EVALUATION OF THE PERSONAL AND PROFESSIONAL DEVELOPMENT COURSE IN A NURSING PROGRAMME: A CASE STUDY

by

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Thesis submitted in fulfilment of the requirements

for the degree of

Doctor of Philosophy

July 2006

IN THE NAME OF ALLAH MOST GRACIOUS AND MOST MERCIFUL

ACKNOWLEDGEMENTS

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LIST OF ABBREVIATIONS

A & E	Accident and Emergency
AAS	Appropriate Assessment Scale
ABG	Arterial Blood Gases
APC	Annual Practicing Certificate
AWS	Appropriate Workload Scale
CCU	Coronary Care Unit
CEQ	Course Experience Questionnaires
CGSS	Clear Goal and Standard Scale
CPD	Continuous Professional Development
ETT	Endotracheal Tube
GSS	General Skills Scale
GTS	Good Teaching Scale
HDU	High Dependent Unit
ICU	Intensive Care Unit
IT	Information Technology
ITSS	Individual Topic Satisfaction Scale
JM	Jururawat Masyarakat
KD	Klinik Desa
MOH	Ministry Of Health
MOHE	Ministry Of Higher Education

OSI   Overall Satisfaction Item

PPD   Personal and Professional Development

QA   Quality Assurance

TQM   Total Quality Management

PENILAIAN KURSUS PEMBANGUNAN PERIBADI DAN PROFESIONAL DALAM SEBUAH PROGRAM KEJURURAWATAN: SATU KAJIAN KES

ABSTRAK

Dalam abad ke-21 yang pantas berubah, pengamal kejururawatan dikehendaki mempunyai kebolehan berfikir secara mendalam untuk terus meningkatkan kemahiran teknikal di samping mengamalkan sikap penyayang. Untuk memenuhi kehendak ini, pendidikan kejururawatan perlu membentuk jururawat agar berupaya mengikuti pelajaran berterusan dan mempunyai atribut kemahiran dalam komunikasi yang efektif, pemikiran kritikal dan kebolehan memuhasabah diri, kaunseling, memahami adat resam berbeza, etika dan cara mengatasi masalah. Kesemua atribut ini dimasukkan ke dalam kursus *Personal and Professional Development* (PPD) dalam program Bacelor Kejururawatan. Untuk menghasilkan perubahan yang berasaskan bukti, kursus PPD dinilai mengikut kaedah *Naturalistic Inquiry* yang menggunakan pendekatan penilaian pelbagai model. Bagi menghasilkan jaminan kualiti atau *Quality Assurance* (QA), model QA Donabedian diguna pakai untuk menilai struktur, proses dan hasil bagi mengenal pasti kekuatan dan kelemahan kursus PPD. Komponen struktur digunakan bagi menilai kandungan kursus, pengajaran dan pembelajaran dan kaedah penilaian yang digunakan dalam kursus PPD. Ahli panel penilai yang pakar dalam bidang ini menilai kecukupan struktur kursus PPD. Komponen proses dalam penilaian adalah untuk menilai pengalaman pelajar yang mengikuti kursus PPD.

Komponen ini dinilai secara kuantitatif dengan menggunakan soal selidik *Modified Course Experience Questionnaire (CEQ).* Keputusan yang diperoleh dibentuk menjadi soalan terbuka untuk mendapatkan pendapat pelajar yang mendalam secara kualitatif. Komponen hasil kursus dinilai melalui pemerhatian secara *participant observation* untuk memerhati pelajar yang berada dalam bidang klinikal selepas mereka mengikuti kursus PPD. Keputusan kajian mengenal pasti pendapat ahli panel pakar bahawa, struktur kursus PPD dibentuk berasaskan dasar yang mantap tetapi memerlukan sedikit perubahan. Pelajar pula berpendapat bahawa mereka telah mendapat peningkatan keupayaan peribadi dan profesional melalui teknik ajar belajar dan penilaian yang diguna pakai. Hasil pembelajaran pelajar dalam bidang amali juga didapati memuaskan kerana kebanyakan pelajar berupaya mengguna pakai atribut PPD dengan baik. Kelemahan yang dikenal pasti adalah untuk memastikan pelajar memahami kehendak setiap mata pelajaran. Hal ini memerlukan penggunaan kedua-dua bahasa perantaraan iaitu bahasa Melayu dan Inggeris sebagai media pembelajaran. Mata pelajaran komunikasi, kaunseling, adat resam antara kaum dan kerjasama perlu diubahsuai, sementara topik etika dan promosi kesihatan perlu dikeluarkan. Jangka masa antara teori dan sesi makmal perlu dipanjangkan dan pelajar perlu diselia rapi oleh penyelia klinikal untuk mengenal pasti dan membetulkan pelajar yang lemah dari peringkat awal. Untuk memastikan pengalaman praktikal dalam bidang klinikal pelajar berkualiti, semua penyelia klinikal perlu mengikuti satu kursus penyeliaan klinikal.

EVALUATION OF THE PERSONAL AND PROFESSIONAL DEVELOPMENT COURSE IN A NURSING PROGRAMME: A CASE STUDY

ABSTRACT

In the rapidly changing 21st century, nurse practitioners are expected to possess higher order thinking ability to constantly update technical skills while possessing caring attitude. To meet this demand nursing education must develop nurses with continuous learning ability and soft skills attributes of effective communication, critical and reflective thinking, teamwork, counselling, intercultural understanding, ethics, and problem solving. These attributes are developed into a Personal and Professional Development (PPD) course within the Bachelor of Nursing programme. For evidence-based changes the PPD course was evaluated following the Naturalistic Inquiry method using a multi model approach. To ensure Quality Assurance (QA) of evaluation, the Donabedian QA model of evaluating the course structure, process and outcome was used to identify strengths and weaknesses of the PPD course. The course structure component of the evaluation examined the PPD course content, teaching and learning and assessment method used. The evaluation used a panel of content expert to qualitatively analyze the adequacy of the PPD course structure. The process component of the evaluation examined students' experience of undergoing the PPD course. This was evaluated quantitatively using a Modified Course Experience Questionnaire (CEQ). The findings were developed into open-ended questions to qualitatively obtain rich in-depth understanding of students'

opinion. The course outcome component of the evaluation was qualitatively evaluated through participant observations method of observing students in the clinical field following their PPD course. Result of the study indicated expert panels were of the opinion, the PPD course structure was developed on a sound foundation but minor changes were required. Students were of the opinion they had gained personally and professionally through the good teaching learning and assessment method used. Student learning outcome in clinical practice was also found to be positive, as most students observed were able to effectively apply the PPD attributes. Weaknesses identified included the need to ensure students understand the subjects taught by using both English and *Bahasa Melayu* as media of instruction. The communication, counselling, trans-cultural nursing and collaboration subjects are to be modified while ethics and health promotion topics are to be removed. The gap between theory and laboratory session needs to be lengthened and students are to be closely followed by clinical supervisors for early identification and rectification of the weaker ones. To ensure quality in students' clinical practice experience, all clinical supervisors are to undergo a clinical supervisory course.

CHAPTER 1

INTRODUCTION

1.0   Overview

This introductory chapter presents the research background, the statement of the problem, the purpose, the research objectives, research questions and the significance of the study. This is followed with the research operational definitions.

1.1   Research Background: History of Nursing in Malaysia

Nursing as an art of nurturing the young, protecting the old and tending to the sick and the injured, existed beyond the time of recorded history, but nursing as a formal profession was comparatively recent even in the European history. Nurses or then, the attendants of the sick were mentioned in early medical records of China, India, Greece, Rome and the Christian churches. Records of ladies led by Ummul Rufaida who nursed and attended to injured soldiers during the Holy Prophet's (Peace Be Upon Him) time were also available. Muslim ladies went out from Madinah for nursing service at the siege of Madinah by the Confederates (A.H 5) and in the Khaidar expedition (A.H 7) (Abdullah, 1984).

The role of women in nursing work as a form of employment has been easily acceptable as it forms an extension of women's domestic role within a public domain. However, the birth of modern nursing with a developed structure of education, training and practice only started in the early 19th

century during the Crimean war led by Florence Nightingale from the United Kingdom.

Nursing service was introduced in the Straits Settlement, then existing alongside the Federated and Non-Federated Malay States during the middle nineteenth century. In 1946 the first British trained nurses were brought into the Penang Hospital by the British initially to meet health care needs of the expatriates and workers directly working in the Straits Settlement of the British Colony and the East India Company. Nursing service in Malaya then expanded to other main cities alongside the expansion of resources and revenues for the British (Khatijah, 2005).

As nursing was by then an established occupation in the United Kingdom (UK), the British nurses brought along not only their nursing protocols but similar structural supports already established in their health institutions that were developed within their early reforms. This was inclusive of developing legal nursing guidelines for the Malayan nurses as in the Nurses Act (1950) and the formation of a Nursing Board in charge of standards, regulation and registration of trained nurses. From the mid-fifties, Malayan nurses have a central controlling body of its own along the same lines as the medical profession (Khatijah, 2005). Basically the structure, legislation and support system for nursing installed by the British nurses in the 1950's were comprehensive and very much advanced for the newly developed occupation of nursing.

As health care facilities were essential to maintain public health, the development of new hospitals occurred alongside the economic and population expansion of the British and local population. In 1946, the Johor Bahru hospital was set up, followed by the setting up of the Kuala Lumpur Hospital in 1950. By then, the health care facilities expanded its scope to include the locals in need of medical care and treatment (Khatijah, 2005). With such expansion of health care facilities the number of British nurses brought in was inadequate to meet local requirements. Training of local nursing manpower then became a necessity. The first hospital-based nurse training school was set up in 1950 in Penang. The curriculum was based on the British model that was developed and taught by British nurses who then formed the educational foundation for the first nurse training school in Malaya (Khatijah, 2005).

Local Malayan nurses were recruited, and trained under the tutelage of British nurse trainers on a work-as-you-learn-and-earn-basis. Students were exposed to ward work with a specific study time period per week in the school of nursing for theoretical input from trained home-sister to teach and drill the students in nursing care. The ward sisters would be responsible for ward instructions and the medical instructors for lecturing on the nursing aspects of medicine (personal communication). This hands-on clinical learning with a study time period incurred difficulties when students on night duty had to attend classes regardless.

Through personal communication it was stated that, the block system was introduced in the 1960's whereby students attended between four to twelve weeks of designated classroom period before they were placed into various areas of ward work. Teaching approach used was mainly teacher-centered with emphasis on content coverage. The main focus of such training was to develop nurses with hands-on experience to provide health care services in the hospitals and community under the directives of medical personnel.

In the UK, the nursing reform started in the mid 19th century was a move among others to improve the caliber of nursing recruits towards a competent work force. The qualification of a nurse even then was defined in terms of intellectual ability and achievement. The reform included the replacement of the old culture of supernumerary work with regularity and routine fixed hours dictated by characteristics of labour force required for recruitment (Kitson, 1993). The nursing elite emerging from this first wave reform looked to medicine for inspiration in developing a model for professional organization of nurses. From the early 1950's onwards, nurses in the UK and in the United States had been actively focused at protecting the public from incompetent nurses by ensuring the maintenance of quality and standards of practice.

From a personal observation, nurses in Malaysia are still in their traditional role of a subordinate. They are by and large inadequately prepared and thus unable to handle the independent autonomous professional role of

working in partnership with the medical colleagues. The presence of nursing reforms in the then Malaya and now Malaysia was observed to be sporadic and non-unified, made through various nursing associations and unions, each pushing for own group agenda instead of a collective undertaking.

Meanwhile, continuous nursing reforms are actively taking place overseas. Nursing education in the early sixties and seventies were slowly but surely moving into the tertiary level where it is now established. In Malaysia a somewhat similar nursing educational model of the 1950's prevails until recently in most of the hospital-based nursing education. Most nurses are still trained at the hospital-based nursing schools. Even though the current curriculum uses the semester approach, training is still teacher-centered and content is still the focus of learning. The hands-on hospital based training is nevertheless effective for the day-to-day patient care and management but based on current public complaints and emerging issues, the evidence to-date suggests the model is inadequate in producing critical-thinking nurse practitioners and leaders to preempt and meet the fast changing and demanding health sector requirement of the 21st century.

Progress and development of the medical and health services occur due to increased knowledge and understanding of the causes and disease processes, technological know-how and societal needs and demands. This has directly and indirectly propelled nurses globally to move beyond the subservient nursing role to meet the challenge of their expanded and extended role.

Since the turn of the 21st century, Malaysia has been experiencing rapid industrial and economical expansion. This has propelled the rapid infrastructure development in the health care system. New state-of-the-art hospitals were developed to cater for general and specific medical conditions. Rapid health care expansion in relation to technological know-how occurred in specialized medical disciplines in contrast to the sluggish changes made in nursing service and training advancement. This caused an acute shortage of professional nurse practitioners with clinical specialty qualifications to deliver competent quality service to patients and to effectively lead nursing management and research practice. The medical personnel have greatly developed various clinical specialties, which nurses have not been able to adequately complement due to the shortage of qualified manpower caused by inadequate projection, training and most importantly in being inadequately equipped to exert autonomous leadership ability.

While nursing shortage is a serious long-term issue, there is currently a felt need by the Ministry Of Health (MOH) to develop nurses with leadership capabilities to improve the standards of nursing care (personal communication). There is a top-down push to train 10% of the current 40,000 trained nurses to have a degree qualification specifically to lead in the area of clinical specialties and nursing generally. In response, presently five local public universities offer nurse training at the undergraduate level. Each university developed their own nursing curriculum based on the standards set by the Ministry Of Higher Education (MOHE) to meet the stakeholders' need.

While the curriculum offered by all universities must meet standards set by the MOHE, it is common knowledge that curriculum-in-paper or the curriculum document inclusive of its syllabuses, time tables, lesson plans and other related documents may or may not meet the intended outcomes of the programme. Multiple variables could affect the curriculum in action or its actual implementation and eventually the curriculum that students experience. It is in relation to such a situation that curriculum evaluation plays a vital role. Identification of strengths and weaknesses in every single part of the curricula in view of evidence-based changes is deemed a must for any programme. Without rigorous evaluation it would not be known whether the curriculum offered is able to meet its intended outcome or otherwise.

The evaluation of any curriculum can be frustrating and challenging due to its complexity and uniqueness. However, all schools are responsible for appraising their students' learning, teaching practices and curriculum's or programme's outcomes to address accountability to students, peers, administrators, employers and the society one serves. Likewise, strengths and weaknesses of the curriculum ought to be appraised to gain general understanding of where it stands in relation to meeting the intended outcomes.

It is in relation to the importance of evaluating curricula outcomes that evaluation of a course specifically designed to improve nursing students profession and professionalism in the Bachelor of Nursing Programme in a

local public university is made. The Bachelor of Nursing programme in the identified university is developed mainly to produce safe and competent graduate nurses in clinical specialities with crucial ability to think critically and effectively for the public or private health sectors. To achieve this, an important addition is made to the programme's curriculum. Various attributes identified from the literatures as effective towards students' personal and professional development are pooled together into a course. This is to specifically develop student's ability in critical thinking and effective decision-making. Generally it is focused at students' personal growth and development.

In the identified university, the undergraduate nurses are given an additional introductory input to specialized in any one of the clinical specialities of critical care, public health, medical and surgical, pediatric, mental health and ophthalmology. The development of these undergraduate nursing programmes is towards meeting the main stakeholder's needs, namely the MOH in developing a cohort of tertiary qualified nurses to improve quality nursing service in clinical nursing specialities and towards spearheading nurse leadership development.

An ancient adage states, 'Give a man a fish, and you feed him for a day. Teach a man how to fish and you feed him for a lifetime'. Teaching the students to learn how to learn their nursing knowledge and skills based on personal and professional development (PPD) attributes forms one of the main objectives of the programme. Applying the student-centered approach in

the teaching and learning where they actively participate, rather than passively receive in the process, may not only ensure students' self-directed learning but could also aid in their ability to keep abreast with the information explosion. This is seen as one of the crucial elements required in leadership development of nursing graduates, mainly to ensure they are well prepared for today's fast changing and demanding clinical environment.

For the teaching and learning of students in the nursing courses, inclusive of the PPD course, case study method are commonly used to practice the hypothetical application of various principles learnt in the context of nursing practice. Assessments are commonly in the form of individual or group assignments with presentations made either individually or in small groups. Weightage from peer evaluation and critique forms part of the total mark. Currently, matured or non-traditional students who possess a diploma in nursing with at least 2 years' experience and may be married with family form the main student population.

1.2 Statement of the Problem

Emphasis on promoting the soft skill attributes of students' PPD is often only implied in most traditional nursing educations. The common expectation being, the interpersonal skills of effective communication, critical and reflective thinking, teamwork, learning techniques, stress and time management, law and ethics, problem solving, presentation skills, counseling, trans-cultural nursing and group dynamic need not be explicitly taught as it could be emulated and learnt socially in the teaching-learning environment

and in practice areas by students from lecturers and during interaction with qualified staff.

Subscribing to this standpoint places a very important component of the student's PPD to chance, specifically when their working responsibilities are increasingly more complex and exacting. Students are explicitly taught and are expected to learn the core component of knowledge and related skills in relation to nursing practice. Simultaneously they are expected to be able to interact and think critically and effectively to overcome problems at work and to challenge established assumptions and practices by taking actions to improve their work situation.

However, the very fundamental attributes required to effectively guide the students in their clinical decision-making or in the field are not explicitly developed, let alone taught. Even if the attributes were offered, it is at best non-comprehensive. The focus commonly made is merely to a couple of the attributes, causing students and new graduates to lack the total interpersonal and critical thinking ability to offer best practice in the increasingly complex clinical environment.

To address these nursing educational short-comings, a course comprising of comprehensively selected nursing personal and professional development attributes is developed and offered as part of the core nursing programme. The soft skills attributes are integrated and applied alongside students' clinical knowledge and technical know-how and are used as guiding

principles for students in developing their clinical judgement and decision making skills. Since the newly developed course is offered for the first time, its strengths and weaknesses need to be evaluated.

1.3   Purpose of the Study

The Bachelor of Nursing curriculum in a public university has made explicit the soft skills attributes by developing it into a PPD course. As this is a newly developed course, comprehensive evaluation is required on its structure for the comprehensiveness of the course content, on its process to ensure effective teaching learning and its course outcome to ensure students' PPD learning objectives are met. These evaluations are carried out mainly to identify areas of weaknesses in the PPD course for evidence-based rectifications.

Hence, the purpose of this study is to evaluate the PPD course within the Bachelor of Nursing curriculum in a public university in relation to the course structure, process and outcome mainly to obtain in-depth understanding of the strengths and weaknesses of the course for evidence-based corrective purposes and as a foundational provision for best educational practices.

1.4   Research Objective

1.4.1   General Objective

The general objective of this research is to identify strengths and weaknesses of the PPD course for evidence-based changes.

1.4.2 Specific Objectives

The specific objectives of this research are to:

1. Validate content adequacy of the PPD course through a panel of nursing curriculum experts followed with personal evaluation by the researcher.

2. Evaluate the teaching-learning and assessment methods used in the PPD course through Modified Course Experience Questionnaire (CEQ) followed with a focus group interview to obtain in-depth understanding of the results.

3. Evaluate product or outcome of the PPD course through observation of students as case studies in the clinical fields.

4. Identify course strengths and weaknesses through the teaching, content and students outcome for evidence-based changes.

1.5   The Research Questions

The evaluation of the PPD course is based on a research approach where both the qualitative and quantitative methods are used. Since the research is based on the Naturalistic Inquiry method with a main qualitative component, the research questions instead of the research null hypothesis form the specific query to be answered. The followings are the research questions:

1.5.1   Are the content, teaching-learning and assessment methods of the PPD course adequately developed to meet the course objectives?

1.5.2   How effective are the teaching-learning and assessment methods used in delivering the content within the PPD course?

1.5.3   How well did students apply attributes learnt from the PPD course in clinical practice?

1.5.4   What are the course's strengths and weaknesses from the teaching, content and student outcome perspectives?

1.6   Significance of the Study

The development and combination of multiple soft skills attributes and interpersonal skills within a PPD course are relatively new especially, in the Malaysian health care educational sector. This is mainly due to nurse educators' mindset that soft skills requirement towards continuous self-improvement could be 'caught' and thus need not be taught. Several researchers had identified the importance of such courses in ensuring the ability of nurses and other health care personnel to effectively deliver quality service in the current health care environment (Brasford, 2002; Gordon, 2003; Howe, 2002; Kuiper & Pesut, 2002).

Upon evaluating and identifying the PPD course strengths and weaknesses, evidence-based changes could be made to ensure future courses offered could be further improved. The evaluated PPD course could then be used as a model for the development of nursing and allied health

personnel students' soft skills development courses in the public or private health care sector.

1.7   Operational Definitions

1.7.1 Curriculum Evaluation in this context is the evaluation of a part of the curriculum namely the PPD course. Specifically, curriculum evaluation here means the evaluation of the PPD course within a Bachelor of Nursing Programme.

1.7.2 Personal and Professional Development (PPD) Course. This course is developed with a combination of identified soft skills attributes of interpersonal skills mainly to address nursing students' development in relation to their personal and professional enhancement.

1.7.3 Naturalistic Inquiry Model. A combination of qualitative and quantitative approach based on the Naturalistic Inquiry model is used to ensure a comprehensive and accurate representation of the PPD course evaluation. The dual approach is used in the collection and interpretation of data. The structural component of the course evaluation basically addresses the viability of the course content. This is evaluated qualitatively by a panel of experts and the researcher. The course process or the course actual implementation is quantitatively evaluated by the students at the end of the PPD course using a teacher-developed

assessment tool, known as Modified Course Experience Questionnaire (CEQ). To obtain rich in-depth data, the quantitative result obtained is developed into open-ended questionnaires to identify reasons for the occurrence of such findings. The course outcome is qualitatively evaluated through observing students in the field using a checklist developed from the PPD course attributes.

1.7.4 **Modified CEQ** is a 37 items Likert Scale questionnaires adapted from Ramsden's CEQ. The CEQ is modified to incorporate and evaluate each and every topic offered within the PPD course. Prior to data collection, the modified CEQ is subjected to face validity and pilot testing.

1.7.5 **Expert Panel.** In this context, the expert panel consists of a group of nurse academicians who qualitatively evaluate the content of the newly developed PPD course, its teaching learning and assessment methodologies to identify strengths and weaknesses and to recommend PPD course changes.

1.7.6 **Participant Observation.** This forms the qualitative data collection method in relation to evaluating students' PPD learning outcome. The participant observation using case study method is used. Here, the researcher participates in clinical practice settings hands-on with students while observing them performing their

clinical practice. Its objective is for the researcher to obtain in-depth first hand understanding of the students' ability to apply the PPD course attributes learnt in clinical practice.

CHAPTER 2

LITERATURE REVIEW

2.0   Overview

This chapter has four parts. Part A discusses background of the nursing situation, nursing practice demands, nursing education today, nursing educational demands, the educational philosophy, and challenges in nursing education. This is followed with recommended educational approach, what Personal and Professional Development (PPD) is, PPD of other health care personnel and selection of attributes for the PPD course.

Part B of this chapter consists of a discussion on what curriculum evaluations are, reasons for curriculum evaluation, its functions, purposes, conceptual approach, evaluation technique and the process of evaluation. Part C consists, of the history of evaluation theory and related curriculum evaluation models. Lastly, the selected evaluation models with its epistemological underpinnings used within the research framework are discussed and the researcher's conceptual framework with its description is presented. Part D critically examines researches done in the related area of nursing and educational curriculum evaluation.

2.1   Part A: Background of the Nursing Situation

Globally, nursing has been required to respond to dramatic health care shifts in relation to changing social forces and technology which has had a significant impact on practice and education (AACN, 2002). Identified trends

in locus of health care shifted from acute hospitalization to community and out patient care and from hospital care to preventive or restorative care. Rapid advances in healthcare technology and related requirements overtake previous ones before they can be absorbed and put to use. This caused continuous changes in healthcare practice environments and education (Lenburg, 1999). Societal changes due to rising economic standards and education increase public savvy and assertiveness resulting in higher expectations for competency and sensitive care in health and nursing practice (Goldenberg & Dietrich, 2002).

Malaysian healthcare is similar to the above scenario because economic development has brought about greater wealth through industrialization and urbanization. Educational improvement and use of available modern information and communication technology enable the public to be well informed as regard to health. Because of this, the public according to Abu Bakar (1999) and Chua (2005), has higher expectations for the quality of service to be provided and being consumerists, patients demand more information and greater involvement in decision about health treatment. Public access to easily available information technology contributes towards enabling them to have a say in health decision making (Abu Bakar, 1999).

This inevitably has led to a required change to the traditional nurse patient relationship in health care situation. There are increased expectations in relation to professionalism, so much so that the Ministry Of Health (MOH) has extensively developed its corporate culture to encompass areas of caring, teamwork and professionalism for all staff to base their services on. This is

because the public expects nurses not only to be knowledgeable and skilled but also to possess respectful attitude, inter-religious and inter-cultural sensitivity and practice effective teamwork. They are also expected to be trustworthy, polite, honest, sincere and caring. Chua (2000) went further to say that nursing professionalism in Malaysia is at risk if these codes of ethics are broken. The global nursing hallmark reciprocate to all of the above societal demands as the profession's emphasis is on the 'whole person' encompassing physical, biological, social and spiritual perspectives (Magnussen & Trotter, 1997). Therefore, there is a need for nurses to meet the current societal healthcare demands in the practice area, which directly and crucially impacted nursing educational setting.

2.1.1 Nursing Practice Demands

Nursing employers are facing a widening gulf between the competencies required for practice and those that new graduates learned in their educational programmes (Lenburg, 1999). Employers reported the need to spend an increasing amount of time and resources to orientate and teach new nurses the competencies required in today's workplace. So much so in Malaysia, the in-service nursing unit has been set up in every hospital largely to conduct orientation courses for all their newly qualified nurses. This is done because competence practice is more essential and mandatory than ever (Chua, 2000).

In the clinical settings it has taken on a more precise meaning as nurses are encouraged to effectively contribute to problem solving, through

leadership and strategic thinking for continuous improvement of job performance. This means that a nurse in practice settings is expected to work with flexibility and creativity (Good & Schubert, 2001), using memory, complex forms of abstract thinking (Lenburg, 1999) and skills (Bibb, Malebranche, Crowell, & Altman, 2003). This requires higher order thinking, real understanding, situated expertise and ability to learn to solve problem in practice while developing own portfolio of multiple skills achievement with a concern for quality, excellence and best practice to meet the required world culture while firmly grounded in nursing knowledge (McAllister, 2001). The consequence of nursing incompetence is extraordinarily expensive in relation to litigations and lawsuits (Lenburg, 1999).

This requirement arises because nursing is a practice-based discipline, which requires nurses to be knowledge base workers (McAllister, 2001). Knowledge base workers means being able to manage information and high technology on the one hand and complicated clinical judgments to meet patient need on the other (McAllister, 2001).

The 21st century sees information explosion, with knowledge and facts fast becoming obsolete. This makes it important that nurses become life-long learner to take on new information and adaptation to future change but here too nurses have difficulty keeping current (Koenig, Johnson, Morano, & Ducette, 2003).

As nursing students of today will be nurse practitioners of tomorrow they must be prepared to be ready at the outset to exhibit not only technical know-how but to possess a host of professional behaviours such as own initiative, time management skills, ability to direct own learning with interpersonal and organizational skills which can successfully facilitate them to interact with patients, care givers, and other health care professionals (Koenig et al., 2003).

To do so nursing students need to undergo personal development courses to assume the identity of a health care professional. They are also expected to strengthen personal characteristics of maturity, rigour, tolerance, flexibilities and a positive attitude to lifelong learning (Freeman, Voignier, & Scott, 2002). Concurrently, they need to undergo learning to master essential nursing knowledge to effectively nurse.

Research findings and observation in nursing practice confirmed nurses' clinical competence indicators as the ability to; think critically, analyze and synthesize, demonstrate skill acquisition and mastery inclusive of cognitive, integrative and leadership aspects of practice (Goldenberg & Dietrich, 2002; Valanis, 2000). However, analysis of the healthcare environment for ethical practice, found inadequacies in the existing health systems to produce critical and creative thinkers, responsive enough to meet the complexity of the healthcare needs of the community (Goldenberg & Dietrich, 2002). With the current teacher-centred learning methods used in

most nursing education, nurse practitioners have difficulty meeting these demands (Valanis, 2000).

Therefore, while skill development continues to be important, students are expected to be ready at the outset to exhibit a host of professional behaviours enabling them to interact successfully with consumers and other healthcare givers. In other words, the students of nursing are expected to hit the ground running with the ability to be current on clinical expertise and to possess interpersonal attributes for effective patient care and management on graduation.

Further the MOH expects all of their health professionals to show proof of continuing professional development (CPD). Nurses and other health professionals must possess valid annual practicing certificate (APC) from their specific boards before they can practice in the clinical fields. To do so they are required to meet a minimum standard credit point of CPD (Chua, 2005). While this latest demand is towards ensuring continuous quality care, the onus on nursing education is to prepare students towards realizing the importance and internalizing the need for CPD.

Thus, given the current dynamic nature of the provision of healthcare, with increased expectations from employers and consumers and the need for competencies and sensitivity in caring for patients, it is imperative that students and nurses as healthcare front liners possess professional behaviours and life- long skills to continuously learn and adapt to the rapid

technological innovations and environmental changes. This, according to Lenburg (1999), often goes far beyond those that the nursing faculty or schools currently emphasize, expect or reward. Therefore, there is a need for students of nursing to learn to socialize into a professional role, ensuring skill development coupled with a host of professional behaviour to facilitate successful interaction and professionalism with patients, families, colleagues and governing bodies.

2.1.2 Nursing Education Today

Tertiary nursing education occurs in highly complex social institutions, and 'learning nursing' is a difficult and demanding process as professional learning and socialization takes place in two powerful organizations, the university and the health service, and in the case of the latter, in frequently arduous and distressing circumstances (Ben-Zur, Yagil, & Spitzer, 1999). Nursing education then should be prepared in programmes that are based on core nursing values, are flexible and innovative, fostering interdisciplinary collaboration, encouraging attitude of lifelong learning and advance in healthcare knowledge and delivery facilitated by teachers interested to develop learners' potentials. While the development of critical and meta cognitive thinking of reflection and inclusive of clinical judgement skills is to be made top curriculum priority, the curriculum is to be made more culturally relevant to meet the needs of the cosmopolitan patients (Ben-Zur et al., 1999).

The nursing programme in higher education currently recruits non-traditional students namely the matured students with certificate or diploma in nursing and a previous working experience. They may have difficulties adjusting to the demands of tertiary education due to personal commitments of children and family. This is true for the type of students undergoing their undergraduate nursing study in the public universities. As such, teaching and learning in higher nursing education could arguably be much more complex.

The nature of the students, plus the complexity of their course experience indicate that reliance on quantitative methods and structured questionnaires alone as a psychometric assessment to assess their views and opinions in relation to course evaluation will not capture the diversity and quality of the student experiences, nor do they allow for the exploration of group norms and behaviour (Billings & Halstead, 1998; Coles & Grant, 1987; Csokasy, 2002; Eisner, 2002).

2.1.3 Nursing Educational Philosophy

From a philosophical point of view, the faculty has the responsibility to provide the structure within which students can learn and within which students can learn to learn, independently and collaboratively. Facilitating student development of independent meta-cognitive and critical thinking abilities is essentially the primary goal of faculties. Content, meta-cognitive and critical thinking knowledge cannot be separated from thinking, that is, one has to have content to think critically. Apparently, the faculty with a