

**EVALUATION OF BASIC NURSING EDUCATION PROGRAMME IN  
NIGERIA**

**BY**

**ONWUCHEKWA EDNA**

**JANUARY, 2016**

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**A THESIS SUBMITTED TO THE DEPARTMENT OF ARTS AND SOCIAL  
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UNIVERSITY OF LAGOS**

***CERTIFICATION***

This is to certify that the Thesis:

**EVALUATION OF BASIC NURSING EDUCATION PROGRAMME IN  
NIGERIA**

submitted to the  
School of Postgraduate Studies  
University of Lagos

For the award of the degree of  
**DOCTOR OF PHILOSOPHY (Ph.D.)**  
is a record of original research carried out  
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## **DEDICATION**

This thesis is dedicated to the Almighty God, El-Shaddai, Adonai, Nissi and Ebenezer.

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## **Abbreviations**

ABSUTH	Abia State University Teaching Hospital
ABUTH	Ahmed Bello University Teaching Hospital
ANA	American Nurses Association
JBCNS	Joint Board of Clinical Nursing Studies
RN	Registered Nurse
OND	Ordinary National Diploma
NCE	National Certificate of Education
HND	Higher National Diploma
BNE	Basic Nursing Education
CIPP	Context Input Process Product
BNECEM	Basic Nursing Education Curriculum Enrichment Model
ICT	Information Communication Technology
SON	School of nursing
CON	College of nursing



## ABSTRACT

*Nursing Education is a humanistic science which focuses on the intellectual development of the learner, compassionate concern for the sick, rehabilitation of the disabled and care for the dying. Hence the goal of nursing education reflects the needs, problems and aspirations of the society. Despite the series of reforms in nursing education, in response to societal needs and challenges, basic nursing education curriculum under investigation has not been evaluated since its introduction into the Nigerian educational System in the year (2001) to ascertain its strength and weaknesses and to incorporate emerging health issues and new courses such as nursing informatics, safety and security challenges in the workplace, cultural sensitive care, guidance and counselling among others. A responsive curriculum is the curriculum that is relevant to the current, anticipated needs, problems and expectations of the learner. It takes cognisance of vital social changes and challenges in the environment and prepares the learner to cope with these challenges adequately. This study examined the effectiveness of BNE programme in meeting the needs of the students and the society. It also examined the extent to which BNE programmes are provided with the required facilities and instructional materials to ensure the production of utility graduates. Descriptive survey and quasi-experimental, pre and post-test control group designs were adopted for this study. The population of the study consists of 1,190 respondents selected from seven basic nursing institutions in the south-East, South-west and North-Central states of Nigeria. A total sample size of 700 students and 70 teachers' male and female inclusive were selected for the study using multistage sampling. The following research instruments were designed, validated and used for the study namely; structured questionnaire, observation, interview schedule, checklist and content analysis. The research questions were analysed descriptively using mean, and standard deviation. The null hypotheses were tested with Univariate Analysis of variance at an alpha level of 0.05 while Factor analysis was employed to identify the major factors militating against the effective implementation of BNE programme in Nigeria. Observed data and data obtained from structured interview schedule were qualitatively analysed. The findings of the study revealed that basic nursing education curriculum has not been evaluated since its inception in the year 2001, the state of the facilities is grossly inadequate, and some of the products of basic nursing education programme are not proficient on the job. It is therefore recommended that BNE programme should be evaluated when it has completed its life cycle after three years and every three years, and should be committed to capacity building of teachers and students to cope with the current and emerging issues in nursing profession.*

*Key Words: Evaluation, Basic Nursing Education Programme, Nigeria.*

## **CHAPTER ONE**

### **1.0 Introduction**

The state of the curriculum at all levels of education in Nigeria has remained a source of concern. There have been persistent criticisms of the relevance of the entire educational system in meeting the needs of the students and the society (Ajeyalemi, 2008). Nigeria is passing through a transformation that will impact the socio-academic activities of the nation. This raises some curiosity on the relevance of curriculum offerings in a rapidly changing world. Individuals and funding agencies want evidence and effectiveness of basic nursing education programmes with particular reference to context, content, materials, teaching methods and techniques. Many people are interested in what students are learning and the skills they can demonstrate in work situations.

### **1.1 Background to the Study**

Evaluation as a field of study has continued to attract interest among educators, scholars, researchers and lay persons mainly because of its centrality in the attainment of the educational goal of any nation. Evaluation as a concept has been described as the process of making judgement about the merit, value or worth, strengths and weaknesses of educational programmes, projects, materials, teaching methods and techniques for the purpose of improvement (Ornstein & Hunkins 1998). The growth in emphasis on evaluation as a tool for quality health care delivery motivated the world health organisation to publish a monograph (Allen, 1977) which specifies that each school of nursing must develop on-going evaluation project for study, assessment, development and to incorporate a system of evaluation within each nursing programme (Chavasse 1994). The national health policy (2003) also emphasised the need for evaluation and provision of a comprehensive health care system that is educative, promotive, protective, preventive, restorative and rehabilitative. In evaluation, the two critical questions to ask are: Is it worth doing? How well is it being done? Or how well it has been done? (Adegoke, 2003). The

employers of labour and funding agencies want evidence and effectiveness of programme with particular reference to what is taught and the skills the learners can demonstrate. A responsive curriculum is the curriculum that is relevant to the current and the anticipated needs, problems and aspirations of the learner. It takes cognisance of vital changes and challenges in the environment and prepares the learner to cope with these challenges effectively. Such a curriculum addresses the different cultural backgrounds of the learner and recognises the learning differences and difficulties Emah (2010). Life issues are multifaceted. They transcend any single discipline or subject specialisation. Related issues and problems need related treatment. A responsive curriculum is integrated and interdisciplinary, authentic, learner-centred, oriented to real life situations, utilises materials from the learner's culture among others.

Basic nursing school, as a social construct was established to equip the learners with knowledge, skills and attitude to contribute meaningfully to the socio- economic development of the society. Hence the goal of nursing education reflects the needs, problems and aspirations of the society (Kozier&Erbs, 2012). To achieve a balance between the aspirations of the society and the learners' interests leads to two interconnected concerns in curriculum evaluation: what is taught and how it is taught. Nursing education is a humanistic science that focuses on the intellectual development of students, compassionate concern for the sick, rehabilitation of the disabled and care for the dying (Basavanthappa, 2009). Nursing education seeks to promote symphonic interaction between the environment and the client, strengthen the coherence and the integrity of human beings, direct and redirect patterns of interaction between the client and the environment for the realisation of maximum health potential. Neuman, (2009) argued that 21<sup>st</sup> century nursing education is concerned with all the variables affecting an individual's response to stressor which could be intra, inter, and extra-personal in nature. The main concern of nursing is to prevent stress invasion, or following stress invasion to protect the client's basic structure and maintain maximum level of wellness. In the same vein, the researcher views nursing education as a systematic, scholarly inquiry which seek to

understand individual and group care needs in relation to health education, promotion, maintenance, rehabilitation of the sick, disaster victims and coping with emerging health issues. It describes human conditions through a continuum from illness to wellness and otherwise.

The national policy on education identified as one of its major objectives, to equip the teachers with intellectual and professional competencies adequate for their assignment mostly teaching and to make them adaptable to any changing situation in the global world (FME, (2004).

Students who have gone through any basic nursing education programme are expected to have acquired on graduation nursing competencies to make them self-sustaining and to create employment for others. However, some schools of nursing have continued to produce increasing number of inadequately skilled professionals who may not be too relevant to the 21<sup>st</sup> century society.(Olaniyonu,2007). Junaid, (2011) observed that no significant change in education can take place in any nation unless her teaching staff are well trained. This fact was buttressed in the National policy on education (FME 2004), section eight that Teacher Education will continue to be given priority in all educational planning enterprise because no educational system can rise above the quantity, quality and the variety of her teachers.

The importance of instructional materials in the teaching learning process cannot be underrated. Afangide, (2009) observed that over the years, teachers have indicated that one of the greatest impediments to curriculum implementation is inadequacy of instructional materials. Bassavanthappa (2009) stated that meaningful learning can be achieved through multi-sensory experiences than through reading and abstract reasoning. In support of their views, Nwoji, (2009) stated that instructional materials are devices which facilitate the transmission to a learner, the facts ,skills , attitude and values which promote understanding and appreciation of concepts. Ike, (2002) affirmed that instructional materials are devices which present complete body of information and are largely self-supporting rather than supplementary in the teaching learning process. The learners must be given ample and diverse opportunities to practise the skills they have come to acquire. To

buttress this, Madueke,(2010) quoting Ofor(1982) asserted that education is more efficient when the teaching and learning experiences are real and practical as this will enable the students gain first-hand information and experience. Instructional materials should be current and effectively utilised to enhance quality teaching and learning.

Involvement of classroom teachers in curriculum planning and implementation activities cannot be ignored. Classroom teachers are arbiters of knowledge and should be actively involved in any curriculum planning and implementation activities. Unfortunately, most of the curriculum in operation in our respective institutions of learning are prepared by external bodies (non-teaching staff), who may be simply concerned with the ideal or the utopian curriculum and outcomes of learning (measurement of ex-students observable behaviours and performance assumed to be the programme effects on the graduates), without due considerations of the means to an end, the intended and the actual. It is obvious that asking teachers to implement and evaluate such a curriculum is not without problems. Bieler, (2008) pointed out that the complex integration construct developed by philosophers are difficult to translate into the curriculum of diaspora day schools because of both the complexity of the material and inability of students to function within such a system. Bieler's argument emphasizes simplicity of curriculum package, curriculum literacy and involvement of classroom teachers in any curriculum planning, implementation and evaluation enterprise, to make the curriculum more relevant to the society in an ever changing world.

Basic nursing education in Nigeria has gone through series of reforms in response to consumer demands, new scientific knowledge, advances in technology, socio-cultural changes and to keep up with the international trends in a highly competitive global village. The key reason for these nursing reforms is to make learning relevant to real life encounter of the learner. A culturally responsive curriculum draws materials from the learner's culture and experiences to illustrate principles and concepts (Chion-Kenney, 1994). This engenders transfer of learning.

The Nursing Council of Nigeria reviewed basic nursing education curriculum in (1993) and (1999) in an attempt to modernise and provide strong scientific base for the nursing care being rendered Ndatsu, (2000). Each time the curriculum was reviewed; new topics, objectives and pieces of information were added to the existing curriculum such as nursing process, principles of management and project writing. The outcome is a curriculum which consists mainly of patch work of topics that are poorly organised Zakari, (2006). In addition, when some textbooks are updated, new bits and pieces of knowledge were added to the old content. Practically, no fundamental change in the conceptual structure of the subject matter is apparent. These incremental change and intentional effort to enhance the existing system by correcting deficiencies in policies and practices are not just enough in today's complex health care system. There is need for planned and fundamental change to enhance the essential ways basic nursing education is put together, to introduce new goals, structures and roles that will transform familiar ways of performing duties into more solutions to persistent problem. As observed by (Neeraja 2006), change is inevitable. It is evolution, progress and adaptation; it denotes observable differences in any social phenomenon over any period of time. Planned change is positive, growth, progress and improvement wrapped up in a shiny package Jackson, (1992).

The Ertwhile Board of Clinical Nursing study's findings states clearly that course planners lacked the necessary skills and knowledge to evaluate the courses they teach and so produced a package to introduce the practice of evaluation to nurse educators in Britain, Joint Board of Clinical Nursing Studies JBCNS, (1978), Carpenito, (2004).The current basic nursing education curriculum under investigation was introduced into the Nigerian Educational System in the year (2001). Since then, basic nursing education has been facing a lot of challenges arising from rapid growth in structure, function, and the dynamic nature of the society which demands a reappraisal of the relevance of its curriculum offerings in a rapidly changing society.

On the importance of motivation, Olaniyonu, (2006) stated that every innovation is human-driven. The drivers of this change, (the nurse educators) need adequate motivation to discharge their duties with maximum effort. Some of the products of BNE programme in Nigeria have also been accused of poor performance on the job. Obasa, (2006) stated that if nursing education is shoddy, nothing significant can be expected from clinical practice. It is therefore reasonable to ask within the context of outcome-evaluation, the following critical questions; what happened to the students? What are the students learning? what have they learnt, what skills can they demonstrate as a result of exposure to basic nursing education programme to enable them develop cognitively, socially, morally and physically? (Jackson,1992).

From the foregoing, the following questions arise. How adequate is the basic nursing education programme learning environment in terms of infrastructure to enhance quality teaching and learning? How adequately staffed are the programmes? To what extent are the programmes provided with the required facilities and instructional materials to ensure the production of utility graduates? What are the constraints (if any) to the effective implementation of basic nursing education programme in Nigeria? What are the measures to be adopted to improve and sustain basic nursing education programme in Nigeria if the findings of this study reveal any gap in knowledge, attitude and skills? This study addressed these questions among others.

## **1.2 Statement of the Problem**

The problems of this study are as follows:

Basic nursing education in Nigeria has been going through series of reforms in response to societal demands and the ever changing context of the health care system. Despite these reforms, basic nursing education curriculum under investigation has not been evaluated since its introduction into the Nigerian educational system in the year 2001. This is to ascertain its strengths and weaknesses and to incorporate emerging health issues and new courses such as nursing informatics, digitalised

classroom, safety and security challenges in the workplace, cultural sensitive care, legal aspects of nursing practice, biochemistry, guidance and counselling among others (Aina,2013).The state of the facilities in some schools of nursing is grossly inadequate.Quality teaching and learning cannot be achieved if the basic nursing education programmes are not provided withthe required facilities and instructional materials to ensure the production of quality graduates. Some of the teachers lack teaching competency and cannot evaluate the courses they teach, while some of the products of BNE programmes seem not to be proficient on the job. There is also a major problem of paper qualification and nomenclature.Thecertificate, Registered Nurse (RN), awarded to the products of BNE programme in Nigeria is not equivalent to NCE, OND or HND which creates considerable problem for nurses seeking admission into tertiary institutions and employment in the industries.

### **1.3 Purpose of the Study**

The purpose of this study is to evaluate basic nursing education programme in Nigeria in terms of some aspects of its context, input, process and product.

Specifically, the objectives of this study are to:

1. determine the conduciveness of BNE learning environment to enhance quality teaching and learning;
2. assess the relevance of the objectives of (BNE) programme in Nigeria, in meeting the needs of the students, the teachers and the society;
3. determine the appropriateness and compliance of the students and teachers entry requirements into the BNE programme in Nigeria;
4. ascertain the adequacy of the BNE curriculum content in terms of the coverage, logical sequence and articulation of topics;
5. determine the adequacy of instructional materials to enhance teaching and learning;



6. determine the teachers competencies in coping with the tasks and challenges encountered on the job;
7. identify the major challenges militating against the effective implementation of BNE programme in Nigeria; and
8. develop an enhanced intervention package to improve and sustain basic nursing education programme in Nigeria.

#### **1.4 Research Questions**

To achieve the objectives of this study, the following research questions were raised:

1. How conducive is the BNE learning environment to enhance quality teaching and learning?
2. To what extent are the objectives of the Basic Nursing Education (BNE) curriculum in Nigeria relevant in meeting the needs of the students, the teachers and the society?
3. To what extent are the students and teachers entry requirements into BNE programme in Nigeria adequate?
4. How adequate is the BNE curriculum content in terms of logical sequence and meeting the needs of the student and the society?
5. To what extent are the instructional materials adequate in the transmission to a learner knowledge, skills and attitude?
6. How competent are the teachers in handling the tasks and challenges encountered during the process of teaching and learning?
7. What are the major challenges militating against the effective implementation of BNE programme in Nigeria?
8. To what extent can an enhanced intervention package based on observations and findings of this study improve and sustain basic nursing education programme in Nigeria?

## 1.5 Research Hypotheses.

The under-listed hypotheses were postulated to guide the study:

1. There is no significant difference in the views of teachers and students, on the conduciveness of BNE learning environment to enhance quality teaching and learning.
2. There is no significant difference in the views of teachers and students, on the relevance of the objective of Basic Nursing Education (BNE) Curriculum in Nigeria, in meeting the needs of the students and the society.
3. There is no significant difference in the opinion of teachers and students on the appropriateness and compliance of students and teachers entry requirements into the BNE programme in Nigeria.
4. There is no significant difference in the opinion of teachers and students on the adequacy of the BNE curriculum content in terms of the coverage, logical sequence and articulation of topics.
5. There is no significant difference in the views of teachers and students on the adequacy of the instructional materials in enhancing teaching and learning.
6. There is no significant difference in the opinion of teachers and students on the competence of the teachers in handling all the tasks and challenges encountered during the process of teaching and learning.
7. There is no significant relationship in the skill competency ratings of teachers and students on the challenges militating against the effective implementation of BNE programme in Nigeria.
8. There is no significant difference in the teaching competence among teachers in Federal, State, Mission and military nursing institutions on the effectiveness of enhanced BNE intervention package to improve and sustain basic nursing education programme in Nigeria.

## 1.6 Theoretical Framework

The researcher adopted two theories of evaluation as the theoretical framework for this study namely;Stufflebeam (1971) context, input, process and product (CIPP) model and Baroda General Teaching Competence Scale (Basavanthappa,2009) in order to achieve a balance between theory and practice.

**Context Evaluation:** According toStufflebeamthe main focus of context evaluation is needs assessment of the learning environment in terms of infrastructure - school building, transportation, sustainable source of water supply, electricity, and sport and leisure facilities among others and to provide direction for improvement. It also addressed the issue of whether existing priorities are attuned to the needs of the students.

**Input Evaluation:** Refers to that which is put into a programme or a project to make it succeed. This focuses on prescribing a programme so as to produce desired changes. It is a precursor of the success, failure and efficiency of a change effort. It addresses the issue of time, knowledge, skills and finance to be precise.

**Process Evaluation:** This is an on-going check on the implementation of a plan;it provides feedback to managers and staff on programme activities to ensure that it is being carried out as planned, using available resources in an efficient manner.

**Product Evaluation:** Its aim is to measure, interpret and judge the effects of the programme. These include: intended and unintended effects, positive and negative outcomes. Product data is also concerned with the measurement of the ex-students observable behaviours, assumed to be the programme effects on the graduates. Stufflebeam stated that both process and product evaluation are the outcome measures needed by curriculum decision makers.

Drawing from the CIPP model, the researcher conducted needs assessment of the basic nursing education learning environment to identify unmet needs. The input gave insight on what is

needed to make the BNE programme succeed in terms of time, human and material resources, Process refers to teachers and students interactions to achieve the desired results while product refers to the outcome of teaching and learning. The data obtained were presented to stakeholders, Nursing & Midwifery Council of Nigeria for the improvement of basic nursing education programme in Nigeria.

This study was also guided by the insights provided by Baroda General Teaching Competence Scale. This package was developed by the Government College of nursing Bangalore (Bassavanthappa, 2009). The rating scale is a guide to the assessment of teachers and students performance in class during the process of teaching and learning. The skills to be observed are organised into these broad categories namely planning, presentation, closure and evaluation which are rated from 0 to 5. Zero (0) represents the least performance while 5 represent the highest performance. The researcher used this appraisal guide to assess teachers and students performance in class on the relevance of BNE programme in Nigeria as well as the CIPP model with a view to develop an intervention package to bridge any gap identified..

### **1.7 Scope and Delimitation of the study**

This study critically examined the effectiveness of BNE programme in three geo-political zones of Nigeria namely: South-East, South-West and North-Central states.

This study ought to have included the six geo-political zones of Nigeria, namely North-East, North-West North-Central, South-East, South-West and South-South geo-political zones of Nigeria, all the states inclusive but due to logistic constraints, the study was limited to seven (7) basic nursing education institutions selected from Kaduna, Abia, and Lagos states.

### **1.8 Significance of the Study**

This study is significant in the following ways: The outcome of this study will provide an enhanced curriculum package for basic nursing education that will meet the needs, problems and

expectations of the students, the teachers and the society, add to literature on programme evaluation in nursing and serve as a resource material for basic and post basic nursing institutions in Nigeria. It will provide insight on the strengths and weaknesses of the BNE programme and serve as a baseline data for researchers and scholars whose interest is in the area of evaluation and improvement of BNE programme in Nigeria. It is also hoped that the findings of this study will assist the Nursing and Midwifery Council of Nigeria to formulate more meaningful policies for Basic Nursing Education in Nigeria.

### **1.9 Operational definition of terms.**

The following terms and concepts are explained within the context of this study.

**Programme evaluation:** Appraisal of the entire basic nursing education system to ensure that it is internally sound in terms of infrastructure, facilities, content, instructional materials, teaching methods, techniques, entry characteristics of academic, non-academic staff and students with particular reference to the students' abilities, staff qualifications, student –teacher interactions, resources, outcome and cost benefits.

**Nursing Education:** This refers to acquisition of relevant knowledge, skills and attitudes to enable the nurse meet the health care needs of an individual, a family, a community or a group.

**Basic Nursing Education (BNE):** refers to the fundamental, the minimum standard, in nursing education and practice.

**Reform:** It involves reorientation and repositioning of an existing programme in order to achieve effective and efficient care. It focuses on financial, policy and organisational.

## **CHAPTER TWO**

### **Literature Review**

This section focuses on extensive literature review on available speculative and empirical studies as documented in journals, textbooks and bulletins relating to evaluation of the effectiveness of educational and nursing programmes. The area reviewed in the literature are organised under the following sub-headings:

- Definitional issues
- The nature and purpose of curriculum evaluation
- Historical Trends in Curriculum Evaluation in Nigeria
- Curriculum Evaluation Models and their Theoretical Camps
- The meaning and concept of programme evaluation
- The importance of programme evaluation
- Historical evolution and development of basic nursing education in Nigeria
- The Nursing Council of Nigeria
- Basic nursing education policy in Nigeria
- Review of basic nursing education curriculum (2001)
- Criteria and methods of evaluation in nursing education
- Emerging issues in programme evaluation
- Speculative works in Nursing and Evaluation
- Curriculum Enrichment

## 2.1 Definitional issues (The Challenge of Definition)

Curriculum is one of the most elusive concepts in education in terms of definition and meaning as there is lack of agreement, criticism, and argument on the exact meaning of the word among curriculum theorists themselves. Definitional debates continue on what is curriculum, how to outline the basic foundations (boundaries) and domains (knowledge) of the field (Ornstein & Hunkins, 1998). Numerous definitions of curriculum exist. To some, such variety creates confusion. The plethora of definitions demonstrates dynamism of varied voices in the field of curriculum. These voices introduce diverse interpretations by drawing from specific mode of thoughts, particular ideologies, diverse pedagogies, unique political experiences and various cultural experiences.

Jackson (2001) and Basavanthappa (2009) reported that the term curriculum was first used in Scotland as early as the eighteenth century. It is derived from the Latin word *Currere* which means to run, running, and a race course. Dike & Eze (2009) defined curriculum as an embodiment of all the knowledge, skills and attitudes which a nation through her schools imparts to her citizens. Knowledge in this context implies facts, theories, principles/generalisations and rules needed to be acquired for a student to be certified competent in a field. Curriculum also involves the acquisition of skills needed to perform tasks. William (2002) defined curriculum in relation to a shifting paradigm moving from formal definition to a focus on one's multiple interactions with others and one's surroundings. He defined curriculum with the following five concepts namely: *Currere*, complexity, cosmology, conversation, and community. From the foregoing, it is apparent that the field of curriculum studies is central to education.

**Curriculum evaluation:** The worth of any given curriculum is established through evaluation. Evaluation is a very important component of the education process and one of the cardinal elements of the curriculum. Agwu, (2009) pointed out that curriculum evaluation as a concept is quite eclectic. This implies that there is no agreement among curriculum theorists on the exact meaning of the word. The Joint Committee for the Standard of educational evaluation (1983) defined

evaluation broadly as a systematic investigation into the worth or merit of a programme, procedures, product, or an object for the purpose of gathering information needed for value judgement. Evaluation is the broad category assessment is subsumed in it, within assessment is measurement which is the narrowest form or subset of evaluation (Jackson 1992). Nneji (2009) defined curriculum evaluation as a deliberate intervention on any endeavour to justify all the efforts and resources expended on it. Nwosu, (2003), defined evaluation as a process of finding out how far the learning experiences developed and organised are actually producing the desired results.

Ohuche and Akeju (1977) opined that evaluation is a quality control system that is used to determine the effectiveness or otherwise of the teaching learning process. Evaluating can also be described as a tool for the clarification of significant goals and objectives of education. It involves measurement of the effectiveness, acceptability and efficiency of the curriculum for decision making. In the same vein, (Ornstein and Hunkins 1998) posit that evaluation is a process or cluster of processes that educators -mostly the teachers perform to gather data to enable them decide whether to accept, change or eliminate a phenomenon in the curriculum as a whole or an educational textbook in particular. In support of the views of (Ornstein and Hunkins 1998), Oliva (2001) stated that evaluation is a means to determine what need improvement or change and to provide a basis for effecting that improvement or change. Oliva identified five key areas of concern that calls for evaluation which include programme, provisions, procedures, products and processes (5ps). Oliva also revealed the secret of evaluation which is the ability to: ask questions, ask the right questions and to ask the right questions of the right people.

It is obvious from the above views that it is difficult to get at the exact meaning of the word curriculum evaluation. However, evaluation as a concept can be described as a process to determine the worth and the weaknesses of an educational programme. It involves assessment and judgement of both student's performance and the curriculum itself for effectiveness and efficiency (Igwe, 2003).



## **2.2The nature and purpose of curriculum evaluation**

Evaluation is perceived as the best instrument to measure the failure and success of any educational adventure. Azikiwe, (2009) stated that evaluation is used to ascertain how well the objectives of the curriculum are attained after series of implementation activities and whether the curriculum as designed, developed and implemented is producing or can produce the desired results. In the same vein, Ornstein and Hunkins (1998) described evaluation as the health of education and its processes. He identified some functions of evaluation which include: to determine the adequacy of the learning environment, the objectives, content and instructional materials and to what extent the objectives of a programme have been realised. In support of their views, Stufflebeam, (1998) explained that evaluation plays a vital role in the process of delineating, obtaining and providing information for decision making about the programme. It gives the curriculum specialist an opportunity to revise, compare, maintain or discontinue their actions and programmes. Cuba and Lincoln,(1998), also argue that the role of the evaluator is systematically facilitating the placement of values on data by others. Precisely, the placement of values on data is perhaps the most essential component of the evaluator's work. Eisner (1993) also argued that evaluation should allow for some form of communication to the public, school board, local or state government about what has been and is occurring in school. Okpara, (1991) stated that any educational adventure which neglects or omits the value system of an environment may be said to be incomplete.

The foregoing indicates the pivotal nature of programme evaluation as it focuses on all components of the programme to make its task elaborate and enormous.

## **2.3Historical Trends in Curriculum Evaluation in Nigeria**

Curriculum evaluation has gone through revolutionary changes and has metamorphosed to what it is presently. Madaus and Kelleghan (1992) reported that the first recorded instance of evaluation was in

1444 in a contract between the Treviso town fathers and the school masters in Europe in which the teachers' salary was based on the learners' achievement in an oral examination. The schoolmasters received four (4) levels of reward ranging from 12 Ducats for proficiency in the alphabet, two Ducats for success in syllabus exercise or rhetoric (Arles, 1962). The idea that learning is labour to be rewarded financially and the concept of holding teachers accountable for student's mastery of basic skills of curriculum through the device of coupling their pupils' examination results with monetary rewards turned out to be a durable one. It reappeared in 18<sup>th</sup> century Ireland (Buston 1979) and again in 19<sup>th</sup> century Great Britain Bowler, (1983) etc.

Madaus and Kelleghan (1992), stated that payment by result was not the only system of evaluation used in the 19<sup>th</sup> century. The school inspectorate played a major role through their contributions to annual reports on the conditions of schools and on pupil's achievement. Inspectorate report contained a mine of information about school districts, school buildings, managers, teachers, and monitors discipline, quality of instruction and in students' achievements in a variety of curriculum areas. The school inspectors were not unaware of the problem of subjectivity and non-reliability. Payment by result had many contemporary critics. For instance, Matthew Arnold (1992), a school inspector in England rendered a classic indictment when he described it as a game of mechanical contrivance in which teachers will and must learn how to beat us. It is possible by ingenious preparation to assist students to pass examination, in reading, writing and ciphering without having a firm grip of how to read, write or cipher. This implies that it is possible to rush the students through a programme and assist them to pass their exams through various sharp practices like examination malpractices without the learners acquisition of basic skills in their field of study since all that matters is their performance in a summative evaluation.

In respect of education in Germany, Matthew Arnold (1992) observed that the assigned work of the year curriculum was well within a child's power and if the learners are not fit to be promoted unless there is some special reasons, the teaching has not been right, Royal Commission of Education

(1886). The idea that children will not fail their examination if properly taught was popular at that point in time. Educational theorists such as Pestalozzi, Herbert Froebel, Emerson, Parker and Dewey (1992) believe that intelligence though obsolete was educable (Snow and Yallow 1982). However, towards the end of the first decade of the century, payment by result became less popular and eroded away. The ability level of students began to be used to explain why some students performed poorly in their examination(Jackson, 1992). The blame was now shifted from teachers to lack of ability in the learner, native limitations in the ability of the child or in the home environment in which the child grew up. (Jackson,1992) quoting Charles Judd (1918) who extolledthe virtue of scientific measurement said:

"We now understand in definite scientific terms that children are different from one another and the best we can hope for is improvement - not absolute achievement of ideas and ideals".

Towards the later part of the 19<sup>th</sup> century, median scores of students across a district became the standard of acceptable achievement in terms of the curriculum. The advent of IQ tests provided an explanation for poor pupils' performance. The idea of payment by results eroded away completely.

After the Second World War, Ralph Tyler emerged with his operational behavioural objective model Tyler (1934, 1949, Tyler and Waples 1930). There was also a development of taxonomies designed to help educators articulate objectives Bloom 1956, Krathwo1, Bloom and Macia (1964, 1960 – 1970).

Evaluation during this period was very subjective. It was based on the 'teacher's opinion written in his diary. It was not formal. The findings were not reported to the subject sponsors. It was also not made public. Scriven (1967) came up with formative and summative evaluation. Formative evaluation is intended to inform a revision of practice. Summative judgment was meant for personnel files. Scriven argued that evaluation should not be tied to objectives and emphasized goal- free

evaluation. Other forms of Assessment Techniques in the 19<sup>th</sup> century reported by Ornstein and Hunkins (1998) include:

- **Evaluating Products:** The medieval guild required an apprentice to supply a product as a final proof of competence.
- **Oral Evaluation:** Viva voce examination was designed to reveal the students ability in elocution (Hoskins 1969). Written examination, Qualitative ranking, Quantitative marks, Essay examination, Short answer examination, multiple choice questions are other forms of evaluation in use at that point in time.

The above statements indicate clearly that- (a) curriculum evaluation has come a long way and has passed through various paradigm shifts which have contributed in shaping it to its present status quo. (b) The teacher has right from time immemorial received greater portion of the blame for poor pupils performance. Same is also applicable to nursing education in Nigeria. Some of the students who participated in this study attribute their failure in external exams such as Nursing Council Exam to the teachers teaching incompetence.

## **2.4 The Purpose of Curriculum Evaluation**

Evaluation is perceived as the best instrument to measure the failure and success of any educational adventure. Ornstein and Hunkins(1998) have described evaluation as the health of education and its processes. Evaluation serves many functions which include:

1. **To determine the extent to which the objectives of a programme have been realised:** As pointed out by Steinhouse, (1975) every curriculum plan is designed for a particular goal or purpose. In effect, evaluation is used to determine the extent to which the objectives of a programme have been realised. In agreement with the views of Steinhouse, Azikiwe(2009) stated that evaluation helps to ascertain how well the objectives of the curriculum are attained after series of implementation activities.

2. **To identify the strengths and weaknesses of the curriculum** Evaluation is used to critique and identify the strengths and weaknesses of the curriculum design before, during the process of implementation and the effectiveness of its delivery after implementation.
3. **To assess performance:** Evaluation is used to determine individual students' performance in school in terms of how they are succeeding in learning as well as the teachers' curriculum delivery and its components.
4. **To ascertain the expected behavioural changes in the learner:** As observed by G.B Leonard (1991), to learn is to change. Evaluation enables curriculum planners to ascertain the expected behavioural changes in the learner as a result of instruction and factors that facilitate the change or otherwise Azikiwe (2009), Obiefuna (2009). In line with their views, (Oliva 2001) stated that evaluation determines what need improvement or change and providing a basis for effecting that improvement or change.
5. **Decision making :** Stufflebeam, (1983) explained that evaluation plays a vital role in the process of delineating, obtaining and providing information for decision making about the programme. It gives the curriculum specialist an opportunity to revise, compare, maintain or discontinue their actions and programmes and to draw conclusions and furnish data that will support their decisions regarding curriculum matters.
6. **For Valuing:** Cuba and Lincoln, (1989), argue that the role of the evaluator is systematically facilitating the placement of values by others. Precisely, the placement of values on data is perhaps the most essential component of the evaluator's work. Eisner (1993) also makes the point that evaluation should allow for some form of communication to the public, school board, local or state government about what has been and is occurring in school. Scriven (1972) posit that the evaluator is free to collect whatever data that seem pertinent, in considering the total consequences of a programme which are evaluated against demonstrated needs. Okpara

(1991) explained that any educational adventure which neglects or omits the value system of an environment may be regarded as value-neutral and incomplete.

- 7 To ensure that the curriculum is in line with societal needs and problems in a rapidly changing world and to provide data for justifying investments.

## 2.5 Phases of Curriculum Evaluation

There are various views, on the phases of Curriculum evaluation by curriculum specialists. Among them are Ornstein and Hunkins (1998) who identified six phases of curriculum evaluation namely:

**Determine a particular phenomenon** to be evaluated and the design to use.

**Collection of the Needed Information:** This entails identification of the source of information essential for consideration and mapping out stages for collecting the information in terms of time schedule. It is rare to find adequate time estimate in curriculum evaluation.

1. **Organization of the information** in such a way that it becomes interpretable and usable to the final intended audience. It involves coding, organizing, sorting and retrieving the information.
2. **Analyzing the information:** This involves selection of appropriate analysis techniques depending on the focus of the evaluation.
3. **Reporting the information:** The evaluator decides on the nature of the reporting keeping in mind the audience for the report. (Collect treat and report data).
4. **Recycling the information:** This involves continuous re-evaluation and assessment, a continuous attempt to improve the curriculum to meet future needs. It is not just reporting the result but interpretation and making recommendations for action (Ornstein and Hunkins 1998).

**Lewis (1981)** identified four phases of curriculum evaluation namely: a) List Sub-goals. b) Determine antecedents: Students characteristics, teacher's characteristics, school organization, community values and needs and a description of how the programme relates to the total curriculum.

c) Determine Standards: by which outcomes will be judged in terms of what is good, acceptable and what expectations are reasonable in a given situation. The critical questions to ask are as follows:

d) Did the design facilitate, deter or militate against effective goal attainment.

The evaluator should as much as possible make judgment based on all the available data collected, the congruence between the outcome produced by the programme and the intended outcome.

## **2.6 Curriculum Evaluation Models and their Theoretical Camps**

Curriculum theorists belong to various schools of thought or theoretical camps which reflect their views on curriculum evaluation.

**The Objective Model** This focuses on testing the curriculum as a product against the specification it is designed to meet. As observed by Steinhouse (1975), every curriculum plan is designed for a particular goal or purpose. In effect, the objective model examines how a curriculum is attuned to the what and why of that curriculum design.

Notable among the theorists in this camp are, Ralph Tyler and his rational curriculum planning model, the linear model, means to an end model and Tyler's curriculum rational. (Obiefuna, 2009). Tyler presented four questions curriculum development should address. These include: What educational purposes should the school seek to attain? What educational experiences can be provided that is likely to attain these purposes? How can these educational purposes be effectively organised? How can we determine whether these purposes are being attained? The selection of aims, goals and objectives describes educational purposes any school can seek to attain, the educational experiences which is more of content and learning experiences answers the second question. For instance, the result of evaluation will show if the objectives has been achieved or not. Evaluation of both content and objectives will determine the effectiveness of the programme and whether actually behaviour modification has occurred. In line with Tyler's view, Leonard (1991) posit that to learn is to change, education is a process of effecting a desired change(s) in the behaviour of the learner.

Curriculum experts are becoming increasingly aware of the importance of diagnoses to identify the needs of the people before objectives can be formulated. Okpara (1991) described Tyler's model as value neutral because of its omission of the value system. Any educational adventure which neglects or omits the value system of an environment may be said to be incomplete. Same is applicable to Wheeler's model which lacks situational analysis and diagnoses of needs.

**Wheeler (1980)** developed the cyclical model as a modification of the objective model. The model indicates inter-relatedness. For instance, the result of evaluation will show if the objectives has been achieved. The direction of the arrows shows a sequential and cyclical progression starting from the selection of objectives to the evaluation of the effectiveness of the various phases.

### **Decision Making Models**

A major proponent of this model is Stufflebeam, (1983) who views evaluation as the process of delineating, obtaining and providing information for decision making. Provus (1971) focused on whether a discrepancy exists between programme standards and programme-performance. Discrepancy information is reported to decision makers.

Cronbach identified scientific approaches to evaluation as opposite extremes on an evaluation continuum and believers in true experiment. Parlett and Hamilton (1976) emphasizes illumination of problems and significant features of an educational programme

### **Models that Place Premium on Valuing**

Cuba and Lincoln,(1989),argues that the role of the evaluator is systematically facilitating the placement of values by others. Precisely, the placement of values on data is perhaps the most essential component of the evaluator's work.

Eisner (1993) also stated that evaluation should allow for some form of communication to the public, school board, local or state government about what has been and is occurring in



school. Scriven (1972) argues that the evaluator is free to collect whatever data that seem pertinent, in considering the total consequences of a programme which are evaluated against demonstrated needs.

### **Portraiture Model**

According to Lightfoot, (1983), this is naturalistic subjective kind of evaluation. The evaluator visits the schools to observe students and teachers in class to conduct

- Interviews and administer questionnaire
- Examine the school records
- Records his finding
- Based on his observation he can now evaluate the quality of instruction, learning environment, organizational structure and administration.

While not strictly an evaluation model portraiture can be used much like illuminative evaluation or; Eisner's connoisseur model. Sara Lawrence Lightfoot developed this method, drawing from the field of anthropology.

### **Illuminative Evaluation model**

This model was propounded by Parlett and Hamilton (1976). It is also called Anthropological and responsive model. It clarifies some of the basic concept of the curriculum. It illuminates problems and significant features of an educational programme. Baiyelo (1993) stated that its main features include methods and techniques that involve extraction of evidence from direct participation, observation, interaction, discussion, debate, personal testimony, historical and experimental procedure.

### **Goal Free Evaluation model**

Scriven, (1972) was hostile to the stereotype, dogmatic approach to evaluation. He argued that curriculum evaluators should not be distracted by the rhetoric of programme developer's goal statement. They should carry out an unbiased assessment of the situation. The evaluator is free to

collect whatever data that seem pertinent, in considering the total consequence of a programme which is evaluated against demonstrated needs.

### **Quantitative, Scientific, Evaluation Model**

The quest for evaluation model continued with Cronbach identification of scientific approaches to evaluation as opposite extremes on an evaluation continuum. Curricularists in this theoretical camp are believers in true experiment. Their emphasis is on the learners and data, in the form of test scores which are employed to compare student's achievement in different situations. Information collected is analyzed statistically. A good example of scientific - positivistic approach to evaluation is **Provus Discrepancy Evaluation Model**. It consists of four components and five stages of evaluation. The four components include:

1. Determining programme standards
2. Determining programme performance
3. Comparing performance with programme standards
4. Determining whether a discrepancy exist between programme-performance and programme standards.

Discrepancy information is reported to decision makers.

### **Congruence Contingency Evaluation model**

This model was propounded by Robert Stake (1972) who made a clear distinction between formal and informal evaluation procedures. He argues that educational evaluation continues to depend on casual judgment, implicit goals, intuitive norms and subjective judgment. His contention is that educators should strive to establish more formal evaluation procedures which are objective rather than subjective.

The model focuses on antecedents, transactions and outcomes, Ornstein & Hunkins (1998:329).

**Antecedents** refers to conditions that have been in existence prior to teaching and learning that may influence outcomes which includes characteristics of the students prior to their lesson, their aptitudes, previous achievement scores, psychological profile scores, grades, discipline, attendance, etc. Antecedents also includes: teachers characteristics, such as years of experience, type of education, teachers behaviour ratings, entry behaviour etc.

**Transactions** are concerned with interactions the students have with certain curriculum materials and classroom environment. It deals with interactions between student to student, to teachers and resource persons, time allocation, space arrangement and communication flow. Transactions comprises of what is known as the "process" of teaching and instruction.

**The outcomes** are the product of learning. The outcome is the result of the antecedents and transactions. Contingencies are concerned with the relationship among antecedents, transactions and outcomes. The challenge is this; the evaluator should identify the contingencies and congruencies among these indices - antecedents, transactions and outcomes.

Stakes argues that outcomes are the consequences of education, immediate, long range, cognitive, affective, personal and community wide.

**Stufflebeams context, input, process, product CIPP evaluation model** is another form of scientific positivistic evaluation model. Stufflebeam argue that a more comprehensive view of the curriculum can be achieved through the appraisal of the antecedents and the learning environment, the input of time money and energy, the interaction between the student, the teacher and the learning environment and the outcome of learning in terms of the performance of the learner in service delivery.

### **Qualitative, Naturalistic, Humanistic, Evaluation Models**

Most people are beginning to realize that to obtain a more complete picture of curricula, educators need to explore and utilize alternative to traditional evaluation procedures. These include the humanistic approaches to curriculum. Some theorists are firmly rooted in the quantitative camp e.g. Cronbach and Malcom provus, believers in true experiment, others' are in the qualitative camp e.g. Robert Stake(Responsive evaluation model), Eisner, parlet and Hamilton, while some others attest to the fact that quantitative and qualitative methods are complementary representing words and figures(Robert stake).

### **Judicial Approach to Evaluation, otherwise known as Adversary Evaluation Approach**

As observed by Ornstein and Hunkins (1998), this procedure encompasses numerous evaluation activities in which time is scheduled for opposing points of view to be heard. One evaluator or team member serves as the progranulle's advocate, presenting the positive view of the programme. Another evaluator or team member plays an adversarial role, stressing problems in the progranulle. The encounter is very much like a court trial. People to be affected by the new programme have their day in the court. By allowing individuals to present both sides and opposing views of the new programme, a more accurate view of the new program is attained. The programme stands or falls on the weight of the evidence furnished.

**Eisner's Connoisseurship Evaluation Model (1993)** focuses on appreciation and recognition of the educational significant in any evaluation adventure. Eisner points out that educational connoisseurship is the art of appreciating the educationally significant. But such appreciation is made public through criticism-the description, inter-relation, and assessment of the situation. In discussing his approach to evaluation, Eisner relies on personal observations, expert opinion, and group collaboration instead of scientific validity.

Eisner makes the point that evaluation should allow for some form of communication to the public, school board, local or state government about what has been and is occurring in school. Eisner's

model is subjective and considered controversial by those who believe in objective and scientific evaluation.

### **Stakes' Responsive Evaluation Model**

Like Eisner's evaluation model, stakes responsive approach to curriculum evaluation is more concerned with the portrayal of the program than standardized data, test scores, and goals what some people might label as methodological or objective data. Using the responsive approach, the evaluator tells the story of the program, presents its features, describes the clients and personnel, identifies major issues and problems and reports the accomplishments. Unlike Stakes (1972) Congruence Contingency Evaluation model in which he was supportive of quantitative evaluation but in Stakes' Responsive Evaluation Model he tried to shift grounds to strike a balance between objective and subjective evaluation which represents words and figures.

### **Illuminative Evaluation Model**

Illuminative evaluation propounded by Parlet and Hamilton(1976) is naturalistic approach to evaluation. It is sometimes called explication. It strives to furnish a complete picture of the educational program. This model illuminates problems and 'significant features of an educational program. There are three steps to the model: observation, further inquiry, and explanation.

The illuminative model deals with the subtle aspects of the environment, the items that are often missed or discarded by the so-called objective observer.

**Formative and Summative Evaluation propounded by Scriven (1972).** There are two main types of evaluation namely formative and summative evaluation. In formative evaluation, the purpose is to improve the curriculum at the different stages of its planning and development Azikiwe (2009). It provides feedback at regular intervals which is used by planners to improve on what exists through modification, reviewing and restructuring. Evaluation is carried out at each stage of development of the curriculum to determine whether to move to the next stage or review the previous stage before

proceeding forward. The draft curriculum should be pilot tested after complete development in selected pilot schools before its installation in the entire school system. Formative evaluation encompasses those activities undertaken to improve an intended programme. As an on-going process, it provides feedback to enable the curriculum developer to finalise the entire programme and arrive at a curriculum to be installed in the entire school system. As the curriculum is installed in the entire school system formative evaluation continues as implementation goes on. The various tests in the school during the year, the examinations at the end of each term which are used to promote the students from class to class constitute formative evaluation.

Summative evaluation is directed towards assessing the extent to which the objectives of the curriculum have been achieved. It presents a total picture of the quality of the produced curriculum package. It is usually undertaken after the project has been completed and implemented school wide or district wide. It is indeed the evaluation of the total curriculum by an external agent. To assess the performance of learners, the extent of attainment of curriculum objectives and issue certificate to the products of the programme.

Ohuche and Akeju (1977) identified one function of evaluation as that which is designed to help the students and teacher to pinpoint what the student has failed to learn so that this failure may be rectified. They added that formative evaluation is not undertaken for the purpose of grading or certifying the learner but for identification of his or her weakness areas that need special help for overall improvement at the end. In contrast, Summative evaluation involves grading and certifying of the learner and is concerned with passing judgement.

### **Intrinsic and Pay-Off Evaluation model**

As soon as the worth of a curriculum has been established, its effect when delivered must be examined. Michael Scriven calls it Pay-Off evaluation.

To evaluate curriculum intrinsically, the evaluator should study the particular content included, the manner in which the content was sequenced, the accuracy of the content, the types of experiences suggested in dealing with the content and the different types of materials to be used. There is an assumption that if curriculum plan has accurate content and firm basis for its unique organization, it will be effective in stimulating quality learning (e.g. Michael Scriven).

Michael Scriven a major defender of intrinsic evaluation assert that it is really the only evaluation model that counts in the sense that it supplies information that allows them to determine the effect of the curriculum or course on the learners. Advocates of the pay-off evaluation model argue that based on their experiences and present state of knowledge, most of the time, evaluators undertake "arm chair" intrinsic evaluation which they cannot defend, the much they can do is to document whether the learners have attained a stated objectives. Furthermore, proponents of intrinsic and pay-off evaluation argue that a better idea of the relevance and elegance of the curriculum can be achieved through direct observation of curriculum materials, not student test scores.

## **2.7The meaning and concept of programme evaluation**

According to Pratt, (1994), programme evaluation refers to continuous appraisal of the entire educational systems to identify its strengths and weaknesses after a curriculum document has been adopted and implemented either for try-out or full-scale implementation of the programme. It focuses on examination of the programme to ensure that it is internally sound in terms of infrastructure, process, resources, instructional materials, teaching methods and techniques, students' abilities, staff qualifications, students and staff activities, communications, outcome and cost benefits.

## **2.8 The importanceof programme evaluation**

It gives the curriculum specialist an opportunity to revise, compare, maintain or discontinue their actions and programmes. Ndubuisi (2009) sums up programme evaluation to mean a continuous process of diagnosis of the strengths and the weaknesses of the programme, identification of outcome of instructions, recognition of the need for teacher improvement, identification of the need for the review of the programme. The fore-going indicates the pivotal nature of programme evaluation as it focuses on all the components of the programme to make its task elaborate and enormous.’

From these definitions, programme evaluation is a measure of success or failure of any educational programme. It enables curriculum planners to ascertain the expected behavioural changes, the extent of behavioural changes and factors that facilitate the change or otherwise. A meaningful programme evaluation must focus on infrastructure, instructional materials, content, teaching methods techniques, outcome of the programme in terms of competency and proficiency of the products. It should also include the domains of learning namely: cognitive (knowledge and intellect), psycho-productive, (skills) and affective (attitudes and values).

## **2.9 Three Programme Dimensions that should always be evaluated**

Pratt (1980) identified some critical questions evaluation should address .These include:

### **(1) Effectiveness - Compares outcome with the intention of the programme**

- Did the learners achieve the objectives or preferable?
- Did the minimum expected number of students achieve the minimum stipulated objectives of the minimum level?
- Did grades reflect achievement of objectives; the criterion level may be stated in terms of grades?
- Did 90% of those who enter the program achieve a passing grade and masters all critical objectives?



- Did 50% achieve a grade of honour?

(2) **Acceptability:** A programme that achieves all its objectives may still be judged a failure if the people involved dislike the experience.

Acceptability addresses these critical questions: Is it worth doing? How well is it being done?(Adegoke,2003). Evaluation should centre on the teacher, the learner, subject matter and milieu 'with different techniques and appropriate degrees of emphasis.

- Did you support the intents of the programme?
- Was the programme straight forward to implement?
- Did it involve extra work?
- Did you have adequate resources?

(3) **Efficiency** - Compares outcome with input of money, energy of production and output relative to input of energy and resources. Input of time, money should be quantified as far as possible.

Evaluation generally involves assessment and judgement of both students' performance and the curriculum itself.(Igwe 2003)

## **2.10 Historical evolution and development of nursing education in Nigeria.**

Historical development of nursing as a profession reveals that socio-cultural changes have shaped nursing profession. Nursing education in Nigeria has undergone dramatic change in response to societal needs and influences.

A critical look at nursing beginning reveals its continuing struggle for professionalism and competence in response to socio-cultural changes and consumer demands. According to Adelowo,

(1988) Nigeria received her nursing traditions from the European and American missionaries in the late 1800s. Following the establishment of the Nightingale training school for nurses, at St Thomas Hospital in England in (1860), the concept spread like wild fire to North America and to different parts of the world Nigeria inclusive. Hospital administrators welcomed the idea of training schools as a source of nursing staff for free or inexpensive staffing for the hospitals. The training took the form of apprenticeship programme with little formal classroom instruction. Students learned by providing direct care to clients. There was no standardisation of curriculum and no accreditation. Programmes were designed to meet the service needs of the hospital not the educational needs of the students. Lectures were delivered by the European sister anytime the lecturer was available, on any nursing subject and in any available room. Following the (1947) nursing ordinance, the Nursing Council of Nigeria a quasi- government body was established to oversee to the training, certification and registration of professional nurses in Nigeria. Adelowo,(1988)stated that the first basic nursing school established in Nigeria was the Seventh Day Adventist (S.D.A.) Ife. In (1952), the University College Hospital (UCH) School of Nursing Ibadan was also established followed by the School of Nursing Lagos University Teaching Hospital (LUTH) in (1962). By the time Nigeria attained political independence in (1960), there were a total of thirty Basic Nursing institutions in Nigeria but today, (2014) the total number of approved basic nursing schools in Nigeria has increased to 73.(Federal 10,State 49, Missions12,Military1) as shown in table1.

**Table1: Overview of the four categories of approved BNE institutions in Nigeria and their geo-political zones.**

<b>Geo-political zones</b>	<b>Federal</b>	<b>State</b>	<b>Mission</b>	<b>Military</b>	<b>Total</b>
South-East	1	9	6	-	16
South-West	3	9	3	1	16
South-South	1	10	3	-	15
North-East	1	6	-	-	7
North-West	2	6	-	-	10
North- Central	0	5	3	-	8
FCT	1	-	-	-	1
Total	10	45	17	1	73

The entry requirement into BNE programme across the country was 5 credits in English language, Mathematics, Biology or Health Science and any other two courses at not more than two sittings. Recently, the entry requirement into BNE programme, effective from (2006) is 5 credits in English language, mathematics, physics, chemistry and biology at not more than two sittings. The duration of training is three years. The training is a hospital-based educational programme which provides rich clinical experiences for nursing students.

### **Nursing Education Reform**

The society is not static but dynamic. Nursing education today is no longer what it used to be in the yester years, it has experienced tremendous growth in structure and function. There are emerging health issues such as nursing informatics, safety and security education, cultural sensitive care, biochemistry among others which should be incorporated into basic nursing education programme to make it relevant to the 21<sup>st</sup> century society.

As observed by Zakari (2006) which was confirmed by Olaniyonu (2007), nursing education in Nigeria has passed through various paradigm shifts right from its inception in the year (1930). The Nursing Council of Nigeria, a quasi-government body was established as a committee to oversee the training and registration of nurses in Nigeria with respect to the requirements for nursing education, examination and registration of nurses. In (1965), the committee observed that sound educational principles are essential ingredients to equip the nurses with the necessary skills and knowledge to cater for the health needs of the society. The certificate that was awarded to the products of the programme was registered nurse (RN) which was considered to be lower than OND, NCE and HND as obtainable in the circular educational system. This issue of quantification of basic nursing education certificate has become a serious challenge affecting nurses seeking admission into tertiary institutions and employment in the industries. The Nursing council continuously reviewed the BNE curriculum in (1993) and (1999) respectively, which gave birth to the (2001) BNE

curriculum under investigation. As reported by Zakari (2006), each time the curriculum was reviewed (examined to determine whether change was needed), new topics, objectives and pieces of information were added to the existing curriculum such as Nursing process, principles of management, project writing. The outcome this incremental change was a curriculum which consists mainly of patch work of topics which are poorly organized. In practice, no change in the conceptual structure of the subject matter is apparent. There was no recorded account of thorough appraisal of all the segments of BNE curriculum to ensure that it is still relevant in meeting the needs of the learners and the society in a rapidly changing world.

The foregoing has indicated clearly where nursing education in Nigeria is coming from, what development brought it to its present state? What problems were encountered during the journey? What factors obstructed or facilitated the journey? Precisely, historical development of nursing has provided the process and the content of nursing education in Nigeria, a foundation for the present and the future, to plan strategies for a smooth transition, given insight to persons and resources that has supported and strengthened nursing education over the years.

**Gender related issues in nursing Profession(Men in nursing).** The study conducted by Alao, (2015) has shown clearly that gender disparity has become a critical issue in nursing profession right from its inception in the 18<sup>th</sup> century. Male nurses were denied admission to the Military Nurse Corp during the Second World War based on gender. It was believed at that time that nursing was a female work and combatant was men's work Wall (2009). During the 20<sup>th</sup> century, men were denied admission to most nursing programmes. After becoming a nurse, the American Nurses Association (ANA) denied membership to male nurses until (1930). Many state nursing associations did not allow men to join nursing profession until the (1950s) (O'Lynn& Tranbarger, 2007).The foregoing has made it abundantly clear why nursing profession is dominated by females. However in the 20<sup>th</sup> century, the idea that nursing is a profession meant for women completely eroded away, male nurses were offered admission into various nursing institutions except for midwifery. This refusal to admit

male nurses into midwifery practice remains controversial and has generated a lot of debate among nurses and members of the public (Zakari, 2006).

## **2.11 Basic Nursing Education Policy in Nigeria**

Nursing policies have significant impact on nursing education and practice. According to Anderson, (2005) a policy is a principle to guide decisions and achieve rational outcomes. It is a statement of intent which is implemented as a procedure or protocol. Kozier & Erbs, (2012) stated that nursing education and practice are governed by so many legal concepts. It is important for nursing students to know the basic legal concepts that affect them in the practice of their profession as they are accountable for their professional judgements and actions. Nursing students are not employees of the hospitals of their clinical experience. The nursing students are responsible for their own actions and liable to their own acts of negligence committed during clinical experiences. Accountability is an essential concept of professional nursing practice.

### **Nursing and Law**

Knowledge of the laws that regulate and affect nursing practice is needed for two main reasons. (1) To ensure that the nurse decision and actions are consistent with current legal practices (2) to protect the nurse from liability.

Law can be defined as the sum total of rules and regulations by which a society is governed. In effect, law is created by people and exist to regulate all persons (Guido 2010, in Kozier & Erb's, 2012).

#### **Functions of Law in Nursing**

- It provides a framework for establishing which nursing actions in the care of clients are legal.
- It differentiates the nurse's responsibilities from those of other health professionals.
- It establishes the boundaries of independent nursing action

- Assists in maintaining a standard of nursing practice by making nurses accountable under the law

## **Legal Protection for Nurses**

Provision of safe, competent practice, timely, accurate, comprehensive, legible, factual and complete documentation, abiding by the nurses practice act which protects the public by legally defining and describing the scope of nursing practice, licensure, certification and accreditation are the major components of legal protection and safeguard for nurses.

### **1. Admission/Entry requirements into BNE programme in Nigeria.**

The minimum entry requirement for teachers is Bachelor of Nursing Science (B.NSc). For Students, Five credits, in English Language, Mathematics, Biology, Chemistry and Physics (Nursing& Midwifery Council of Nigeria, 2001).

### **2 Attendance Policy**

**Theory Classes** The students are expected to maintain 100% attendance in all theory classes. However in case of emergency and illness, the student may be absent up to 15% cumulative of theory classes. If the learner is absent for more than 15% per semester, he may be asked to repeat the semester, be withdrawn or expelled from the programme if the problem persists (Rafat, 2006). (Parkistan Nursing Council PNC rule 2006).If absence is due to justifiablereason; it is the responsibility of the learners to meet up with the missed contents of the class. In each academic year, learners are allowed annual leave of one calendar month. Sick leave of seven days is permissible; any leave beyond this will be deducted from annual leave.

### **3. Clinical/Laboratory skills**

The learners are expected to maintain 100% attendance during clinical experience. However in case of emergency and sickness, learners may be absent up to 4 days cumulative of clinical experience has to be made up. If the learner is absent for more than 4days leave in a semester, he may be asked to repeat the semester or be withdrawn or expelled from the programme if pattern of leave is persistent.

Clinical conferences are part of clinical experience and should be attended regularly.

#### **4. Internship policy**

The purpose of the internship is to strengthen knowledge and skills. The institution will be responsible to arrange internship for their graduates in BNE affiliated teaching hospital.

The candidate will be required to submit a formal letter and certificate at the completion of internship period issued by the Director nursing services to the provost of the college of nursing who will send the final list of eligible candidates for licensure examination to Nursing Council of Nigeria.

#### **5. Provision of safe and Competent Nursing Care**

Competency is the ability to cope successfully with the tasks and challenges encountered on the job or any desired activity (Adegoke, 2003). It transcends scholastic and academic achievements. It is concerned with how well the educational programme equips the nursing students with adequate knowledge, attitude and skills to make them more relevant to a modern society. The emphasis is on productive work, empowerment,sustainability which addresses four components of competence namely, capability, coping,creativity and cooperative action.

Competent nursing care is a major safeguard for nurses. Nurses should provide care that is within the legal boundaries of their practice and within the boundaries of employment agency

policies and procedures. The nurse must be familiar with their various job descriptions which may defer from one agency to another. Every nurse must ensure that his or her education and experience are adequate to meet the responsibilities delineated in the job description. She must function within the scope of her education, job description and nursing practice act and should follow the procedures and policies of employing agencies. Competency also involves care that protects clients from harm. The nurses should anticipate sources of client injury and educate clients about hazards and implement measures to prevent injury, observe and monitor the client accurately.

## **6. Unprofessional and Unethical conduct.**

Ethics in nursing is focused on matters of obligation, or what ought to be done. The moral components of knowing in nursing go beyond knowledge of the norms or ethical codes of nursing, other disciplines and society Basavanthappa(2007). It involves moment-to-moment judgements about what ought to be done. What is good and right and what is responsible. Ethical knowing guides and directs how nurses conduct their practice, what they select as important, where loyalties are placed and what priorities demand advocacy. Ethical knowing also involves confronting and resolving conflicting values, norms, interests or principles.

Unethical conduct is considered as one of the basis for actions against the nurse's licence which include incompetence, gross negligence, practicing without licence, falsification of client records, illegal, obtaining, utilisation or possessing controlled substances (drugs etc.), having personal relationship with a client especially a vulnerable client. Code of ethics for Nurses condemns such an act, as the code states that nurses are responsible for retaining their professional boundaries (ANA 2005). Unethical conduct may also include violation of



professional ethical codes, breach of confidentiality, invasion of privacy which may injure the feelings of the client, fraud or refusing to care for clients of specific socio-economic and cultural origins and drug administration errors.

## **7. Drug Administration Errors**

Japhet (2011) identified strategies to minimize drug administration errors:

- Identify the patient by her name before administration of medication and ensure that the prescription chart on her bedside is bearing the patient's name,  
Ensure that prescriptions are correct and complete to prevent prescription errors due to sound-alike, look-alike names e.g. administration of ergometrine to an 8yrs old child in place of ergotamine.
- Ensure proper lighting for thorough check of prescription charts and drug containers.
- Be careful with zeros/abbreviations, decimal points that could lead to misinterpretations, over-dosage and death e.g. prn (when necessary), tds (three times daily), b.d (morning and evening), 1/52 (one week), 1/12 (one month), 1/7 (one day), administration of 5mls insulin in place of 5 units insulin can be very dangerous to the client.

Avoid omission and inaccuracies

- In case of injections, the used vial should be preserved for at least 48hrs. Administer drugs via the correct and prescribed routes
- ,intramuscularly (1/m) subcutaneously sub cut, intravenously (1/v)
- Maintain constant observation of the patient for any adverse drug reaction.
- Ensure proper documentation after administration of medication
- Organise work place (work space, work environment and work flow).
- Avoid distractions which are a major cause of drug administration error.

## **9. Documentation and Reporting**

Keeping records and reporting observations are essential for effective nursing management. The client's medical chart is a legal document that can be presented in court. Accurate and complete documentation is very important. Failure to properly document can constitute negligence punishable by law as insufficient and inaccurate assessments and documentation can hinder proper diagnosis and treatment which may lead to over dosage and may result in injury to the client. The nurse must report all incidents that involve the clients.

## **2.12 The Nursing Council of Nigeria**

The Nursing Council of Nigeria, a quasi-government body was established by Decree No 89 (Registration Act). This is a constituted regulatory body for professional nursing practice. Its primary objectives are accreditation/approval of basic nursing educational programs, maintain discipline, high and uniformed standards of nursing education and practice, conduct examinations, certification, registration of nurses and to issue license for nursing practice. The primary concern of the council is to understand the theoretical basis of any curriculum issues and the overall significance of nursing education curriculum in Nigeria.

In (1965), the Nursing Council observed that sound educational principles are essential ingredients to equip the nurses with the necessary skills and knowledge to cater for the health needs of the society. The certificate that was awarded to the products of the programme was registered nurse (RN) which was not equivalent to OND, NCE and HND as obtainable in the circular educational system. This creates considerable problem for nurses seeking employment in the industries and admission into tertiary institutions. The Nursing council continuously reviewed the BNE curriculum in (1993) and (1999) respectively, which gave birth to the (2001) BNE curriculum under investigation. As reported by Zakari (2006), each time the curriculum was reviewed (examined to determine whether change was needed), new topics, objectives and pieces of information were added to the existing curriculum such as Nursing process, principles of management, project writing. The outcome this incremental

change was a curriculum which consists mainly of patch work of topics which are poorly organized. In practice, no change in the conceptual structure of the subject matter is apparent. There was no recorded account of thorough appraisal of all the segments of BNE curriculum to ensure that it is still relevant in meeting the needs of the learners and the society in the ever changing context of the health care system.

### **2.13 Review of Basic Nursing Education Curriculum in Nigeria(2001)**

Basic Nursing Education curriculum under investigation is a seventy one (71) paged curriculum document designed by the Nursing and Midwifery Council of Nigeria which specifies all the courses and activities to be undertaken by nursing students during the three years period of training in an approved nursing institution. The curriculum is in form of a list of courses each having its own objectives, content, contact hours and credit units. The courses are grouped into three broad categories namely: nursing, medical and general courses with the code GN001, GN002, GN003 representing 100,200 and 300 levels. It is a six semester course of study (3years).

#### **Broad objectives**

The broad objective of basic nursing programme is to:

- train professional and competent nurses to meet the manpower needs of nurses in the clinical areas and in the community.
- ensure strict compliance with the stipulated and mandatory entry requirements for teachers and students by the Nursing Council of Nigeria.
- initiate and carry out research to improve nursing education, nursing practice and develop new techniques to meet with the health needs of the society.
- evaluate care through stated objectives, to ascertain effectiveness of nursing actions and health care activities rendered in the home, the community, health care institutions and the industries.

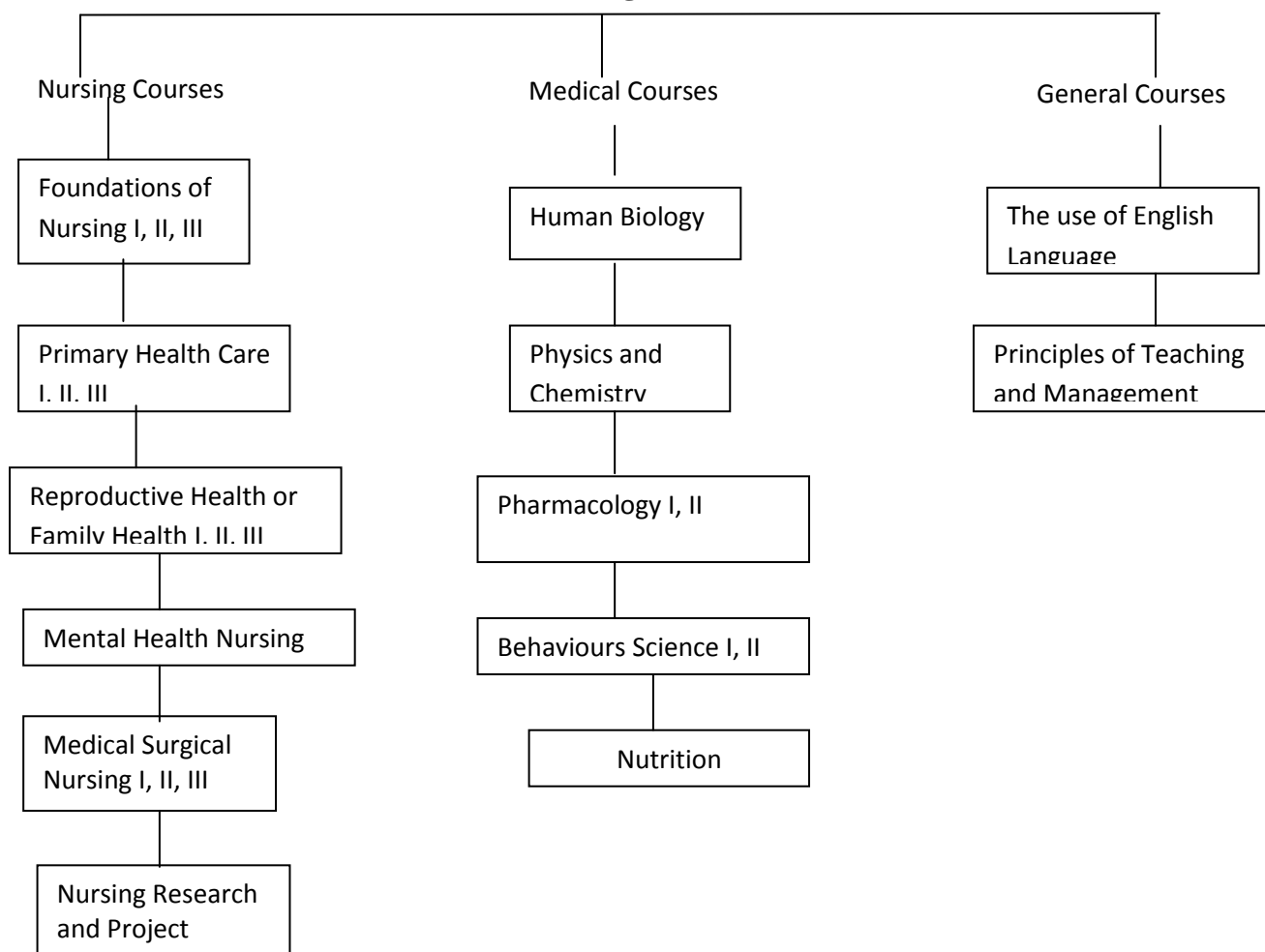
## Admission

- Entry **requirement** stipulates five credits in English Language,
- Mathematics, Physics," Chemistry, Biology at not more than two sittings.
- **Teaching methods**-These include Lecture, discussion and practical demonstration, community based clinical practice.

Lecture(45hours), Practical (45hours), Tutorial(15 hours)a week

- **General Method of Evaluation** Pre-test at the beginning of each course continuous assessment  
Nursing council final qualifying examination
- **Certification and licensing** Upon successful completion of the general requirements of basic nursing education, the "graduate will be awarded a General,Basic Nursing Certificate.(RN)
- **Students Intake** A maximum of fifty (50) students shall be admitted annually. Admissions shall be in October every year.

### BNE course content under investigation



### Fig1: ShowingBNE Course Content under Investigation

#### Basic Nursing Education Curriculum(2001)courses and credit units

The courses are coded GN 001,GN002,and GN 003 representing year one, year two and year three courses respectively. It is a six semester course.The excerpt from the BNE curriculum (2001) framework is as follows:

**Table 2.1 First year, first semester courses and credit units**

Course Code	Course Title	Credit(s)	Status
GN 001.	Foundation of Nursing1	3	Compulsory
2	Human Biology 1	2	Compulsory
3	Physics and Chemistry	2	Compulsory
4	Behavioural Science 1	2	Compulsory
5	The use of English Language	2	Compulsory
6	Primary Health Care 1	2	Compulsory
7	Community Based Clinical Practice 1	3	Compulsory
8	Seminar in Nursing	4	Compulsory

First year,first semester courses: Total credit units (20)

**Table 2.2 First year second semester courses and credit units**

<b>Course code</b>	<b>Course Title</b>	<b>Credit(s)</b>	<b>Status</b>
GN 001. 9	Human Biology II	2	Compulsory
10	Foundations of Nursing II	3	Compulsory
11	Nutrition	2	Compulsory
12	Pharmacology I	2	Compulsory
13	Behavioral Science II	2	Compulsory
14	Family Health I	2	Compulsory
15	Microbiology	2	Compulsory
16	Hospital based Clinical Practice1	4	Compulsory
17	Seminar in Nursing	2	Compulsory

**First year second semester courses, Total credit units (21)**

**Table 2.3:Second year, first semester courses and credit units**

<b>Course code</b>	<b>Course Title</b>	<b>Credit(s)</b>	<b>Status</b>
GN002.1	Pharmacology II	2	Compulsory
2	Medical Surgical Nursing I	3	Compulsory
3	Family Health II	2	Compulsory
4	Primary Health Care II	2	Compulsory
5	Hospital Based Clinic Practice II	4	Compulsory
6	Seminar in Nursing	2	Compulsory

**Second year second semester courses, (total credit units (13)**

**Table 2.4: Second year, second semester courses and credit units**

Course code	Course Title	Credit(s)	Status
GN002. 7	Family Health II	2	Compulsory
8	Mental Health Nursing	2	Compulsory
9	Statistical Methods	2	Compulsory
10	Medical Surgical Nursing II	3	Compulsory
11	Community Based Clinical Practice II	3	Compulsory
12	Seminar in Nursing	4	Compulsory
13		2	Compulsory

Second year-second semester courses (Total credit units 14)

**Table 2.4: Third year, first semester courses and credit units**

Course Code	Course Title	Credit (s)	Status	Third year first semester courses, total credit units (15)
GN 003	Medical Surgical nursing I	3	Compulsory	
4	Research in Nursing	2	Compulsory	
5	Primary Health Care III	2	Compulsory	
6	Principle of Management and Teaching	2	Compulsory	
7	Community Based Clinical Practice III	3	Compulsory	
8	Seminar in Nursing	3	Compulsory	

**Table 2.6: Third****Year-Second Semester courses and credit units**

Course code	Course Title	Credit(s)	Status
GN003 7	Research in Nursing (Project)	4	Compulsory
8	Hospital Based Clinical Practice II	4	Compulsory
9	Seminar in Nursing	2	Compulsory

Third Year-Second Semester courses, total credit units(10).

Table 2.6 to 2-6 indicates clearly that the BNE curriculum framework(2001) currently in use in the schools of nursing in Nigeria lack clarity in terms of the coding system, the content lack inclusiveness as it failed to incorporate emerging issues and new courses such as nursing informatics, Guidance and Counselling among othersto meet the consumer demands in the 21<sup>st</sup> century.

## **2.14 Curriculum Evaluation Models in Nursing Education**

Most of the curriculum evaluationin this segment of the study are reported by nurse evaluators and focuses on aims, criteria and methods, drawn chiefly from sociology, general education and management. (Chavasse, (1994: 1024). Evaluation, as a topic appears in nurse education textbooks as far back as 1980s (Chavasse,1994). Quality assurance in Nursing education is based on either Stufflebeam's CIPP model (1971) context, input, process product which is equivalent to the evaluative phase of the nursing process (Greaves 1984) or the Donabedian triad (structure, process, output) (Donabedian 1969), depending on whether the writer is drawing primarily from educational or health care management sources.Wells (1987) is of the view that curriculum model can be of three basic types and evaluation strategy selected should complement any of the three. These include:

**Table 3:Curriculum models and their evaluation strategies**

<b>Curriculum model</b>	<b>Evaluation Strategy/Paradigm</b>
Objective Model	Classical Quantitative
Process Model	Illuminative quantitative
Combined or integrated model	Quantitative qualitative

Parse, R. (1982) posit that evaluation plan should be congruent with the conceptual framework of a given .academic programme, the underlying values and beliefs must correspond.



## **2.15 Criteria and Methods of Evaluation in Basic Nursing Education**

Five, criteria have been identified by Stenhouse (1975) for curriculum evaluation. These includes:

**Meaning:** To explain meaning, Stenhouse argue that one of the objects of evaluation "should be to disclose the meaning of the curriculum rather than assess its worth" however, the disclosure of meaning naturally invites assessment of worth, and meaning is considered an important issue in evaluating nursing programmes. Eisner (1975) and Stake (1972) suggest aesthetic appreciation as a mode of apprehending the meaning of curriculum, but Stakes (1972) considers that evaluation report should be available to a wide readership; the description must therefore be simplified to ensure it is generally accessible.

**Potential:** Refers to participant's experiences and abilities. Interest is an optimistic epithet for problems within the curriculum, problems are said to be interesting if they are manifest in different educational situations or if they have meaning or relevance for a particular educational programme.

**Conditionality:** as a criterion gives due emphasis to the enormous influence exerted on the curriculum by' its context - the ethos of the hospital or college and of the profession, availability of resources, approval of the validation body, dynamics of the student group; expertise and enthusiasm of the teachers, resources of the classroom, outcome, especially long - term outcomes is conditional upon ,the limitations the quality of practice placements and opportunities of the field in which the ex-participants go to practice. All these local learnables are likely to contribute to success or failure of the programme (McClymonth 1980, White 1980, Dean 1985).

### **Judgment**

Description is one thing, judgment is another. Stake (1967) suggests that teachers and administrators need the latter but both are essential for completeness. In his methodology, Stake 'provided a matrix

in which data about course intentions and what is observed are clearly separated from standards and judgments.

A curriculum theorist contemporary with Stake, Scriven (1998), developed the concepts of formative and summative evaluation which can be applied to the curriculum either in part or to a whole curriculum. Formative evaluation explores process and provides feedback even as the curriculum is being developed and implemented to enable adjustments to be made early in the developmental process.

A related classification is the quality assurance model (Donanedian 1969) which uses structure, process and outcome as a typology. Another model is the Illuminative model, propounded by (Parlet and Hamilton 1972) which gave insight to the educationally significant. Illuminative evaluation models are an ethnographic approach to understand curricula.

### **Process**

Reichardt and Cook (1979) did an extensive study in this area of process. Process serves different purposes namely: to monitor the context, population and programme of the course, providing feedback and to establish causal explanation within the programme. Stufflebeam (1971), state that both process and product evaluation are the outcome measures needed by curriculum decision makers.' Product data is concerned with the measurement of the ex-students observable behaviours, assumed to be the programme effects on the graduates.

### **Learning Skills**

This study explores the learning of skills (Powell 1982, Gott 1984) investigated the practical nursing skills and social skills, taught to and needed by students during and after the introduction courses of a Basic Nursing Training Programme. Powell (1982) sought the opinions of student psychiatric nurses' views of their training (as a whole) without particular reference to interpersonal relationships with

patients. Powell derived all his data from focused interviews with student nurses and developed several main areas of concern, notably the contradictions experienced by the student nurses.

This is a dearth of outcome studies of Basic Nursing Training which may be associated with either methodological difficulty associated with a population which scatters after the end of its course or with the last scope of the competencies required of a registered nurse. Majority of the studies cited in this study draw on combination of quantitative and qualitative data to obtain and present a naturalistic picture of the course evaluation. Aims, criteria and methods are drawn chiefly from sociology, general education, sometimes from a management model.

## **2.16 Emerging issues in programme evaluation**

Agwu, (2009) quoting Ehindero, (1986) reported that changes in the social, cultural and political values have led to questioning the fundamental purposes of schooling in Nigeria such as what is taught, why it is taught, how it is taught and to whom it is taught. Fundamental to these changes is the shift in the beliefs, values and expectations held by Nigerians. It is these changes in beliefs, values and expectations that have resulted in certain issues emerging and posing challenges to education at various periods of our national history. Some of these emerging issues include; advances in science and technology, computer education, reproductive health issues, gender related issues, safety and security challenges in the workplace, among others. Some of the nurses have no formal training to cope with the safety security challenges in the workplace.

In the same vein, Oroge (1998) assert that millions of people all over the world are affected and being afflicted with all manner of diseases and all forms of destitution. All of which emanate from population explosion, environmental degradation, war, natural disasters such as floods, earthquakes, etc. These affect our social, economic, political system and the environment. These issues includes among others: advances in science and technology, computer education, population/family life education, reproductive health issues, gender issues, sexuality education etc.

How can we as experts enrich our curriculum offerings at the basic nursing education level to address these growing global concerns?

These growing global concern calls for continuous re-appraisal of basic nursing education programme in Nigeria to incorporate emerging health issues to ensure that the learner benefit maximally from the growing fields of knowledge.(Oroge 1998).

From the forgoing, the most important purpose of programme evaluation is not to prove but to improve as one cannot be certain that his or her goals are worthy unless he can match them to the needs of the students, the teachers and the society. Good planning, quality training and experience plays a vital role in curriculum evaluation but this appears to be lacking in our school system today. Literature has also revealed five major areas of improving teaching and learning namely: Human-capital development (retooling the teaching skills of teacher educators through work study programmes), faculty development, instructional development, and organisational development.

## **2.17 Speculative works in Nursing and Evaluation**

The aims and purposes of curriculum evaluation are as follows: validation, matching of learning objective and outcomes, curriculum improvement, evaluation of innovations, understanding the curriculum, in whole or in part. None of these is mutually exclusive and for all, there is a hierarchy of outcomes from the provision of information, through judging the value or worth of a programme, to making decisions or changing it in some way (Crombach 1963, Eisner 1972). Course validation is in a class of its own.

In the past, professional requirements focused on the setting of learning and students resulting competences, while higher education bodies looked for intellectual rigour and academic veracity. Curriculum evaluation system model with its emphasis on whether or not a programme achieves its objectives, its targets, continues to be influential in the United State of America (USA) Clark et al (1983), Black (1985), Jones et al (1987).

The evaluation of aims is implied in many studies but explicit matching of learning objectives and outcomes is rare, although the relative importance of both the World Health Organization (WHO) curriculum aims of relevance to the health care need of a Country and accountability of the nurse must be addressed possibly, using a qualitative approach but this has not been demonstrated in publications reviewed. Curriculum improvement is a flame that runs through much of the theoretical literature on evaluation and implied in most evaluation reports. Cronbach (1963) stated that the greatest service evaluation can "perform is to identify aspects of the course where revision is described and emphasizes the importance for understanding how a course produces its effects and what parameters influence its effectiveness.

Curriculum improvement as an aim is often not reported in nurse education literature and when it is reported, it appears to be linked with decision making. Stufflebeam argued that evaluation must always precede the actual making of decisions. Hogg (1990) proposes an adaptation of this model to the evaluation of a basic nursing education curriculum.

## **2.18Curriculum Enrichment**

The relationship between curriculum evaluation and enrichment can be described as that of Siamese twins which cannot be separated Ologe, (2010). This is because it is inconceivable to talk of curriculum evaluation without enrichment. The term enrichment has become very popular in many curriculum literatures. BBC English Dictionary (1992) defined enrichment as the act of improving the quality of the curriculum for relevance and functionality. At present, basic knowledge of the various disciplines cannot suffice. It is profitable to be knowledgeable on the issues plaguing mankind. In Nigeria of the 21<sup>st</sup> century, there are emergent issues whose body of knowledge must be included in the BNE curriculum such as HIV, Aids, ICT, population and environmental education

are some of the emergent issues, that a learner must be acquainted with to survive in developing or developed nation. This implies that what the school offers must be related to what the society requires.

From the foregoing, the most important purpose of evaluation is not to prove but to improve as one cannot be certain that his or her goals are worthy unless he can match them to the needs of the students, the teachers and the society. Good planning, quality training and experience plays a vital role in curriculum evaluation but this appears to be lacking in our school system today. Most curriculum evaluation in the literature review has been reported by curriculum evaluators. The aims, criteria and methods are drawn chiefly from sociology, general education and management models. Literature has also revealed five major areas of improving teaching and learning namely: Human-capital development (retooling the teaching skills of teacher educators and work study programmes), faculty development, instructional development, and organisational development.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

This segment of the study focused on the research design, area of the study, population, sample and sampling technique, instruments used for data collection, data analysis, validity and reliability. The results of the pilot study are also reported.

#### **3.1 Design of the study**

Two research designs were adopted for this study namely: descriptive survey and quasi-experimental pre-test and post-test group designs. In relation to this study, descriptive survey provided information on the state of the art of the BNE curriculum in Nigeria, its implementation,

strengths and weaknesses, while quasi experimental design was used to trial test the proposed BNE curriculum package (Basavanthappa, 2007).

### **3.2 Area of the study**

The study was carried out in the South-East, South-West and North Central, geo-political zones of Nigeria namely: South-East; Abia, Anambra, Ebonyi, Enugu, Imo States. South-West: Lagos, Ogun, Ondo, Osun, Oyo, and Ekiti States. North Central: Kaduna, Benue, Kogi, Kwara, Niger, Nasarawa and plateau States.

### **3.3 Research Population**

The population of the study consists all the teachers and students in the basic nursing education institutions in Nigeria (1190). These institutions include: School of Nursing, Ahmad Bello University Teaching Hospital Zaria, College of Nursing Kafanchan, School of Nursing, St. Gerard's Mission Hospital Kaduna; School of nursing, Military hospital Yaba, School of Nursing, Abia State University Teaching Hospital Aba, School of Nursing, Queen Elizabeth Hospital Umuahia and School of nursing Amachara, excluding School of Nursing, Lagos University Teaching Hospital Idi-Araba which was used for the pilot study and Lagos State School of Nursing, Ikoyi, which was being relocated to its permanent site, Igandu at the time of the study. These nursing institutions are categorised as follows: Federal 1, State 4, Mission, 1 and Military 1.

### **3.4 Sample and Sampling Technique**

In selecting the respondents for this study, a multi-stage sampling procedure was adopted.

First, to select the three geo-political zones used for the study, a list of the six geo-political zones in Nigeria was compiled and each of their names was written in a small piece of paper. This was carefully wrapped and mixed in a small container. The hat and draw method was used to select the three zones which participated in the study; namely South East, South West and North Central states. This procedure was adopted to ensure that each geo-political zone had equal and independent

opportunity of being selected. These geo-political zones are made up of different states. For example, the South East is made up of five states; the South West zone is made up of six states while North Central zone is made up of seven states.

Second, to obtain the target states from each zone, the names of all the states in each of the selected zones were written on piece of paper and placed in a small container. A state was picked from the container. This process was repeated for each of the three selected geo-political zones until the desired three states were obtained. At the end of the exercise, Lagos, Kaduna and Abia States were selected for the study.

Third, to obtain the seven basic nursing institutions used for the study, a list of all the BNE institutions in each state was obtained. Using similar approach stated above, the seven basic nursing institutions which participated in the study, stated below were selected for the study.

Fourth, there are three categories of students in each nursing school namely; 100 level, 200 level and 300 level students as well as the teachers. To obtain the students who participated in the study, ten percent (10%) of the students were randomly selected from year 1, 30% from year 2 and 60% from year 3 as the year 3 students are exposed to the programme for a longer period and are therefore in a better position to assess the relevance of the BNE programme. All the teachers present at the time of the administration of the instruments were selected. At the end, 700 students and 70 teachers were selected for the study.

Table 4 Names of BNE institutions selected for the study and their population.

Names of basic nursing institutions	Target Population	Sample
Ahmad Bello University Teaching Hospital Zaria,	170	110
College of Nursing Kafanchan	170	110
School of Nursing, St. Gerard's mission hospital Kaduna	170	110
School of nursing Abia state University Teaching Hospital Aba	170	110
School of nursing, Queen Elizabeth Hospital	170	110



Umuahia

School of nursing Amachara	170	110
School of nursing, Military hospital Yaba	170	110
Total	1,190	770

Table 4: has shown that the target population consists of 1,190 subjects while the sample consists of 770 respondents.

### 3.5 Research instruments used for the study

This refers to tools and devices used to elicit information which will assist in determining the success or failure of a programme, curriculum, project, etc. (Kolawole, 2009). In line with the purpose of this study, the following research instruments were specially designed by the researcher and used for the study:

- a. Structured Questionnaire (SQ)
- b. Structured interview schedule (SIS),
- c. Structured observation schedule (SOS),
- d. Checklist of BNE programme in Nigeria,
- e. Documentary study.

**Structured Questionnaire:** Basic nursing education evaluation questionnaire was designed by the researcher to gather information on the relevance of BNE programme in Nigeria in terms of the objectives of the programme, the entry characteristics of teachers and students, the content, the teachers' teaching competence, the facilities available, the effectiveness of the programme, the overall perception of its operation, the extent to which the programme is achieving its objectives, implementation strategies and constraints. The items on the questionnaire were sixty-two (62). The respondents were expected to react to the questions by agreeing or disagreeing with the items appropriately, as well as rating some of the items in order of importance with 4 as the most

important and 1 as the least important. Copies of the questionnaire were administered personally by the researcher to the respondents.

### **Structured Observation Schedule**

**Record of classroom observations:** The researcher adapted Baroda General Teaching competent scale to record classroom observations on the relevance of BNE Curriculum in Nigeria. The items adapted are as follows: Planning and preparation of lesson note, clarity of objectives, effectiveness of introduction , review of previous lecture, definition of terms, presentation, class management, winding up (summary and conclusion), sensitivity to the learners' needs and problems, teacher's appearance, personality, comportment and evaluation. A time frame was allotted to the accomplishment of each task which ranges from 5 to 30 minutes. The researcher rated the items in order of importance with 5 as the most important, the highest, excellent and efficient performance while 20 represents the least important, low, poor and inefficient performance and ticked as appropriate, her observations during the teaching learning process. Three teachers were observed in class from each of the seven schools of nursing used for the study making a total of twenty one teachers excluding the three teachers who participated in the pilot study.

### **Structured Interview schedule:**

Interview is the most commonly used method of data collection in qualitative studies. It usually complements the questionnaire. Interviews can be structured or open ended, and can be administered to individuals or group. Interviews are used to clarify any information given in a questionnaire or any statement made in response to items in the questionnaire.

The rationale for the structured interview was to seek correlation or disparity in the BNE curriculum questionnaire and the structured observation schedule. In this study, the interview instrument guide contained twenty item (20) questions which were completed by the researcher and the research assistants selected from the seven schools of nursing used for the study. The items sought information

relating to the respondents demographic characteristics, relevance of the objectives of the BNE curriculum, the entry characteristics of teachers and students, appropriateness of curriculum content, the scope, the sequence, credit units allotted to each course, teachers and students qualifications and the teachers teaching competence. to be precise.

**Checklist used for environmental assessment of basic nursing education programme.**A checklist is a two dimensional instrument in which the expected behaviour or competence is listed on one side and the degree to which behaviour meets the level of expectation is listed. The researcher designed checklist to asses BNE learning environment in terms of the availability, non-availability and adequacy of the items being assessed. The items on the checklist include: Library, Classroom, Teaching Aids, Demonstration room, Computer room, Provision for recreational activities. The researcher went round the premises of each of the basic nursing institution used for the study with a checklist and ticked as appropriate the availability, non-availability and adequacy of the items in the learning environment. The items are rated as follows: Availability 1, non-availability 0, Adequacy 2.

### **Documentary Studies**

Earl (2006) Steve (2005) defined documentary study as the study of recorded human communication such as books, websites, paintings and laws. In relation to this study, the researcher extracted data from official records from the various heads of departments of BNE programmes who participated in the study such as the school calendar of activities for each year, journals, newsletter, bulletins, memoranda and minutes of meetings. The documents were analysed to provide in-depth information on the BNE programme in Nigeria, in terms of its relevance, entry characteristics of teachers and students, content, the nature, variety, appropriateness of instructional materials, implementation strategies and constraints.

### **3.6 Validity of Research Instruments**

An evaluation exercise can only yield the desired results if the instrument used actually measures what it is supposed to measure. In view of this, the questionnaire, interview, observation schedules and instrument for quasi- experimental study were moderated by the researcher's supervisors and a statistician from University of Lagos, to ensure face, content and construct validity of the instruments. The experts examined carefully every item of the instruments from the under-listed perspectives:

1. The appropriateness and accuracy of the content of the instrument with reference to the research questions, hypotheses, purpose and review of literature.
2. The relevance of the content to the level of the respondents
3. Vague and ambiguous items
4. The readability and usability of the instruments

Based on their informed judgement, some items were modified, added and deleted from the instruments. For instance the year the nursing institutions were established, the location (urban or rural) among others were included in the questionnaire. The finally approved instruments were used for the study.

### **3.7 Reliability of Research Instruments**

To determine the reliability of the instruments, the researcher conducted a pilot study in one of the basic nursing institutions in Nigeria namely School of Nursing LUTH. The respondents consist of fifty students and eight teachers. The scores from test-retest were correlated using Crombach Alpha Coefficient (two-tailed) at 0.05 level of significance and the following correlation coefficient was obtained.

Table 5: Results of reliability test of research instrument used for the study.

<b>Instrument</b>	<b>Reliability Test</b>	<b>Statistical Tool</b>	<b>Scores Obtained</b>
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Teachers' Data	Test-Retest	Crombach's AlphaCoefficient	0.892
Students' Data	Test-Retest	Crombach's AlphaCoefficient	0.864

**Source: Researcher's field survey, 2013.**

Table 5: show that the values obtained from the reliability test of the instruments are high enough to attest to the fact that the instrument is reliable.

### **3.8 Administration of the Research Instruments**

The instruments were administered to the respondents by the researcher personally. The 770 copies of the questionnaire administered were correctly filled and returned representing 100% return.

In collecting the data for the study, the researcher recruited and trained seven research assistants to assist in the data collection. The training lasted for two weeks. The assistants were trained in the area of coding of the responses from the respondents. The seven research assistants selected were fluent in English, Igbo, Hausa and Yoruba languages. The administration of instruments lasted for two months.

### **3.9 Data Analysis Technique**

The research questions were analysed descriptively using mean, and standard deviation .The null hypotheses were tested using Univariate Analysis of variance between people, within people and between items at an alpha level of 0.05. Factor analysis was employed to identify the major factors militating against the effective implementation of BNE programme in Nigeria. Observed data and data obtained from structured interview schedule were qualitatively analysed.

### **3.10 THE PILOT STUDY**

The pilot study was carried out in the School of Nursing, Lagos University Teaching Hospital, Idi Araba, Lagos State. Fifty eight respondents participated in the pilot testing of the research instruments by providing answers to the questionnaire and interview schedule while three teachers were observed in the classroom during the process of teaching and learning.

#### **The objectives of the Pilot Study were to:**

1. test the validity, reliability, workability and the usability of the research instruments. It's focus was to:
2. test the hypotheses formulated for the study based on the data collected from School of Nursing, Lagos University Teaching Hospital, Idi Araba, Lagos State which was a smaller but identical sample comparable to the ones for the main study.
3. further test the reliability coefficient of the instruments which were obtained at 0.892 and 0.864 respectively using Crombach Alpha correlation coefficient;
4. test the workability and adequacy of the design of the study within BNE programme in its natural setting, isolate the weaknesses identified in the design and introduce appropriate corrective measures before conducting the main study; and
5. provide ideas, approaches and clues not for seen prior to the pilot study.

In summary, the objectives of the pilot study was to assess the effectiveness of the BNE curriculum in meeting the needs of the students, the teachers and the society; test the appropriateness of the research instruments, the hypotheses formulated, research procedures and processes; collect preliminary data; assess the proposed data analysis techniques to uncover potential problems; modify or re-scale research questions based on the data collected, .

#### **Procedure for the Pilot Study**

The under listed procedures were adopted to improve the internal validity of the research instruments:

- The research instruments were administered to the pilot subjects in exactly the same way as they would be administered in the main study
- Pilot subjects were asked for their opinion on the questionnaire to identify difficult and ambiguous questions
- Ten percent (10%) of the subjects were selected from year one, 30% from year two and 60% from year three respectively and few from year one student nurses. This is because the researcher considered the years 2 and 3 categories of students to have had more exposure to the BNE curriculum than 100 level students and were therefore in a better position to give more valid responses on the merits and demerits of the BNE Curriculum in Nigeria.

### 3.11 Results of the Pilot Study

Table 6: Demographic Data of Respondents	Teachers	Students
No. of subjects who participated in the study	8 (100%)	50(100%)
Gender:		
Male-----	1	1
Female:-----	7	49
Age distribution of subjects (in years)		
21-25-----	7	
26-30-----	7	49
36-40-----	7	4
50 and above-----	7	
Institutions Attended		
UNIBADAN-----	1	
UNILAG-----	1	
UNICAR-----	1	
ABU-Zaria-----	1	
LAUTECH Ogbomosho-----	2	
OPEN University-----	2	
Educational Qualifications /Certificates Obtained		
B.Sc.-----		
M.Sc.-----	7	
B.Ed-----	1	
M.Ed-----	3	
HND-----	2	
OND-----	3	3
WAEC	.....	50
Job Experience		
1-4 years-----	5	
11-15 years-----	1	
16-20 years-----	2	

Table 6:revealed that all the teachers who participated in the study are degree holders. Five 5(6.3%) out of the eight teachers who participated in the study lack adequate teaching experience.

### **3.11.1 RESEARCH QUESTIONS**

The results of the eight questions raised in this study are summarised as follows:

1. Basic nursing education programme lack clearly defined statement of objectives and failed to incorporate emerging health issues.
2. The entry characteristics of teachers and students into BNE programme fall below the stipulated entry requirements.
3. BNE curriculum content is inadequate in terms of coverage, logical sequence and articulation of topics. It also failed to incorporate emerging health issues and new courses such as Nursing informatics, Biochemistry, Safety and Security education, the coding system and credit units lack clarity.
4. The students' perception of the teachers' performance in class is not encouraging. They stated that some of their teachers lack basic skills and knowledge to cope with the tasks and challenges encountered on the job.
5. Instructional materials are grossly inadequate, obsolete and not effectively utilized.
6. BNE programme is dominated by females
7. The major constraints to the effective implementation of BNE programme in Nigeria include: lack of facilities, BNE curriculum has not been evaluated since its inception in (2001) to establish its strengths, weaknesses and to incorporate emerging health issues, among others.

### **3.11.2:Interview Results**

#### **Summary of teachers' responses:**

The eight teachers who participated in the study stated that:



1. Basic Nursing Education (BNE) curriculum in Nigeria is relevant and appropriate in meeting the needs of the students, teachers and the society but failed to incorporate emerging health issues and new courses.
2. The content, scope and logical sequence were adequate except for a few duplicated courses e.g. disaster seen in both foundations of Nursing and Medical-Surgical Nursing.
3. Pharmacology should be taught by experts in that field of study so that the students will be well exposed and benefit maximally from the growing fields of knowledge.
4. BNE programme in Nigeria is not truly into course unit system. The coding system lack clarity. The courses are coded GNOO1,GN OO2 and GN 003 representing 100, 200,and 300 level courses. The credit units are basically used to guide the allocation of contact hours.
5. Teachers-student ratio generated a lot of arguments. Some said it is adequate and in line with UNESCO standard of 1:25, others said no. the ratio is 1:50, 1:55, and 1:43.
6. Paper qualification and nomenclature:Thecertificate Registered Nurse (RN) awarded to the products of BNE programme in Nigeria creates considerable problems for nurses seeking admission into tertiary institutions and in the industries as the certificate cannot be quantified.  
  
Some of the teachers stated that BNE programme should be evaluated, updated and be brought in line with what is obtainable in circular education system e.g. OND, HND as the case may be. Others argued that BNE programme should be upgraded to a degree awarding institution to lay to rest the long standing problem of BNE certificate in Nigeria.
7. Staff welfare: Many of the teachers stated that their salary is good but not commensurate with their workload. There is still room for improvement e.g. more opportunity should be provided for teachers to attend seminars and workshops to update their knowledge and skills to cope with the challenges of the times.

**Summary of students' responses:** The student nurses stated that:

1. BNE curriculum in Nigeria is relevant and appropriate in meeting the needs of the students and the society but does not include emerging health issues.
2. The content is fairly adequate but overloaded and fails to incorporate emerging health issues and new courses.
3. The scope is good theoretically but in practice, there are no facilities to cover the areas it is intended to cover e.g. computer education – nursing informatics – tele-nursing, and tele-health.
4. The logical sequence is inadequate because of team teaching and swapping of lecture periods by the teachers thus disrupting sequence.
5. BNE programme is not fully into course credit system.
6. The contact hours specified is not strictly adhered to as lectures do last up to 9pm which is stressful, unbearable and dangerous to the health of the students.
7. The students argued that some of their teachers are competent, in computer operations and do deliver their lectures with their laptops and overhead projector while some others are not, especially the newly employed teachers.
8. Teacher student ratio is 1:50, 1:43.
9. Obsolete courses: courses like child nutrition, integrated mother and child health illness should be expunged from the BNE curriculum or be merged with other courses like paediatrics.
10. New courses to be incorporated: computer education (ICT); Biochemistry to give a broader view of pharmacological aspect of nursing as well as educational courses such as communication in English, guidance and counselling should also be incorporated into BNE curriculum to build in co-alitions.

11. Courses to be re-named. Behavioural science should be substituted with psychology, sociology to modernise the name and to give it focus and direction.
12. Paper Qualification and nomenclature was identified as a major challenge confronting the implementation of BNE programme in Nigeria. Others include; hike in school fees, frequent interruption of lectures to fill in the manpower need in the clinical area without pay and so much time spent in sport activities affect the students' academic performance and should be reduced.
- 13 Motivation: The student demanded for payment of salaries during their clinical posting no matter how little it may be since they are the ones who do most of the jobs in the hospital wards, and are exposed to nosocomial infection.
14. BNE programme in Nigeria is quite interesting; it has equipped them with nursing competencies to face future challenges.
15. Some of the products of BNE programme easily get employment their performance on the job is satisfactory.

### 3.11.3 STRUCTURED OBSERVATION SCHEDULE

**Table 7: Analysis of classroom observations using adaptation from BARODA General Teaching Competence Scale**

OBSERVED CLASSROOM COMPETENCE		TEACHERS' PERFORMANCE SCORES(3teachers)			
SN		1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	TOTAL
1	Effectiveness of introduction	5	5	5	15
2	Clarity of objectives	5	5	5	15
3	Stance and voice	5	5	5	15
4	Aptness of teaching method	4	4	4	12
5	Classroom management	4	4	4	12
6	Use of teaching notes	5	5	5	15
7	Question/Answer technique	4	4	4	12
8	Students participation	4	4	4	12
9	Chalkboard effectiveness	2	2	2	6
10	Audio-visual effectiveness	2	2	2	6
11	Maintenance of interest	5	5	5	15
12	Development of study skills	-	-	-	-
13	Effectiveness of summary and Evaluation.	5	5	5	15
14	Planning and preparation. Organized materials in a logical sequence use relevant content materials.	4	4	5	13
15	(a) Objectives of the lesson were clearly identified.	4	4	4	12
16	(b) content selected appeared appropriate	4	4	4	12
17	(c) Content selected was properly organized and sequenced.	4	4	4	12
18	(d) Audio-visual materials chosen were appropriate, adequate and necessary for attaining the objectives and well utilized.	2	2	3	7
19	(e) Students' progress in terms of objectives of the lesson was checked.	2	2	2	6
20	(f) Students' difficulties in understanding a concept or a principle were diagnosed through step-by-step questioning and suitable remedial measures were undertaken.	5	4	5	14
Total		75%	74%	77%	218

#### KEY

<b>Excellent</b>	<b>5</b>
<b>High</b>	<b>4</b>
<b>Medium</b>	<b>3</b>
<b>Low</b>	<b>2</b>
<b>Poor</b>	<b>1</b>

Table 7: Distribution of Classroom Competence and Observed Teachers Performance Rating. Average mean score 15/5. Any item that has a score of 3.0 and above is taken as a positive response. Any item that has score below 3.0 is considered a negative response.

Table 7 above presents cumulative analysis of the teachers' performance and interaction with the learners in the classroom. Total score of 210. Average  $225/20 = 11.25$ . Going by this weighted score, the teachers over all performances were above average represented by the score 11.3.

Their performance was best in effectiveness of introduction, clarity of objectives, content selection, organization and logical sequence, questioning technique etc but most of the time questions were not evenly distributed to the students in the classroom. The teachers' performance was low in the use of the chalkboard, provision and effective utilization of Audio-visual materials.

### 3.11.4 Checklist Result

Table8: Checklist used for the assessment of the adequacy of BNE programme instructional materials

Item	Availability	Adequacy
Classroom	Present	Spacious but not digitalized
Teaching Aids	Present	Obsolete, not effectively utilized, no cadaver
Demonstration room	Present	Not spacious to contain 50 or more students during practical sessions ,poorly ventilated considering the class size
Computer room	Present	Few functional computers, no computer operators, to guide the learners, does not open 24hours.
Library	Present	Contains few current books and journals, not Spacious
Students' hostel	Present	Buildings-standard, well ventilated.
Provision for recreational activity	Present	There are provisions for sport activities and in-door games..

Table8:revealed that BNE teaching aids are obsolete, there are no cadavers to enhance academic work.

The Computer room contains few functional computers, has no computer operators to guide the learners, it

does not open 24hours.The library contains few current books and journals, not spacious and can best be described as a reading room.

**3.11.5 Documentary studies result revealed** a wide gap between the required and the released funds, a lack of financial autonomy. Some of the teachers from North Central State basic nursing schools are not degree holders. BNE curriculum is long overdue for evaluation to incorporate emerging health issues.

### **3.11.6Testing Research Hypotheses**

Eight research questions were raised and eight hypotheses were tested using Univariate Analysis of Variance.

#### **Hypothesis One**

There is no significant difference in the views of teachers and students, on the conduciveness of basic nursing education learning environment to enhance quality teaching and learning.

**Table9:Conduciveness of basic nursing education learning environment to enhance quality teaching and learning**

Source	N	Mean	SD	t	Sig(p.val)
Teacher	8	2.81	0.55	-4.9	0.000
Student	50	3.23	0.44	4.97	

P<0.05, N=58

Table 9 indicates that there is a significant difference between the responses of teachers and students on theconduciveness of basic nursing education learning environment to enhance quality teaching and learning. Sig p. value .000<0.05. Mean response for teachers 2.81, students 3.23. The null hypothesis is therefore rejected.

#### **Hypothesis Two**

There is no significant difference in the opinion of teachers and students on the relevance of the objectives of basic nursing education curriculum in Nigeria in meeting the needs of the students, the teachers and the society.

**Table 10:Relevance of the objectives of basic nursing education curriculum in Nigeria**

Value Label	N	Mean	Std	Sig
Teachers	8	3.61	.08	.000
Students	50	3.29	.03	

Significance .000<0.05, N = 58

Table 10: Univariate analysis of variance indicates clearly that there is significant difference between the opinion of teachers and students on the relevance of the objectives of Basic Nursing Education curriculum in Nigeria. SigP.value .000<0.05. Mean for teachers 3.61, students 3.29. The null hypothesis is therefore rejected.

### Hypothesis Three

There is no significant difference in the perception of teachers and students on the adequacy of the entry requirements of both teachers and students into BNE programme in Nigeria.

**Table 11:Adequacy of the entry requirements for teachers and students into BNE programme**

Value Label	N	Mean	Std	Sig (p)
Teachers	8	3.63	.22	.49
Students	50	3.46	.09	

Significance .000<0.05, N = 58

Table 11 shows that the teachers and students are of the same view that the entry requirements into BNE programme is adequate. Sig p..49>0.05. The null hypothesis is therefore accepted.

### Hypothesis Four

There is no significant difference in the views of teachers and students on the adequacy of the BNE curriculum content.

**Table.12:Adequacy of BNE curriculum content**

Value Label	N	Mean	Std	Sig(p)
Teachers	8	3.46	.19	.23
Students	50	3.36	.08	

Table.12 depicts the computed p.value of .23 > 0.05. Hence, the researcher concludes that there is no significant difference in the views of both teachers and students on the adequacy of the BNE curriculum content. The null hypothesis is therefore accepted.

### **Hypothesis Five**

There is no significant difference in the opinion of teachers and students on the adequacy of the instructional materials.

**Table. 13:Adequacy of Instructional Materials.**

Value Label	N	Mean	Std	Sig(p)
Teacher	8	3.50	.09	.44
Students	50	3.48	.04	

Table 13 indicates that the teachers and students are of the same view that the instructional materials are adequate. Sig p .44 > 0.05. Thus the null hypothesis is accepted.

### **Hypothesis Six**

There is no significant difference in the perception of teachers and students on the competence of teachers in coping with the tasks and problems encountered on the job.

**Table 14: Teachers teaching competence**

Value Label	N	Mean	Std.	Sig (p-Value)
Teachers	8	3.568	.074	.44
Students	50	3.487	.029	

Table 14 depicts the computed p-value of .44 > 0.05. Hence, the researcher concludes that there is no significant difference in the perception of both teachers and students on the competence of teachers in coping with the tasks and problems encountered on the job. In effect, the null hypothesis is accepted.

### **Hypothesis Seven**



There is no significant difference in the opinion of teachers and students on the major factors militating against the effective implementation of BNE curriculum in Nigeria.

**Table 13:Major factors militating against the effective implementation of BNE curriculum in Nigeria**

Factor Analysis extracted five major factors militating against the implementation of BNE programme in Nigeria from the teacher's responses.

**Teachers' responses:**

S/N	Factors	Values
1.	There is lack of functional computers to accelerate academic work	(.802)
2.	There is problem of under- funding	(.894)
3.	The curriculum has not been evaluated since its inception in 2001.	(.776)
4.	Contact hours specified in the curriculum are often not provided in the time table.	(.801)
5.	Basic Nursing Education curriculum is prepared by curriculum planners who are non-teaching staff	(.853)

Table 13 revealed that out of the 16 items stated on the questionnaire, Principal Component Analysis identified the above stated five (5) major factors as constraints to the effective implementation of BNE programme in Nigeria.

**Table14:Students Responses**

Five major components were extracted from the students' responses. These include:

S/N	Factors	Value
1.	Some of the graduates of BNE programmes do not easily get employment	(.806)
2.	There is lack of functional computers to accelerate academic work	

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	(.735)
3. There is lack of properly equipped Library with current books, journals, magazines, newspapers etc	(.680)
4. There are relevant courses that need to be incorporated into the BNE curriculum to meet up with the challenges of the times	(.757)
5. The curriculum has not been evaluated since its inception in 2001.	(.750)

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Table 14:revealed that students, out of the 16 items stated on the questionnaire, Principal Component Analysis identified five (5) major factors militating against the effective implementation of BNE programme in Nigeria as shown in table 16.

### **Hypothesis Eight**

There is no significant difference in the opinion of teachers and students on the effectiveness of enhanced BNE intervention package to improve and sustain basic nursing education programme in Nigeria.

Table 15:Enhanced intervention package and improvement of basic nursing education programme in Nigeria.

Value Label	N	Mean	Std.	T	Sig (p-Value)
Teachers	46	3.057	0.36	-.05	0.96
Students	27	3.060	0.37	.05	

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Table 15 has shown that there is no significant difference in the perception of teachers and students on the effectiveness of enhanced intervention package to improve and sustain basic nursing education programme in Nigeria. Mean response of teachers 3.06 and students 3.06. Sig p is .96> 0.05. The hypothesis is therefore accepted.

### 3.11.6 Discussion of Findings from the Pilot Study

The findings of the pilot study revealed that there are short falls in the BNE curriculum in Nigeria that has to be filled. These include:

1. **The objectives of the BNE curriculum in Nigeria, 2001** is grossly inadequate as it fails to include emerging issues such as computer education, Nursing Informatics-Tele Nursing, Tele Health, HIV &Aids etc.
2. **Entry requirements** into BNE programme lack clarity and focus. It stipulates five credits in English Language, Biology,Chemistry or Health 6Education in not more than two sittings, instead of five credits in English Language, Mathematics, Biology, Chemistry and Physics. The teachers and students entry characteristics are adequate but the newly employed teachers do not have enough teaching experience.
3. **Adequacy of BNE Curriculum content.** There is problemof overloaded curriculum which failed to include emerging issues such as ICT,Tele-Medicine, Tele-Health, HIV &AIDS, etc.
4. **Instructional Materials.** No Cadaver for practical demonstrations. There is insufficient computers, obsolete instructional materials e.g.lack of modern sphygmomanometer for practical sessions, poor quality of the white board. Demonstration room is not spacious and poorly ventilated.
5. **Teaching Methodsand Techniques.** Lecture method was predominantly used in the classroom whereby the teachers did most of the talking while the students listened and did jot down notes. Some of the teachers teaching technique is autocratic.
6. **Logical Sequence.**Different lecturers handling different aspects of a course do come in at any time to deliver lectures on any topic of their choice thereby disrupting sequence.

7. **Teachers teaching competence.** Some of the teachers are competent in handling the tasks and problems encountered on the job as well as in computer operations while majority are not. Most of the teachers hardly write on the white board.
8. **Credit Units (work load).** Credit units are used to allocate contact hours to the subjects. There is nothing like Grade Point Average(GPA), First class, Second class and Third class.
9. **Obsolete courses to be expunged from the BNE curriculum** include Child Nutrition Integrated mother and child illnesses.
10. **Courses to be re-named.** Behavioural Science should be substituted with Psychology and Sociology to modernise the name and to give it focus and direction.
11. **Courses to be incorporated** into the BNE curriculum include: Computer education-Nursing Informatics, Tele-Nursing, Biochemistry to give a broader view of pharmacology, legal aspect of nursing.
12. **Inbuilt Evaluation package:** There is scanty inbuilt evaluation into the BNE curriculum which states; Evaluation Process- principles, purpose importance and evaluation techniques, it did not go beyond that. The findings of this study has not revealed that a serious effort has been made at any time to evaluate each segment of the BNE curriculum to ensure that it is still relevant in meeting the needs of the students, the teachers and the society. Instead, the curriculum was reviewed once in a while with addition of new topics, pieces of information and new objectives-(copy and paste). To buttress this fact, Nursing Process, Principles of Management, Research project writing were introduced into the BNE curriculum when it was last reviewed in 1993 which gave birth to the 2001 curriculum under investigation. (Zakari, 2006:)

13. **Factors militating against effective implementation of BNE curriculum.** Lack of funds to purchase new instructional materials e.g. computers, cadaver and also enrich the library with current books and journals and to employ enough qualified teaching staff.
14. **Seminars and workshops.** The lecturers hardly attend seminars and workshops to update their knowledge.
15. **Underutilisation of the white board and instructional materials** were also observed.
16. **Paper qualification and nomenclature:** The certificate awarded after BNE programme Registered Nurse(RN) is neither equivalent to OND, NCE and HND. This creates considerable problems for nurses seeking for admission into institutions of higher learning and employment especially in the industries.

The summary of the findings from the pilot study centre on infrastructural update, deletion of obsolete courses, incorporation of emerging issues, improvement of the teachers, teaching competence, financial support and quantification of the BNE certificate. From the foregoing, it has become imperative that the existing BNE curriculum in Nigeria should be restructured to meet the contemporary needs of the students, teachers, and the society to fit into the circular educational system and HND certificate should be awarded after successful completion of the BNE programme. Furthermore, the respondents (teachers and students) posit that the (2001) BNE curriculum in Nigeria reflect depth, appropriateness and interrelatedness of the curriculum contents, but failed to include emerging issues such as computer Education, Biochemistry, cultural sensitive care, safety and security in the work place, principles and methods of teaching, Guidance and counselling, communication in English, legal aspect of nursing practice among others.

### **3.12 Implications of the pilot study on the main study**

The pilot study as a yardstick to determine how feasible the main study will be has revealed useful information which helped to improve the instruments and the analysis of data in the following ways:

- a) It has given a lot of insight into the rigours that will be involved in the main study.
- b) A reasonable degree of confidence was achieved in the efficacy and the appropriateness of the survey and quasi-experimental research designs
- c) The pilot study confirmed the reliability of the Baroda General Teaching Competent Scale adapted for the study
- d) There was improvement on the quality of the research questions by the introduction of additional items on the major challenges militating against the implementation of BNE programme in Nigeria and how these implementation constraints can be converted to implementation facilitators.
- e) There was allocation of less time interval to the period of administration and collection of the questionnaire to improve rate of return.

Six main results were reported from the pilot study which led to the modifications in the research questions. This include: factors affecting the effective implementation of BNE programme in Nigeria. One hypothesis was also added to the sevenhypotheses that was pilot tested -the conduciveness of the BNE learning environment.

## CHAPTER FOUR

### DATAPRESENTATION AND RESULTS

**Introduction:** This chapter focuses on presentation of data generated in the main study namely: Demographic data, research questions,interview, observations, hypotheses testing, check list and documentary analysis. It also interprets the results obtained and draws some useful conclusions from them.

#### Presentation of Data and Results

##### 4.1Demographic Characteristics of Respondents

**Table 16: Number of Subjects who participated in the study, their qualifications and gender**

**able 4.1:Distributions of the respondents by gender and qualifications**

Sex	Students		Teachers	
	Frequency	Percentage	Frequency	Percentage
Male	70	10	20	28.6
Female	630	90	50	71.4
<b>Total</b>	<b>700</b>	<b>100</b>	<b>70</b>	<b>100</b>
<b>Qaulification</b>				
WASC	700	100%	-	-
Diploma (RNT)	-	-	2	2.85
B.Nsc	-	-	18	25.71
B.Sc	-	-	10	14.28
M.Sc	-	-	20	28.57
Ph.D	-	-	20	28.57
<b>Total</b>	<b>700</b>	<b>100%</b>	<b>70</b>	<b>100.0</b>

The data in table 16 indicate clearly that 70 teachers and 700 students participated in the study. The teachers consist of 20 male (28.6%) and 50 female (71.4%). Students comprised 630 female and 70 male. Table 16 has further revealed that many of the teachers who participated in the study are degree holders while 2representing (2.85%) have diploma in nursing education. All the students have West African School Certificate.(700) representing (100%)

#### 4.1.1 Age Distribution of Respondents

Table 17: Age Distribution of students

Age distribution of students	Frequency	Percentage
(16-20) Years	150	21.42
(21-25) Years	300	42.86
(26-30) Years	150	21.42
(31-35) Years	60	5.14
(36-40) Years	39	5.57
(51 and above) Years	1	0.14
Total	700	100.00

Table 17 revealed that the age distribution of students revealed that 150(21.42 %) of them are within ages (16-20)years, 300(21-25) years of age, 150 (21.42 %) were within ages (16-20) years while 60 respondents were within ages31-35years.

#### 4.1.2 Job Experience of the Respondents

Table 18: Job Experience of the Teachers

Job Experience	Frequency	Percentage
1-4 years	20	28.57
5-10years	30	42.85
11-15years	10	14.29
16-20years	5	7.14
20 years and above	5	7.14

Table 18 has shown that many of the teachers who participated in the study have taught for more than ten years 10 representing (14)



### 4.1.3 Gender Distribution of Respondents according to Institutions

Table19: Gender distribution of respondents

	Teachers	Students	Total
SON Military			
Male	6	33	39
Female	4	67	71
SON BSUTH			
Male	1	4	5
Female	9	96	105
SON Umuahia			
Male	0	2	2
Female	10	98	108
SON Amachara			
Male	1	3	4
Female	9	97	106
SONABU Zaria			
Male	4	2	6
Female	6	98	104
SON Gerards			
Male	3	9	12
Female	7	91	98
SON Kafanchan			
Male	5	12	17
Female	5	88	93
Total	70	700	770
Male	20	70	90
Female	50	630	680

Table19 has shown that there are more females in the seven institutions which participated in the study with a total of 630 females and 70 males. However SON Military Hospital Yaba has the highest number of males (33).

### 4.1.4 Institutions Attended

Table 20:Distribution of the respondents by Institutions Attended

Institutions Attended	Frequency	Percentages
University of Ibadan	30	28.57
University of Nigeria Nsukka	20	42.85
University of Calabar	10	14.29
Ahmadu University Zaria	5	7.14
Laudoke Akintola University Oshogbo, Osun State	5	7.14

Table 20 indicates clearly that many of the teachers who participated in the study are graduates from the University of Ibadan<sup>30</sup> (28.57%) and University of Nigeria Nsukka (42.85%).

#### 4.1.5 Basic nursing education institutions used for the study and their characteristics

Table 21: Basic nursing institutions used for the study

S/N	Geo politic al zone	Name of institution	Types of Institution subjects who participated in the study					Location		YearNo of Established
			Federal	State	Mission	Military	Total	Urban	Rural	
1.	NC	SONABUTH ZARIA	*				1	*		1967
2	NC	SON ST GERARD'S KADUNA			*		1	*		1965
3	NC	CON KAFANCHAN		*					*	1989
4.	S.E	SON ABSUTH ABA		*			1	*		1948
5.	S.E	SON UMUAHIA		*			1	*		1955
6.	S.E	SON AMACHARA		*			1		*	2000
7.	S.W	SON Nigerian Army, Yaba				*	1	*		1987
<b>Total</b>			<b>1</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>7</b>	<b>5</b>	<b>2</b>	

Table 21 revealed that seven basic nursing institutions were used for the study. Federal 1, State 4, Mission 1, Military 1. Five of the institutions are located in the urban area while 2 are in the rural area. The oldest of them all is School of Nursing, Abia State University Teaching Hospital Aba, which was established in (1948). The youngest institution was School of Nursing Amachara, established in the year 2000.

## 4.2 ANALYSIS OF RESEARCH QUESTIONS

### RESEARCH QUESTION ONE

How conducive is the basic nursing education learning environment to enhance quality teaching and learning?

Table 22: Conduciveness of the BNE learning environment

S/N STATEMENTS	SON ZARIA	ABU KAFAN CHAN	SON GERALDS	St. ABUTH ABA	SON UMUAHI A	SON AMACHARA	SON NIG ARMY LAGOS	TOT AGR	TOT DIS							
1. The state of the infrastructure and facilities																
such as school buildings, transportation, water	9	11	11	23	21	22	32	3	10	9	-	9	29	20	138	97
supply ,electricity, library is inadequate	2.82	3.45	3.45	7.21	6.58	6.89	10.03	0.9	3.13	2.82	26	2.82	9.09	6.26	43.26	30.40
2.The instructional materials are available and	15	8	19	23	35	12	35	0	19	1	33	4	46	5	53	202
current	4.70	2.51	5.95	7.21	10.97	3.76	10.97	0.0	5.95	0.31	10.34	1.25	14.42	1.57	16.61	63.32
3.The instructional materials are adequately	18	4	2	21	37	9	35	0	20	0	34	3	46	5	42	192
utilised to enhance academic work	5.64	1.25	0.63	5.58	11.59	2.82	10.97	0.0	6.27	0.0	10.66	0.9	14.42	1.59	13.17	60.19

Table 22 revealed that BNE learning environment lacks the basic facilities to enhance academic work. The respondents from College of Nursing Kafanchan and Military School of Nursing opined that the state of the infrastructure and instructional materials is grossly inadequate. The Respondents from School of Nursing, Abia State University Teaching Hospital stated that the instructional materials are not available.

## RESEARCH QUESTION TWO

To what extent are the objectives of the basic nursing education (BNE) programme in Nigeria relevant in meeting the needs of the students, the teachers and the society?

**Table 23 Relevance of BNE programme objectives to the needs of the learners and the society**

Table 25: Relevance of BNE programme objectives to the needs of the learners and the society																	
S/N	STATEMENTS	SON ZARIA	ABU	CON KAFANCHAN	SON GERALDS	St.	SON ABUTH ABA	SON UMUAHIA	SON AMACHARA	SON ARMY LAGOS	NIG					TOT AGR	TOT DIS
		A	D	A	D	A	D	A	D	A	D	A	D	A	D		
1	You have attended a training Programme in Basic Nursing Education	21	3	35	6	42	5	26	6	17	5	32		40	6		
		6.58	0.9	10.97	1.88	13.1	1.57	8.15	1.88	5.33	1.57	10.0	2	12.54	1.88	213	33
2	Basic Nursing induction curriculum in Nigeria has no clearly stated objectives	19	5	38	2	47	0	31	3	22	0	29	1	42	5		
		5.95	1.57	11.9	0.63	14.7	0.0	9.72	0.94	6.89	0.0	9.09	0.31	13.17	1.57	228	16
3	Basic Nursing Education (BNE) curriculum objectives are not suitable to the level of the learners	15	6	32	10	41	7	30	5	20	2	29	1	47	5		
		4.70	1.88	10.03	3.13	12.8	2.19	9.40	1.57	6.27	0.63	9.09	0.31	14.7	1.57	214	36
4	The objectives are measurable	18	5	30	9	38	10	31	5	22	0	28	3	44	4		
		5.64	1.57	9.40	2.82	11.9	3.13	9.72	1.57	6.89	0.0	8.78	0.9	13.79	1.25	66.14	11.28
5	The objectives are attainable	19	4	32	6	37	8	28	7	20	1	27	4	42	6		
		5.59	1.25	10.03	1.88	11.6	2.51	8.78	2.19	6.27	0.31	8.46	1.25	13.17	1.88	205	36
6	The objectives are not adequate in meeting the needs of the learners and the society	13	10	30	9	38	11	33	2	21	1	34		48	3		
		4.08	3.13	9.40	2.82	11.9	3.45	10.34	0.63	6.58	0.31	10.6	5	15.05	0.9	68.03	12.85

Table 23: revealed that majority of the respondents 228 (71.5%) are of the view that basic nursing education curriculum objectives are clearly stated, measurable 211 (66.14%) respondents, attainable 205 (64.26%) respondents, suitable to the level of the learner 214 (67.08%) respondents but not adequate in meeting the needs of the students and the society 217 (68.03) participation.

### RESEARCH QUESTION THREE

**To what extent are the students and teachers entry characteristics into basic nursing education programme in Nigeria adequate?**

**Table 24: Adequacy of the teachers and students entry requirement into basic nursing education programme.**

S/N	STATEMENT	SON ZARIA	ABU	SON KAFANCHAN		SON GERALDS		St. ABUTH ABA		SON UMUAHIA		SON AMACHARA		SON ARMY LAGOS		NIG	TOT AGR	TOT DIS
		A	D	A	D	A	D	A	D	A	D	A	D	A	D			
1	The teachers do not have the required entry requirements of B.NSc and M.Sc Nursing	23 7.21	1 0.31	21 6.58	19 5.95	43 13.48	4 1.25	35 10.97	0 0.0	18 5.64	0 0.0	32 10.0	2 0.63	46 14.42	8 2.51		<b>218</b> <b>68.30</b>	<b>34</b> <b>10.65</b>
2	The students possess the stipulated entry requirement, of West African School Certificate with five credits in English language, Mathematics, Chemistry, Biology and Physics.	19 5.96	5 1.57	18 5.64	20 6.27	29 9.09	17 5.33	32 10.03	0 0.0	19 5.96	4 1.25	31 9.72	8 2.51	43 13.48	10 3.13		<b>191</b> <b>59.87</b>	<b>64</b> <b>20.06</b>

Table 24 shows that many of the respondents stated that both teachers and students entry characteristics into basic nursing education programme falls below the stipulated entry requirement. Teachers 218 (68.3%) Students 191 (59.87%).

## RESEARCH QUESTION FOUR

**How adequate is the BNE curriculum content in terms of logical sequence and meeting the needs of the students and the society?**

**Table 25: Adequacy of BNE curriculum content**

S/N	STATEMENT	SON ABU ZARIA		SON KAFANCHANG		SON St. GERALDS		SON ABUTH ABA		SON UMUAHIA		SON AMACHARA		SON NIG ARMY LAGOS		TOT AGR	TOT DIS
		A	D	A	D	A	D	A	D	A	D	A	D	A	D		
1	BNE curriculum content is not adequate in terms of coverage, logical sequence and articulation of topics.	16	6	20	21	35	11	30	2	16	2	33	8	47	6	<b>197</b>	<b>56</b>
		5.02	1.88	6.27	6.58	10.97	3.45	9.40	0.63	5.02	0.63	10.3	2.51	14.47	1.88	<b>61.76</b>	<b>17.55</b>
2	There are obsolete courses to be expunged from the curriculum	16	6	20	21	35	11	30	2	16	2	33	8	47	6	<b>197</b>	<b>56</b>
		5.02	1.88	6.27	6.58	10.97	3.45	9.40	0.63	5.02	0.63	10.	2.51	14.47	1.88	<b>61.76</b>	<b>17.55</b>
3	There are emerging health issues to be integrated into the BNE curriculum to enrich it.	19	5	18	20	29	17	32	0	19	4	31	8	43	10	<b>191</b>	<b>64</b>
		5.96	1.57	5.64	6.27	9.09	5.33	10.0	0.0	5.96	1.25	9.72	2.51	13.48	3.13	<b>59.87</b>	<b>20.06</b>
4	There is logical sequence in the curriculum content.	18	14	28	9	35	9	27	6	20	1	19	1	45	3	<b>192</b>	<b>43</b>
		5.64	4.39	8.78	2.82	10.97	2.82	8.46	1.88	6.27	0.31	5.96	0.31	14.11	0.9	<b>60.19</b>	<b>13.48</b>

Table 25 BNE curriculum content is not adequate in terms of coverage, logical sequence and articulation of topics. There are obsolete courses to be expunged from the curriculum There are emerging health issues to be integrated into the BNE curriculum to enrich it. There is logical sequence in the curriculum content.

## To what extent are the instructional materials adequate in enhancing quality teaching and learning?

Table 26: Adequacy of BNE instructional materials

S/N	STATEMENTS	SON ZARIA	ABU ZARIA	SON KAFANCHAN	St. GERALDS	SON ABUTHABA	SON UMUAHIA	SON AMACHARA	SON NIG ARMY LAGOS	TOT AGR	TOT DIS						
1	BNE Programme has no properly equipped library with current text books, nursing journals and magazines to enhance academic work	13 4.08	9 2.28	26 8.15	12 3.76	32 10.03	10 3.13	23 7.21	8 2.51	8 2.51	8 2.51	26 8.15	9 2.82	42 13.17	12 3.76	170 53.29	68 21.32
2	There is no standby generating plant for regular electricity supply.	13 4.08	8 2.51	28 8.78	11 3.45	21 6.58	26 8.15	23 7.21	8 2.51	13 4.08	3 0.9	27 8.46	9 2.82	35 10.97	14 4.39	160 50.16	79 24.76
3	There are no functional computers to accelerate academic work.	13 4.08	9 2.28	26 8.15	12 3.76	32 10.03	10 3.13	23 7.21	8 2.51	8 2.51	8 2.51	26 8.15	9 2.82	42 13.17	12 3.76	170 53.29	68 21.32
4	The laboratory and technical workshop are adequately equipped.	15 4.70	7 2.19	26 8.15	1 0.31	34 10.66	12 3.76	20 6.27	13 4.08	11 3.45	5 1.57	21 6.58	11 3.45	42 13.17	14 4.39	169 52.98	63 19.75
5	The classrooms are not spacious, not digitalised and not well ventilated.	10 3.13	11 3.45	26 8.15	1 0.31	22 6.89	15 4.70	18 5.64	12 3.76	7 2.19	10 3.13	11 3.45	16 5.0	31 9.72	21 6.58	125 39.18	86 26.96
6	Audio visual materials are adequate and well utilised to enhance teaching and learning	9 2.82	13 4.08	26 8.15	1 0.31	30 9.40	17 5.33	16 5.02	13 4.08	7 2.19	8 2.51	13 4.08	8 2.51	24 7.52	24 7.52	125 39.18	84 26.96

Table 26 shows that many of the respondents stated that BNE programme has no properly equipped library with current text books, nursing journals and magazines to enhance academic work 178(55.79%). There are no functional standby generating plant and computer to accelerate academic work 170 (53.29%). The classrooms are not spacious, not digitalised and not well ventilated. Audio visual materials are adequate but not well utilised to enhance teaching and learning 125 (39.18%).

## RESEARCH QUESTION SIX

How competent are the teachers in handling the tasks and challenges encountered during the process of teaching and learning?

**Table 27: Adequacy of the teachers' teaching competence**

S/N	STATEMENT	SON ABU ZARIA		SON KAFANCHANG		SON St. GERALDS		SON ABUTHABA		SON UMUAHIA		SON AMACHARA		SON ARMY LAGOS		NIG LAGOS	
		A	D	A	D	A	D	A	D	A	D	A	D	A	D	TOT AGR	TOT DIS
1.The teacher's Technique of introducing the lesson is not interesting and enthusiastic.		19	4	20	21	42	2	32	0	17	1	31	7	47	5	208	40
		5.95	1.25	6.27	6.58	13.17	0.63	10.03	0.0	5.33	0.31	9.72	2.19	14.73	1.57	65.20	12.54
2. Demonstrates skills in gaining and holding pupils attention.		15	5	21	19	39	5	30	2	14	4	30	5	41	11	190	51
		4.70	1.57	53.8	5.19	12.23	1.57	9.40	0.63	4.39	1.25	9.40	1.59	12.85	3.45	59.56	15.99
3.Encourages the learners to participate in classroom activities		21	2	24	17	42	5	32	0	17	1	34	3	48	3	218	31
		53.8	0.63	7.52	6.33	13.17	1.57	10.03	0.0	5.33	0.31	10.66	0.94	15.05	0.94	68.34	9.72
4.The teacher uses prompt and probes to enable pupils arrive at the appropriate answer		19	5	18	20	29	17	32	0	19	4	31	8	43	10	191	64
		5.96	1.57	5.64	6.27	9.09	5.33	10.03	0.0	5.96	1.25	9.72	2.51	13.48	3.13	59.87	20.06
5. Theteachers' explanation of concepts is clear to the learners.		16	6	20	21	35	11	30	2	16	2	33	8	47	6	197	56
		5.02	1.88	6.27	6.58	10.97	3.45	9.40	0.63	5.02	0.63	10.34	2.51	14.47	1.88	61.76	17.55
6.The teacher does not appreciates the pupils efforts in the teaching - learning process		14	9	18	21	40	6	29	1	16	2	35	3	36	15	188	57
		4.39	2.82	5.64	5.58	12.54	1.88	9.09	0.31	5.02	0.63	10.97	0.94	11.29	4.70	58.93	17.86
7.The teacher uses appropriate audio-visual aids		11	13	8	31	24	21	15	18	7	11	16	25	20	32	101	151
		3.45	4.07	2.51	9.72	7.52	53	4.70	5.64	2.19	3.45	5.01	7.83	6.27	10.03	31.66	47.35
8.The teachers are not competent in computer operations to enhance academic activities.		13	10	20	23	17	30	24	10	8	12	16	18	32	20	130	123
		4.08	3.13	6.27	7.21	5.33	9.42	7.52	3.13	2.51	3.76	5.02	5.64	10.03	6.27	40.75	38.50
9.The teachers have published several relevant articles in Nursing Education Journals		9	11	11	23	10	32	30	5	11	9	12	22	24	29	107	131
		2.82	3.45	3.45	7.21	3.13	10.03	9.40	1.57	3.45	2.82	3.76	6.89	7.52	9.09	33.54	41.07
10.The teachers embark on research regularly		9	11	11	23	21	22	32	3	10	9		9	29	20	138	97
		2.82	3.45	3.45	7.21	6.58	6.89	10.03	0.9	3.13	2.82	26	2.82	9.09	6.26	43.26	30.40
11.The teachers can competently set and mark Nursing Council Examination questions		15	8	19	23	35	12	35	0	19	1	33	4	46	5	202	53
		4.70	2.51	5.95	7.21	10.97	3.76	10.97	0.0	5.95	0.31	10.34	1.25	14.42	1.57	63.32	16.61
12.The teachers cannot adequately evaluate the courses they teach		18	4	2	21	37	9	35	0	20	0	34	3	46	5	192	42
		5.64	1.25	0.63	5.58	11.59	2.82	10.97	0.0	6.27	0.0	10.66	0.9	14.42	1.59	60.19	13.17
13.The teachers have at least four (4) year's experience to teach in BNE programme		23	1	21	19	43	4	35	0	18	0	32	2	46	8	218	34
		7.21	0.31	6.58	5.95	13.48	1.25	10.97	0.0	5.64	0.0	10.03	0.63	14.42	2.51	68.30	10.65



14.The teachers are very resourceful and directs the learners to resource centres such as library support, electronic journals	20 6.27	3 0.9	25 7.84	16 5.02	34 10.65	15 4.70	29 9.09	2 0.63	11 3.45	9 2.82	22 6.89	15 4.70	43 13.47	10 3.13	184 57.68	<b>70</b> <b>21.9</b>
15. The teachers explains, recognizes pupils difficulty in understanding key concepts in the BNE curriculum full	19 5.96	5 1.57	21 5.58	20 62.69	30 9.40	15 4.70	29 9.09	5 1.57	13 4.08	6 1.88	34 10.65	6 1.88	36 11.29	17 5.33	182 59.05	<b>74</b> <b>23.19</b>
16. The teachers demonstrate in-depth knowledge of and mastery of subject matter.	14 4.39	6 1.88		21 6.58	34 10.65	13 4.08	30 9.40	4 1.25	17 5.33	3 0.9	30 9.40	9 2.82	43 13.47	12 3.76	189 59.25	<b>68</b> <b>21.31</b>
17. The teachers are not proficient in handling the task and problems encountered on the job.	18 5.64	6 1.88	17 5.33	21 6.58	35 10.97	12 3.76	30 9.40	4 1.25	17 5.33	3 0.9	30 9.40	7 2.19	45 14.11	8 2.51	192 60.18	<b>61</b> <b>19.12</b>
18.The teachers attend seminars and workshops at regular intervals to upgrade their knowledge and skills	16 5.02	5 1.57	20 6.27	21 6.58	39 12.22	8 2.51	33 10.34	1 0.31	17 5.33	4 1.25	35 10.47	2 0.63	39 12.22	13 4.08	199 62.28	<b>54</b> <b>16.92</b>
19. The teachers spend quality time in the library to improve their knowledge and skills	10 3.13	11 3.45	11 3.45	28 8.78	29 9.09	18 5.64	30 9.40	5 1.57	15 4.70	4 1.25	29 9.09	11 3.45	36 11.29	17 5.33	160 50.15	<b>94</b> <b>29.46</b>
20.BNE programme is not adequately staffed with qualified teachers.	13 4.08	10 3.13	20 6.27	23 7.21	17 5.33	30 9.42	24 7.52	10 3.13	8 2.51	12 3.76	16 5.02	18 5.64	32 10.03	20 6.27	130 40.75	<b>123</b> <b>38.50</b>
21. BNE programme is adequately staffed in terms number and quality of non-academic staff.	9 2.82	11 3.45	11 3.45	23 7.21	10 3.13	32 10.03	30 9.40	5 1.57	11 3.45	9 2.82	12 3.76	22 6.89	24 7.52	29 9.09	107 33.54	<b>131</b> <b>41.07</b>

Table 27 revealed that the teachers demonstrated mastery of the subject matter 189 (59.25%) respondents. The teachers are very resourceful and direct the learners to resource centres 184 (57.68%) respondents. The teacher explains, recognizes the students difficulty in understanding key concepts in the curriculum 182 (159.05%) respondents. The teachers are not proficient in computer operations 130(40.75) respondents. Some of the students from school of nursing Kafanchan stated that the teacher's presentation of lesson note lack clarity 21 (6.58%) respondents. The teachers do not appreciate the students' efforts in the teaching learning pr process 21 (5.64%). Their lectures are predominantly theoretical devoid of practical approach (47%).

## RESEARCH QUESTION SEVEN

**What are the major challenges militating against the effective implementation of BNE curriculum in Nigeria?**

**Table 28:Major constraints to the effective implementation of basic nursing education programme in Nigeria.**

N /S	STATEMENT	SON ABU ZARIA		CON KAFANCHAN		SON GERALDS		St.	SON ABUTH ABA		SON UMUAHIA		SON AMACHARA		SON ARMY LAGOS		NIG	TOT AGR	TOT DIS
		A	D	A	D	A	D		A	D	A	D	A	D	A	D			
1	Basic Nursing Education curriculum is prepared by curriculum planners who are non-teaching staff.	12 3.76	10 3.13	15 4.70	25 7.84	24 7.52	22 6.89		9 2.28	20 6.27	8 2.51	8 2.51	7 2.19	23 7.21	26 8.15	23 7.21		<b>101</b> <b>31.66</b>	<b>131</b> <b>41.07</b>
2	The curriculum has not been evaluated since its inception in 2001	13 4.08		25 7.84	19 5.95	17 5.33	28 8.78		4 1.25	20 6.27	7 2.19	9 2.28	4 1.25	21 6.58	25 7.84	15 4.70		<b>95</b> <b>29.78</b>	<b>123</b> <b>38.5</b>
3	There is problem of underfunding	11 3.45	11 3.45	19 5.95	13 4.08	26 8.15	17 5.33		21 6.58	9 2.82	10 3.13	4 1.25	19 5.95	8 2.51	40 12.54	7 2.19		<b>146</b> <b>45.77</b>	<b>69</b> <b>21.63</b>
4	There is infrastructural deficit and lack of functional computers to accelerate academic work.	14 4.39	5 1.59	25 5.59	13 4.08	37 11.59	10 3.13		19 5.59	11 3.45	11 3.45	5 1.57	26 8.15	9 2.82	46 14.42	6 1.88		<b>178</b> <b>55.79</b>	<b>59</b> <b>18.49</b>
5	There is standby generating plant for regular electricity supply.	13 4.08	8 2.51	28 8.78	11 3.45	21 6.58	26 8.15		23 7.21	8 2.51	13 4.08	3 0.9	27 8.46	9 2.82	35 10.97	14 4.39		<b>160</b> <b>50.16</b>	<b>79</b> <b>24.76</b>
6	There is lack of properly equipped library with current books, journals, magazines, newspapers etc	13 4.08	9 2.28	26 8.15	12 3.76	32 10.03	10 3.13		23 7.21	8 2.5	8 2.51	8 2.51	26 8.15	9 2.82	42 13.17	12 3.76		<b>170</b> <b>53.29</b>	<b>68</b> <b>21.32</b>
7	Lack of properly equipped laboratory and technical workshop	15 4.70	7 2.19	26 8.15	1 0.31	34 10.66	12 3.76		20 6.27	13 4.08	11 3.45	5 1.57	21 6.58	11 3.45	42 13.17	14 4.39		<b>169</b> <b>52.98</b>	<b>63</b> <b>19.75</b>
8	Lack of spacious and well ventilated classrooms	10 3.13	11 3.45	26 8.15	1 0.31	22 6.89	15 4.70		18 5.64	12 3.76	7 2.19	10 3.13	11 3.45	16 5.0	31 9.72	21 6.58		<b>125</b> <b>39.18</b>	<b>86</b> <b>26.96</b>
9	Contact hours specified in the curriculum are often not provided in the timetable	9 2.82	13 4.08	26 8.15	1 0.31	30 9.40	17 5.33		16 5.02	13 4.08	7 2.19	8 2.51	13 4.08	8 2.51	24 7.52	24 7.52		<b>125</b> <b>39.18</b>	<b>84</b> <b>26.96</b>
10	The teacher-student ratio is in line with the prescribed standard of 1:25 by UNESCO.	9 2.82	11 3.45	19 5.59	11 3.45	23 7.21	18 5.64		20 6.27	8 2.51	6 1.88	6 1.88	16 5.02	10 3.13	23 7.21	19 5.95		<b>116</b> <b>36.36</b>	<b>83</b> <b>26.02</b>
11	The curriculum has clearly defined method of grading	7 2.19	13 4.08	28 8.77	1 0.31	43 13.48	3 0.9		25 7.84	41.25	13 4.08	3 0.9	24 7.52	2 0.63	37 11.59	10 3.13		<b>177</b> <b>55.48</b>	<b>36</b> <b>11.28</b>
12	The credit units allocated to each course is inadequate	8 2.51	13 4.08	28 8.78	2 0.63	22 6.89	24 7.52		19 5.59	12 3.76	6 1.88	7 2.19	18 5.46	10 3.13	30 9.40	17 5.33		<b>131</b> <b>41.06</b>	<b>85</b> <b>26.65</b>
13	There are some courses in the BNE curriculum that have outlived their usefulness and should be deleted	12 3.76	9 2.82	24 7.52	1 0.31	24 7.52	21 6.58		21 6.58	11 3.45	8 2.51	8 2.51	23 7.21	9 2.82	31 9.72	15 4.70		<b>143</b> <b>44.83</b>	<b>74</b> <b>23.20</b>
14	There are relevant courses that need to be incorporated into the BNE curriculum to meet up with the challenges of the time	12 3.76	7 2.19	33 10.34	00.0	38 11.91	7 2.19		20 6.27	11 3.45	13 4.08	3 0.9	33 10.34	2 0.63	38 11.91	9 2.82		<b>187</b> <b>58.62</b>	<b>39</b> <b>12.23</b>
15	Graduates of BNE programme do not easily get employment	8 2.51	14 4.39	18 5.64	2 0.63	16 5.02	31 9.72		16 5.02	15 4.70	8 2.51	8 2.51	24 7.52	8 2.51	22 6.89	26 8.15		<b>112</b> <b>35.11</b>	<b>104</b> <b>32.60</b>
16	Their performance on the job is adequate.	6 1.88	16 5.02	16 5.02	1 0.31	13 4.08	33 10.34		2 0.63	27 8.46	2 0.63	14 4.39	7 2.19	26 8.15	15 4.70	32 10.03		<b>61</b> <b>19.12</b>	<b>149</b> <b>46.71</b>

## RESEARCH QUESTION EIGHT

To what extent can an enhanced intervention package based on observations and findings of this study improve and sustain basic nursing education programme in Nigeria?

Table 29: Enhanced intervention package and sustenance of basic nursing education programme in Nigeria

S/N	STATEMENTS	SON ABU ZARIA		SON KAFANCHAN		SON St. GERALDS		SON ABUTH ABA		SON UMUAHIA		SON AMACHAR A		SON ARMY LAGOS		NIG		TOT AGR	TOT DIS
		A	D	A	D	A	D	A	D	A	D	A	D	A	D	A	D		
1	An enriched BNE curriculum package will improve the quality of BNE programme in Nigeria	10 3.13	11 3.45	26 8.15	1 0.31	22 6.89	15 4.70	18 5.64	12 3.76	7 2.19	10 3.13	11 3.45	16 5.0	31 9.72	21 6.58			<b>125</b> <b>39.18</b>	<b>86</b> <b>26.96</b>
2	There is need for introduction of new courses and emerging health issues into basic nursing education programme to enrich it.	26 8.15	29 9.09	25 5.59	13 4.08	37 11.59	10 3.13	19 5.59	11 3.45	11 3.45	5 1.57	26 8.15	9 2.82	46 14.42	6 1.88			<b>178</b> <b>55.79</b>	<b>59</b> <b>18.49</b>
3	There is need for a curriculum framework for effective implementation of BNE curriculum enrichment model.	9 2.82	11 3.45	19 5.59	11 3.45	23 7.21	18 5.64	20 6.27	8 2.51	6 1.88	6 1.88	16 5.02	10 3.13	23 7.21	19 5.95			<b>116</b> <b>36.36</b>	<b>83</b> <b>26.02</b>

Table 29 indicates that 184 (57.68%) of the respondents are of the view that an enriched basic nursing education curriculum package will improve the quality of BNE programme in Nigeria while 178 (55.79%) respondents stated that new courses and emerging health issues should be introduced into basic nursing education programme to enrich it. 116 (36.36%) opined that there is need for a framework for the effective implementation of BNE programme in Nigeria.

### 4.3 Analysis of Classroom Observations

Table 30 Classroom competences observed during the process of teaching and learning. Teachers Performance Rating

VARIABLES		S.O.N A.B.U.TH				C.O.N KAFANCAN				S.O.N STGerards			
		1st	2nd	3 <sup>rd</sup>	Total	1st	2nd	3rd	Total	1 <sup>st</sup>	2 <sup>nd</sup>	3rd	Total
	Effectiveness of Introduction	4	4	4	12	3	2	2	7	4	4	4	12
	Clarity of Objectives	4	4	4	12	3	5	1	9	4	4	4	12
	Stance and Voice	4	4	4	12	3	4	2	9	4	4	4	12
	Aptness of Teaching Method	4	4	4	12	3	4	3	10	3	4	4	11
	Classroom Management	2	3	2	7	3	3	3	9	2	2	4	8
	Use of Teaching notes	4	3	4	11	3	2	4	9	4	4	4	12
	Question/ Answer Technique	2	4	2	8	3	2	3	8	3	2	3	8
	Student Participation	2	4	2	8	3	4	1	8	3	2	5	10
	Chalkboard Effectiveness	0	3	0	3	3	2	1	6	4	3	1	8
	Audio-Visual Effectiveness	5	3	5	13	3	3	2	8	3	2	1	6
	Maintenance of Interest	4	3	4	11	3	3	4	10	4	2	4	10
	Development of Study Skills	3	4	3	10	4	2	2	8	4	4	4	12
	Effectiveness of Summary	4	4	4	12	4	2	3	9	4	5	4	13
	Evaluation	4	4	4	12	3	2	2	7	4	4	3	11
	Planning and Preparation	4	4	4	12	3	4	2	9	4	4	3	11
	a) Objectives of the lesson were clearly identified	4	4	4	12	3	5	1	9	4	4	4	12
	b) Content selected appeared appropriate	4	4	4	12	1	4	2	7	4	4	4	12
	c) Content selected was properly organized and sequenced	4	4	4	12	3	2	2	7	4	3	4	11
	d) Audio-visual materials	5	3	5	13	3	3	2	8	3	2	1	6

chosen were appropriate, adequate and necessary for attaining the objectives and well utilized												
e) Student's progress in terms of objectives of the lesson were checked	3	3	3	9	4	3	3	10	4	4	4	12
f) Student's difficulties in understanding a concept or a principle were diagnosed through step-by-step questioning and suitable remedial measures were undertaken.	1	3	1	5	3	2	5	10	2	3	3	8
Total	210				177				211			

VARIABLES		S.O.N UMUAHIAS.O.N. AMACHARA				S.O.N A.B.S.U.TH				S.O.N Military							
		1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	Total	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	Total	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	Total	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	Total
	Effectiveness of Introduction	3	4	4	11	4	4	4	12	4	4	4	12	4	3	3	10
	Clarity of Objectives	3	4	4	11	4	4	4	12	4	4	4	12	4	3	3	10
	Stance and Voice	4	3	4	11	4	4	4	12	5	4	4	13	4	4	4	12
	Aptness of Teaching Method	4	4	4	12	4	3	4	11	4	4	4	12	4	4	4	12
	Classroom Management	2	3	2	7	4	3	3	10	5	5	3	13	4	2	4	10
	Use of Teaching notes	3	3	3	9	4	4	4	12	4	4	4	12	4	3	4	11
	Question/ Answer Technique	3	2	3	8	4	4	3	11	5	4	5	14	4	2	4	10
	Student Participation	4	4	4	12	4	4	3	11	4	4	4	12	4	3	3	10
	Chalkboard Effectiveness	1	1	1	3	5	3	1	9	4	2	2	8	1	1	1	3
	Audio-Visual Effectiveness	1	3	1	5	4	4	1	9	2	4	4	10	1	1	1	3
	Maintenance of Interest	4	4	4	12	4	4	3	11	5	4	4	13	4	2	4	10
	Development of Study Skills	3	3	3	9	5	4	4	13	3	3	3	9	3	3	3	9
	Effectiveness of Summary	2	3	2	7	4	3	3	10	4	4	4	12	4	3	4	11
	Evaluation	4	4	4	12	4	4	3	11	4	3	4	11	4	3	4	11
	Planning and Preparation	4	4	4	12	4	4	3	11	4	3	4	11	4	3	4	11
	a) Objectives of the lesson were clearly identified	3	4	3	10	4	4	4	12	4	4	4	12	4	3	3	10
	b) Content selected appeared appropriate	4	4	4	12	5	4	4	13	4	4	4	12	4	4	4	12
	c) Content selected was properly organized and sequenced	3	4	3	10	5	4	4	13	4	4	4	12	4	4	4	12
	d) Audio-visual materials chosen were appropriate, adequate and necessary for attaining the objectives and well utilized	1	3	1	5	4	4	1	9	2	4	4	10	1	1	1	3
	e) Student's progress in terms of objectives of the lesson were checked	4	4	4	12	4	4	3	11	4	4	4	12	4	3	4	11
	Student's difficulties in understanding a concept or a principle were diagnosed through step-by-step	2	2	2	6	5	2	2	9	4	2	5	11	2	4	3	9

questioning and suitable remedial measures were undertaken.					
Total	188	232	243	200	

Table 30 The result of analysis of classroom observation revealed that the teacher's performance was best in effectiveness of introduction, aptness of teaching method, clarity of voice and statement of objectives. The teacher's performance was low in the use of teaching notes, blackboard work, provision and effective utilization of audio-visual material.

**Table 31:Summary of classroom competence observed during the process of teaching and learning,( Teachers Performance Rating) .**

<b>S/N.</b>	<b>NAME OF INSTITUTION</b>	<b>TYPE OF HOSPITAL</b>	<b>ZONE</b>	<b>Total Score</b>	<b>Average score/20</b>
1	S.O.N ABSUTH ABA	STATE	S.E	243	12.15
2	S.O.N AMACHARA	STATE	S.E	232	11.6
3	S.O.N ST. GERALD KADUNA	MISSION	N.C	211	10.55
4	S.O.N ABUTH ZARIA	FEDERAL	N.C	210	10.5
5	S.O.N NIGERIAN ARMY YABA	MILITARY	S.W	200	10
6	S.O.N UMUAHIA	STATE	S.E	188	9.4
7	C.O.N KAFANCHAN	STATE	N.C	177	9

Table 31 revealed that the teachers from Abia State University Teaching Hospital, (ABSUTH) Aba from the S.E geo- political zone performed better than others in relation to the rating on the items in Baroda general teaching competence scale, (teacher's teaching competence) with an average score of (12.15). The performance of teachers from School of Nursing, Umuahia may be attributed to acute shortage of teaching staff in the institution due to Imo/Abia indigene redeployment of teachers. The low performance of SON Kafanchan can be traced to the student unrest that took place in the institution at the time of administration of instruments for this study.

Going by the weighted scores of all the institutions that participated in the study, the overall performance of the teachers is above average.

#### **4.4Interview Result**

##### **Summary of the teachers' responses**

The teachers who participated in the study stated that:

1. The respondents are of the view that (BNE) curriculum in Nigeria is relevant and appropriate in meeting the needs of the students, teachers and the society but failed to incorporate emerging health issues and new courses.



2. BNE programme in Nigeria is not using course unit system. The coding system lack clarity. The courses are coded GNOO1, GNOO2 and GN003 representing 100, 200 and 300 level courses. There is nothing like first and second semester courses. The credit units are basically used to guide the allocation of contact hours.
3. Teachers-student ratio is inadequate(1:50) as against UNESCO standard of 1:25.
4. Paper qualification and nomenclature:Thecertificate Registered Nurse (RN) awarded to the products of BNE programme in Nigeria is not equivalent to: NCE, OND and HND which create considerable problems for nurses seeking admission into tertiary institutions and employment in the industries.
5. Staff welfare: Fifty(50%) of the teachers stated that their salary is good but not commensurate. with their workload. There is still room for improvement and more opportunity should be provided for teachers to attend seminars and workshops to update their knowledge and skills to enable them cope with the challenges encountered on the job.

**Summary of the students' responses:** The student nurses stated that:

1. BNE curriculum in Nigeria is relevant and appropriate in meeting the needs of the students and the society but does not include emerging health issues.
2. The content is fairly adequate but overloaded and failed to incorporate emerging health issues and new courses.
3. The scope is good theoretically but in practice, there are no facilities to cover the areas it is intended to cover e.g. computer education – nursing informatics – Tele-nursing, and tele-health.

4. The logical sequence is inadequate because of team teaching and swapping of lecture periods by the teachers thus disrupting sequence.
5. BNE programme is not using course credit system.
6. The contact hours specified are not strictly adhered to as lectures do last up to 9pm which is stressful, unbearable and dangerous to the students' health.
7. Teachers teaching competence and computer operations: The students argue that some of their teachers are competent, in computer operations and deliver their lectures with their laptops and multimedia projector while the newly employed teachers are incompetent as far as service delivery is concerned.
8. Teacher student ratio: is 1:50.
9. New courses to be incorporated: computer education (ICT). Biochemistry to give a broader view of pharmacological aspect of nursing as well as educational courses such as communication in English, guidance and counselling should also be incorporated into BNE curriculum to build in co-alitions.
10. Courses to be re-named. Behavioural science should be substituted with psychology, sociology to modernise the name and to give it focus and direction.
11. Paper qualification and nomenclature was identified as a major constraint to the effective implementation of BNE programme in Nigeria. Others include; hike in school fees, frequent posting to the clinical setting especially during nurses strike, too much time being spent during sport activities have negative impact on the students' academic work and should be reduced.
12. Motivation: The students demanded for welfare package and payment of salary during clinical posting since they are the ones who do most of the jobs in the hospital wards with the risk of being exposed to nosocomial infection.

13. According to the students, BNE programme in Nigeria is quite interesting and challenging as they have acquired nursing competencies to cope with the challenges encountered on the job.
14. Some of the products of BNE programme easily get employment.

#### 4.5 Checklist Result (main study)

Table 32 Checklist used for the assessment of the adequacy of BNE programme facilities

Item	Availability	Adequacy
Classroom	Present	Spacious but not digitalized
Teaching Aids	Present	Obsolete, not effectively utilized, no cadaver
Demonstration room	Present	Not spacious to contain 50 or more students during practical sessions, poorly ventilated considering the class size
Computer room	Present	Few functional computers, no computer operators, to guide the learners, does not open 24hours.
Library	Present	Contains few current books and journals, not Spacious
Students' hostel	Present	Buildings-standard, well ventilated.
Provision for sports and recreational activity	Present	There are provisions for sport activities and in-door games.

Table 32 revealed that BNE teaching aids are obsolete; there are no cadavers to enhance academic work. The Computer room contains few functional computers, has no computer operators to guide the learners, it does not open 24hours. The library contains few current books and journals, not spacious and can best be described as a reading room

#### 4.6 Analysis of Research Hypotheses Tested in this study

Eight research questions were raised and seven hypotheses were tested using Univariate Analysis of Variance to determine the relationship between the teachers and the students' responses on the state of the art of the BNE programme in Nigeria. The result of the analysis is presented in the tables below.

##### Hypothesis One

There is no significant difference in the opinion of students and teachers on the conduciveness of BNE learning environment to enhance quality teaching and learning.

**Table 33: Conduciveness of BNE learning environment**

Source	N	Mean	SD	t -test	Sig (p- val)	Remarks
Teacher	46	3.11	0.36	-2.466	0.014	Not significant
Student	269	3.25	0.35	2.466		

Table 33 depicts the computed p. value of 0.014 < 0.05. Hence, the researcher concludes that there is no significant difference in the perception of both teachers and students on the conduciveness of BNE environment. In effect, the null hypothesis is rejected.

##### Hypothesis Two

There is no significant difference in the views of teachers and students, on the relevance of the objective of Basic Nursing Education (BNE) curriculum in Nigeria, in meeting the needs of the students and the society.

**Table 34: Relevance of the objectives of basic nursing education programme in Nigeria**

Source	N	Mean	SD	t test	Sig ( p-value)
Teacher	45	2.81	0.54	-4.97	0.00
Student	270	3.23	0.44	4.97	

P < 0.05

Table 34 indicates that there is significant difference between the perception of teachers and students on the relevance of the objectives of basic nursing education curriculum in Nigeria. Sig P-value  $.000 < 0.05$ . Mean response for teachers 2.805, students 3.232. This suggests that the students are at .074 more likely to uphold the relevance of the objectives of basic nursing education curriculum in Nigeria than the teachers. The null hypothesis is therefore rejected.

### **Hypothesis Three**

There is no significant difference in the opinion of teachers and students on the appropriateness and compliance of students and teachers entry requirements into the BNE programme in Nigeria.

**Table 35: Adequacy of entry requirements of both teachers and students into BNE programme in Nigeria**

<b>Source</b>	<b>Mean</b>	<b>SD</b>	<b>N</b>	<b>t-test</b>	<b>Sig( p. val)</b>
Teacher	1.96	0.61	47	-8.28	0.00
Student	2.73	0.46	269	8.28	

Table 35: shows clearly that the teachers and students are not of the same view that the entry requirements into BNE programme is adequate. Sig p  $.000 < 0.05$ ., Partial Eta Squared .178. This indicates that the students are .178 more likely to accept the adequacy of the entry requirements into BNE programme in Nigeria than the teachers. The null hypothesis is therefore rejected.

### **Hypothesis Four**

There is no significant difference in the opinion of teachers and students on the adequacy of the basic nursing education curriculum content in terms of the coverage, logical sequence and articulation of topics.

**Table 36: Adequacy of the content of BNE Curriculum**

Source	Mean	SD	N	t test	Sig( p. val)
Teacher	3.03	0.17	46	-0.19	0.849
Student	3.08	0.15	270	0.19	

Table 36 indicates that the teachers and students are of the same view that BNE programme curriculum content is inadequate. The computed p. value is .849 >0.05. This is significant at 95% confidence interval. Hence, the researcher concludes that there is no significant difference in the views of both teachers and students on the adequacy of BNE curriculum content. The null hypothesis is therefore accepted.

### **Hypothesis Five**

There is no significant difference in the views of teachers and students on the adequacy of the instructional materials in enhancing teaching and learning.

**Table 37: Adequacy of instructional materials**

	N	Mean	SD	t-test	Sig( p. val)
Teacher	46	3.03	0.17	-0.19	0.85
Student	270	3.01	0.15	0.19	

Table 37 depicts the computed p. value of .849 >0.05. This is significant at 95% confidence interval. Hence, the researcher concludes that there is no significant difference in the views of both teachers and students on the adequacy of the BNE instructional materials. The null hypothesis is therefore accepted.

### **Hypothesis Six**

There is no significant difference in the opinion of teachers and students on the competence of teachers in handling all the tasks and challenges encountered during the process of teaching and learning.

**Table 38: Teachers' teaching competence**

Source	N	Mean	SD	t-test	Sig( p. val)
Teacher	46	3.11	0.36	-2.47	0.02
Student	269	3.25	0.35	2.47	

Table 38 depicts the computed p. value of.014 <0.05.This is significant at 95% confidence interval. Hence, the researcher concludes that there is no significant difference in the responses of both teachers and students on the competence of teachers in coping with the tasks and problems encountered on the job. In effect, the null hypothesis is rejected.

### Hypothesis Seven

There is no significant difference in the views of teachers and students on the major factors militating against the effective implementation of BNE programme in Nigeria.

**Table 39 Major factors militating against the implementation of BNE programme in Nigeria.** Factor Analysis extracted the following:

**Table 39a: Teachers' responses:**

S/N	VARIABLES	Values
1.	There is lack of functional computers to accelerate academic work	(.802)
2.	There is problem of under- funding	(.894)
3.	The curriculum has not been evaluated since its inception in 2001.	(.776)
4.	Contact hours specified in the curriculum are often not provided in the time table.	(.801)
5.	Basic Nursing Education curriculum is prepared by curriculum planners who are non-teaching staff	(.853)

Table 39a: The teacher responses showthat out of the 16 items stated on the questionnaire, Principal Component Analysis identified five (5) major factors militating against the effective implementation of BNE programme in Nigeria as stated in table 14.

## Students Responses

**Table 39b: Five major components extracted from the students views:**

S/N VARIABLES	VALUES
1. Some of the graduates of BNE programmes do not easily get employment	(.806)
2. There is lack of functional computers to accelerate academic work	(.735)
3. There is lack of properly equipped library with current books, journals, magazines, newspapers, etc.	(.680)
4. There are relevant courses that need to be incorporated into the BNE curriculum to meet up with the challenges of the times	(.757)
5. The curriculum has not been evaluated since its inception in 2001.	(.750)

In table 39b the students' responses showed that out of the 16 items stated on the questionnaire, Principal Component Analysis identified five (5) major factors militating against the effective implementation of BNE programme in Nigeria as shown in table 16.

## Hypothesis Eight

There is no significant difference in the opinion of teachers and students on the effectiveness of enhanced BNE intervention package to improve and sustain basic nursing education programme in Nigeria.

**Table 40: Enhanced intervention package and improvement of basic nursing education programme in Nigeria.**

Source	Mean	SD	N	T	Sig( p. val)
Teacher	3.06	0.36	46	-0.05	0.96
Student	3.06	0.37	269	0.05	

From table 40, it is quite clear that there is no significant difference in the perception of teachers and students on the effectiveness of enhanced intervention package to improve and sustain basic nursing education programme in Nigeria. Mean response of teachers 3.057 and students 3.060. Sig p is .961 > 0.05. The hypothesis is therefore accepted.



#### **4.7 SUMMARY OF THE FINDINGS**

The results of this study have revealed that basic nursing education programme in Nigeria has registered substantial success over the years but there are still gaps that have to be bridged. These include:

1. Basic nursing education programme lack clearly defined statement of objectives and failed to incorporate the emerging health issues in nursing profession.
2. In some of the schools of nursing, the facilities are grossly inadequate.
3. The entry characteristics of teachers and students into BNE programme fall below the stipulated entry requirements.
4. BNE curriculum content is inadequate in terms of coverage, logical sequence and articulation of topics. It also failed to incorporate emerging health issues and new courses such as nursing informatics, biochemistry, safety and security education, legal aspect of nursing practice, communication in English, guidance and counselling. The coding system and credit units lack clarity, among others.
5. The students' perception of the teachers' performance in class is not encouraging. They stated that some of their teachers lack the basic skills and knowledge to cope with the tasks and challenges encountered on the job.
6. Acute shortage of qualified teachers was also observed.
7. Instructional materials are grossly inadequate, obsolete and not effectively utilized.
8. Gender-related issues: BNE programme is dominated by females
9. Some of the teachers are not willing to alter their already established routine to embrace positive change enthusiastically.
10. Some of the products of BNE programme are not proficient on the job.
11. The major constraints to the effective implementation of BNE programme in Nigeria include: lack of facilities, BNE curriculum has not been evaluated since its

inception in (2001) to establish its strengths, weaknesses and to incorporate emerging health issues, among others.

From the foregoing, there is need to design basic nursing education curriculum intervention package to bridge the gap identified.

#### **4.8 Discussion of the Findings**

##### **Infrastructural deficit:**

Conducive learning environment is very crucial in engendering quality teaching and learning. Olaniyonu,(2006) observed consistently negative trend in facilities provision in schools in the developing world. For instance, some of the school buildings were built thirty to forty years ago and have become obsolete and dilapidated due to poor maintenance culture. In the same vein, the researcher observed that basic nursing education programme's learning environment in which knowledge, skills and attitude are imparted to the learners leave much to be desired. The instructional materials are obsolete and not effectively utilised. There are no functional school bus and monitoring van for clinical practice, teaching practice and field trip. Electricity supply is irregular. There is no functional electricity generating plant to enhance academic work and sustainable source of water supply, mostly in the rural basic nursing schools. Sport and leisure facilities are present but obsolete. Security network is porous and inadequate. Toilet facilities are grossly inadequate. The enormous influence exerted on the teaching learning process by its context cannot be underrated. Meaningful teaching and learning cannot be achieved with all these overwhelming deficiencies. Basavanthappa, (2009) stated that the pioneer of modern nursing, Florence Nightingale, emphasised the importance of conducive learning environment in the care of the patients as well as in the teaching learning process but this seems not to be visible in the researchers observation in this study.

BNE learning environment should be reappraised regularly to identify unmet needs and to provide modern facilities to enhance academic work.

### **Relevance of BNE curriculum objectives:**

As pointed out by Steinhouse (1975), every curriculum plan is designed for a particular goal or purpose to ensure that the curriculum is attuned to the and why of that curriculum design. The results of the study show that BNE programme has no clearly stated objectives to give focus to what is taught and learned. The curriculum failed to incorporate emerging health issues such as nursing informatics, digitalised classroom, new courses such as biochemistry, Safety and Security in the work place. In a situation in which what is taught and learned lack focus and appears not to be too useful to the learner, the purpose of schooling is completely defeated. BNE curriculum objectives should be constantly reviewed to reflect current needs, problems and aspirations of the learners and the society. The classroom teachers, as arbiter of knowledge should involve the students, the Nursing & Midwifery Council of Nigeria and a cross-section of Nigerians to decide what they consider to be relevant and proceed to make the BNE curriculum as relevant as possible.

**The entry characteristics of the respondents:** It was revealed that some of the teachers who participated in the study do not have the minimum entry requirement, Bachelor of Nursing Science but Diploma in nursing education. Some of the students who participated in the study have West African School certificate with less than five credits including English Language, Mathematics, Chemistry, Biology and Physics. Hence the entry characteristics of teachers and students into BNE programme are grossly inadequate. Stake (1998) emphasised the importance of assessment of antecedents which have existed prior to teaching and learning that can influence outcomes. These include: the learners aptitudes, previous achievement scores, psychological profile scores, grades, discipline, and attendance among others. Antecedents also include: teachers qualifications, years of

experience, entry behaviour among others. It is unfortunate that this has not been fully implemented in some nursing education institutions in Nigeria. It is therefore important that the entry characteristics of both teachers and students into BNE programme in Nigeria should correspond with the stipulated standard to foster quality teaching and learning.

#### **Adequacy of the basic nursing education curriculum content:**

The findings of the study has also showed shown that there is no significant difference between the views of the teachers and students on the inadequacy of BNE curriculum content in terms of coverage, logical sequence and articulation of topics. It was also observed that the curriculum failed to incorporate emerging health issues and new courses such as nursing informatics, safety and security in the work place, the use of English language and biochemistry legal aspect of nursing practice, among others. Contact hours specified in the curriculum are often not provided in the time tabling. Credit system lack clarity and according to Emah (2010), a responsive curriculum must be relevant to the current and the anticipated needs, problems and aspirations of the learners. In support of his view, Jean Rosseau a great thinker contend that the learners interest should be recognised, identified and utilised in determining the direction, the scope and the content.

Law, (2004) observed that the global requirements for education in recent times include promoting life-long education, reemphasizing the quality of the learners experiences, reorganise subjects into key learning areas so as to develop board knowledge base, develop ability to think critically and innovative and having rising levels of professionalism among teachers which will enable the products respond to social goals, economic realities and future challenges.

Knowledge is not static, it grows and changes. BNE curriculum content should be constantly reviewed to reflect the current needs, problems and aspirations of the students

and the society. Legal issues affecting basic nursing education in Nigeria should be adequately addressed and incorporated.

### **Instructional materials**

The problem of inadequate instructional material to enhance academic work was apparent. In some schools of nursing, modern nursing text books and journals written by indigenous authors were seriously lacking in the library. The disease conditions in some of the foreign textbooks are alien to the Nigerian society. The classrooms and demonstration rooms are virtually empty and lack current teaching aids like cadava. As pointed out by Bassavanthappa, (2009), meaningful learning takes place through multi-sensory experiences than through reading and abstract reasoning. BNE students must be given ample and diverse opportunities to practice the skills they have come to acquire. Madueke (2010), quoting Ofor (1982) asserted that education is more efficient when the teaching and learning experiences are real and practical as this will enable the students gain first-hand information and experience. Provision and effective utilisation of modern instructional materials is necessary to accelerate teaching and learning.

### **Teachers teaching Competence**

According to Olaniyonu (2006), teachers are the salt of the teaching profession; they ensure the direction, purpose, implementation of the goals and add value to the education of the learner. However, the findings of this study are not in agreement with this assertion. The outcome of the study has shown that (30%) of the teachers lack adequate teaching experience. The teachers' mode of presentation of lectures in some schools of nursing is predominantly theoretical devoid of practical approach. The learners are not encouraged to participate actively in class as the teachers did most of the talking while students listened to jot down notes. The few teaching aids available were not effectively utilised. Students

learning difficulties were not adequately diagnosed. Some of the teachers appear not to be computer literate and lack the necessary skills and knowledge to cope with the tasks and challenges encountered on the job and they cannot set standard questions. Another area of concern is the disruption of logical sequence associated with team teaching: In team-teaching, different lecturers handling different aspect of a course do come in at any time to deliver lecture on any topic of their choice, at times there is swapping of lecture periods which disrupts sequence. There is therefore sufficient evidence to believe that the teachers teaching incompetence has significantly affected the students' academic performance. As rightly observed by Junaid (2011), no educational system can rise above the level of the quality of its teachers. Okebukola (2010) also affirmed that the poor quality of teachers is a major force steering education to the wrong direction. This is quite true because the teacher cannot impart knowledge which he has not acquired. In line with the research questions, there is need for proper screening of teachers to filter into the system qualified and competent teachers for effective service delivery. Quality assurance experts should educate the teachers on how to set standard questions.

**Faulty Admission Process:** The students reported that the maximum number of candidates for admission into BNE programme in Nigeria per session is fifty(50). At times management do offer admission to two hundred candidates. After the preliminary examination in six months, one hundred and fifty candidates are sent away on the grounds that they have selected the best fifty, thus subjecting the affected students to mental agony and socio-economic embarrassment. The students argued that if the bench mark is (50%) and one hundred students scored above fiftypercentages (50%) what criteria was employed to select the best students? In addition, the students described this situation as being unrealistic. When the teachers were interviewed they stated that many unqualified students were imposed on the school by the higher authority. After the preliminary examination, the

teachers now have a justifiable reason to send them away on the grounds of poor performance.

**Motivation:** Motivation is the driving force that sends production high (Kozier & Erbs 2012). Classroom teachers are drivers of innovations and change and should be adequately motivated in terms of prompt, regular payment of salary and remunerations to perform their duties with maximum effort.

### **Major constraints to the effective implementation of BNE programme in Nigeria**

Olaniyonu (2006) stated that among many problems which have bedevilled the Nigerian nation since independence, funding of education rates very high. The schools of nursing are grossly under-funded. In addition, there is agreement between the teachers and the students views that other major constraints to the effective implementation of BNE curriculum are as follows: BNE curriculum has not been evaluated since its introduction into the Nigerian educational system in (2001).The instructional materials are few, obsolete and not effectively utilized. There is lack of functional computer to accelerate academic work .Classrooms are not digitalized and not spacious, the library lacks current textbooks and nursing journals, the credit system lacks clarity . These gaps should be adequately addressed to achieve quality teaching and learning. BNEprogramme should be evaluated every three years to reflect new goals, needs and aspirations of the students and the society .

### **Products of BNE programme**

Basic nursing education programme was established basically to transform the lives of its students, to equip the learners with nursing competencies to contribute meaningfully to the welfare of the society among other reasons. It is meant to produce graduates who are worthy in character and in learning, who will become productive members of the society. However, the findings of this study revealed that some of the products of BNE programme are considerednot

proficient on the job. This could be attributed to the deficient knowledge they acquired during nursing training and frequent interruption of lectures by hospital management to fill in the gap in the manpower need of the hospital whenever the nurses are on strike. Obasa (2006) stated that if nursing education is shoddy, nothing significant can be expected from clinical practice. Today, some organisations do not want to employ some of the graduates from our basic nursing institutions, the reasons being past record of poor performance on the job and bad morals (Ishaya, 2008).

**Paper Qualification and Nomenclature:** This issue of quantification of basic nursing certificate generated a lot of controversy among the respondents. Certification is very important in any sphere of life. According to Kozier and Erbs(2012), certification is the voluntary practice of validating that an individual nurse has met minimum standards in specialty areas e.g. schools of nursing. The certificate Registered Nurse (RN) awarded to the products of BNE programme in Nigeria do create considerable problem for nurses seeking admission into tertiary institutions and in the industries, as the certificate Registered Nurse (RN) cannot be quantified. Some of the respondents stated that BNE curriculum should be evaluated, updated and brought in line with what is obtainable in the circular education system, with the award of OND or HND Nursing, others argued that BNE programme should be upgraded to a degree awarding institution, to lay to rest the long standing problem of paper qualification and nomenclature, while some others are of the view that basic nursing schools should be renamed College of Nursing, for the award of OND Nursing.

**Gender related issues (men in nursing)** Gender related issues contributed significantly to the study. O'Lynn, (2004) observed that gender disparity in nursing profession has become a critical issue in nursing education and practice. Men have worked as nurses as far back as the fourth century (Wall, 2009). There were schools of nursing for male in the United States of America from the late (1880s), until (1969). Male nurses were denied admission to the



Military Nurse Corp during the Second World War based on gender. It was believed at a time that nursing was a female work and combatant was men's work, Wall, 2009). During the 20<sup>th</sup> century, men were denied admission to most nursing programmes. After becoming a nurse, the American Nurses Association (ANA) denied membership to male nurses until (1930). Many state nursing associations did not allow men to join until the (1950s) as male nurses were considered intrinsically unable to care (O' Lynn, 2004). In the light of this statement, it is interesting to note that the misconception that nursing profession belongs to female has not been completely eroded in our society today. For instance, out of the 770 respondents who participated in the study, 90 were male while 680 were female. The Nursing & Midwifery Council of Nigeria should re-double her efforts to reverse this awkward trend and attract male nurses back to nursing profession during the admission of candidates into basic nursing education institutions, in the ratio of one male nurse to one female nurse (1:1). This measure, if adopted will undoubtedly fortify nursing profession at this time the health care system is confronted with myriad of security challenges.

Emanating from the findings of this study was the need to develop and validate basic nursing education programme enrichment model and a framework for enriched curriculum offerings at basic nursing education level.

#### **4.8 Development and Validation of Basic Nursing Education Programme Enrichment Model**

##### **4.8.1 Introduction**

Arising from the objectives of the study was the need to develop and validate BNE curriculum enrichment model. The word development means to compose, build, evolve, interpret and to structure materials and to prepare a plan for action (Obiefuna, 2009). Model development is the continuous process of identification, selection, arrangement of

learning opportunities, teaching strategies which fit the challenging conditions of a specific environment and ensure the achievement of a stated goal. Obiefuna,(2009). Model development should be able to explain the worth, why and how of the evaluation process, provide a framework of curriculum model to be used at various levels of education and for specific purposes. It examines the extent a given model was able to achieve the purpose for which it was made.

#### **4.8.2 Rationale**

The objective of this model development is to generate a package that will direct and guide the teacher, ensure that the learners acquire appropriate skills that will enable them develop provoking ideas and thoughts, sensitive feelings about the environment and proffer solutions that will make the curriculum responsive to the environment.

#### **4.8.3The procedure and development**

The Seven-Step Model Building Process adapted for the study includes the following:

**Step 1: Formulation of the Problem** The researcher first defined the organization's problem. Defining the problem includes specifying the organization's objectives and the part of the organization that must be studied before the problem can be solved.

**Step 2: Assessment: (situation analysis) observation of the system:**The researcher collected data to estimate the value of parameters that affect the organization's problem. These estimates are used to develop step 3 and evaluate step 4. For example, data were collected in an attempt to determine the actual and potential problems of the programme.

**Step 3: Formulation of an Evaluation Model to Address the Problem:** In this step, the researcher developed an evaluation model to address the problem.

**Step 4:Validation and Utilisation of the Model for Prediction** The researcher tried to determine if the evaluation model developed in step 3 is an accurate representation of reality. For example, to validate our model, we might check and see if it accurately represents the values of decision variables that were not used for the estimate. Even if a model is valid for the current situation, we must be aware of blindly applying it. For example, if the government placed new restrictions on the curriculum, we may have to add new constraints to our model, and the yield of the process may change.

**Step 5:Selection of a Suitable Alternative** The researcher selected the alternative that best meet the organization's objectives as there may be more than one alternative.

**Step 6: The result and Conclusion of the Study were presented to the Organization.** In this step, the researcher presented the model and recommendations from step 5 to the decision-making individual or group.(Nursing and Midwifery Council of Nigeria). In some situations, one might present several alternatives and allow the organization to choose the one that best meets its needs.

It should be noted that after presenting the results of the research study, the analyst may find that the organization does not approve of the recommendation. This may result from incorrect definition of the organization's problems or from failure to involve decision makers from the start of the project. In this case, the researcher should return to step 1, 2and 3.

**Step 7: Implementation and evaluation of recommendations:** If the organization accepts the study, the researcher assisted in implementing the recommendations. The system was constantly monitored (and updated dynamically as the environment changes) to ensure that the recommendations enable the organization to meet its objectives.In summary, the objective of the try out was to test the workability and adequacy of the designed model, isolate the weaknesses identified in the design and incorporate appropriate modifications.



#### **4.8.4. Validation of enhanced basic nursing education curriculum package**

The purpose of the try-out of the basic nursing education enhancement package was to test the workability and adequacy of the designed package, isolate the weaknesses identified in the design and to incorporate appropriate modifications. The validated package was made up of enhanced basic nursing education programme selected curriculum content. The enhanced content was presented to highly competent teachers in nursing education curriculum and was validated with participation of the subjects' teachers of the various selected courses. The validation of the model was carried out in the various schools sampled for the study and was limited to teachers and students of these nursing institutions.

The validation started with the responses to the questionnaire and other informal discussions by the respondents on the enhanced BNE curriculum content. The respondents were involved in a teaching learning session on some of the enhanced basic nursing education programme curriculum content which entailed enhanced modes of presentation such as practical and activity teaching methods, demonstration, simulation; among others. This was designed to make the enhanced package more vivid to the teachers and students. Thereafter, enhanced questionnaire was administered to the respondents followed by an aptitude test. The responses from respondents and the scores from the aptitude test were quantitatively and qualitatively analysed. The process lasted for seven weeks.

Data obtained from pre and post test results showed a high performance from the students on the enriched basic nursing education curriculum model. The results further revealed that there is sufficient evidence that nursing teachers can utilize the components of this curriculum intervention package to enhance the competencies of the learners and to improve basic nursing education programme in Nigeria.

#### **4.9 Proposed framework for the implementation of enriched curriculum offerings at Basic Nursing Education Level.**

A responsive curriculum is the curriculum that is relevant to the current and the anticipated needs, problems and aspirations of the learner. It is based on the occurrence and changes in the learner's

world or cultural milieu. The major objective of this study is to develop not just a model but an intervention package based on the findings of this study that the BNE (2001) curriculum offerings and their credit units are grossly inadequate.

**Table 41: Proposed Basic Nursing Education Courses and their Credit Units**

**Year One Semester One**

<b>COURSE CODE</b>	<b>COURSE TITLE</b>	<b>CREDIT(S)</b>	<b>STATUS</b>
BNE 111	Foundations of Nursing	2	Compulsory
BNE 112	Anatomy and Physiology 1	2	Compulsory
BNE 113	Medical – Surgical Nursing 1	2	Compulsory
BNE 114	Computer Education	2	Compulsory
BNE 115	Clinical Nursing	4	Compulsory
BNE 116	Safety & Security Education	2	Compulsory
BNE117	The use of English Language	2	Compulsory
Total	7	16	

**Year One, Semester Two**

<b>COURSE CODE</b>	<b>COURSE TITLE</b>	<b>CREDIT(S)</b>	<b>STATUS</b>
BNE 121	Medical- Surgical Nursing II	2	Compulsory
BNE 122	Psychology	2	Compulsory
BNE 123	Physics	2	Compulsory
BNE 124	Nutrition	2	Compulsory
BNE 125	Microbiology	2	Compulsory
BNE 126	Anatomy and Physiology II	2	Compulsory
BNE 127	Clinical Nursing	4	Compulsory
Total	7	16	

**Year Two, Semester One**

<b>COURSE CODE</b>	<b>COURSE TITLE</b>	<b>CREDIT(S)</b>	<b>STATUS</b>
BNE 211	Pharmacology	2	Compulsory
BNE 212	Nursing Informatics Tele – Nursing, Tele- Health	2	Compulsory
BNE 213	Mental Health Nursing	2	Compulsory
BNE 214	Community Health Nursing I	3	Compulsory
BNE 215	Medical Sociology	1	Compulsory
BNE 216	Clinical Nursing	4	Compulsory
BNE 217	Orthopaedic Nursing	2	Compulsory

TOTAL	7	15
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### **Year Two, Semester Two**

<b>COURSE CODE</b>	<b>COURSE TITLE</b>	<b>CREDIT(S)</b>	<b>STATUS</b>
BNE 221	Community Health Nursing II (Field Trip)	3	Compulsory
BNE 222	Paediatric Nursing	2	Compulsory
BNE 223	Principles and Methods of Teaching	2	Compulsory
BNE 224	Introduction to Research Methods	2	Compulsory
BNE 225	Legal aspect of Nursing Practice	2	Compulsory
BNE 226	Communication in English	2	Compulsory
BNE 227	Obstetric Nursing & Gynaecology	2	Compulsory
BNE 228	Clinical Nursing	4	Compulsory
TOTAL	7	17	

### **Year Three, Semester One**

<b>COURSE CODE</b>	<b>COURSE TITLE</b>	<b>CREDIT(S)</b>	<b>STATUS</b>
BNE 311	Introduction to Theory and Practice of Guidance and Counselling	2	Compulsory
BNE 312	Basic Nursing Education Policy	2	Compulsory
BNE 313	Biochemistry	2	Compulsory
BNE 314	Curriculum Studies	2	Compulsory
BNE315	National Health Policy	2	Compulsory
BNE 316	Clinical Conference	4	Compulsory
BNE 317	Introduction to Radiography	2	Compulsory
Total	7	16	

**Year Three, Semester Two**

<b>COURSE CODE</b>	<b>COURSE TITLE</b>	<b>CREDIT(S)</b>	<b>STATUS</b>
BNE 321	Management of Basic Nursing School & Clinical Setting	2	Compulsory
BNE 322	Health Education	2	Compulsory
BNE 323	Introduction to library studies	2	Compulsory
BNE 324	Introduction to National Policy on Education	2	Compulsory
BNE 325	Introduction to Radiography	2	Compulsory
BNE 326	Clinical Nursing & conference	4	Compulsory
BNE 327	Research Project	4	Compulsory
Total	7	18	

Source: Researcher's field work: Framework of enriched curriculum offerings at basic nursing education level

Summary: Total number of credits 95, Compulsory credits 94.

Minimum *number* of units required for graduation 60 (teaching practice inclusive). The matrix of this curriculum is based on the credit system, the contact hours are calculated on the following formula: 1 Theory Cr= 2 hours ,1 clinical Cr =3 hours, 1Lab/Tutorial Cr=3 hours. At the end of the three year programme, the products should be awarded OND certificate



## **CHAPTER FIVE**

### **Summary, contributions to knowledge, Conclusion, and Recommendations**

#### **5.1 Summary of the findings**

This study examined the effectiveness of basic nursing education programme in Nigeria in meeting the needs of the students and the society. It also examined the extent to which basic nursing education programmes in Nigeria are provided with the required facilities and instructional materials to ensure the production of utility graduates. Qualitative and quantitative research procedures were adopted for obtaining relevant data within the population. Descriptive survey and quasi-experimental, pre and post-test control group designs were adopted for the study. The study raised eight research questions and tested eight hypotheses. The population of the study comprised one thousand, one hundred and ninety respondents, teachers and students in the seven basic nursing institutions selected for the study from the South-East, South-West and North-central Geo-political zones of Nigeria (Lagos, Abia and Kaduna States). A total sample size of seven hundred and seventy respondents which comprised seven hundred students and seventy teachers male and female were selected using cluster sampling techniques. The research instruments used for the study include: structured questionnaire, observation, interview schedule, checklist and content analysis. Descriptive analysis was used for the research questions. The null hypotheses were tested with Univariate Analysis of Variance at an alpha level of 0.05 while Factor analysis was employed to identify the major factors militating against the effective implementation of BNE programme in Nigeria. Observed data and data obtained from structured interview schedule were qualitatively analysed. The findings of the study revealed that basic nursing education curriculum has not been evaluated since its introduction into the Nigerian educational system in the year (2001). The results further revealed that the state of the facilities is grossly inadequate. Some of the products of basic nursing education programme are not proficient on the job. It is therefore

recommended that basic nursing education programme in Nigeria should be evaluated after completing its life cycle after three years and every three years. BNE programme should be committed to capacity building of teachers and students to cope with the current and emerging issues in nursing profession.

## **5.2 Contributions to Knowledge**

This study has potential to contribute meaningfully to the improvement of basic nursing education and practice in Nigeria.

First, the study developed an integrated model for nursing education curriculum in Nigeria which if adopted will improve nursing education and practice.

Second, the research developed a framework of enriched curriculum offerings at basic nursing education level which has the capacity to meet the requirements for the upgrading of basic nursing education programme to (OND) awarding institution. This is to lay to rest the long standing problem of paper qualification and nomenclature in nursing profession.

Third, the study has designed and developed validated instruments for further studies in nursing education and practice.

Fourth, the study has provided enriched curriculum content for nursing profession by introducing new courses into BNE curriculum such as: nursing informatics, safety and security in the workplace, biochemistry, introduction to guidance and counselling, legal aspects of nursing practice among others.

Fifth, the study has highlighted the major challenges of basic nursing education programme in Nigeria such as infrastructural deficit, inadequate facilities and service delivery processes, ineffective teaching methods, techniques and paucity of fund.

Sixth, the study established a comparative analysis of the perception of teachers and students in the various nursing institutions involved in the study on the objectives, content, implementation and the effectiveness of basic nursing education curriculum in meeting the needs of the students and the society. It also established the teachers' teaching competence across the various basic nursing education programmes in Nigeria and gave insight to the areas that need improvement.

Seven, the study has highlighted the impact of teachers' incompetence, ineffective admission processes and political instability on the academic achievement of students and the need to equip the teachers with adequate skills and knowledge to perform their duties effectively.

Eight, the study has established the remote and the actual causes of gender disparity in nursing profession as well as the measures to be adopted to bridge the gap.

### **5.3 Recommendations**

- Basic nursing programme should be totally committed to capacity building of teachers and students to cope with current and emerging health issues in nursing education and practice.
- The educational facilities should be updated and modernised to enhance quality teaching and learning.
- Thenurseeducators should be adaptable to change.
- The admission process should be properly addressed to ensure justice and fairplay.
- Men should be encouraged and supported to join nursing profession.
- The intervention package based on the findings of this study should be adopted for the improvement of basic nursing education programme in Nigeria and should be evaluated when it has completed its life cycle after 3 years and every three years.
- Basic nursing schools should be renamed College of Nursing, for the award of OND Nursing certificate.

In line with the above, nurse educators should keep themselves abreast of policies affecting the practice of their profession to ensure efficient service delivery. They should conduct themselves in such a way that will enhance public confidence and avoid unethical practices.

## **5.4 Conclusion**

Knowledge is not static; it grows and changes, learning remains *ad'infinitum*. Basic nursing education programme in Nigeria has made substantial achievements over the years but there is still room for improvement considering the increasing complexity of the ever changing context of the health care system. The government has several initiatives geared towards the achievement of quality nursing services. These growing opportunities to enhance nursing education and practice should not be ignored. The present day nurses must grow and evolve to meet the demands of a dramatically changing world and become effective members of the collaborative health care team. The nurses need skills in technology, communication, interpersonal relationship to mention but a few. Basic nursing education programme should be committed to capacity building of students to cope with the immediate and emerging issues in nursing profession and design appropriate intervention package to address these challenges adequately. The nursing and Midwifery council of Nigeria should try as much as possible to make BNE curriculum more responsive. This requires the following: understanding the learner's environment or cultural milieu, selecting goals and objectives that reflect the learners needs, problems and changes in the society, selecting content that are bias free and responsive to the learners circumstances and major changes and challenges, selecting resources that are bias free and relevant to the learners environment, evaluating using relevant procedures that are modern enough and adapted to local needs.

From the forgoing, it can therefore be concluded that if the Nursing and Midwifery council of Nigeria should adopt the enriched BNE curriculum package, it will go a long way to expand the frontiers of knowledge, enhance and sustain Basic Nursing Education in Nigeria.

## **5.5 Suggestions for further Research**

Based on the findings of the study, it is suggested that this study could be replicated in the three Geopolitical zones of Nigeria not covered in this study namely: South-South, North-East and North-West.

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## **APPENDICES**

### **APPENDIX A**

**DEPARTMENT OF ARTS AND SOCIAL SCIENCES EDUCATION**

**FACULTY OF EDUCATION**

**UNIVERSITY OF LAGOS, AKOKA**

## **QUESTIONNAIRE ITEMS ON THE EVALUATION OF BASIC NURSING EDUCATION CURRICULUM IN NIGERIA**

**Dear Respondent,**

This questionnaire is designed to elicit information to determine the relevance of the various segments of Basic Nursing Education Program

me in Nigeria in meeting societal needs, the problems and challenges. You are kindly requested to respond to this questionnaire as objective as possible. Any information given in this questionnaire will be treated with utmost confidentiality.

### **Section A**

#### **Demographic Data**

Please tick or fill in as appropriate

1.Name of institution:.....

2.Date institution was established .....

3.Type of institution: Federal Basic Nursing School {    }

State School of Nursing {    }

Military School of Nursing {    }

Mission School of Nursing {    }

4. Location of Institution: Urban Area {    }

Rural Area {    }



5. Age of Respondents: 16-20{    } 21-25{    } 26-30{    } 31-35{    } 36-40{    } D 41-45{    } 46-50{    } 51 and above{    }
6. Gender: Male{    } Female{    }
7. Marital Status: Single{    } Married{    } Separated {    }  
                   Divorced {    } Widow {    }            Widower {    }
8. Nationality: Nigerian {    } Non-Nigerian{    } Specify.....
9. Religion: Christianity {    } Islam {    } Traditional Religion {    }
10. Educational Qualification: Ph.D (Nursing) {    } M.Sc Nursing{    } BSc (Nursing) {    } B.Ed{    }  
       M.Ed{    } HND{    } WASC{    }
- Others specify-----
12. Professional Qualification: Registered Nurse (RN) {    } Registered  
       Midwife RM{    } Registered Nurse Tutor RNT {    }
- Others specify-----
13. Status: Undergraduate Nursing student {    } Post Basic Nurse {    }  
       Nurse Educator {    } Nurse Administrator{    }
14. Cadre: Nursing officer 1{    } Nursing Officer 2 {    } Senior Nursing  
       Officer {    } Principal Nursing Officer {    } Assistant Director{    }  
       Deputy Director{    } Director of Nursing Services{    }
- Others specify -----~-----
15. Job Experience: 1-5 years {    } 6-10 years {    } 11-15 years{    } 16-20 yrs  
       Years {    } 20 years and above {    }

## Section B

**Questionnaire items on the Relevance and Appropriateness of Basic Nursing Education Curriculum in Nigeria. Relevance (what is most assuredly useful, related and connected**

**Strongly Agree**  
**Agree**  
**Disagree**  
**Strongly Disagree**

### 4 Objectives

- a. Basic Nursing induction curriculum in Nigeria has clearly stated objectives
- b. The objectives are measurable
- c. The objectives are attainable
- d. The objectives are adequate in meeting the needs of the learner the students and
- e. the society.

### 5 Entry Characteristics

- a. The teachers have the required qualifications and enough experience to teach in BNE programme.
- b. The students have the required entry requirement for the programme

### 6 Content

- a. The content selected appeared appropriate.
- b. The content selected was properly organized (logical and properly sequenced).

### 7 Teachers Teaching Competence

- a. The teachers are very resourceful and directs the learners to resource centres such as library support, electronic journals etc.
- b. The teachers explain, recognize pupils difficulty in understanding key concepts in the BNE curriculum.
- c. The teachers demonstrate in-depth knowledge and mastery of subject matter.
- d. The teachers are proficient in handling the tasks and problems encountered on the job.
- e. The teachers attend seminars and workshops at regular intervals to update their knowledge and skills.
- f. The teachers spend quality time in the library to improve their knowledge and skills.
- g. The teachers are competent in computer operations to enhance academic activities.
- h. The teachers have published several relevant articles in Nursing Education Journals.
- i. The teachers embark on research regularly
- j. The teachers can competently set and mark Nursing Council examination questions.
- k. The teachers can adequately evaluate the courses they teach.

## 8. **Teaching Methods and techniques**

(Method refers to generally established and acceptable way of doing something e.g. teaching. **Technique**: It is the ability of a performer to use a particular method to create desired effects. Technique further implies skill and ability in practical activities developed through training and practice.

- a. The under-listed **teaching methods and techniques** are being used in your Basic Nursing school

(i) **Lecturer method:**

Planned scheme towards the teachers desired goal in which the teacher controls each and every function of the classroom teaching with little or no involvement of the learners. Teacher does most of the talking students mainly listen or jot down noteswriting.

(ii) **Inquiry method**

**Questioning:**A question is a request for information or opinion. It is an essential element of all teaching procedures and the key to all education activity.It entails theteacher askingstudents' questions andstudents response to questions.

**Project technique:** A project is a problematic act carried to completion in its natural setting. It is a whole hearted purposeful act completed in a natural setting. Kilpatrick (2009). In project technique, the teacher encourages project based learning, ask students to investigate issues and topics addressing real world problems while integrating subjects across the curriculum.

**Problem solving Technique**

Provides opportunity to the students for analysing and solving a problem on the basis of their previous stock of knowledge enriched with the present means available to them.

(iii) **Discussion method**

**Seminar:** As an instructional technique involves generating a situation for a group to have guided interaction among themselves on a theme which is generally presented to the group by one or more members.

**Conference:** Meeting of large group organised to discuss current problems with the aim of accomplishing a limited task with restricted time.

(iv) **Activity method**

**Demonstration Method:** As a teaching strategy refers to the visual presentation of the action, activities or practical work related to the facts and principles of a delivered lesson by the teacher in the classroom aimed at enhancing teaching and learning.

**Simulation-computer:** Lectures are being delivered through power point

**Role play** sociodrama and psychodrama Educational technique in which people act out problems of human relations and analyse the enactment with help of other role players and observer.

**Field trip.** It is one of the most concrete and most realistic educational procedures. It is an educational procedure by which the students obtain first hand information by observing places, objects, phenomena or activities and process in their natural setting to further learning.

**Teaching Techniques**

- a. The teacher's technique of introducing the lesson is interesting and enthusiastic.
- b. Demonstrates skills in gaining and holding pupils attention.
- c. Encourages the learners to participate in classroom activities
- d. The teacher uses prompt and probes to enable pupils arrive at the appropriate answer.
- e. The teacher's explanation of concepts are clear to the learners.
- f. The teacher appreciates the pupils' efforts in the teaching-learning process.
- g. The teacher uses appropriate audio-visuals aids.
- h. The lectures are predominantly theoretical devoid of

practical approach.

- i. The teachers teaching behavior could be described as
  - Authoritarian teaching behavior,
  - Democratic teaching behavior
  - Laissez faire teaching behavior.

9 **Evaluation of Learning** (Assessment to determine the effectiveness of learning and the attainment of goals and objectives of the BNE programme).

- a. The students come to class regularly.
- b. They listen attentively in class
- c. They submit their assignments on schedule
- d. They have acquired enough skills in the programme to make them independent and contribute meaningfully to the welfare of society.

10 **Major challenges militating against the effective implementation of Basic Nursing Education programme in Nigeria are as follows:**

- a. Basic nursing Education Curriculum is prepared by curriculum planners who are non-teaching staff.
- b. The curriculum has not been evaluated since its inception in 2001.
- c. There is problem of under funding
- d. There is lack of functional computers to accelerate academic work.
- e. There is lack of standby generating plant for regular electricity supply.
- f. There is lack of properly equipped library with current books, journals, magazines news papers etc.

- g. Lack of properly equipped laboratory and technical workshop.
- h. Lack of spacious and well ventilated classrooms.
- i. Contract hours specified in the curriculum are often not provided in the timetable.
- j. The teacher-student ratio is in line with the prescribed standard of 1:25 by UNESCO
- k. The curriculum has clearly defined method of grading
- l. The credit units allocated to each course is inadequate.
- m. There are some courses in the BNE curriculum that have outlived their usefulness and should be deleted
- n. There are relevant courses that need to be incorporated into the BNE curriculum to meet up with the challenges of the times.
- o. Graduates of BNE propgrame do not easily get employment.
- p. Their performance on the job is poor.

## **APPENDIX B**

### **DEPARTMENT OF ARTS AND SOCIAL SCIENCES EDUCATION**

### **FACULTY OF EDUCATION**

### **UNIVERSITY OF LAGOS, AKOKA**

## **INTERVIEW ITEMS ON THE EVALUTION OF BASIC NURSING EDUCATION CURRICULUM IN NIGERIA**

### **Section A**

Gender.....

Age.....

Level of Learners.....

Status.....

Educational Qualification.....

Present job description.....

Job experience.....

### **Section B**

1. How relevant are the objectives of Basic Nursing Education Curriculum in Nigeria in meeting the needs of the learners and the society?.....
2. To what extent is the BNE curriculum content appropriate to the level of the learners?.....  
.....
3. How adequate is the scope of the BNE curriculum in terms of its coverage, depth and breadth?.....  
.....
4. How adequate is the logical sequence of the curriculum content?.....  
.....



5. To what extent are the credit units allotted to each course appropriate?.....  
.....
6. Is the contact hour specified for each course in the curriculum provided in the time table?.....
7. Are the teachers qualified and competent enough in handling the tasks and problems encountered on the job?.....  
.....
8. To what extent are your teachers competent in computer operations?.....  
.....
9. How adequate is the student-teacher ratio? Is it in line with the prescribed 1:25 by UNESCO  
.....
10. Are there some courses in the BNE Curriculum that have outlived their usefulness and should be deleted from the curriculum? If yes, list the courses.....  
.....
11. Are there relevant courses you feel should be incorporated into the existing curriculum to enrich it? If yes, state the courses and why it should be incorporated?.....  
.....
12. What skills and knowledge have you acquired from the BNE programme to make you independent and to contribute meaningfully to the welfare of society?.....  
.....
13. Can the nurse educators effectively evaluate the courses they teach? State your reasons.....  
.....
14. Are the Nurse educators adequately motivated through timely payment of entitlements:

salaries, promotions and seminars to foster the expected high level proficiency on the job?.....

.....

15. What are the major challenges militating against the effective implementation of BNE programme in Nigeria?.....
16. What have you not learned that you should have learned or expected to learn from the programme?.....
17. What have you learned from the programme and what do you intend to do with the learning-knowledge and skills acquired at the of the programme ?.....  
.....
18. To what extent do the graduates of BNE programme easily get employment?.....
19. Are they well paid in terms of salaries and allowance?.....
20. What is their performance on the job?.....

## APPENDIX C

### DEPARTMENT OF ARTS AND SOCIAL SCIENCES EDUCATION

### FACULTY OF EDUCATION

### UNIVERSITY OF LAGOS

### RECORD OF CLASSROOM OBSERVATION ON THE RELEVANCE OF BASIC NURSING EDUCATION CURRICULUM IN NIGERIA, ADAPTED FROM BARODA GENERAL TEACHING COMPETENCE SCALE'

Name of Institution.....

Name of the teacher:-----

Class to be taught:-----Class size.....

Subject.....

Topic:-----

Date:----- Duration:-----

Items Evaluated		Ratings						
No.	Planning	Not At All			Very Much			
1.	Objectives of the lesson plan were clearly identified and well stated.	0	1	2	3	4	5	
2.	The content selected appeared appropriate.	0	1	2	3	4	5	
3.	The content selected was properly organized (logical and properly sequenced).	0	1	2	3	4	5	
4.	Audio-visual materials chosen were relevant, appropriate for attaining the BNE objectives), it is varied and effectively utilized.	0	1	2	3	4	5	
<b>5mi</b>	<b>Introduction</b>							
5.	The introduction was relevant. The subject was introduced effectively and students were prepared emotionally and from knowledge point of view to receive the new lesson.	0	1	2	3	4	5	
<b>5m ins</b>	<b>Review of previous lecture</b>	0	1	2	3	4	5	
6	The teacher reviewed previous lesson and asked clear brief questions centred on a single idea. The questions were appropriate, (well-structured, properly put, adequate in number, and made							

students to participate).

7.	Critical awareness was brought about in students with the help of probing questions.	0	1	2	3	4	5
<b>5m ins</b> 8	<b>Definition of Terms</b> Concepts and principles were explained through clear, interrelated and meaningful statements.	0	1	2	3	4	5
9.	The concepts and principles were illustrated with concrete and appropriate examples.	0	1	2	3	4	5
30m ins 10.	<b>Presentation</b> Student's attention was secured and maintained by varying stimuli like movements, changing interaction styles, pausing and oral-visual switching.	0	1	2	3	4	5
11.	Deliberated silence and non-verbal cues were used to increase student's participation in class.	0	1	2	3	4	5
12.	Student's participation was encouraged using verbal and nonverbal reinforcers.	0	1	2	3	4	5
13.	Speed of presentation of ideas was appropriate.	0	1	2	3	4	5
14.	The blackboard work was good, i.e. legible and neat.	0	1	2	3	4	5
15.	Communication skills (there was appropriate use of language and clarity of voice).	0	1	2	3	4	5
<b>5m ins</b>	<b>Class Management</b>						
16.	Good class control was maintained during the lesson (there was reactions and reinforcement of pupils' responses).	0	1	2	3	4	5
17.	Classroom discipline was maintained during the lesson.	0	1	2	3	4	5
<b>5m ins</b>	<b>Winding up (summary and conclusion)</b>						
18.	The closure was achieved appropriately.	0	1	2	3	4	5
19.	The assignment given to the students was appropriate and suited to individual differences.	0	1	2	3	4	5
5m ins 20.	<b>Evaluation.</b> Time Management: Lecture was completed as scheduled. Assessment technique was suitable to the level of the learners.	0	1	2	3	4	5

21.	There was attainment of stated objectives. The teacher demonstrated mastery/in-depth knowledge of subject matter.	0	1	2	3	4	5
22.	<b>Sensitivity to the learner's needs and problems.</b> Teacher maintained good eye contact.	0	1	2	3	4	5
23.	Students' difficulties in understanding a concept or a principle were diagnosed through step-by-step questioning and suitable remedial measures were undertaken.	0	1	2	3	4	5
24.	<b>Teacher's</b> Appearance/Personality. Neatly dressed and clean.	0	1	2	3	4	5
25.	<b>Comportment:</b> lecture was delivered in confidence using concrete and appropriate examples.	0	1	2	3	4	5

**TOTAL SCORE 100%**

Practical Approach to Curriculum Evaluation in the Real World of the Classroom Rating Scale Adapted From The Baroda Micro Teaching Competence Scale: in Nursing Education By Basavanthappa (2009:957).

Graphic Record of Classroom Observations

Name of the teacher	Topic	Date
5		Excellent
4	Strong Points	High
3		Medium
2		Low
1		Poor

## Attribute of Classroom Competence

- 1 Effectiveness of introduction
- 2 Clarity of objectives
- 3 Stance and voice
- 4 Aptness of teaching method
- 5 Classroom management
- 6 Use of teaching notes
- 7 Question/answer technique
- 8 Student participation
- 9 Chalkboard effectiveness
- 10 Audio-visual effectiveness
- 11 Maintenance of interest
- 12 Development of study skills
- 13 Effectiveness of summary
- 14 Planning and preparation
- 15 Overall implementation

## APPENDIX D

### DEPARTMENT OF ARTS AND SOCIAL SCIENCES      EDUCATION FACULTY OF EDUCATION

#### UNIVERSITY OF LAGOS

Checklist used for environmental assessment of the BNE programme to determine the adequacy of the facilities in terms of availability, non-availability, adequacy and inadequacy of the learning environment.

Item	Availability	Adequacy 2	Inadequacy 1
Classroom	Spacious but not digitalized		1
Teaching Aids	Obsolete, not effectively utilized, no cadaver		1
Demonstration room	Not spacious to contain 50 or more students during practical sessions and not adequately ventilated considering the class size		1
Computer room	Few functional computers, no computer operators, to guide the learners, does not open 24hours.		1
Library	Contains few current textbooks and journals, not Spacious. Can best be described as a reading room.		1
Students' hostel	Obsolete,dilapidated and poorly ventilated.		1
Provision of recreational activities	There are provisions for sport activities and in-door games but some of these facilities are obsolete.	2	
Total		4	5

## **APPENDIX E**

### **Approved Basic Schools of Nursing in Nigeria and their Geo-Political Zones**

<b>Geo-Political Zones</b>	<b>States and Their Respective Schools of Nursing</b>
----------------------------	---

<b>South East</b>	
-------------------	--

	<b>ABIA STATE</b>
--	-------------------

	SON, Abia State University Teaching Hospital, Aba
--	---

	SON, Federal Medical Centre, Umuahia
--	--------------------------------------

	SON., Amachara, Umuahia
--	-------------------------

	<b>ANAMBRA STATE</b>
--	----------------------

	SON., Our Lady of Lourdes Hospital, Ihiala
--	--

	SON., General Hospital, NkporOgidi
--	------------------------------------

	SON., NnamdiAzikwe University Teaching Hospital, Awka
--	---

	SON., Iyi-Enu Hospital, Iyi-Enu
--	---------------------------------

	<b>EBONYI STATE</b>
--	---------------------

	SON., Mater Misericordiae Hospital, Afikpo
--	--

	<b>ENUGU STATE</b>
--	--------------------

	SON., University of Nigeria Teaching Hospital, Enugu
--	--

	SON., Bishop Shanahan Hospital, Nsukka
--	--

	SON., Enugu State University Teaching Hospital, Parkland, Enugu
--	---

	<b>IMO STATE</b>
--	------------------



SON., St. Mary's Hospital, Amaigbo

SON., Joint Hospital, Mbano

SON., Umulogho, Obowo, Imo

SON., General Hospital, Owerri

SON., Holy Rosary Hospital, Emekuku, Owerri

## **South West**

### **LAGOS STATE**

SON Military Hospital, Yaba

SON., Lagos University Teaching Hospital, Idi-Araba

SON., Awolowo Road, Ikoyi, Lagos

### **OGUN STATE**

SON., Sacred Heart Hospital, Lantoro, Abeokuta

SON., General Hospital, Ijebu-Ode

SON., General Hospital, Abeokuta

### **ONDO STATE**

SON., General Hospital

### **OSUN STATE**

SON., Seventh Day Adventist Hospital, Ile-Ife

SON., Wesley Guide Hospital, Ilesa

SON., ObafemiAwolowo University Teaching Hospital, Ile-Ife

SON., State Hospital, Osogbo

### **OYO STATE**

SON., Baptist Medical Centre, Saki

SON., Baptist Medical Centre, Ogbomosho

SON., Eleiyele, Ibadan

SON., University College Hospital, Ibadan

#### **KWARA STATE**

SON., Ilorin

#### **EKITI STATE**

SON., Ado Ekiti

### **South- South**

#### **AKWA-IBOM STATE**

SON., St. Lukes Hospital, Anua-Uyo

SON., Eket, Immanuel General Hospital, Eket

SON., General Hospital, Ikot-Ekpene

#### **CROSS RIVER STATE**

SON., Calabar

SON., General Hospital, Ogoja

SON., Eja Memorial Hospital, Itigidi

SON., ItukMbang

#### **BAYELSA STATE**

SON., Tombia

#### **DELTA STATE**

SON., Baptist Hospital, Eku

SON., State Hospital, Agbor

SON., General Hospital, Warri

**EDO STATE**

SON., General Hospital, Benin City

SON., University of Benin Teaching Hospital, Benin City

SON. Igbinedion University Teaching Hospital, Okada

**RIVERS STATE**

SON., General Hospital, Port Harcourt

**North East**

**ADAMAWA STATE**

SON., Yola

**BAUCH STATE**

SON., General Hospital, Bauchi

**BORNO STATE**

SON., General Hospital, Maiduguri

SON., U.M.T.H. Maiduguri

**GOMBE STATE**

SON., Gombe

**TARABA STATE**

SON., Jalingo

**YOBE STATE**

SON., General Hospital, Damaturu

**North West****JIGAWA STATE**

SON., Birnin Kudu

**KANO STATE**

SON., Muritala Muhammed Hospital Kano

**KATSINA STATE**

SON., General Hospital, Katsina

**SOKOTO STATE**

SON., Usman Dan Fodio University Teaching Hospital, Sokoto

SON., General Hospital, Sokoto

**ZAMFARA STATE**

SON., Gusau

**North Central****KADUNA STATE**

SON., Ahmadu Bello University Teaching Hospital, Zaria

SON., St. Luke's Anglican Hospital, Wusasa

SON., St. Gerard's Catholic Hospital, Kakuri

CON., Kafanchan

**BENUE STATE**

SON., General Hospital, Makurdi

SON., Christian Hospital, Mkar

**KOGI STATE**

SON., E.C.W.A. Egbe

SON., General Hospital, Obangede

**NIGER STATE**

SON., Bida

**PLATEAU STATE**

SON., Christian Hospital, Vom

SON., Muritala Mohammed Hospital, Jos

**FCT**

**FCT (ABUJA)**

SON., Gwagwalada

## APPENDIX F

### MAP OF THE SIX GEO-POLITICAL ZONES OF NIGERIA

Nigerian Six Geo Political Zones showing the three geo-political zones and the States used for the study

NIGERIA

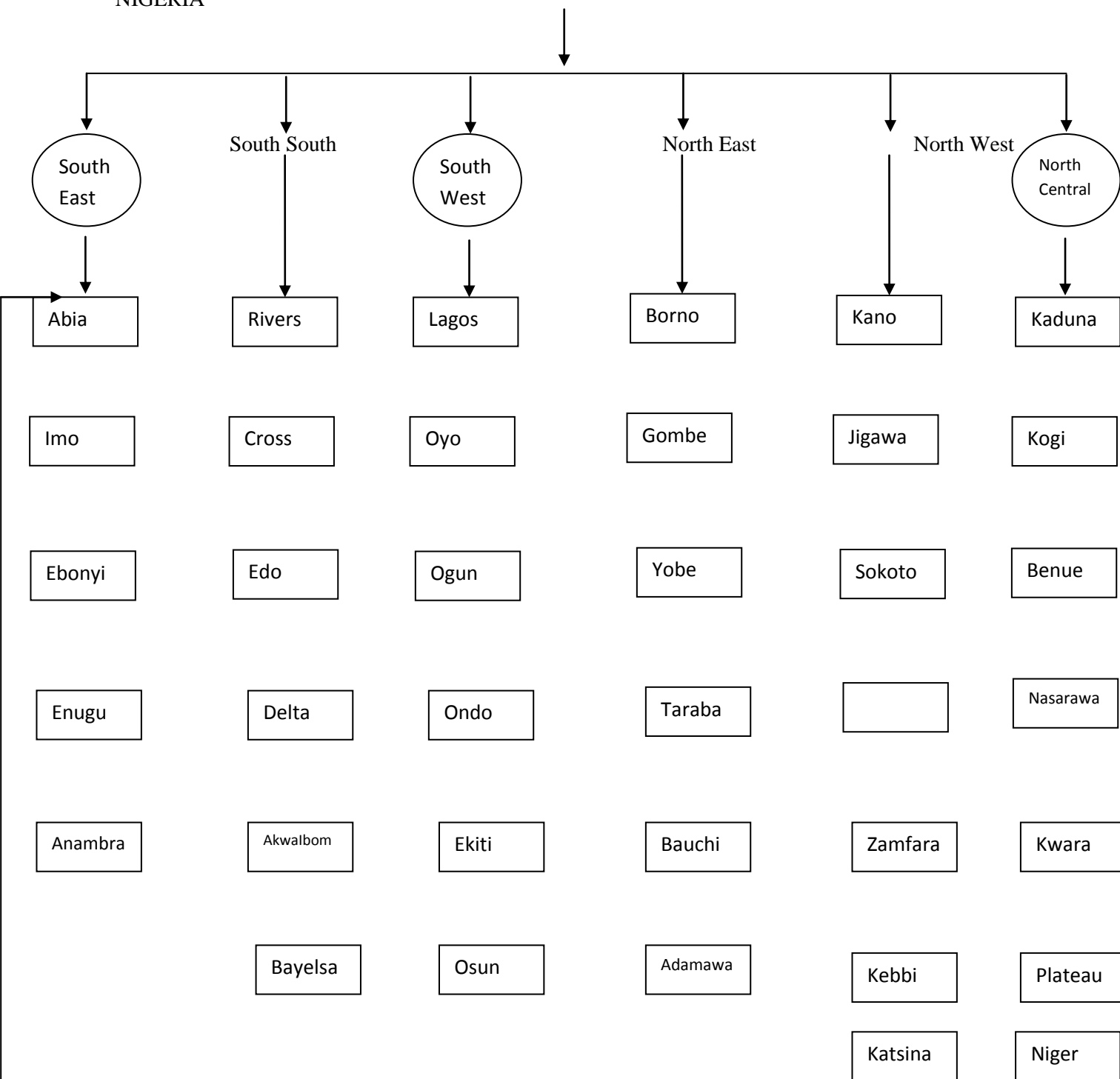


Figure 3: The Six Geo Political Zones of Nigeria showing the three geo-political zones and the States selected for the study

#### KEY

o Selected Zones

√ Selected States

