the profile of faculty in terms of clinical experience, teaching experience and job category cause significant differences in the quality of nursing education programme in the areas of mission/vision/goals/objectives, curriculum and instruction, administration of nursing education, faculty development programme, physical structure and equipment, student services, admission of students and quality assurance system.

According to this study, participants strongly agreed with a score of 3.84 out of 4.00 that quality of nursing education programmes offered by institutions in the Philippines is similar to ones run by other universities. This high grading of quality of nursing education programme may have resulted because of the majority, 39% and 46% of faculty members had 1–5 years' clinical experience and 6–10 years of teaching experience respectively. Also, this is consistent with the requirement that nursing instructors should have at least a year each of clinical and teaching experience (Commission on Higher Education of the Philippines, 2013; Venzon & Venzon, 2010). Again, clinical experience particularly is important to close the gap between classroom lessons and simulation classes and this in the long run improves the quality of nursing education programme (Lauder et al., 2004).

In addition, this study also found that about two-thirds, 65% of faculty members were both classroom and clinical instructors. This result has direct influence on the high grading of quality of nursing programme because is very suitable if instructors who taught particular group of students takes them through the practical component of the course. This leads to a better delivery of the curriculum of nursing

education programme according to Chaatit et al., (2015), which consequently leads to high quality of nursing education programmes.

The World Health Organization emphasized on vision as a key requirement for quality of nursing education as part of the global standards for initial education of professional nurses and midwives (World Health Organization, 2009). In a study on quality assurance in higher education, mission/vision/goals/objectives were rated higher as the driving force for quality nursing education programme. This was also congruent with the finding of this study where mission/vision/goals/objective was rated highest, 3.91 out of 4.00 compared to the other quality matrix that was used in the assessment of nursing education programmes.

Even though, many studies have emphasized on the importance of clinical experience on the quality of nursing education programme (Lauder et al., 2004), clinical experience and type of faculty did not show a significant difference in the quality of nursing education programme in all the eight quality matrix in this study. This implies that quality of nursing education programmes will be the same throughout all the nursing colleges in Philippines with regards to clinical experience and job category of instructors.

Conversely, teaching experience of faculty revealed significant difference in the quality of nursing education programme in all the criteria used for monitoring the quality of nursing education programmes. This underlines the importance of teaching experience in the quality of nursing education (Fawaz, Hamdan-Mansour, & Tassi, 2018). Experienced faculty members are usually needed in the development of mission/vision/goals/objectives, curriculum and instruction of a nursing programme (Shanthi & Grace, 2015). They are also practically involved in the administration of nursing education programme and even report gaps in curriculum where and when is necessary (Landeen et al., 2016; Shanthi & Grace, 2015). The nursing lecturers who have enough teaching experience usually had undergone a series of faculty development programme and have the experience in advising management on the needed physical structure and equipment that are necessary for the running of quality nursing education programme (Benner, Tanner, & Chesla, 2009). Also, these faculty members have the knowledge in the calibre of students to be admitted and the type of student services that should be provided to ensure the best of nursing education.

Conclusion

Faculty members strongly perceived nursing education programmes to be of good quality in this study. Majority of these nursing instructors had sufficient years of both clinical and teaching experience. No significant difference was found in all the quality criteria of nursing education programme with regards to the profile of instructors; clinical experience and job category. However, teaching experience revealed significant difference in the quality of nursing education programme in the area of mission/vision/goals/objectives, curriculum and instruction, administration of nursing education, faculty development programme, physical structure and equipment, student services, admission of students and quality assurance system.

Declarations

Ethical approval and consent to participate

The Research Development and Innovation Centre of Our Lady of Fatima University reviewed and gave ethical clearance before the conduct of the study. Approval was also granted by the ethical review committees of the Higher Educational Institutions of study participants. Consent was also given by study respondents before asked to complete the study questionnaire.

Consent For Publication

The author declares her consent for the publication for the study.

Availability Of Data And Materials

the study data and materials are in the custody of the author and will be provided upon request.

Competing Interest

The author declares no competing interest concerning the publication of the research.

Funding

The author self-sponsored the study

Author’s contribution

The sole author conceptualized, designed, analysed and interpreted the study. The author also prepared the manuscript for publication of the study.

Acknowledgement

The author appreciates the management and faculty of all higher educational institutions in the Philippines for their involvement which made the conduct of the study successful.

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