ORIGINAL ARTICLE

IN PURSUIT OF QUALITY BY VIABLE QUALITY ASSURANCE SYSTEM: THE CONTROLLERS' PERCEPTIONS

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Background: Patients, families and communities expect safe, competent and compassionate nursing care that has always been a core value of nursing. To meet these expectations, a valid and reliable quality assurance (QA) system is crucial to ensure that nurse-graduates are competent, confident and fit to practice. The QA approach is seen to be fundamental for quality improvement, it would be appropriate to consider its influence in the nursing education in Pakistan as the current situation is evident of non-existence of such a system to assure its quality **Method:** The data is drawn from a qualitative case study conducted in 2004. Among a purposive sample of 71 nurses inclusive of a group of Controllers were interviewed on one-to-one basis. Interviews were audio taped to reduce the risk of any misinterpretation and to facilitate the exact description of data as it was said. The non-directive, semi-structured and open-ended questionnaire was used to collect data. Thematic analysis of verbatim transcripts of the interviews was done. **Results:** The study findings reveal a unanimous desire of the nurses to gauge quality of nurse education through efficient and effective quality assurance system. **Conclusion:** A crucial need is felt to develop a viable quality assurance system to ensure approved level of quality in nursing education to deliver the right care to the right patient at the right time, every time. The continuous quality assurance and improvement (CQAI) framework based on Deming Quality Cycle (Plan, Do, Check and Act) could facilitate appropriate designing and development of mechanism.

Keywords: Quality, Quality Assurance, Nursing Education, Controllers, Continuous Quality Improvement Framework, Nursing Council

INTRODUCTION

Patients, families and communities expect safe, competent and compassionate nursing care. Patient-cantered care has always been a core value of nursing. To meet the care expectations, a valid and reliable quality assurance (QA) system in nursing education to ensure that nurse-graduates are competent, confident and fit to practice their profession is crucial.[1–3] It is apparent from the country's situation that there are many threats to the health of people such as:

- Terrorism resulting in increasing number of casualties, injuries and disabled
- Growing population, delayed implementation of health development plans, uncertain weather conditions as floods, droughts or earthquakes have lead to eruption of diseases
- Health related norms and taboos make women's health particularly vulnerable
- Economic crises, inequalities and poverty are resulting in low health status of people

Many reports[4–8] have shown a poor status of health indicators in Pakistan. Consequently, these indicators urged to increase the number of nurses and also to ensure adequacy and appropriateness of their education towards the promotion and enhancement of health status of the people.[9] Nursing education is going through challenging time in search of excellence in preparation of nurses[10] who could provide safe, competent, culturally and politically sensitive nursing care at each level of health care services[11,12] which is appreciative of the clients' value system[13– 15]. With this move of nurse education, measurement and assessment strategies need to be developed to tailor education to the desirable level of quality and to determine the graduates' ability which reflects fitness to practice.[16] Quality can mean excellence, zero defects, satisfying customer needs or operational improvement.[17] In education, quality is multifaceted, multidimensional, complex and dynamic positive concept[18] whereas there is no single method of defining it. Ensuring desired level of quality requires quality assurance mechanisms in place which provides guarantee with confidence and certainty that the standards and quality of education is maintained and enhanced.[19] Quality assurance means establishing desired standards and benchmark of quality, gathering data systematically and regularly, strengthening and reinforcing quality outcomes.[20]

The quality assurance (QA) mechanisms come in various forms such as institution annual assessment, institution self-evaluation, educational audit, internal and external institution review and quality control at subject level. These practices are regarded as a continuous developmental process, assessing the effectiveness, relevancy and appropriateness of the educational programs. They provide information concerning the institutional

procedures for assuring the quality of its education provision.[21–25]

If the QA approach is seen to be fundamental towards the quality improvement, it would be appropriate to consider its influence in the nursing education in Pakistan. The current situation is evident of non-existence of a comprehensive and regularly applied QA system to assure quality of education in nursing.

MATERIAL AND METHODS

The article attempts to present perceptions and experiences of the Controllers on the current situation of quality and QA along with their suggestion for improvement of nursing education in the country. The data is drawn from a qualitative, exploratory case study conducted in 2004 as the part of a degree program of Doctor of Philosophy. Among a purposive sample of 71 nurses from various level of nursing, a group of Controllers of examinations from all over the country were also interviewed. The controllers are responsible to conduct examinations twice a year and award diploma/certificates to successful candidates in all categories of basic nursing education. They have had wide national as well as international experience in their respective role and also responsible to ensure compliance of nursing rules, regulations, and policies for both-education and practice in institutions.

The non-directive interviews were conducted on one-to-one basis and guided by semi-structured and open-ended questionnaire. The questionnaire facilitated the participants to reflect their experiences, beliefs and perceptions in relation to the concepts of quality of education, on-going QA system and its effectiveness and suggestions to improve the current system. The interviews were audio taped to reduce the risk of any misinterpretation and facilitate the exact description of data as it was said. Thematic analysis of verbatim transcripts of the interviews was done.

The controllers shared their perceptions around these themes:

- Thinking, to which direction we are moving
- Is that, 'all is well'
- A better education, a better economy
- Replace 'I' with 'we'

1. Thinking, to which direction we are moving: The controllers envisaged the quality of education in relation to the quality of service provided to clients. One of the perceptions was:

> "Nurses can make the difference. If someone wants to judge a hospital, he should assess the nursing care provided to patients. Nurses provide a base for an effective health care and only well-trained nurses can build this base".

The general characteristics of a qualified nurse are also referred to as contributing to the quality standard:

> "With an effective communication, a well-trained nurse would be dutiful, intelligent, punctual, neat and tidy and able to understand people".

In the view of controllers, an absence of a quality assurance mechanism along with the negligent and inattentive attitude of the health and the nursing authorities is a major drawback to non-compliance with the rules and regulations of Pakistan Nursing Council (PNC) and the lack of a full implementation of the curriculum. In their opinion, the authorities despite being accountable to ensure adequacy of the education system, did not prove so. The controllers' did not appear satisfied with the existing arrangements of teachers, teaching aids, schools management and the clinical experience of the students that bear a direct impact on the quality of education. To them, a sound education system would enable nurses to make effective contributions towards the achievement of the health goal of the nation. It was highlighted that:

> "Currently, budget seeking has become a nightmare for the principals as no one is facilitating them in this process. There would not be any cause for poor quality if the schools were resourced properly
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> Shortage of nurses in the hospitals has placed the students in the role of a work force. Instead of having qualified nurses for the hospitals, students are assigned patients to serve. Also students keep thermometers in their pockets; I am very much depressed, thinking, to which direction we are going, for the quality of education —the nurse-leaders, the health administrators and the government should take responsibility".

They thought that the teachers in most of the schools are either insufficient in numbers or do not have the essential knowledge and skills for teaching and considered poor teaching as being the grounds for the irrational behaviour of the graduates which lowered the professional image within the society**.** A few of the comments were**:**

> "Although, the teachers generally are fewer, the schools that have the accurate number of teachers did not show any significant results--- We can hope for better if freshly prepared and highly qualified subject specialists would be provided with the opportunity to participate in the teaching role. There is no supervision by the teachers in the clinical setting. Neither teachers nor proper teaching aids are available. Books are either not available or eaten by termites and not used by any one. Mismatch between what is taught in the school and what is applied in the hospital is obvious."

Workshops and seminars to enlighten the teachers of new teaching and learning concepts were suggested. Also an efficient school management was a notion to implement the curriculum:

> "There is a need to replace the `so called` principals with properly designated and efficient principals who could exercise their powers and communicate effectively--principals are either inexperienced or left alone to carry out teaching and managerial activities. On-competent teachers and principals are another contributory factor to inefficient management in the schools, it is essential to recruit teachers and principals on a merit basis rather than only on seniority. Experience is important but it has to be equipped with advance knowledge and skills."

The clinical experience of the students was seen as a stigma:

> "Would you imagine a fifteen-year old student in a ward alone, especially during the night and particularly in a male ward? She can make mistakes or indulge herself in un-permitted activities. Students are there just like un-heirs and for the sake of God. Another problem is that a single tray is not available in the hospital to carry out the nursing procedures."

2. Is that, all is well: A need felt to explore in depth and uncover the current camouflaged situation of schools which are opened prior to confirmation of adequate resources and their ability to provide quality education. Awareness of actual problems deemed to find suitable solutions, for instance, theoretically, an inspection system is in place but practically, it does not show any productive results. Examples were given as:

> "The curriculum revised in 1992, is still not fully implemented. Inspectors` reports indicate, `All is Well`. In reality, the situation is the same and with no sign of progress being visible yet
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> It is not wise to close the eyes from realities. Education is imparted like apprenticeship. It is time now to open eyes, stop bargaining on the educational standards and be straightforward in disapproving those schools that do not fulfil essential requirements; a regular inspection system could increase the accountability level of the schools if the inspectors should be strong enough to highlight deficiencies and produce fair reports."

Frequent planned and spot-check radical inspections are considered effective strategies by the controllers. A neutral, committed, experienced and knowledgeable team was recommended. They also proposed a constant follow up and a regular feedback to the institutions by the team until action is taken. They urged compliance with the PNC rules and discouraged the lenient attitude to approve schools which place students in a gauche situation. Experiences of a visit to schools were shared as:

> "The living conditions of the students were very poor—None of them, principals or teachers, was paying special attention to this poor condition. The students' living rooms were very uncomfortable. There was no arrangement for ventilation, electricity and cafeteria."

Regarding confidence of nurses, opinion was that generally nurses do not socialize but remain themselves in their cells. They neither endeavour to acquaint with others and introduce themselves openly nor attempt to be aware of others:

> "A few at the top are enjoying their status; future generation is being spoiled, inadequately prepared and unable to compete with others in future."

3. A better education, a better economy: The controllers` advocated a well-prepared core of nurses who would not only take care of the individuals but also contribute towards the improvement of the national economy. They required the government to be attentive in providing proper education to nurses. It was said:

> "The government should realize the importance of the quality of nurses' education. An effective nursing care would lessen the curative period of a patient--that would reduce the burden over national as well as home economy."

The PNC roles believe as framing the rules and regulations, developing the curriculum; therefore strengthening the education system and enhancing its quality are its central duty. The Provincial Nursing Examination Boards (NEB) are the components of the PNC. However, practically, they are under the administrative control of the provincial governments and their nursing directorates. Inclination of the Boards towards them leading to less freedom of controllers to exercise their powers which limits the routine work operation, non-compliance with the PNC rules and delayed examination process, in particular, the implementation of the examination schedules or the announcement of the results. The controllers expected the PNC to support them in making independent decisions and accelerate the boards' functions. They expect the role of the provincial departments to monitor the progress and provide guidelines for improvement rather than dictating and hampering the day-to-day activities of the boards. The current situation was explained as:

> "The Board is the component of the PNC but there are many who command it. We are not free to carry out tasks; have no authority and freedom to make any change; do not find any genuine reason for this calamitous state of affairs."

The PNC as the statutory body visualized as to maintain the professional recognition through an effective education of nurses:

> "If the PNC is not satisfied, it should not let the schools that do not fulfils the requirements to continue. The PNC should have the 'say' to get the right things done; the PNC should ensure that there is the right number of nurses with a strict compliance of rules for other requirements."

4. Replace 'I' with 'we': A commonly held view among the controllers was that for a long time, a specific group of nurses has been busy framing policies without considering the practical implications. Many examples were quoted, one of them being an increase in Multiple Choice Questions from 40 to 60% in the examination before improving the existing teaching and learning styles. Similarly, the prescribed program of clinical hours of study was to be followed without changing the students' status from `worker` to `learner` or the revised curriculum was to be implemented ahead of the establishment of proper laboratories, libraries and preparation of teachers. Also the English Syllabus was to be introduced after the appointment of English lecturers. One of the concerns was that policy formulation is confined to one group which restricts the involvement of those who have to implement these policies and whose involvement could foster implementation. The situation was expressed as:

> "Inviting suggestions from the principals and the teachers prior to the policy formulation would surge forward the implementation; Let us try to involve new people, for a change, I think this is the time now to replace `I` with `We`. For improvement, it is necessary to appreciate and encourage the competent, accountable, hard working and honest nurses."

A need for expansion of the PNC structure was expressed as:

> "The council lacks staff and therefore it is unable to evaluate schools across the country--- One person cannot run the council. The PNC Act needs to be revised to accommodate more nurses in the structure with clear roles and responsibilities; there should be more full time nurses. Each one of them should be assigned a specific task. The PNC should have various components such as the curriculum development, the curriculum implementation, monitoring and evaluation, examinations and so on under one umbrella."

DISCUSSION

It is apparent from findings that the current arrangements for QA lack the accuracy and efficiency which triggers areas of quality concern in nursing education. The quality of education is a controversial issue especially when a process to define and assure quality is absent. The situation will never be able to improve as long as there is no system to reflect the overall real picture on the institutional performance and education provision. The QA approach is broadly considered as prevention of quality problems through planned and systematic activities.[26] Taking into account the situation pertaining to quality of nurse education in the country, it is crucial to alleviate the current crisis in accessing the quality assurance.

There is a considerable support from the literature in relation to the significance of the QA system in the education sector. It has become an international approach to quality management practices designed to obtain top quality performance.[27] Quality means that agreed needs of the students are met, their learning experience is being assessed by appropriate activities and processes and procedures are in place that assures continuous quality enhancement.[6,28] The continuous quality assurance and improvement (CQAI) practice based on Deming Quality Cycle (Plan, Do, Check and Act) consider important aspects of quality.[26] It assists the education policy makers and providers to gain insight and understanding into ways of equipping the institution appropriately and allowing it to be managed effectively. It also provides information/evidences concerning the appropriateness, adequacy and availability of education provision to ensure that the educational needs of students are being met and also in seeking adequate resources.[28,29]

CONCLUSION

Obviously, the growing demand to ensure adequacy and appropriateness of nurses' education in the country has made it important to describe an achievable and desirable level of quality, assure the level of achievement and ensure action taken to address the quality issues.[30] Currently, due to non-existent or non-visible QA system, the educational programs continue to operate with inadequate resources. There is no assurance that the objectives of education are being achieved, students' requirements are met and the graduates are competent to practice nursing.

A comprehensive, regularly applied, well understood (to all parties) and an integrated (jointly established by council, health department and institution) QA mechanism is the need of an hour to ensure a continuous quality improvement (CQI) in nurse education, Pakistan. The Pakistan Nursing Council and Nursing Educational Institutions should collaborate to identify the quality criteria and to develop and agree the standards against which the accepted or approved level of quality is ensured. Quality improvement will be real and sustained when nurses will be able to deliver:

The right care to the right patient at the right time, every time.[31]

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