

Exploring internal quality assurance for nursing education in the State University of Zanzibar, Tanzania: A preliminary needs analysis

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Background. A quality assurance (QA) process is acknowledged as important to ensure good higher education outcomes and graduate competence. Complaints about the quality of recent nursing graduates in the Department of General Nursing and Midwifery at the State University of Zanzibar (SUZA), Tanzania, suggested that current QA concepts and processes may be inadequate and should be investigated prior to making recommendations for improvements.

Objectives. To explore the awareness of QA in higher education among nurse educators and students at SUZA, and the extent to which the Department of General Nursing and Midwifery currently monitors and evaluates teaching and learning.

Methods. Six nursing educators and 20 third-year nursing students were interviewed regarding their understanding of the concept of internal quality assurance (IQA) and procedures and their awareness of the internal processes that are currently in place in the department.

Results. All the nurse educators had heard of IQA, but only 2 (33%) had detailed knowledge of the processes involved. None of the students knew what IQA entails. Most of the educators identified the monitoring of test scores and pass rates as part of an evaluation process. They were also aware of course evaluations by students, but believed these to be untrustworthy. The students did not understand that course evaluations were part of IQA and did not recognise the potential value of these evaluations. There was an understanding by 35% of students of continuous assessment to monitor individual progress, and 20% identified occasional meetings with the head of department to provide feedback on the course.

Conclusions. A comprehensive programme of education around QA is suggested for educators and students of nursing at SUZA as a first step in the introduction of a well-planned and supported IQA process.

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There is growing interest in quality assurance (QA) as an important process in higher education programmes to promote appropriate outcomes and graduate competence.^[1] In health professions education (HPE) it has been accepted that the use of an internal quality assurance (IQA) system is an important contributor to the social accountability of an institution. It is regarded as the responsibility of the relevant institutional governance structures to ensure that such systems are in place to guarantee professional competence and community protection.^[2] There are indications that the implementation of QA systems in higher education is relatively slow in parts of Africa.^[3] A recent study in Nigeria suggests that the presence of improved medical education capacity in an institution may contribute to the quality of teaching and thus facilitate QA practices.^[4] The revised standards of proficiency for nursing and midwifery education and practice in Tanzania emphasise the importance of QA for all elements of the academic programme and professional practice.^[5]

Currently, there is no comprehensive IQA system in place for education in the Department of General Nursing and Midwifery, School of Health and Medical Sciences, State University of Zanzibar (SUZA), Tanzania. There is therefore no effective mechanism for monitoring and evaluating teaching and learning in the department. Furthermore, there have recently been complaints from the local community regarding the quality of the graduating nurses. It is therefore opportune to investigate the current status of QA in the teaching and learning of nursing students at SUZA before

making recommendations for the implementation of a comprehensive system.

The objectives of this study were to determine the following in the Department of General Nursing and Midwifery:

- the awareness of IQA in higher education among nurse educators and students
- the extent to which the department monitors the quality of learning and teaching in the nursing programme
- the extent to which the department evaluates the quality of education in the nursing programme.

Methods

The study design was exploratory and involved nurse educators and third-year student nurses from SUZA. Qualitative data were collected from participants through individual interviews. A convenience, non-probability method was used to recruit 6 nurse educators as participants in the study, who constituted all available nurse educators at the time. A purposive convenience sampling method was used to recruit third-year nursing students as study participants. The sample comprised 20 students of a class of 82. Data were collected through structured and semi-structured interviews, which were audio recorded. The data collection procedure was carried out by one of the researchers (MB) and an assistant. Before the interview, the participants received detailed information regarding the title

and purpose of the study. Their rights as participants were also explained and they signed informed consent forms. During the interviews each participant was asked if they were aware of IQA in higher education, and to provide examples of their experiences of how the Department of General Nursing and Midwifery monitors and evaluates the learning and teaching processes. The participants' narrative responses were taped, transcribed, translated from Kiswahili into English and summarised. The narrative data were analysed using content analysis and reported in terms of frequencies, percentages and narrative responses.

Ethical approval

Permission to conduct the study was obtained from the Research Committee of Zanzibar (ref. no. OMPR/M.95/C.6/2/VOL.XV111/29). Confidentiality with regard to the individual responses given to the study participants was assured and maintained throughout the study.

Results

Awareness of internal quality assurance in higher education

The 6 (100%) nurse educators indicated that they understood the meaning of the term 'internal quality assurance' or 'IQA' in higher education. Only 2 (33%) claimed to have an understanding of the actual processes involved in IQA. A typical response was: 'I understand what quality assurance is and its procedures,' but without elaborating in detail. One respondent explained the purpose of IQA as 'Quality assurance ensures that teaching and learning activities are taking place according to the curriculum'. An example of a response from those with less knowledge was: 'I know the meaning of quality assurance but I don't have knowledge on the processes.'

In contrast, none of the students indicated that they understood the meaning of IQA or knew anything about the processes of an IQA system in higher education. A typical response was: 'I have no idea what quality assurance in education means.'

Extent to which the Department of General Nursing and Midwifery monitors the quality of teaching and learning

Among the nurse educators, 5 (83%) reported that student performance and pass rates were existing methods of monitoring the quality of the teaching and learning process in the department. Only 1 nurse educator indicated that she did not know of any method in place for monitoring teaching and learning. All 6 of the nurse educators agreed that the effectiveness of teaching and the quality of learning processes were currently evaluated through the completion of evaluation forms that are distributed to students at the end of semester examinations. However, the results also indicate that the majority of nurse educators had a negative perception of the existing evaluation method. They believed it to be subjective and lacking in transparency, as it focuses mainly on identifying weaknesses among the nurse educators.

There was a greater diversity among the responses from the students: 7 (35%) revealed the use of continuous assessment to monitor progress and 5 (20%) reported on the use of meetings with heads of department as a means of providing feedback on the course: 'We occasionally have meetings with the heads of department and school administration asking about the attendance and quality of lecturers in all courses at the end of semester exams.'

The majority of student nurses confirmed that they had completed the evaluation forms, but that they had not received feedback and were therefore

unaware of the purpose and value of such evaluations. Eight (40%) students indicated that there is no existing process to monitor teaching and learning.

Discussion

The low level of understanding by student nurses and educators regarding the meaning and purpose of IQA is of concern and clearly indicative that it is not a priority that is known, embraced and valued by the various stakeholders in the school. The students' lack of interest and understanding in the purpose of programme evaluations and the educators' distrust of the system are also evidence that an intervention is required. This suggests that there would be value in the reconceptualisation and design of an effective process so that teachers and students feel that they have ownership of and trust in the process and understand the potential benefits. The full basket of available IQA tools could be explored for the introduction of effective strategies.

Khamis and Scully^[3] identified the importance of institutions developing and owning their IQA frameworks. A neutral structure or education unit is of great benefit, although it was recognised that the establishment of such a unit was challenged by a number of factors, including finance, bureaucracy, resistance, sustainability and leadership.^[4] Of these, the most important for successful implementation of an IQA system is possibly effective leadership. A recent German study^[6] showed that support from top executive and interinstitutional co-operation may enhance the perceptions of effectiveness of QA processes. Furthermore, improvement is more likely if IQA systems are systematic and structural and embedded in institutional practice.^[7]

Conclusions

Further engagement with students, nurse educators and faculty management should be pursued as a key step in educating stakeholders on QA and developing an IQA system that can make an important contribution to effective teaching and improved graduate outcomes.

As this may not be an isolated finding in the region, other local institutions should be approached and encouraged to investigate the extent to which they have an IQA system that is well understood and is effective. There may be valuable opportunities for sharing information and collaborating on development and implementation of effective IQA processes and systems in other nursing schools in Tanzania and further afield.

Declaration. None.

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Conflicts of interest. None.

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