

**GRADUATES' EXPERIENCES OF THE BACHELOR OF NURSING SCIENCE
PROGRAMME – 2003 – 2017**

Motshedisi B. Sabone

School of Nursing, University of Botswana

e-mail: sabonemb@ub.ac.bw; Tel: + 267 355 4786

Gaonyadiwe Lubinda-Sinombe

School of Nursing, University of Botswana

e-mail: sinombeg@ub.ac.bw; Tel: +267 355 2369

Norman C. Swart

School of Nursing, University of Botswana

e-mail: swartn@UB.AC.BW; Tel: +267 355 2364

Lefitile Lekone

Institute of Health Sciences. Lobatse

email: iandicitie@gmail.com; Tel. +267 533 0496

Abstract

Educational programmes must be periodically reviewed in order to determine whether or not they meet the expectations of the learners and those of the customers served by graduates. A survey was conducted between October 2017 and January 2018 aimed at evaluating the experiences of graduates of an undergraduate nursing programme at a public university in Botswana. The survey solicited data from participants who graduated during the period 2003 to 2017. Eighty-one (81) graduates, made up 42 (53.1%) females and 38 (46.4%) males, responded. The mean age was 31.7 years (SD=4.3). Participants reported positive experiences in most aspects of the programme, notably the nursing content covered and interaction with faculty. The main area of discontent was clinical learning; with both the duration of exposure and the supervision negatively appraised. Future surveys could go beyond curriculum content and objective responses to cover a broader platform with triangulated data collection methods.

Key words: Learning experiences, students' satisfaction, undergraduate nursing programme Botswana, clinical learning.

Introduction

Learning effectiveness can be said to depend on, among other factors, the learners' motivation to learn and their perceptions about the learning inputs and processes (Figueira & Duarte, 2011). Upon graduation, the test of a learning programme is its graduates' readiness to fulfill the mandate of the service that the programme prepared them to provide; this must of course, take into consideration, the need for time to get acclimatized to the work environment and its context, including the social, political and economic dynamics, and to build confidence. Educational programmes must therefore be periodically reviewed in order to determine whether or not they meet the expectations of the learners and whether or not the graduates meet the customers' expectations. The ultimate goal of programme review is to meet the needs of learners (Haleem, Evanina, Gallagher, Golden, Healy-Karabell, & Manetti, 2010; Hansen & Stenvig, 2008) and those of graduates' customers (Hickey, 2009; McCleary, McGilton, Boscart, & Oudshoorn, 2009).

The baccalaureate nursing programme at a university in Botswana enrolled its first cohort of students in 2000 and had the first graduates in 2003. The programme replaced what used to be Bachelor of Education (Nursing) that was admitting diploma holders. The programme was therefore to admit both pre-service students and in-service diploma holders whose course menu reflected recognition of prior learning. Although the programme still has two streams of students, the number of diploma holders has gradually gone down. The programme is therefore dominated by pre-service students, who, unlike the diploma holders, bring no nursing background to their learning. The programme review was expected to provide feedback on what was working well and what needed improvement or up-dating. Programme review is a quality improvement endeavor that must be an on-going process (Haleem, Evanina, Gallagher, Golden, Healy-Karabell, & Manetti, 2010).

Methods

A questionnaire was drafted and shared with the departmental board members for their input before it was finalized. The cover page introduced the survey to participants and solicited their participation. No written informed consent was sought from participants and their completion of the questionnaire was taken to mean their consent to participate. Their names were not requested and participants were completely anonymous to the survey team. Assistance was sought to have the survey uploaded into the internet (SurveyPlanet) and the team was provided with the log-in details.

The survey tool had demographic questions, structured questions on the participants' experience of the course offering (both classroom and clinical), programme coordination, and resources including faculty support. Another set of structured questions sought participants' perceptions about what they had benefitted from the programme. The last set of questions asked about participants' satisfaction with their diverse learning experiences. There were three open ended questions that gave the participants an opportunity to voice out the good and the not-so-good

aspects of the programme as well as to provide ideas for improvement. Where graduates' e-mail and telephone addresses were available, they were used to communicate the survey to them and to solicit their participation. After they had agreed to participate, they were asked to confirm their e-mail addresses so they could be forwarded the survey log-in address. Some potential participants were contacted through face-to-face communication.

Eighty-one (81) BNS graduates responded to the survey. The response was not very good considering an estimated number of about 900 BNS graduates (estimated at about 60 graduates per year for 15 years (2003-2017)). Although potential participants were requested to share the survey log-in address through their social media networks, it appeared like the majority of those who participated were those directly recruited by the study team; therefore snowballing did not yield positive results. Eighty-one graduates responded through the period 19th October 2017 to 15th January 2018. Analysis made use of the summaries provided by SurveyPlanet and SPSS descriptive statistics. Ethical clearance for dissemination of the survey findings was obtained from the Office of Research and Development, University of Botswana (Exempt Category 1 i.e Research in Educational Settings).

Findings

Demographic Characteristics of Participants

Eighty-one (81) graduates responded made up 42 (53.1%) females and 38 (46.4%) males with a sample mean age of 31.7 years (SD=4.3). All the 14 years (2003-2017) were represented; with the majority (78 = 96.3%) having graduated during the period 2009 to 2013. The main funder for the degree was Botswana Government (76.5% of the participants). Figures 1-7 that follow present details about the demographic characteristics of the survey participants.

Figure 1: Gender of the participants

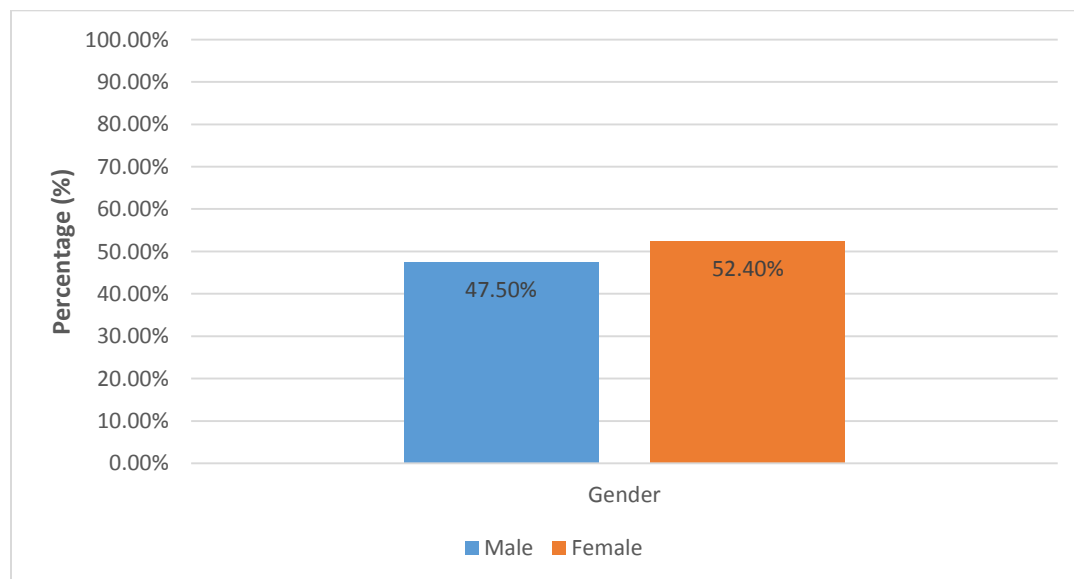


Figure 2: Degree classification

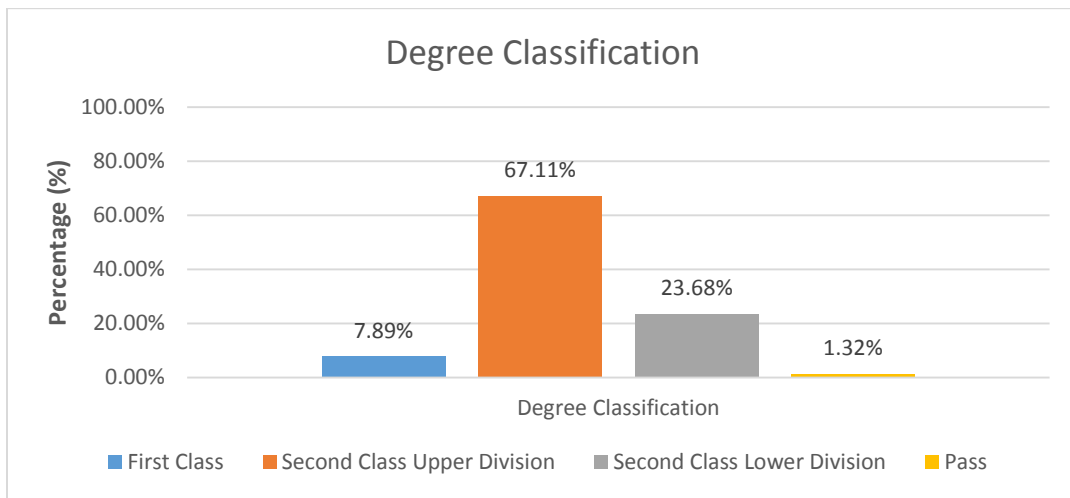


Figure 3: Participants' GPA

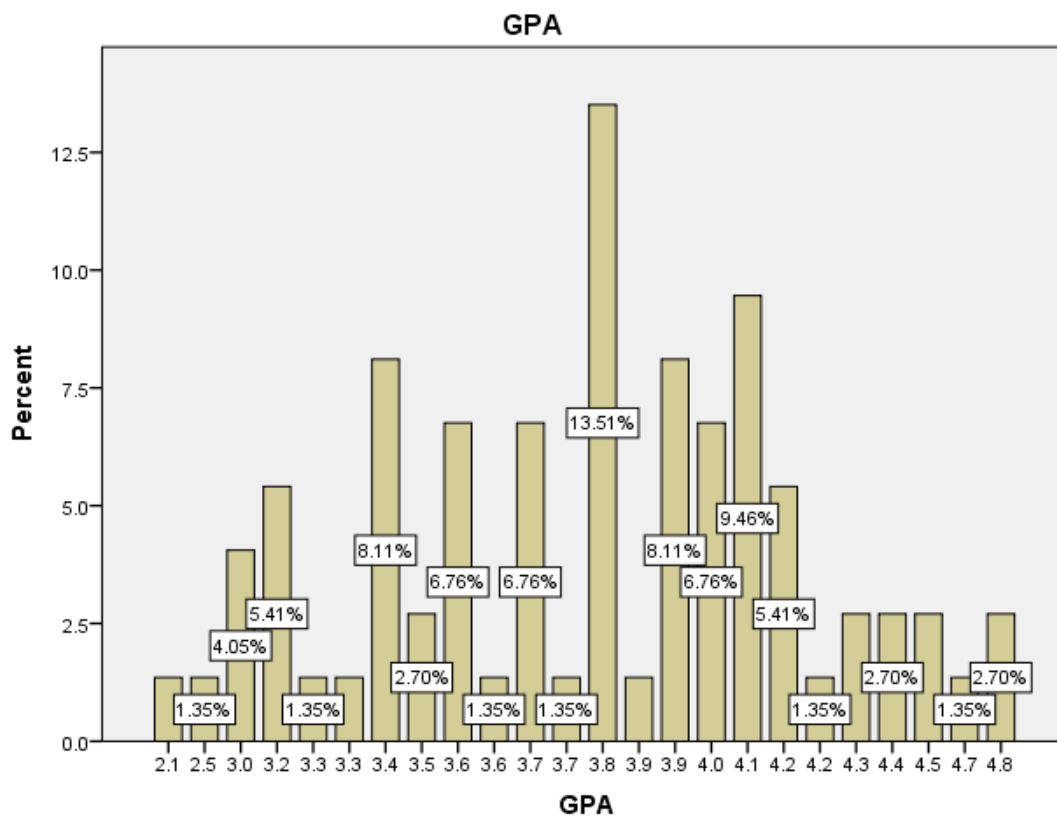


Figure 4 & 5: Current job and employer

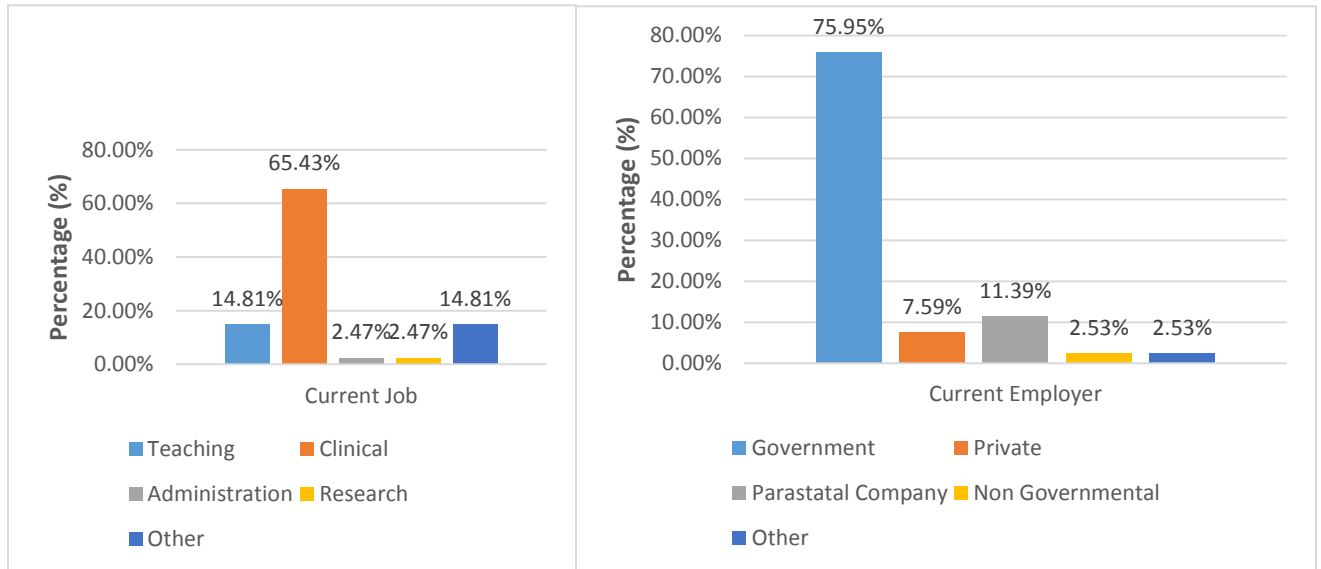


Figure 6: Additional qualifications besides bachelor of nursing science

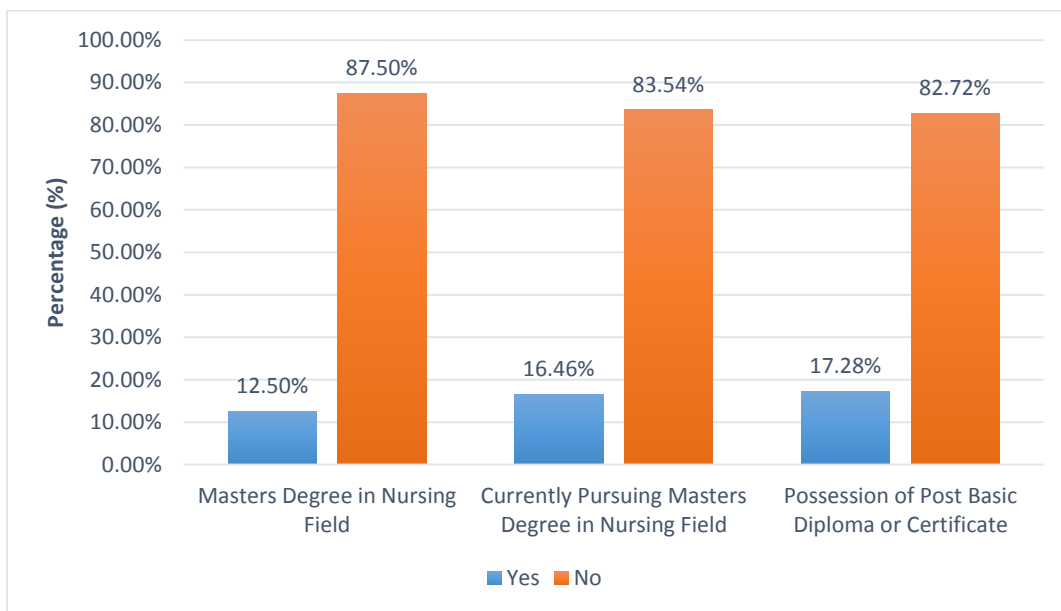
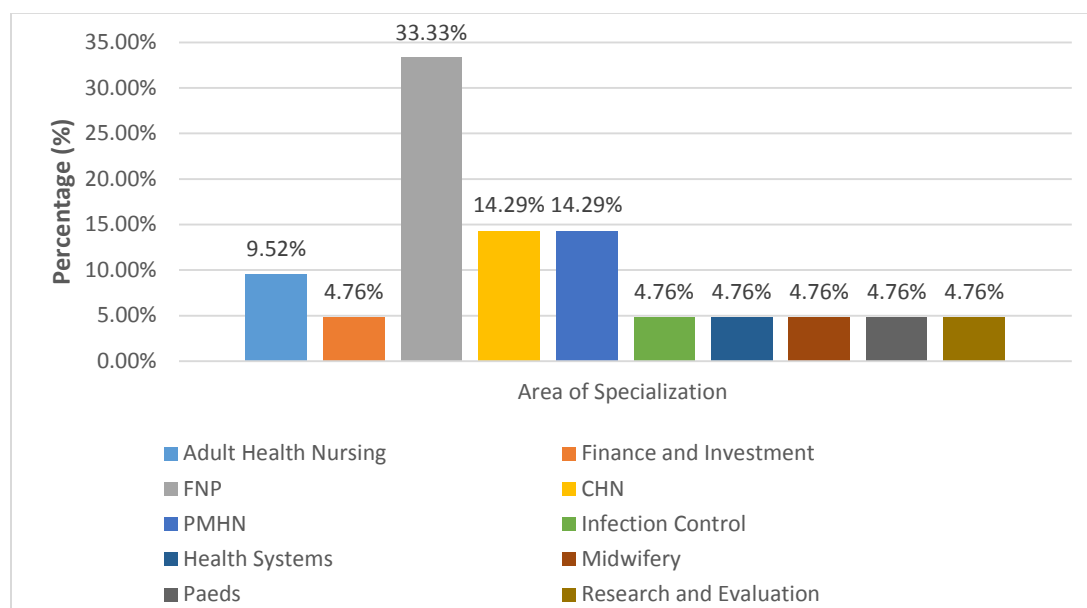


Figure 7: Master’s degree specialization



Key: FNP = Family Nurse Practitioner; PMHN = Psychiatric Mental Health Nursing;
 CHN = Community Health Nursing

Responses to the Main Survey Questions

Experience of the programme: Over 70% of the participants agreed that the coursework offered was up-to-date, and that there was balance between the classroom, and clinical teaching; that the environment created by the clinical staff, and course faculty enabled them to learn effectively; that the services and resources offered in the programme to enhance learning were adequate. However, less than 50% of participants agreed with the statement that clinical placements and internship were adequate and long enough for them to learn basic nursing skills, and to put to test the clinical skills they had learned.

Participants’ reported benefits from the programme: Participants reported having gained competencies in most of the areas listed as evidenced by more than 50% of them agreeing with the statements provided. Basic patient/client care competencies received the highest score of 81.5% of participants while basic research competencies scored the lowest with 50.6 % of participants agreeing with the statement. Provision of students with scholarship competencies

had the least favorable response with only 18.8% and 32.1% of participants agreeing with statements addressing publishing and scholarly presentation, respectively. Seventy nine percent (79%) of the participants would recommend BNS programme to a colleague while only 6.2% would not.

Participants' satisfaction with the programme: Generally, participants reported satisfaction with the programme as evidenced by the majority of them reporting satisfaction with most of the areas listed. Notable areas of satisfaction endorsed by over 70% of the participants were accommodation of gender differences and minority students, and class sizes (81.5% satisfied). Satisfaction was poorest in clinical learning with percentages of participants being 21.3%, 25.3%, and 30.4% for practical hours, internship hours, and supervision of clinical learning, respectively.

Responses to Open-ended Questions

What participants would do to improve the programme: The main area for improvement was clinical learning, both practicum and internship; especially the duration of exposure which was suggested by 24 (30%) of the participants. Participants also suggested that the diversity of clinical placements sites be increased and this included selecting sites beyond the capital city and exposing learners to all nursing departments even if that means only brief exposure at any given department. They also suggested improved supervision of clinical learning through increased visibility of faculty at clinical sites so as to ensure that clinical staff pay attention to students. Increased staffing was also suggested. Participants believed that introduction of clinical examinations (OSCE) could also enhance clinical skills. One participant believed that the change that was needed as far as clinical learning was concerned was for both lecturers and students to maximize the currently available time.

Another area that participants believed could be improved was the course offering in general, particularly strengthening of the research component including introducing a research project and enhancement of the midwifery component. They suggested improving the visibility of nursing courses over electives through reduction of electives and beefing up or introducing nursing content such as infection control and midwifery. They reasoned that reduction of some electives could also release time for nursing clinical exposure.

One contentious area was that of the basic sciences. Participants believed that there were too many basic sciences, some of which did not have a direct relevance to nursing; and that such courses were displacing nursing content to the disadvantage of students. They believed the problem could be addressed by introducing both nursing theory and practice at first year, cutting down on some science courses, and offering only applied science courses to nursing students; with such courses being offered from the Faculty of Health Sciences.

What participants liked most about the programme: Asked what they liked most about the programme, 12 participants (14.8%) reported that they liked the classroom course offering the most whereas 10 (12%) reported that they liked the programme as a whole for its comprehensiveness including incorporation of courses in fields outside nursing such as psychology, teaching, counseling, management, and research. Participants also reported that they

liked the way the programme was organized. What participants reported to have particularly benefitted from the programme were a foundation for higher education such as Master's degree, and development of skills such as critical thinking, problem solving, team work, leadership, and taking responsibility for own learning. Thirteen (13) participants (16%) reported to have learned at least one of the specific skills listed. Faculty members were appreciated for being competent in the subject matter, friendly to students, available to provide guidance as well as being enthusiastic about the courses they were offering.

What participants hated most about the programme: The most salient concern about the programme was limited practicum hours; and this was raised by 33 (40.7%) of the participants. Students' learning was also compromised by the clinical staff's negative attitudes toward students. Participants were concerned that students were only exposed to a few departments/units and that they graduated without having been exposed to what was happening in some units. There was a concern that students were not exposed to rural and remote areas as they were only placed in the capital city. One participant raised a concern about the lack of clinical chaperone or a guard during intimate clinical examinations. Faculty's visibility in clinical learning was also a concern as well as lack of students' participation in shift work such as night duty.

On the general course offering, concerns raised were about the lack of a clear distinction between generic and diploma-upgrading students regarding their learning needs as well as content redundancy for the latter, leading to their poor motivation and academic performance. Five (5) participants (6%) reported that some courses did not have any direct relevance to nursing and therefore could be eliminated and free space for nursing clinical learning. Courses mentioned were physics, statistics and calculus mathematics. There were suggestions that a research course be improved by adding practical exercises, a project, or a term paper. The programme was reported to be loaded with content too heavy for the allocated time and too many group assignments. Other concerns raised (with each raised by one participant) were discrimination and favoritism of some students by some faculty members, long lectures, and mixing of nursing students and general BSc student in one class. One participant was worried about recycling of objective questions that could even appear in two successive years. Three (3) participants (3.7%) reported that they were not enjoying the fruits of the rigorous programme that their degree had carried them through as in clinical practice, they were only doing menial tasks that were good for assistive personnel.

Discussion

One would say the response of the participants in general were positive, even though there were a few areas of discontent. Some areas targeted in the survey form part of what others have also found to be important in programme evaluation. Haleem, Evanina, Gallagher, Golden, Healy-Karabell and Manetti (2020) have also addressed, coursework, course sequencing, and clinical practice and internship duration. Hickhy (2010) noted that preceptorship or students' mentorship in the clinical area is the most effective way to prepare graduated for independent practice. In a study by Hilly and MacGregor (2003), students have appreciated lecturers who had full grasp of the subject matter and that students found easy to interact with, and a curriculum that is as much as being relevant, is broad enough to broaden the learners' horizons. In the same vein,

participants of the survey reported here were appreciative of being exposed to content outside the nursing discipline (elective courses). Elective courses have been reported to give the learners an opportunity to shape their own professional image and to enhance their abstract thinking (Mouchan & Zarishniak, 2017).

Participants' concern about the adequacy of what they learned in a research course needs to be taken seriously. As has been noted, the emphasis that the contemporary nursing education and practice put on evidence-based care requires that research be a visible area in nursing education such that students can appreciate research-practice link (McCurry & Martins, 2010) and be able to systematically search for, evaluate, and use research evidence in interrogating clinical problems (Meeker, Jones, & Flanagan, 2008).

Participants in this survey were quite satisfied with class sizes. This finding is interesting in that large classes are usually a concern as they have been reported to compromise learning (Kokkelenberg, Dillon, & Christy, 2008). Students have raised concerns that large classes were compromising their participation (Leufer, 2007). Even though classes for the programme reported are usually large, ranging from 60 to 80 students, the study participants may have found an opportunity to participate in collaborative or team learning in group work, as students usually work on assignments in groups. Peer learning has been reported to reduce anxiety, give students a sense of autonomy, enhance independent learning, give students survival tips that are not usually addressed in the formal curriculum, and enhance feelings of responsibility over learning (Stone, Cooper, & Cant, 2013). However, Stone and associates cautioned that even though peer learning helps deal with limited resources, it needs to be closely supervised as students may share misleading information.

Some concerns raised by the study participants have since been addressed. The programme was revised following the completion of survey data collection in January 2018. The revised programme that was implemented with effect from August 2019 features increased practicum and internship hours as well as reduced content redundancy for the diploma holders. However, clinical placement is still limited to the capital city. Science courses have been reduced and nursing content has been increased, and the offering of nursing courses now starts at the first year of the four-year programme. A disturbing problem is that the staff complement has not been increased so as to align it with increased clinical hours. There is need for preceptors to take responsibility for clinical learning. Students' exposure to scholarship opportunities needs to be enhanced through faculties writing and publication with students, and through raising funds to students' scholarship activities. Another area that still needs to be improve is communication between faculty and clinicians so that the students will feel welcome in the clinical area. Asadizaker, Abedsaeedi, Abedi, Alijanirenani, Moradi, and Jahani (2015) argued that a well-designed system of communication between faculty and clinicians can reduce confusion and uncertainty among students that are often a result of a mismatch between what they learn in school and how they are expected to provide care in the clinical area.

A concern about the re-cycling of examination items that the participants raised needs to be attended to. Although test banking may enhance the quality of examination questions and save faculty time used in writing test items (Tarrant & Ware, 2012), perhaps more attention needs to

be paid to how it is done such that a decision can be made regarding which test items to use for future examinations and which ones to use for student's study and rehearsals. Tarrant and Ware (2012) provide a detailed guide to developing quality multiple choice items that can be later banked and re-used. Strategies of improving the research course offering were still being considered at the time of writing this paper.

Limitations of the Survey

The survey mainly put emphasis on curriculum content area. More insight into students' experiences and their satisfaction with the programme could be gained through soliciting students' opinions on such areas as the learning teaching strategies, classroom and clinical assessment, learner input into the curriculum, and students' evaluation of learning. Focus group discussions could provide more clarification on the participants' responses to the objective items. Future surveys should therefore cover a broader platform and triangulate data collection methods. Even as it addressed the curriculum content, the survey did not cover emerging trends in the health care environment that could inform curriculum review. For instance, in response to the growing population of older adults, nurse educators elsewhere have realized an urgent need to strengthen or incorporate older adult content in their curricula (Andrade, 2016; McCleary, McGilton, Boscart & Oushoorn, 2009). Future surveys need to have a deliberate address to emerging health care trends such as the need for competency in care of older adults.

Conclusion

The survey sought graduates' experiences of a baccalaureate programme at a university in Botswana. Eighty-one participants responded and these were 42 (53.1%) females and 34 (46.4%) males with a mean age of 31.7 years. Participants reported positive experiences for most aspects of the programme, notably the nursing content covered and interaction with faculty. The main area of discontent was clinical learning; with both the duration of exposure and the supervision rated low. Some participants' suggestions for strengthening the programme were improving the diversity of settings for clinical learning and reducing non-nursing course load. Safe for the participants' satisfaction with class sizes in an environment usually characterized by large classes, the findings are congruent with what has been reported in prior literature.

Acknowledgments

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References

- Andrade, S. (2016). Integrating Improved Geriatric Content Into a Nursing Curriculum: Enhancing the Competencies of Nursing Students in Gerontological Care. Doctor of Nursing Practice (DNP) Projects. 118. <https://repository.usfca.edu/dnp/118>.
- Asadizaker, M., Abedsaeedi, Z., Abedi, H., Alijanirenani, H., Moradi, M., & Jahani, S. (2015). Improvement of the first training for baccalaureate nursing students – a mutual approach. *Global Journal of Health Sciences*, 7(7), 79-92.

- Figueira, A. I. & Duarte, A. M. (2011). Increasing the quality of learning through change in motivation. *Procedia – Social and Behavioral Sciences*, 29, 1373-1379.
- Haleem, D. M., Evanina, K., Gallagher, R., Golden, M. A., Healy-Karabell, K., Manetti, W. (2020). Program evaluation: How faculty addressed concerns about the nursing program. *Nurse Educator*, 35(3), 118-121. doi: 10.1097/NNE.obo13e3181d95000
- Hansen, K. J., & Stenvig, T. E. (2008). The good clinical nursing education and the baccalaureate nursing clinical experience: Attributes and praxis. *Journal of Nursing Education*, 47(1), 38-42. <https://doi.org/10.3928/01484834-20080101-04>
- Hickey, M. T. (2009). Baccalaureate nursing graduates' perceptions of their clinical instructional experiences and preparation for practice. *Journal of Professional Nursing*, 26(1), 35-41.
- Hilly, L. L., MaGregor, J. (2003). Students' perceptions of quality in higher education. *Quality Assurance in higher Education*, 11(1), 15-20. <https://doi.org/10.1108/096848803/0462047>.
- Kokkelenberg, E., Fitzgerald, D. C., McCarthy, P. A., & McDougal, D. (1977). The effects of class size on students' grades as a public university. *Economics of Education Review*, 27(2), 221-233. <https://doi.org/10.1016/j.ecoedurev.2006.09.011>.
- Leufer, T (2007). Students' perceptions of the learning experience in a large class environment. *Nursing Education Perspectives*, 28(6), 322-326.
- McCleary, L., McGilton, K., Boscart, V., & Oudshoorn, A. (2009). Improving gerontology content in baccalaureate nursing education through knowledge transfer to nurse educators. *Nursing Leadership*, 22(3), 34-46.
- McCurry, M. K. & Martins, D. C. (2010). Teaching undergraduate nursing research: A comparison of traditional and innovative approaches for success with millennial learners. *Journal of Nursing Education*, 49(5). 276-279.
- Meeker, M. A., Jones, J. M., & Flanagan, N. A. (2008). Teaching undergraduate nursing research from an evidence-based practice perspective. *Journal of Nursing Education*, 47(8), 376-379. <https://doi.org/10.3928/01484834-20080801-106>.
- Mouchan, L. & Zarishniak, J. (2017). The role of elective courses in students' professional development: foreign experience. *Comparative Professional Pedagogy*, 7(2). Doi: 10.1515/RPP-2017-0018.
- Tarrant, M. & Ware, J. (2012). A Framework for improving the quality of multiple-choice assessments. *Nurse Educator*, 37(3), 98-104. doi: 10.1097/NNE.0b013e31825041d0.