

XXIII SNA BIENNIAL CONFERENCE, KOLKATA

Unfolding the Theme : Quality Nursing Education : Right of Every Student

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In the era of quality orientation, human rights and a consumer-driven society, the quest is for the best quality of education. The NMEI are expected to provide quality education and perform their roles effectively in producing qualified graduates who will meet the needs and expectations of society. Each institution is required to develop its own mechanism to ensure quality; this is sometimes called quality assurance.



The quality of nursing and midwifery education could be evaluated by many indicators such as standard curriculum, number of qualified teachers, number of students (a) passing the examination, (b) receiving a nursing license upon graduation, (c) getting jobs upon graduation, and (d) number of research grants and number of publications in journals.

The Indian Nursing Council (INC) prescribes the syllabus, including detailed plan and hours of each subject, scheme of examination and admission criteria. This ensures that the education offered in all member nursing institutions is uniform. Minimum standards are also set for the physical facility, teaching facility and clinical facility to start a nursing programme. The INC conducts periodic inspections of the institutions to ensure that the set standards are implemented. NMEI should establish a quality assurance system.

The gap between nursing practice and education has its historical roots in the separation of nursing schools from the control of hospitals to which they were attached. At the time when schools of nursing were operated by hospital, it was the students who largely staffed the wards and learned the practice of nursing under the guidance of the nursing staff. However, service needs often took precedence over students' learning needs. The creation separate institutions for nursing education with independent administrative structures, budget and staff was therefore considered necessary to provide an effective educational environment towards enhancing students' learning experiences and laying the foundation for further educational development.

While this separation has been beneficial in advancing nursing education, it has also had adverse effects. Under the divided system, the nurse educators are no longer the practicing nurses in the wards or directly involved in the delivery of nursing services, nor responsible for the quality of care provided in the clinical settings used for students' learning. The practicing nurses have little opportunity to share their practical knowledge with students and no longer share the responsibility for ensuring the relevance of the training that the students receive. As the gap between education and practice has widened, there are now significant differences between what is taught in the classroom and what is practiced in the service settings. The need for greater collaboration between nursing education and services calls for urgent attention. We have two institutions which are practicing dual role, education & practice : NIMHANS, Bangalore and CMC, Vellore. More institutions need to adopt this model. This will help improve the quality of Nursing Education with overall objective of improving the quality of nursing care to the patients and community at large.

Government of India conducted a pilot study on bridging the gap between education and service in select institutions like one ward of AIIMS. The project was successful, patients and medical personnel appreciated the move but it required financial resources to replicate this process.

In order to improve the quality of nursing care, INC initiated the project of quality assurance by selecting one ward in Dr RML Hospital in New Delhi and one ward in PGI, Chandigarh; continuous & continuing education were planned to all category of nursing personnel for three months in these wards. A nursing audit was conducted and it was found that quality of nursing care improved in these wards and medical personnel appreciated the INC initiative. During this process Teaching Material was developed. We are in the process of finalising quality assurance model which many of the corporate hospitals would be interested to adopt. There is an urgent need to adopt such a quality assurance models in nursing education to improve the quality of nursing education.

As a method, competency-based education is used to compare the learner's achievement to a

standard. This is fairer and more goal-oriented than comparison with the performance of peers. When competency expectations are based on high quality standards, quality in practice is promoted. Primary benefit of a competency-based orientation is the assurance of consistency in the assessment and validation of initial and ongoing competency. Thus, all employees within the nursing service have a clearer understanding of role expectations. The competency plan creates an environment in which all employees participate in continuous quality improvement activities. A competency-based orientation is tailored to the individual needs of the new employee, that often leads to an increase in confidence because of regular feedback and daily observation. Whether the curriculum is self-paced or the structured, competency-based education is described as an efficient system that focuses on reaching a clearly depicted endpoint.

Competency-based education is learner-centred because it is based on objective statements of expected competencies. Learners claim that they learn more thoroughly and explore more intellectually if they are responsible for their own learning and can choose the methods that work best for them. Competency-based education provides flexibility, allowing learners to adapt quickly and communicate their changing requirements. It also benefits the educator. Educators working within organisations recognise that there is a relationship between lifelong learning and employability.

Experts caution that competency-based education cannot be developed in isolation, and that support from administration is required during the planning phase. Developing a basic framework for all the departments within nursing services assures consistency in assessment and validation of competency statements. Collaboration is essential among the various groups inside and outside of nursing. Without this collaboration, development and implementation will be less than successful. However, this criterion can also be levelled at other educational approaches since most effective educational changes require administrative support.

Educating current and new employees about competency-based education is of vital importance. Administrative personnel need to be educated because the development, implementation, and evaluation of the competency plan is initially going to be time-consuming and labour-intensive. When considering implementing a competency-based orientation it is wise to factor in these challenges before implementing a competency-based orientation for nurses in a hospital setting.

Clinical Learning Environment

Learning gained from placement experience is much more meaningful and relevant than that gained in the lecture room. It helps to understand the key factors that influence this learning environment. The four key characteristics of an effective clinical learning environment are:

- ☐ The use of a humanistic approach to learning;
- ☐ A good working team spirit in the clinical team;
- ☐ An efficient but flexible management style with teaching being recognised;
- ☐ Teaching and learning support from qualified staff.

Something as simple as teaching a student how to administer an oral drug can illustrate this.

Psychomotor Skills

You would wish the student to actually be able to open the bottle and decant the capsule/tablet appropriately. They should also be able to read the drug prescription sheet and to record the administration of the drug appropriately.

Cognitive Skills

It is not enough just to be able to administer the drug; the student should also be able to understand such things as why they are giving the drug, its effects, side effects and correct dosages.

Affective Skills

It should never be forgotten that on the end of the administration of the drug is a client/patient. To be able to be competent in this procedure the nurse/midwife must also be able to display the appropriate communication, interpersonal and intrapersonal skills.

The lists of strategies that can be implemented are many and varied and the choice of which to

use is very much related to the preferences of the facilitator and the learning situation. Facilitators tend to use strategies that they themselves have found useful in their own learning but must be conscious of the preferred learning style of the student.

Development of Nursing Services in India

We have 620 ANM Training School, 2055 Diploma Nursing Schools, 1271 B.Sc. (Nursing) Colleges, 281 M.Sc. (Nursing) Colleges with a capacity of 15250, 80129, 63790 and 4368 respectively, functioning in the country. We have gone in for quantitative expansion; quality issues also need to be attended, the same has been addressed in XI plan.

Steps taken by Indian Nursing Council (INC)

1. Syllabii of all nursing courses have been revised, the concept of NRHM, SBA and IMNCI has been integrated into the syllabus.
2. One-year post basic speciality course (Nurse Midwifery Practitioner) has been developed and some of the states have already started.
3. About 80 students have been enrolled under National consortium for Ph.D in Nursing.
4. A sum of \$ 33.00 million i.e. about Rs. 160.00 crore has been sanctioned by Global Fund for Aids, Tuberculosis and Malaria (GFATM) for INC for training about 95,000 nurses under HIV/AIDS and capacity building of 55 nursing educational institutions. We have trained about 9,000 nurses in HIV/AIDS, the duration of the project is 5 years.
5. Indian Institute of Advanced Nursing Foundation for HIV/AIDS is being set up at Tambaram, Tamil Nadu with an estimated cost of about Rs. 25.00 crore. This institution will be established by way of public-private partnership. This institution will be set up under the Societies Act with an autonomous status; 25 percent seats of this institute will be earmarked for foreign students. Short and long-term courses for nurses on HIV/AIDS will be organised.

Budget

A sum of Rs. 280.00 crore have been allocated for XI plan after the existing schemes against Rs. 70.00 crore in X plan which is about four-times increase.

Again, to give boost to human resources in health i.e. for nursing a new scheme have been initiated in XI plan with an allocation of Rs. 2900.00 crore.

Plan of Action

1. A sum of the Rs. 1.25 lakh per continuing education programme for 30 participants for 7 days to update nursing personnel i.e. Nursing Education, Nursing Administration and Staff Nurses.
2. In order to improve the quality of nursing education, an increase from Rs. 10.00 lakh to Rs. 25.00 lakh per nursing education institution in Government sector in a plan period towards a capacity building of nursing schools/colleges has been made.
3. In order to train more graduate nurses in government sector, a scheme for upgrading the school of nursing into college of nursing attached to medical college has been initiated. An increased financial assistance from Rs. 1.5 crore to 6.00 crore has been made.
4. Opening of ANM and GNM School in high focused states.
5. Opening of 6 Colleges attached to 6 new AIIMS-like institution with a cost of Rs. 20.00 crore per institution.
6. Scheme for Faculty Development Programme of M.Sc. (Nursing) for high focused states has been initiated and necessary financial assistance for training M.Sc. (Nursing) has been made for which an additional capacity has been created.
7. Opening of Centre of Excellence at state level with an estimated cost of Rs. 20.00 crore. This institution will act like a think tank for nursing at the state level.
8. Opening of 4 Regional Institutes with an estimated cost of Rs. 50.00 crore will be developed. This institution will focus on faculty development and research.
9. A sum of Rs. 1.00 crore has been sanctioned to each state towards strengthening of State Nursing Council including developing live register and also Rs. 1.00 crore towards capacity building of State Nursing Cells attached to the Directorate.
10. Monitoring and Evaluation unit at National Level.



Scientific Paper Presentation : Plenary Session I

Sub Theme : Bridging the Gaps in Nursing Education and Practice

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Introduction

Nursing is a discipline of applied nature. Unlike other sciences, Nursing first started as a practice and then got organised as a scientific study. The 'Learning from Practice' era changed to 'Learning to Practice' now. With this drastic change comes the serious problem of a long gap between Nursing Education and Practice.

With the advent of numerous nursing institutions, it becomes mandatory for us to see whether they provide 'Quality Education', which is this year's SNA theme. One way of ensuring this is to bridge the existing gaps between theory and practice. A study was therefore undertaken with the objective to:

1. assess the extent of gap in nursing education and practice.
2. find the possible causes for gaps in nursing education & practice,
3. formulate strategies and measures to bridge the gap in nursing education and practice.

Review of Literature

Benner (1984) described the knowledge that is embedded in Nursing Practice. Benner identified four stages of skill acquisition (Self affirmation, engaging patient, experiencing setbacks and refining the repertoire) following a study involving baccalaureate nursing students.

Eraser et al (1986) indicated that class room environment instruments would be useful for research involving the effects of the class room psychosocial en-

vironment on student's cognitive and affective outcomes.

Dominic Chan (2002) developed a clinical learning environment inventory to gauge the insight gained by students in their clinical placement. It includes the following categories: Individualisation, innovation, satisfaction, involvement, personalisation, and task orientation.

Ajzen & Fishbein (1980) developed a students clinical intention questionnaire to study the behavioural intentions of students. It tested the intention, attitude, subjective norm, perceived behavioural control, behavioural belief, normative belief and control belief.

Neistadt & Smith (1994) insisted that if faculty show novice nurses how key signs and symptoms link to recognition of health pattern through example development, students may gain more in clinical situations.

Methods and Procedures

The investigator used a Descriptive Design. Three Schools of Nursing and 2 Colleges of Nursing located at Urban, Semi - Urban and Rural Areas of Tamil Nadu were selected for this study. The study samples included 200 Pre-final and Final year Basic B.Sc (Nursing) students and Final Year GNM students using Non-Probability convenient sampling.

Criteria for Sample Selection

Inclusion Criteria

1. Nursing Students of pre-final and final year [Basic B.Sc(N)] and Final year (G.N.M.)
2. Willingness of the subjects to participate in the study.

With respect to supervision during procedures only a meagre 15.5 percent students were supervised. 76 percent of the students were motivated to follow staff nurse's clinical experience rather than text book methods.

With regard to the confidence level of the students, 71 percent of the students were confident but unsatisfied at the end of the procedure and 9.5 percent of the students felt anxious to do anything.

Considering the laboratory facilities only 17 percent students had access to well - equipped labs and only 10 percent students felt that they had student friendly labs. Majority of students (63.5%) did not practice the procedures in the lab before doing it in the ward.

Description of Tool

Part-I : Demographic Data

Part-II : Structured Questionnaire on Nursing Education and Nursing Practice including:

- a. Hospital facilities
- b. Scope for clinical practice
- c. Clinical learning environment
- d. Class room environment
- e. Laboratory practice

Part-III : Suggestion by students.

Data Collection Procedure

The study was conducted after obtaining formal permission

Table 1. Clinical Learning Environment			
SNo	Variables	N	%
1.	Observing doctor / Nurse a. Always b. Sometimes c. Only if they call	70 113 17	35 56.5 8.5
2.	Doctor's rounds attending a. Routine b. Only when free c. Hesitate	34 149 17	17 74.5 8.5
3.	CNE a. Regularly b. Sometimes c. Not conducted	- 80 120	- 40 60
4.	Supervision by clinical instructor a. Often b. Sometimes c. Unsupervised	34 157 9	17 78.5 4.5
5.	At the end of a posting feel a. Satisfied b. Unsatisfied c. Confused	96 73 11	48 46.5 5.5
6.	Staff nurses treating uniquely a. All nurses b. Some nurses c. Not treated uniquely	99 84 17	49.5 42 8.5

from the Dean/Principal of the Nursing Institution.

The students were assembled in auditorium or conference hall and arranged spaciouly to discourage discussion. The purpose of the study was explained and the questionnaire was distributed to the subjects individually. A5-minute explanation was given about the questionnaire and then the students were allowed to fill it.

Findings & interpretation

As for the hospital facility 60 percent of the institutions had their own hospital out of which 40 percent were multi-specialty hospi-

tals. Only 40 percent of the hospitals had 100 percent bed occupancy.

With regards to availability of adequate resources to perform procedures, only 10 percent students had an access. Only 23.5 percent of the students were given ward assignments by the clinical instructor. From the Table it was observed that only 35 percent of the students observe a doctor / nurse performing a procedure and only 17 percent of them attend the Doctor's rounds. In 60 percent of hospitals, Continuing Nursing education programmes were not conducted. At the end of every spe-

ciality postings 46.5 percent of the students were not satisfied and 5.5 percent were confused about it.

With regard to class room environment & learning, 67 percent of the nursing educators explains the subject fully to the students. Majority of the students (79.5%) were not taught about evidence-based practice. Only 38.5 percent students find their assignments to be useful for clinical practice. Nearly half of the students (54%) find the co-relationship between their textbook and clinical settings to be only moderate whereas 20 percent feel it to be extremely low.

Higher proportion (97.5%) of students felt that a moderate gap exists between nursing education and practice.

Interpretation

- ☐ While most colleges excel in Nursing education the practice levels of their students tends to be very low.
- ☐ Institutions with own hospitals were able to provide the proper practice for their students.
- ☐ Improper supervision in clinical areas affects quality practice
- ☐ Majority of the hospitals never care to conduct CNE.
- ☐ Majority of the staff rely more on their clinical experience and not on theoretical methods.
- ☐ The labs of majority of colleges are not adequately equipped.

Conclusion

The gap between Nursing education & practice is moderate and it could be easily bridged by adopting simple measures like ensuring proper clinical postings under continuous supervision,

well-experienced faculties, conducting regular CNEs etc.

Recommendations

1. It should be mandatory for all the Nursing Educational Institution to have their own hospital. Institutions without own hospitals must maintain a very good relationship with their affiliated hospitals at all levels (from Dean to staff nurse) so that their students can get good attention and better allowance in those hospitals.
2. Nurse Educators must perform dual role both in service and education.
3. Nurse educators with adequate clinical experience and other criteria cited by INC, to be allowed to handle the subjects.
4. More investment to be made in furnishing the clinical skills lab e.g. simulators.
5. Nursing Institutions must

take initiative and collaborate with the hospitals to conduct CNE programmes for staff Nurses.

6. Nurse Educators should provide periodical guidance and counselling to the students.
7. Periodic appraisal from the students must be considered.
8. Standardised practice manuals must be prepared by the concerned institutions for the students.
9. Use of innovative clinical teaching methods, e.g. Decker's Clinical database, Pattern recognition model.

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Election Results: TNAI Maharashtra State Branch (Re-published)

Note: The Election Results TNAI Maharashtra State Branch is being published again because of the earlier election results which had been published in October 2009 issue of the NJI on page - 227 were incomplete.

The elections of TNAI Maharashtra State Branch were held on August 8, 2009 in the General Body Meeting, between 9 am to 4 pm, at V.S. General Hospital (Thane Civil Hospital), Thane (W). The following Office Bearers were elected:

President: Mrs. Jyotsna Pandit, Principal, ANM School, 602, Chariot Apartment, Navghar Road M, Mulund (E), Mumbai-400081. **Vice-President:** Mrs. Sunita Kulkarni, (Matron), E-8, Priti Sangam Society, Desai Seth Nagar, Sai Baba Mandir Road, Borivili (W), Mumbai-400092. **Secretary:** Mrs. Swapna Joshi, Nursing Superintendent, Tata Memorial Hospital, E. Borges Road, Parel, Mumbai-400012. **Treasurer:** Ms Mangalam Sriram, Sister Tutor, Jaslok College of Nursing, Jaslok Hospital & Research Centre, Dr. G. Deshmukh Marg, Mumbai-400026. **SNA Advisor:** Ms Seema Bhagat, Sister Tutor, BYL Nair Hospital, Byculla, Mumbai-400008. **Chairperson, Membership Committee:** Ms Arundhati Gurav, Principal, Meena Tai Thakare INE, Thane. **Chairperson, Programme Committee:** Ms Sunita Dhobale, Sister Incharge, NMNC Hospital, Vashi-400703. **Chairperson, Nursing Education:** Mr. Vijay Rokade, Staff Nurse, GMC Hospital, Nagpur. **Chairperson, Nursing Service Committee:** Mrs. Surekha Mhatre, Matron, GT Hospital, Mumbai-400001. **Chairperson, Socio-Economic Welfare Committee:** Ms Anuprita Gurjar, Deputy Registrar, Maha Nursing Council, Mulund (W), Mumbai-440080. **Chairperson, CHN Section:** Ms Prachi Dharap, Vice-Principal, Sau Meenatai Thakre INE, Thane-2. **Chairperson, LHV/ANM Section:** Ms Akansha Pande, Asst. Matron, VS General Hospital, Thane-1. **Chairperson, ANM:** Mrs. Vrushali Deshpande, Sr. Tutor, G.T. Hospital, Mumbai. **Chairperson, Research:** Mrs A. Joykutty, Principal, College of Nursing, Wockhardt Hospital, Mulund (W), Mumbai-80.

Mrs. Gopi J. Bhambhani

Returning Officer, TNAI Maharashtra State Branch's Election - 2009

Bina Nurses Burea, Sion West, Mumbai-400022

Scientific Paper Presentation : Plenary Session III

Sub Theme : Effective Clinical Learning Environment

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A descriptive study to assess the effectiveness of present clinical learning environment of under graduate nursing students in a selected college of nursing in Kerala State.

Introduction

Nursing is an art and therefore it requires an exclusive devotion and a hard preparation. Nursing is a practice-based profession. The quality of nursing education depends largely on the quality of the clinical experience. Here comes the significance of an effective clinical learning environment. In the clinical learning environment, there are varieties of influences that can significantly promote and hinder the clinical learning. It is therefore vital that valuable clinical time be utilised effectively and productively.

Need for the Study

A supportive clinical learning environment is vital to the success of the teaching-learning process. Many nursing students perceive their clinical learning environment as anxiety provoking. Campbell (1994) revealed that clinical learning experience requires difficult adjustments for students as they come from a different. Masserweh (1999) indicated that student activities are unplanned in the clinical area. Nursing student's frequently feel vulnerable in the clinical learning environment, so it's not surprising that learning in the clinical area presents a bigger threat to students than learning in the classroom. Various studies, Harth (2008)

and Dunn (2007), have shown that not all practice settings are able to provide student nurses with a positive learning environment. So it is high time to assess the student's perception of effectiveness of existing clinical learning environment in nursing institutions.

The objective of the present study was, (i) to assess the perception of effectiveness of existing clinical learning environment of under graduate nursing students, (ii) to assess the satisfaction of under graduate nursing students in the context of existing clinical learning environment, (iii) to assess the students perception related to selected aspects in clinical learning, and (iv) to find association between selected demographic variables and student satisfaction in the context of existing clinical learning environment.

Literature Review

The clinical learning environment is a multidimensional entity with a complex social context. Harth (2008) in his study on the quality of student - tutor interactions in the clinical learning environment concluded that, while two-thirds of tutors were regarded as friendly and helpful, the remaining were perceived as unconcerned and hostile.

Another study by Chan (2001) to assess the student's

perception of social climate of clinical learning environment suggested that there were significant differences between student's perception of actual clinical learning environment with and preferred clinical learning environment. The literature review used for this study reflects the idea that positive clinical learning environment is essential for enhancing clinical learning,

Methodology

A descriptive design was used and the study was carried out in a selected college of Nursing.

Simple random sampling was adopted and the sample size was 100. The instrument used was 5-point Likert scale questionnaire. It consisted of two sections.

Section A: Demographic data including Age, Sex, year of Study & Religion

Section B: Questionnaire includes the factors influencing the clinical learning environment.

Scoring Key: Scores ranged from 21 to 105. The score was interpreted as :

21-37 : Highly ineffective
38-54 : Moderately ineffective
55-71 : Moderately effective
72-88 : Effective
89-105: Highly effective.

Ethical Consideration : The study was conducted only after the approval of administrative authorities. Informed consent

was obtained from the students. All information about the samples was kept confidential.

Data Collection Procedure : A pilot study was conducted among 10 undergraduate nursing students; the mean score was 74.21 and the study was found to be feasible.

In the actual study, 100 students were included and self report with the help of questionnaire was used to collect the information.

Data Analysis & Interpretation

Among the total sample, each batch represented 25 percent of the total population; 42 percent of the students were between the age group of 19-20 years and the majority (89%) were females.

Majority of the sample (51%) perceived the present clinical learning environment as only moderately effective and 49 percent of the sample perceives the present clinical learning environment as an effective one.

Majority of the students (44%) were moderately satisfied with the existing clinical learning environment, whereas 31 percent of the students were satisfied with the existing clinical learning environment.

In the study, 49 percent of the respondents reported that presence of teachers in clinical environment enhances clinical learning. ,

The diagram indicates, majority of the nursing students (56%) experienced good interpersonal relationship among participants in the clinical learning environment.

Association Findings : There

is significant association between age and the students' satisfaction regarding clinical learning environment. The calculated value is 26.619 and the table value is 21.03, at 0.05 level of significance.

Result & Discussion

Major findings of the study

- 51 percent of the sample perceived their present clinical learning environment as moderately effective.
- 44 percent of students were moderately satisfied with the clinical learning environment.
- There was no association between the year of study and satisfaction of students with the present clinical learning environment.

Majority of the students (44%) reported that they are moderately satisfied with the existing clinical learning environment. A similar finding reported by Dunn & Hansford in 1997 concluded that the student satisfaction was less in the context of clinical learning environment. This correlates with the present study findings.

In this study, 56 percent of nursing students experience good interpersonal relationship among participants in clinical learning environment. A similar finding was reported by Chan (2001). The study concluded that inter personal relationship among participants in the clinical learning environment is crucial to the development of positive learning environment.

Also, 41 percent of the students expressed that support, motivation and encouragement from both teachers and

staff members is essential in enhancing clinical learning. Leino Kilpi in 2005 reported that 67 percent of the students expressed that encouragement and motivation from the teachers enhances the clinical learning. This correlates with the present study.

Implications

Nursing education: As elements of clinical environment can influence the student learning, interventions if appropriately conceived and implemented can and will make a difference.

Nursing practice: Provision of an effective clinical learning environment to nursing students is crucial in enhancing quality-based nursing practice.

Nursing Research: There should be ongoing research upon factors that characterise clinical learning environment which is beneficial in improving clinical learning.

Nursing administration: Nurse Administrators should take initiative in providing the students an effective clinical learning environment.

Recommendations

- ❑ The study can be conducted in a larger sample.
- ❑ The study can be replicated by including samples from different nursing colleges in Kerala.
- ❑ The study can be conducted for assessing other variables influencing the clinical learning environment.

Conclusion

Service to mankind is the pri-

mary function of the nurse, and also the reason for existence of nursing profession. As nursing profession is undergoing continuous evolution, to hold on during these changes nursing students should be provided with an effective clinical learning environment to enhance the quality of nursing education. The success of clinical learning is largely dependent on clinical learning environment, or more poetically 'the soul and spirit of medical education'.

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TNAI Workshop on "Nursing Administration and Supervision for Effective Patient Care"

(Management Skills in Nursing: Series-XXIII)

February 3 - 10, 2010

at TNAI Headquarters, L-17, Florence Nightingale Lane, Green Park, New Delhi-110016.

A National Workshop on "Nursing Administration and Supervision for Effective Patient Care"(Management Skills in Nursing: Series-XXIII) will be held from February 3-10, 2010 at TNAI Headquarters, L-17, Florence Nightingale Lane, Green Park, New Delhi-110016.

The overall purpose of the workshop is to update and strengthen the managerial skills of nurse professionals working at various levels to enable them to render efficient and effective nursing care. Request for registration will be considered on a first-cum-first serve basis as there are only limited seats 40. All costs for attending the Workshop will be borne by the sponsoring authorities (Institutions/Governments) or by concerned individuals as the case may be.

Total participation fee:

- | | |
|---|---------------|
| (1) Outstation participants those who require accommodation (fee package for Registration, Boarding and lodging for 8 days including Sunday) | Rs. 13,000.00 |
| (2) Local participants those who do not require accommodation (fee package for Registration, lunch and refreshment) for 7 days | Rs. 6,400.00 |

Please note that in case of any cancellation, an amount of Rs. 5000/- will not be refunded. No outstation cheque will be accepted. For Registration forms, write to : The Coordinator (CEP), TNAI Headquarters, L-17, Florence Nightingale Lane, Green Park, New Delhi - 110016, Phone 26566665, 26966873, 9818624453(M): Telefax (011) 26858304, E-mail: tnai@ndf.vsnl.net.in and tnai_2003@yahoo.com along with the request for registration form. Kindly enclose a self addressed envelop (9"x4") with a postage stamp of Rs. 5/- affixed. Last date for receiving filled registration form is **January 30, 2010**. However, seats can be booked tentatively by phone/fax/telegram/Email.

Mrs. Sheila Seda
Secretary-General, TNAI

Scientific Paper Presentation : Plenary Session II

Sub Theme : Competency-based Nursing Education

Miss Pratiksha Ughade, Miss Godavari Gaddam, Students Nurses, LTMG Hospital, Mumbai

Introduction

According to Prof Seethalakshmi, Principal, College of Nursing, Coimbatore nursing education should be made effective and efficient because there is inadequate integration of nursing education and practice. This key note address gave a thought to explore the views of nursing personnel regarding current GNM education programme.

It was also felt that there is poor acceptance of the changes by the students. Also, very often, comparisons are made between the old and the new curriculum of the GNM students. Various responses were given by clinical nurses regarding time spent on theory versus practice.

There are many obstacles in theoretical nursing and practices because what we learn actually in theory, cannot be practiced in clinical area.

The facts mentioned above made investigator to explore the above aspects.

Statement of Problem

The aim of the study was to find out the views of nursing staff and students of LTMG Hospital on whether the knowledge base and skills provided in revised GNM Programme makes student competent to meet the present needs of the society .

Objectives

The objectives of the study were to : (a) find out the awareness of nursing staff about cur-

riculum changes, (b) find out the views of nursing staff about the curriculum in the past, (c) find out their views on the gaps between knowledge & practices among student nurses, (d) explore the contributory factors in creating the gaps between the theory & practice, and (e) evaluate the present curriculum this study may help to modify the present syllabus.

Review of Literature

According to Polit Hungler (1978), review of literature is important to gain a better understanding and the insight necessary to develop a broad conceptual frame work in which the problem can be examined.

A High Power Committee was appointed by the Government of India, Ministry of Health & Family Welfare in July 1987 to review the role, functions, status, preparation of the Nursing personnel, Nursing services and other issues related to the development of profession and to make suitable recommendations to the Government. Many other studies have also been done to find out the barriers between nursing practice and education.

Study Assumptions

- There are differences in outcome of old syllabus as against new syllabus in terms of quality care.
- There is gap between what is learnt in the classroom

& the actual practices.

- Theory input is more than the practice in new syllabus.

Setting of the Study : Various departments, wards & classrooms of LTMG Hospital.

Population : Sister-in-charges, senior and junior staff nurses and student nurses.

Sample & Sampling Technique: Convenient sampling was used which contains the use of the most readily available respondents. Sample size was 50.

Technique & Tools

Interview : Interview as a research technique involves the collection of data through verbal interaction with individuals. The interview of an oral type of questionnaire was given to the respondents.

Validity: This was done by experts in the field of nursing. Thus the validity of the tool was assured.

Reliability : The reliability was achieved by pilot study.

Pilot Study : Was carried out the study with the sample size of 10.

Data Collection: The tool used for data collection consisted of semi-structured interview schedule to record the responses regarding gaps between

theoretical education and practices.

Data Analysis

The demographic data was analysed by using frequency and percentage and presented in Table 1.

Conclusion

Almost all the students perceived that theory is given more importance and students are not able to apply theoretical knowledge base in day-to-day practice. They are overburdened with the clinical work and also they are not getting co-operation from staffs to carry out ideal practical work. Further, the sister incharges have not ac-

cepted the present syllabus. They also feel that that student's theory hours are more than the clinical hours.

Implications

The study findings have implications on nursing education, nursing service and nursing research.

- 1 *Nursing Education:* The result of this study can be used in carrying out evaluative study about effects of new syllabus.
- 2 *Nursing Service:* The results of the study can be eye opener for the nursing administrators to provide student status.
- 3 *Nursing Research:* Since

nursing studies in this area are fewer, this study can be used as base for further research studies.

Suggestions for Improvement

- ❑ Each aspect (theory & practical) could have been studied in depth with greater precision.
- ❑ Interaction could have been increased at least two or three times per sample to obtain more realistic data.
- ❑ In clinical area, qualified staff should be appointed, and ongoing in-service education should be planned.
- ❑ Nurse pupils should not be overburdened with routine duties of hospital, more attention should be given to training & practical experience.

TABLE 1 : Distribution of sample (student nurses) N=50

SNo	Description	Yes/No	Freq.	%age
1	Nsg education is advanced or not ?	Yes No	50 0	100%
2	Awareness about changes in previous syllabus and present syllabus (theoretical knowledge is advanced)	Yes No	48 2	96% 2%
3	Co-operation from nursing staff	Yes No	25 25	50% 50%
4	Difference between demo practice and actual practice in ward (due to heavy workload)	Yes No	50 0	100%
5	Getting all practical experiences in your institute	Yes No	50 0	100%
6	Physical and mental Exertion (not getting student dignity or status)	Yes No	50 0	100%
7	Facilities available for practical experiences but do not get sufficient time for ideal practices	Yes No	48 2	96% 4%
8	Students are not satisfied with their duty pattern	Yes No	50 0	100%
9	Whether you get student status	Yes No	50 0	100%

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