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

Mahaveer Singh Sodho, Musarat Fatima, Zeeshan Abbas

ABSTRACT

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

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

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

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

KEYWORDS: Curriculum, Nursing Faculty, Challenge, Schools, Perspective.

This article may be cited as: Sodho MS, Fatima M, Abbas Z. Challenges Faced by Nursing Faculty in Curriculum Implementation in Nursing Schools of Sindh: Nurses Faculty Perspectives. J Liaquat Uni Med Health Sci. 2021;20(05):363-9. doi: 10.22442/jlumhs.2021.00782

INTRODUCTION

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

Moreover, the Curriculum implementation plays a key role in the development of professional nursing competence as it creates opportunities to achieve vast knowledge and capability to solve the problem and do critical thinking as every student to become master^{5–7}. Teachers are the main curriculum implementers⁸. Globally more than 50% of the health workforce is comprised of nurses and midwives by World Health Organization (WHO), Primary care provision, patient treatments, public education about the importance of health in the community, participation in controlling diseases and infections as well as play a vital role for smooth functioning of the healthcare team. Furthermore a survey conducted by the United Nations International Children's Emergency Fund (UNICEF) that 90% of nurses qualify for their exams without having sufficient theoretical knowledge and hands-on practice resulting in unsafe patient care.¹⁰ Another troubling situation of our education system is the lack of expert teachers, while the nursing curriculum consists of more than 50% of clinical skills.⁴ They require both theoretical and clinical competencies to train nursing students according to the curriculum.^{11,12} Nursing students experience fear while performing procedures they perform easily when faculty is not present. Despite that, the importance of and training nursing education cannot be overemphasized.13

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

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

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

METHODOLOGY

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

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

The items included in questioners were validated by researchers of Ph.D. level for construct and criterion. The subscales reliability is checked after having a pilot study over 10 participants and the Cronbach alpha is 0.823. Data were analyzed by using SPSS version 23.

For categorical variables, frequency and percentage were calculated. A Chi-square test was applied to seek the association between variables at a p-value of 0.05 for the level of significance.

RESULTS

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

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

TABLE I: SOCIO-DEMOGRAPHIC DISTRIBUTION OF PARTICIPANTS

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

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

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

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

Table III shows participants' response distribution regarding the presence of challenges. In participants' responses to administrative challenges, 45.8% (n=55) of the study participants refused to have additional responsibilities except teaching. 54.2% (n=65) of the participants agreed to subjects overburden 66.7% of the participants strongly agreed that there is immense need to have training sessions, workshops should be conducted to implement the curriculum. 48.3% (n=58) participants of the study agreed to have proper monitoring of faculty in the implementation of the curriculum. 64.2% (n=77) believed that there is no plan to evaluate the curriculum. Resource challenges faced by faculty in the implementation of curriculum, there was lack of subject-related books strongly agreed by 38.3% (n=46). 54.2% (n=65) participants agreed to have a faculty shortage. Skills labs are not

TABLE III: DISTRIBUTION OF CHALLENGES

fully equipped responded by 63.3% (n=76). The absence of computer lab by 70% (n=84) of participants responded. 56.7% (n=68) agreed that teaching gadgets are not properly provided. Nonavailability of conveyance for visits, 58.3% (n=70) agreed to the existence of issues. There was proper 51.7% faculty accommodation agreed by (n=62).50.8% (n=61) agreed over poor interest by faculty in the implementation of the curriculum. There was a presence of communication gaps to administration believed by 59.2% (n=71) participants. Communication gaps from students were there responded by 61.7% (n=74). Lectures were prepared poorly reported by 50% (n=60) of the study population. Faculty methodology of teaching was inappropriately agreed by 55% (n=66). Students have the poor ability to understand 43.3% (n=52) agreed. Table IV shows a significant association among sociodemographic characteristics of participants and the challenges they faced. That show teaching experience was significantly associated to administrative (p= (0.000), resources (p= (0.000)) and personal (p=(0.004)) challenges. Participants' professional education was associated with personal challenges they face in curriculum implementation (p=0.003), while the age of participants associated with challenges of resources was found significant (p=0.005).

	Participants Perception				
Challenges	Strongly Disagree	Disagree	Not sure	Agree	Strongly Agree
Administrative					
Additional responsibilities assigned except teaching	Nil	55 45.8%	Nil	52 43.3%	13 10.8%
Overburden of subjects to faculty	Nil	50 41.7%	1 0.8%	65 54.2%	4 3.3%
Rude behavior to faculty	Nil	64 53.3%	9 7.5%	42 35%	5 4.2%
Unfair distribution in assigning subjects to faculty	Nil	68 56.7%	17 14.2%	30 25%	5 4.2%
Resources					
Subject related books in the library are not sufficiently available	Nil	13 10.8%	1 0.8%	60 50%	46 38.3%
Shortage of faculty	Nil	46 38.3%	Nil	65 54.2%	9 7.5%
Skill labs are not fully equipped	Nil	8 6.7%	1 0.8%	76 63.3%	35 29.2%
Absence of computer lab	Nil	1 0.8%	2 1.7%	33 27.5%	84 70%
Irregular facilitation of teaching gadgets	Nil	3 2.5%	43 35.8%	68 56.7%	6 5%

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Conveyance issues in community visits, clinical duties	Nil	32 26.7%	1 0.8%	70 58.3%	17 14.2%
Improper faculty accommodation in institutes	Nil	62 51.7	Nil	49 40.8	9 7.5
A location of insufficient time to implement the curriculum contents	Nil	92 76.7%	20 16.7%	4 3.3%	4 3.3%
lack of training sessions, workshops to curriculum implementation	Nil	Nil	Nil	40 33.3%	80 66.7%
Faculty monitoring towards curriculum implementation is poor	Nil	11 9.2%	12 10%	58 48.3%	39 32.5%
No any plan for evaluation of the curriculum	Nil	1 0.8%	6 5%	77 64.2%	36 30%
Irrelevant curriculum contents	Nil	99 82.5%	7 5.8%	13 10.8%	1 0.8%
Personal Challenges					
Curriculum is poorly interpreted	1 0.8%	74 61.7%	19 15.8%	26 21.7%	Nil
Poor interest in curriculum implementation by faculty	1 0.8%	17 14.2%	35 29.2%	61 50.8%	6 5%
Poor understanding of curriculum content by faculty	1 0.8%	75 62.5%	33 27.5%	11 9.2%	Nil
Poor competencies by faculty to subjects	Nil	71 59.2%	42 35%	6 5%	1 0.8%
Communication gaps in discussing problems of curriculum to administration	Nil	8 6.7%	12 10%	71 59.2%	29 24.2%
Communication gaps in discussing problems of curriculums from students	Nil	16 13.3%	25 20.8%	74 61.7%	5 4.2%
Poor lecture preparation	Nil	29 24.2%	17 14.2%	60 50%	14 11.7%
Inappropriate teaching methodology	Nil	17 14.2%	8 6.7%	66 55%	29 24.2%
Poor ability of students	Nil	46 38.3%	17 14.2%	52 43.3%	5 4.2%

TABLE IV:

DISTRIBUTION OF SIGNIFICANT ASSOCIATION REGARDING SOCIO-DEMOGRAPHIC FEATURES OF PARTICIPANTS TO CHALLENGES

Challenge		Socio-	Response					_	
	Туре	Туре		Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree	<i>p-</i> Value
		Age (Years)							
Improper faculty accommodation in institutes		20-33	Nil	21	Nil	30	8	0.005*	
	Resources	34-46	Nil	40	Nil	19	1		
		47-59	Nil	1	Nil	0	0		

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		Professional edu	cational le	vel				
Poor interest in curriculum implementation by faculty		PG	Nil	6	11	28	2	— — 0.003* —
	Personal	Post RN BSN	Nil	7	22	32	3	
		MSN	1	3	1	1	1	
		MPH	Nil	1	1	0	0	
		Teaching experie	nce					
Irregular facilitation of teaching gadgets	Resources	1 to 5 Years	Nil	2	1	7	2	0.000*
		6 to 10 Years	Nil	1	3	10	3	
		11 to 15 Years	Nil	Nil	12	22	Nil	
		16 to 20 Years	Nil	Nil	10	18	Nil	
		more than 20	Nil	Nil	17	11	1	
		Teaching experie	nce					
Poor ability of students		1 to 5 Years	Nill	3	0	7	2	
		6 to 10 Years	Nill	2	1	13	1	—
		11 to 15 Years	Nill	15	7	12	0	0.004*
		16 to 20 Years	Nill	9	3	14	2	_
		more than 20	Nill	17	6	6	0	

DISCUSSION

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

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

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

Implementation of curriculum affected by time, as the newly inducted course, requires more time to make lesson plans and concept maps to easily understand for students ¹⁶. 67%, not enough workshops reported¹⁷, this study support this as 33.3% by participants responded that lack of training and workshops is a challenge in the implementation of the curriculum. Those who held workshops did not seem to be sufficiently knowledgeable. For half a day, teachers participated in workshops that were not

enough to gather all information for students. This suggests that the information provided in a short space of time did not satisfy both male and female nursing faculty ¹⁷. Time management was the most reported personal challenge also in a study¹⁸. In this study over this query, only 3.3% of participants strongly agreed to this.

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

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

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

be monitored and evaluated.

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

As personal challenges this study found 43.3% agreed to the poor ability of students, another study there were75% this depends on the availability of resources used for learning, and noted insufficient resources. 50% agreed that they were poorly prepared for lectures while 67%¹⁷ sometimes of educators indicated they were not always prepared.

CONCLUSION

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

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

Conflict of Interest: There is *no* conflict of *interest among the authors.*

Financial Disclosure / Grant Approval: There was no funding agency.

DATA SHARING STATEMENT: The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions

AUTHOR CONTRIBUTIONS

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

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

Abbas Z: Grammatical corrections and language

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AUTHOR AFFILIATION:

Mahaveer Singh Sodho (Corresponding author) Staff Nurse LUH, Hyderabad, Sindh-Pakistan. Email: sodhomahaveer@gmail.com

Musarat Fatima

Assistant Professor People's Nursing School LUMHS, Jamshoro, Sindh-Pakistan.

Zeeshan Abbas

Staff Nurse Sir CJ Institute of Psychiatry Hyderabad, Sindh-Pakistan.