



INSTRUCTIONAL CHALLENGES ENCOUNTERED BY CLINICAL INSTRUCTORS AT A MEDICAL CENTER AND HOSPITAL IN LIBYA: BASIS FOR A POLICY STANDARD ON CLINICAL ASPECTS OF NURSING PRACTICE

Cecilia C. Yaun (RN PhD)

Lecturer Faculty of Nursing, University of Benghazi

Email: ceciliayaun06@gmail.com

ABSTRACT: *Academic nursing activities ranging from formal instruction to practical application of theories and concepts in clinical internship is critical. It requires nursing faculty competency and expertise in the use of the different instructional methodologies, approaches and their clinical performance and competencies in nursing practice. Using validated survey questionnaires, nursing practitioners and clinical instructors assessed knowledge and skills competencies exhibited by the nursing students as very good and good performance. Significant difference exists in their assessments. Priority nursing skills identified were mostly in the areas of safe and quality nursing care, health education, and quality development requirements. Very strong agreement on self-directed learning and evidenced-based strategies are needed to enhance the nursing skills of the students. The Proposed Policy Standard on Clinical Instructional Strategies Model for Nursing Practice can serve as policy guidelines of the institutions and hospitals on achieving effectiveness and efficiency in the delivery of quality nursing practice.*

KEYWORDS: Instructional Challenges, Policy, Standards of Nursing Practice, Competency

INTRODUCTION

For the past decades, nursing education has been faced with issues and concerns. As a fast changing and dynamic profession, it has not only become an important and integral activity that demands a thorough and objective evaluation of its processes and products, but it also deals with a lot of theories, models, philosophies, views and beliefs on healthcare delivery. Likewise, academic activities range from the formal academic type of instruction to impromptu teaching and learning that occur spontaneously in the different aspects of the discipline, from the acquisition of knowledge, skills and behavior in nursing practice, to the practical application of the related learning experience for the nursing students to move smoothly into the mainstream of the educational process. Student nurses not only keep both abreast of the numerous knowledge and concepts in nursing education and practice, but also develop their skills in the various aspects of their specialization.

Importantly, the clinical aspect of nursing education is instruction. Whitehead, et al. (2008) viewed it as a facilitative activity between the clinical instructor and the nursing student that involves interaction directed towards some measurable change in the student. In particular, the study will focus on the key determinants of the nursing educational outcomes, the collaborative efforts of the hospital administrators and clinical instructors and/or nurse practitioners in the



extent in how nursing knowledge, skills and attitude practices are exhibited and demonstrated in a medical center and hospital in Libya, so that appropriate or necessary training skills programs and instructional materials are offered to further review, retool, and enhance the nursing practices and skills of clinical instructors and nurse practitioners to better prepare them in a variety of workplace setting.

THEORETICAL UNDERPINNING

The study was guided by Hoy and Miskel's Rational System Theory (2008). This Rational System Theory views organizations as formal instruments designed to achieve organizational goals. Rationality is the extent to which a set of actions is organized and implemented to achieve predetermined goals with maximum efficiency. According to Scott (in Hoy and Miskel's, 2008), the Rational System Theory has its roots in the classical organizational thought of the scientific managers, such as Frederick W. Taylor. This rational-system perspective sees behaviour in the organization as purposeful, disciplined and rational. The concerns and concepts of the rational-system theorists are conveyed by such terms as efficiency, optimization, rationality, and design. They also stress goal specificity and formalization because these elements make important contributions to the rationality and efficiency of organizations. The theory also emphasizes the open system just like the school. As such, the need for feedback into the open system is critical. Figure 1 illustrates the view that organizations like schools must provide feedback mechanisms to achieve organizational goals. In education, achievement of academic excellence in program delivery is the end view. This study is anchored on a theoretical perspective of feedback as nurse practitioners and clinical instructors becomes the source of feedback on the necessary knowledge, skills and attitude to be demonstrated by the nursing students.

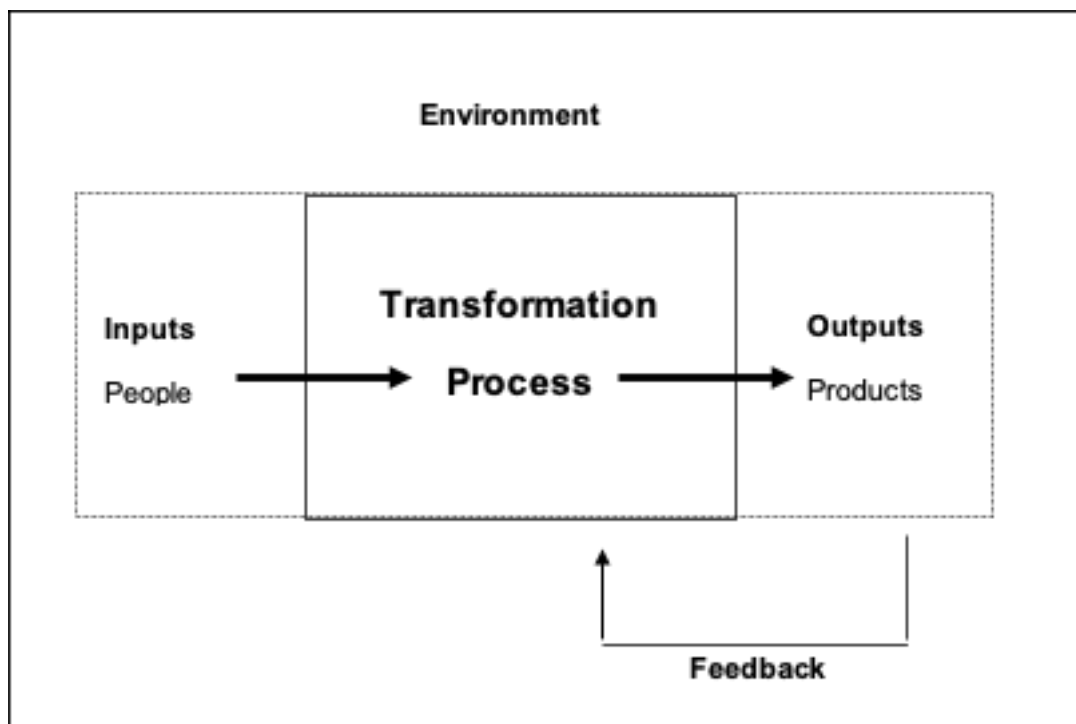


Figure 1: Open System and Feedback Loop



METHODOLOGY

The study used a combination of descriptive-comparative non-experimental and qualitative descriptive design. Descriptive as it utilized situations that existed at the time the researcher conducted the survey and determined the difference of views of participants; and qualitative descriptive as documentary and historical data were used (Punch, 2009), and the researcher have analyzed situations in related-learning-experience against the international standards designed by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Surveys and structured interviews were conducted to assess the instructional challenges met by the clinical instructors at a medical center and a hospital in terms of knowledge, skills, competence, and confidence.

RESULTS/FINDINGS/DISCUSSION

Two (2) major groups of subjects were conveniently and purposively chosen. Table 1 reports on the multi-level sampling which was used in the study.

Table 1: Multi-Level Sampling of the Subjects

Hospitals	Pop.	Target Pop.	Percentage (%)
* Medical Center			
- Clinical Instructors	6	6	100.00
- Nurse Practitioners	100	68	68.00
Total	106	74	69.81

The sample were represented by 6 or 100 percent clinical instructors and 68 or 68 percent nurse practitioners and clinical instructors of the hospitals and university.

As to demographic profile of respondents, the following characteristics of the group was noted:

1. **Gender.** Table 2 on the information about the gender of the first group of 68 respondents shows that more than the majority of them (39 or 57.35 percent) are female and the remaining (29 or 42.65 percent) are male. On the other hand, the second group of respondents also have the female gender (4 or 66.67 percent) dominating the male gender (2 or 33.33 percent).

**Table 2: Profile of the Groups of Respondents: Gender**

Gender	Nursing Practitioner N=68			Clinical Instructor N=6			Total N=74		
	F	%	Rank	F	%	Rank	F	%	Rank
Male	29	42.65	2	2	33.33	2	31	41.89	2
Female	39	57.35	1	4	66.67	1	43	58.11	1
Total	68	100.00		6	100.00		74	100.00	

2. **Civil Status.** Table 3 revealed that more than the majority of the school administrators were married (45 or 66.18 percent) and the same civil status (5 or 83.33 percent) were also married and only one (1) (16.67 percent) was divorced/separated.

Table 3: Profile of the Groups of Respondents: Civil Status

Civil Status	Nursing Practitioner N=68			Clinical Instructor N=6			Total N=74		
	F	%	Rank	F	%	Rank	F	%	Rank
Single	23	33.82	2	0	0.00	3	23	31.08	2
Married	45	66.18	1	5	83.33	1	50	67.57	1
Divorced	0	0.00	3	1	16.67	2	1	1.35	3
Total	68	100.00		6	100.00		74	100.00	

3. **Age Range.** Seven (7) age range is reported in Table 4, from below 25 years old, to 51 years old and above. A scrutiny of the table showed that the plurality of them (22 or 32.25 percent) were between 26-30 years of age followed by 14 (20.59 percent) each were from 31-35 years old, to 36-40 years of age. There were also a few of them with 13 (19.12 percent) whose age range was between 41-45 years old. The youngest of them were 2 (2.94 percent), while the oldest were 3 (4.41 years old), respectively.

**Table 4: Profile of the Groups of Respondents: Age Range**

Age Range	Nursing Practitioner N=68			Clinical Instructor N=6			Total N=74		
	F	%	Rank	F	%	Rank	F	%	Rank
Below 25 years old	2	2.94	6	0	0.00	5.5	2	2.70	6.5
26-30 years old	22	32.35	1	0	0.00	5.5	22	29.73	1
31-35 years old	14	20.59	2.5	0	0.00	5.5	14	18.92	3.5
36-40 years old	14	20.59	2.5	0	0.00	5.5	14	18.92	3.5
41-45 years old	13	19.12	4	2	33.33	2	15	20.27	2
46-50 years old	3	4.41	5	2	33.33	2	5	6.76	5
51 years old and above	0	0.00	7	2	33.33	2	2	2.70	6.5
Total	68	100.00		6	100.00		74	100.00	

4. **Highest Educational Attainment.** Table 5 shows the distribution of information. It shows that from 68 nursing practitioners, more than the majority of them (55 or 80.88 percent) were bachelor's degree holders while a few of them (8 or 11.76 percent) were with master's units and 5 (7.35 percent) with master's degrees. Meanwhile, from the 6 clinical instructors, more than the majority of them (4 or 66.67 percent) were holders of the master's degree and 2 (33.33 percent) were credited with units in the doctoral level.

Table 5: Profile of the Groups of Respondents: Highest Educational Attainment

Highest Educational Attainment	Nursing Practitioner N=68			Clinical Instructor N=6			Total N=74		
	F	%	Rank	F	%	Rank	F	%	Rank
Bachelor's Degree	55	80.88	1	0	0.00	4.5	55	74.32	1
with Master's unit	8	11.76	2	0	0.00	4.5	8	10.81	3
Master's Degree	5	7.35	3	4	66.67	1	9	12.16	2
With Doctoral units	0	0.00	5	2	33.33	2	2	2.70	4
Doctoral Degree	0	0.00	5	0	0.00	4.5	0	0.00	5.5
Others	0	0.00	5	0	0.00	4.5	0	0.00	5.5
Total	68	100.00		6	100.00		74	100.00	



5. **Number of Years in Present Position.** There were 26 (38.24 percent) who have served the institutions for more or less 5 years while 22 (32.35 percent) have committed themselves to healthcare administration for the past 6-10 years. Several of them also indicated they have committed themselves to the healthcare service from 11-15 (6 or 8.82 percent) and 16-20 years (11.75 percent), to 21-25 years also with 6 (8.82 percent) responses.

Table 6: Profile of the Groups of Respondents: Number of Years in Present Position

Number of Years in Present Position	Nursing Practitioner N=68			Clinical Instructor N=6			Total N=74		
	F	%	Rank	F	%	Rank	F	%	Rank
Below 5 year	26	38.24	1	4	66.67	1	30	40.54	1
6-10 years	22	32.35	2	0	0.00	5	22	29.73	2
11-15 years	6	8.82	4.5	0	0.00	5	6	8.11	4.5
16-20 years	8	11.76	3	2	33.33	2	10	13.51	3
21-25 years	6	8.82	4.5	0	0.00	5	6	8.11	4.5
26-30 years	0	0.00	6.5	0	0.00	5	0	0.00	6.5
31 years and above	0	0.00	6.5	0	0.00	5	0	0.00	6.5
Total	68	100.00		6	100.00		74	100.00	

From the 6 clinical instructors, more than the majority of them (4 or 66.67 percent) have been in the institutions for more or less than five (5) years while 2 (33.33 percent) have faithfully dedicated their service to the institutions for the past 16-20 years. All of them are more or less 5 years.



Table 7: Significant Assessment of the Nurse Practitioners and Clinical Instructors as to the Exhibited Skills Competencies of the Nursing Students

Variables	X		Computed t-value	Critical Z				Interpretation/ Decision
	Nurse Practitioners	Clinical Instructors		P(T<=t) One-tail	t-critical	P(T<=t) Two-tail	t-critical	
Safe and Quality Nursing Care	4.233	3.032	9.026	5.602	1.746	1.120	2.119	VS: Reject null Ho
Management of Resources and Environment	4.296	3.342	14.221	2.911	1.859	5.821	2.306	VS: Reject null Ho
Health Education	4.160	3.392	4.512	0.002	1.943	0.004	2.447	VS: Reject null Ho
Legal Responsibilities	4.340	3.397	3.421	0.013	2.132	0.027	2.776	VS: Reject null Ho
Ethico-Moral Responsibilities	4.390	3.700	6.491	0.011	2.920	0.023	4.303	VS: Reject null Ho
Personal and Professional Dev't	4.388	3.465	9.872	8.942	1.812	1.788	2.228	VS: Reject null Ho
Quality improvement	4.172	3.365	7.065	0.000	1.943	0.000	2.447	VS: Reject null Ho
Research	3.970	3.093	17.267	3.301	2.132	6.602	2.776	VS: Reject null Ho
Records Management	4.302	3.332	8.291	1.687	1.859	3.374	2.306	VS: Reject null Ho
Communication	4.300	3.277	17.608	3.055	2.132	6.110	2.776	VS: Reject null Ho
Collaborative Teamwork	4.205	3.385	11.539	0.004	2.920	0.007	4.303	VS: Reject null Ho

The t-test is used to verify if significant difference exists between the descriptive data on the assessment of the 68 nurse practitioners; and 6 clinical instructors on the eleven (11) skills competencies exhibited by the students in Basic Clinical Nursing Skills course. Further scrutiny of the table to verify the findings from the application of the t-statistics reveals the rejection of the research hypotheses (Hos) raised in all areas of core competencies since significant difference is evident among the assessments of the respondents.



As to Safe and Quality Nursing Care, the computed means for the first group is $X = 4.233$ and for the second group is $X = 3.032$ which result to computed $t = 9.026$ which value is much greater ($>$) than the critical $t = 1.746$ (one-tail) and $t = 2.119$ (two-tail) that the null hypothesis (H_0) of no significant difference is rejected since the obtained t-value is found in the rejection region, thus, reject the research H_0 at .05 alpha level and $df=72$, respectively.

In the Management of Resources and Environment, the variables entered also result to very significant difference since the obtained $t = 1.422$ is much $>$ than its tabular $t = 1.859$ and $t = 2.306$ (one-tail and two-tail test), hence, reject the H_0 at .05 alpha level and at the same df .

As to Health Education, it yielded a value after the application of the tool with $t = 4.512$ from means of $X = 4.160$ and $X = 3.392$, which obtained value likewise is much greater than its critical $t = 1.943$ and $t = 2.442$ (one-tail and two-tail test).

In the Legal Responsibility, the application of the same tool results in $t = 3.421$ vs. $t = 2.132$ and $t = 2.776$ which obtained t value is again much $>$ than its critical t, therefore, reject H_0 .

As to Ethico-Moral Responsibility, like the preceding variables, the obtained computed $t = 6.491$ is found in the rejection area, therefore, negate once more the research hypothesis at $df=72$ and .05 alpha level.

In the Personal and Professional Development, the application of the same tool also has resulted to variance estimate for the both groups which is 6.260 and 0.521 or a total of 6.781 and results to $F=72.147$ which value is $X = 4.388$ and $X = 3.465$ that results to $t = 9.872$ which value is way beyond its critical $t = 1.812$ and $t = 2.228$ that the null H_0 of no significant difference is again rejected at $df = 72$ and .05 alpha level.

As to Quality Improvement, like its preceding core competency skills, the variance estimate of $X = 4.172$ and $X = 3.365$ for the groups result in $t = 7.065$ which is found in the rejection region that the research H_0 is again negated.

In Research, equally arrives at variance estimate of means, $X = 3.970$ and $X = 3.093$ that generated a t value of $t = 17.267$ which also exceeds the tabular $t = 2.132$ and $t = 2.773$ (one-tail and two-tail test) which values are sufficient evidence to reject the research H_0 at 0.05 alpha level and at $df=72$.

As to Records Management, using the same tool, the means estimate of $X = 4.302$ and $X = 3.332$ result to $t = 8.291$ which value is also much $>$ than its critical $t = 1.859$ and $t = 2.306$, hence, reject the H_0 since significant difference exists between the assessment of the groups of respondents.

In the Communication, the application of t-statistics also shows a computed $t = 17.608$ from critical $t = 2.132$ and $t = 2.776$ that the research H_0 is negated at the same df and alpha level.

As to Collaboration and Teamwork likewise has resulted to $t = 11.539$ which value is much greater than its tabular $t = 2.920$ and $t = 4.303$ that the research H_0 is once more rejected at $df=72$ and .05 alpha level.

In summary, these empirical data present a dominance of considerable variations and magnitude of assessments and limitations as regards compliance to the competency standards of the Nursing Programs of the Institutions covering the eleven (11) core competency skills



required among nursing students. The presence of strong substantive values to all of the competency standard requirements provide a justification for need to enhance the teaching of the core competency skills through practical teaching, and reinforced the Related Learning Experience (RLE) of the students to further not only their basic nursing skills, but also the critical areas in the program which are in communication, and research and evidence-based approach, which also consistently observed as the areas which the Institutions need to address.

The Institution has a Clinical Instruction Program Committee which is composed of the 68 Dean, coordinators/experts, and four (4) nursing practitioners, clinical instructor/faculty with a total of 74 respondents.

A synthesis of the responses of the two (2) groups of respondents reveals that the highest priority skills according to the nurse practitioners and clinical instructors were in safe and quality care nursing which generated perfect scores of 68 (100 percent) and 6 (100 percent) or 74 responses; and ranked 1 since this was priority skills perceived to be very much needed by nursing students. Next in ranks were health education, (73 or 98.65 percent) responses; quality development with (72 or 97.30 percent) responses; and in collaboration and teamwork which all obtained a score of 70 (94.59 percent) responses, succeeded by communications with a total of 69 (93.24 percent) responses; in personal and professional development with 67 (90.54 percent) response; and in collaboration and teamwork with the same number of responses and were ranked 7.5, respectively.

Those in the high level of priority skills were noted in management of resources and environment skills were noted in management of resources and environment with 65 (87.84 percent) responses; in records management with 62 (83.78 percent) responses; and the last in rank was in legal responsibilities with a total of 55 (74.32 percent) responses on moderate level of assessment.

These identified priority skills in the study are in support of the theory adopted in the study by Benner (2006) who points out on the fundamental needs like self-care, which are very highly required in the practice of the profession which needs to describe why and how people care for themselves; why and what people need; and the last is in ethico-moral responsibility which must be brought to instructional level for these nurses to gain not only knowledge and skills on the system, but also its workings to better serve the clients, which is what the profession call for.

The level of agreement of the respondents as to proposed instructional strategies is shown in the table below. These instructional strategies were hoped to enhance knowledge and skills in nursing.



Table 8: Level of Agreement on Proposed Instructional Strategies Offered to Enhance Basic Knowledge and Skills in Nursing Education

	Nursing Practitioners N=68			Clinical Instructors N=6			OVERALL N=74		
	WA	VI	RAN K	WA	VI	RAN K	WA	VI	RAN K
1. Team building and cooperative learning model	4.49	HA	3	4.33	HA	9	4.41	HA	4
2. Traditional clinical education	4.19	HA	14	4.33	HA	9	4.26	HA	13
3. Direct instruction and mentoring technique	4.44	HA	4	4.33	HA	9	4.39	HA	6
4. Lecture method	4.38	HA	8	4.33	HA	9	4.36	HA	9.5
5. Concept-based learning	4.25	HA	11.5	4.00	HA	15.5	4.13	HA	17
6. Experiential learning	4.40	HA	5.5	4.33	HA	9	4.37	HA	7
7. Team teaching	4.25	HA	11.5	4.33	HA	9	4.29	HA	11
8. Self-directed learning	4.38	HA	8	4.67	VH A	2.5	4.52	VH A	1
9. Problem-based learning	4.16	HA	15	4.33	HA	9	4.25	HA	14
10. Evidence-based technique	4.53	VH A	1	4.00	HA	15.5	4.26	HA	12
11. Use of technology	4.24	HA	13	4.67	VH A	2.5	4.45	HA	2
12. Critical thinking and reflection	4.15	HA	16	4.67	VH A	2.5	4.41	HA	5
13. Case-based instruction	4.06	HA	17	4.67	VH A	2.5	4.36	HA	8
14. Preceptor technique	4.50	VH A	2	4.33	HA	9	4.42	HA	3
15. Learning contracts	4.40	HA	5.5	4.00	HA	15.5	4.20	HA	15
16. Concept mapping	4.38	HA	8	4.33	HA	9	4.36	HA	9.5
17. Self-evaluation	4.32	HA	10	4.00	HA	15.5	4.16	HA	16
OVERALL MEAN	4.32	HA		4.33	HA		4.33	HA	

* Legend:

VHA – Very highly agree..... 4.50-5.00

MA – Moderately agree..... 2.50-3.49

HA – Highly agree..... 3.50-4.49

LA – Less agree..... 1.50-2.49

LeA – Least agree..... 1.00-1.49



According to the nursing practitioners, they very strongly agreed that evidence-based technique was an excellent teaching strategy since it obtained the highest mean of $X=4.53$; and preceptor technique was also an excellent instructional strategy since it placed second with obtained mean of $X=4.50$. They highly agreed that the other 15 listed instructional strategies were very good instructional methodologies as the assigned means ranked accordingly in teambuilding and cooperative learning ($X=4.49$); direct instruction and mentoring technique ($X=4.44$); experiential learning and learning contracts ($X=4.40$ each); lecture method, self-directed learning, and concept mapping ($X=4.38$) each; self-evaluation ($X=4.32$); concept-based learning and team teaching ($X=4.25$ each); traditional clinical education ($X=4.19$); problem-based learning ($X=4.16$); critical thinking and reflection ($X=4.15$); and lastly, case-based instruction ($X=4.06$), respectively, taking ranks from 3 to 17.

Meanwhile, the clinical instructors very highly agreed that four (4) instructional strategies in self-directed learning, use of technology, critical thinking and reflection, and case-based instruction were excellent methodologies and the rest of the 14 pedagogies utilized in nursing education were very good as they highly agreed from team building and cooperative learning, to preceptor technique with $X=4.33$ in four (4) techniques; and in concept-based learning, evidence-based technique, learning contracts, and self-evaluation with $X=4.00$ each, respectively ranked 9 to 15. A conformity was achieved as the overall obtained means of $X=4.32$ (nurse practitioners); and $X=4.33$ (clinical instructors) were obtained.

IMPLICATION TO RESEARCH AND PRACTICE

The Proposed Policy Standard on Clinical Instructional Strategies Model for Nursing Practice, if adopted and effectively implemented, will serve as the policy guidelines of the institutions and hospitals in achieving effectiveness and efficiency in the delivery of quality nursing practice.

CONCLUSION

The nursing students exhibited very good performance in the accomplishment of the “nursing core skills competencies.”

Significant difference exists among the assessments of the nursing practitioners and clinical instructors since the application of t-statistics results to t-values that exceed the significant level at $dfs=72$ and at .05 alpha level. Therefore, the research H_0 raised for the 11 core competency skills in nursing are rejected.

Priority nursing skills of the nursing students were mostly in the areas of safe and quality nursing care, health education, and quality development requirements.

Both the nursing practitioners and clinical instructors very strongly agreed that self-directed learning and evidenced-based strategies are needed to enhance the nursing skills of the students.



FUTURE RESEARCH

The Institutions and Hospitals should address the need to review their clinical instructional strategies for them to identify their gaps and weaknesses and focus on the policy instructional standards required of the profession. Since the study has encountered limitations in the process, the researcher hereby recommends the replication of the study using other policies on the utilizing instructional clinical approaches in nursing education to further enhance the delivery of quality instruction in nursing education.

REFERENCES

- Adebajo, Fola and Kayode Olubiji (2008). Reforms in Nursing Education: The National Open Badru, F. A. (2006 Nov.), "Quality assurance in healthcare practice: The role of the nurse manager," 1th Henrietta M. Jones Memorial Lecture, EkoHospital, Ikeja, Lagos, West African Journal of Nursing., Vol. 17, No. 2.
- Bolton, Laura (2011). The DFID Human Development Research Center, Cambridge Education, HLSP of the Mott MacDonald Group and the Institute of Development Studies, U.K.)
- British Council Press Release. (18 Dec. 2003), "British Council Signs Major Agreement With Libya."
- Decker, C. M. (1985), Quality assurance: Accent on monitoring, "Nursing Management 16.
- El-Hawat, A. 2003. African Higher Education: An International Reference Handbook. Bloomington: Indiana University Press.
- Galamay, Editha C. (2008), "Implementation Of The Teachers' Pedagogical Approaches In Related Learning Experience Programs Of Two (2) Colleges In Quezon City: An Assessment," Masteral Thesis, SJC.
- Hanley D. & Mayfield B. 2001. "Libya Invests in its People." Washington Report on Middle Eastern Affairs. Vol. 20, Issue 2 (March).
- Jegede O. (2004): Distance Learning as a Paradigm in Nursing Education: Paper Presentation to the Principals/Head of Nursing Institutions at Ilorin.
- Kaufman, S. July 2, 2004. "Libyan Delegation Seeks Renewed US Academic Exchanges." Washington File.
- Kozier, B. Erb, G. Berman, A. and Snyder, S. (2004). Fundamentals of Nursing – Concepts, Process and Practice (7th ed). New Jersey, Pearson Education Inc.
- Laquist, R and Balack (1998) "Quality Improvements of Teaching and Learning in Higher Education: A Comparison with Developments in Industrial Settings," Teaching in Higher Education, 3(1).
- Libyan National Commission for Education, Culture and Science. 2001. The Development of Education in the Great Jamahiriya A National Report A report presented to the International Conference on Education, Session 46, Geneva.
- Mgbekem, M.A. and Samson-Akpan Patience (2005). Quality Assurance in Nursing Education: An Absolute Necessity Nursing in Nigeria, Nigeria.
- Ndatsu, P.N. (2004), "Nursing and Midwifery Council of Nigeria's Role in Maintaining Standards in Nursing Education and Practice," Schools of Nursing, Psychiatric, and Midwifery, Ilorin, Kwara State, Nigeria.



-
- Nursing and Midwifery Council of Nigeria (2005) Accreditation Status of Schools of Nursing, Midwifery and Psychiatric Nursing in Nigeria, (13th ed), Vol 6 Dec, N&MCN Newsletter.
- of India Vol. LXXXX No. 8. University of Nigeria Experience.
- Peterson, S L, Kovel-Jarboe P. and Schuartz S A (1997), "Quality Improvement in Higher Education: Implication for Student Retention," *Quality in Higher Education*, 3(2).
- Punch, Keith F. (2009). *Introduction to Research Methods in Education*, LA Sage.
- Quinn, Francis M (2001) *Principles and Practice of Nurse Education*, (4th ed) Nelson Thornes Ltd., United Kingdom 299-333.
- Salud, Reynaldo I. (2008), "Professional Attributes of Nursing Medics in Relation to their Clinical Performance in the Nursing Process During Related Learning Experience at Perpetual Help College Manila: SY 2007-2008," Masteral Thesis, SJC
- Secretariat of Education (Libya). 2000. "The EFA 2000 Assessment: Country Reports, Lybian Jamahiriya" Report presented as a progress report for UNESCO Education For All project.
- STRIDES (2001) *Staff Development in Distance Education Materials: Indira Gandhi National Open University Press, New Delhi.*
- UNESCO (2002), *International Association of Universities and Association of African Universities, Guide to Higher Education in Africa.* Hampshire: Palgrave Publishing.
- Weidenbench, E. (2006). *Meeting the Realities in Clinical Teaching*, NY: Springer Publishing Co., Inc.
- Whitehead, Elizabeth M., Annette McIntosh, Ann Bryan and Tom Mason (2008). *Key Concepts in Nursing*, LA: Sage.
- Williamson, A. (1999), "Factors affecting quality assurance in nursing care." *Nursing Journal*