

Experiences of MScN Students Regarding the Quality and Relevance of Curriculum to their Nursing Profession

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List of Abbreviations

BScN	Bachelors of Science in nursing
Post RN BSN	Post Registered Nurse, Bachelors of Science in nursing
PNC	Pakistan Nursing Council
HEC	Higher Education Commission
MScN	Master of Science in Nursing
ANP	Advance Nurse Practitioner
CINAHL	Cumulative Index of Nursing and Allied Health Literature

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Abstract

Introduction

Curriculum innovation and revision is a recurrent theme in nursing literature for the development of proficient nursing leaders, manager and clinicians to cope with continuously changing health system, hence, the Nursing institutes are striving to make the students' learning experiences engaging and meaningful by using the best available evidences. For that reason, structured, innovative and operational curriculum framework is required to improve learning outcomes and satisfaction of these programs by their graduates. This study refers to the experiences and interactions of MSc nursing students with their curriculum in Public Sector Health University of Lahore in term of its quality and relevance with their Nursing profession.

Purpose of the Study

This study have a purpose to explore experiences of students with curriculum and their considerations regarding its strengths and weakness which is highly linked with their learning outcomes. The study further explored the assessment of quality of curriculum and its relevancy with nursing profession as described the students in their interviews.

Research Methodology

The projected study design for this investigation was qualitative phenomenological design. A sample of 20 MScN students were decided to include in the study. However, this study got saturation with 07 participants. To justify the sample size further 3 participants were interviewed. So by including 05 participants from pilot testing, total 15 participants were interviewed to complete the phenomenon.

Findings and Discussion

Majority of the MSc nursing students of the public sector university showed feelings of dissatisfaction with their curriculum. From student views data analysis generated six common themes which are,

(1) Un-specified objectives, (2) Content focused curriculum (3) Theory practice gap (4) Teacher centred Pedagogy, (5) Evaluation system discrepancies (6) Curriculum revision & Uniform curriculum.

Conclusion

It is concluded that the majority of the students were not satisfied with their curriculum and have a strong desire to identify essential gaps and incorporate necessary changes helpful for making them successful nursing leaders by persistent revision and alignment of existing curriculum.

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Chapter 1

Introduction

Curriculum is considered the “heart” of educational institutes and essential for their existence. It is also regarded as the backbone of vocational, occupational, professional and scholarly educational programs (Kouwenhoven, W., 2010). Curriculum functions as a processing medium for determining the multitude and worth of the anticipated academic outcomes by combining student’s experiences, teaching learning methods, strategies, tactics, assessment process and evaluation techniques (Barnett & Coate, 2005).

The word curriculum was firstly used in Scotland in the early 1820’s and globally around a century later became a part of the educational vernacular. It was extracted from the term “currere”, having roots in Latin linguistic and reserved for the meanings of “to track”. However the current literature has shifted this expression to the course of study (Iwasiw, C.L., 2014). Although courses of study are considered an important component of curriculum contents but this is only one aspect of curriculum, the other aspect which is also considered significant is its divergence for the entire academic organization. The experiences of the students at an academic institute, in the hospital and community under the guidance of teachers, clinical supervisors are also considered an essential component of curriculum (Leask, B., 2015).

In addition to this there are certain elements which are considered official and allotted in the academic schedule and are called formal elements of curriculum however there are activities that are performed deliberately beyond the official working hours. These activities are planned and structured by university and are considered as a part of informal and hidden curriculum. Thus it is necessary to

consider both formal and informal elements of curriculum by the educational institutes to attain their goals (Kissling, M.T., 2014).

At present education is viewed as a dynamic process, so the concepts regarding the meaning of curriculum, its purpose and nature have been changing from time to time and the conventional concepts of curriculum cannot be accepted in its entire form (Tyler, R.W., 2013). The traditional system of education uses curriculum for accomplishment of acclaimed talents and authority over various abilities and certain areas of knowledge are considered as the solitary purpose of education. The tutor is projected to instruct his students for recognizing the aim of instruction by leading them through the curriculum approved for this purpose. Therefore conservatively, the expression of curriculum is devised to denote a collection of course titles or syllabus of study organized in a certain order for the purpose of teaching and learning in institutions of education (Harley, 2008).

However, modern curriculum covers the extensive zones of individual and group scholarly activities. It encompasses all the evocative and desirable actions inside and outside the institution, provided that these are premeditated, organized and used academically. So modern curriculum is taken as something superior than manuals, more than the subject matter and even more than the syllabus (Priestley, M., 2012).

Curriculum is also the significant constituent of nursing academic circles including the advance education of nursing to grow professionals who can make up the gaps resultant from rising healthcare needs. Due to rapidly changing health system, nursing education is viewed as an evolution of the curriculum in achieving and maintaining a balance between the ends and the means of education (Frenk, J. 2010).

Curricular objectives are renovated in a number of means to formulate scholars of nursing not only for meeting varied needs of consumers, but also serve as a leaders that value patients and improve abilities to deliver safe and quality nursing services by working in a liaison with other health team members (Akhtar-Danesh, 2013).

Planning, conceptualization and development of all nursing curriculum and MScN curriculum generally begins from association about a foremost concern of marked group or population. This also requires combined effort by the academic institutes, educational consultants, graduates, prospective employers of the graduates, society health planners, and others related experts having authority about community health essentials and means. However, the prime factors which impact curriculum planning are the stimulus within the organization and the status, nature and structure of the current health scenario in which students of the institute would be able to ultimately put their efforts. It thoroughly arranges what will be imparted, who will be communicated (pupil's age, level of maturity and mastery of prior learning) for quality health services. It likewise takes into reflection the totality of entire pre-arranged skills which an organization of health decides for its students by taking into account the current educational policies, innovative instructional strategies and available resources (Iwasiw, C.L. and Goldenberg, D., 2014).

To initiate the process of curriculum development, each institute establishes a curriculum development committee which includes administrators of clinical services, agencies affiliated with the college or university of Nursing, physicians, accreditation bodies and representatives of community services. After a brief survey of all the factors which are proved to influence curriculum, the curriculum planning committee analyses data regarding society health needs, program objectives, feedback of

current program , identification of necessary instructional strategies , resources of institute , issues obstructing the desired outcome of nursing education and practice ,important content areas and advocated approaches for implementation of curriculum are decided to create a feasible, innovative and operational curriculum design (Bland, C.J, 2000).

Now a days, Pragmatic approaches are used for the process of curriculum development in nursing institutions, however the main model most commonly followed for structuring formal curriculum in the Universities running MScN program is content model. Modern education system rejects this conventional approach of curriculum design and suggests objective model for development of curricular policies. Tyler model which is most popular model among nursing policy makers presents the aspects of curriculum structure into objectives, contents, procedures or methods for delivery of material and evaluation. So most of the educational institutes educating nurses are using this model with some modification (Uys, L. and Gwele, N., 2004).

MSc Nursing curriculum is also developed by taking into consideration three important components which includes: Graduate Nursing pre-requisites, Direct Care Basics and practical or Functional courses. Functional Area Contents or practical courses are considered those learning experiences which are based on professional skills and didactic learning as recommended by professional nursing organizations and nursing authorities according to the criterion of accreditation organisations for explicit nursing titles or roles. (Finkelman, A.W. and Kenner, C., 2009).

Curriculum development committee after completing the essentials steps of curriculum construction prepares a draft document which is verified, appraised, and reformatted for makeup of essential deficiencies. When the ultimate product is

shaped, pilot testing is accompanied. These phases are not always individual and distinct, but may overlap and happened parallel. The committee than would appraise the strengths and weaknesses of the developed draft. The evaluation of curriculum is done on the basis of scholarly, professional, communal and political grounds. It is also essential that the team which is involved in curriculum development process might have capacity to appreciate the philosophy, purpose and prophecy of organization in which they are working by considering the aims, targets, spirits and beliefs of all stakeholders (Chen, H.T., 2014).

In Pakistan the evolution and transformation of nursing education from diploma to advanced level such as Master's in Nursing is a great milestone (Bibi, Ilahi et al. 2016). The post graduate nursing education program are expected to prepare nursing scholars have competency in knowledge, skill and attitude in major domains of nursing profession. (Schober, M., 2016). So the advanced nursing education curriculum is considered capable to cultivate nursing professionals which are skilled, competent, and capable to work with raising demands and constrains of changing health system. Additionally, it is expected to stimulate liability and obligation not only as a student but also the main stalk holder of the health system (Ashworth, 2001).

It took years for the development of guidelines for the MSc Nursing curriculum by the PNC and HEC in Pakistan. The basis of all MScN curriculum in Pakistan is corresponding with HEC/PNC Statement detained in Islamabad on March 4-6, 2007 (World Health Organization, 2008). Now the criteria which is designed by PNC/HEC for MSc Nursing curriculum is followed by all the universities offering Master's degree in Nursing. It is a two year program consisting of 43 credit hours. The aim of these program was to foster educational institutes to prepare graduates

who can be able to implement their learning into practice. So the andragogy of instruction was recommended to assimilate throughout the course (Upvall, M.J, 2002).

In Pakistan MScN curriculum of almost all universities public as well as private sector encompasses core courses of health sciences, nursing research and statistics, behavioral sciences .education, leadership, Research and theoretical nursing. Other significant section of this program is that students have obligation to follow three credit hours of thesis preparation and submission (Dias, J.M. and Violato, C., 2017).

The first MScN program in Pakistan was introduced in 2001 at Agha Khan University. The goal of this commencement was to implement theory into practice for leading cure and care grounded on concrete evidences. The degree is structured to be completed within two years for regular scholars and extendable to five years for students enrolled in part time MScN program. This is constructed upon sixty three (63) credit hours however six credit hours are elective for students having any preadmission qualification related to the enrolled course. The curriculum consist of basic courses, elective specialties, dissertation writing and specialty oriented practicums. The main tracks in the syllabus optional for students are clinical specialty, education, administration and policy making (Upvall, M.J., 2005).

The cardinal themes of the curriculum of this university is the incorporation of mentorship, speculation and change agent. The aim of the curriculum is to develop postgraduates in nursing that are able to create and devise an individual doctrine of nursing that is persistent with nursing philosophy, code of ethics and vocational criterion. Agha Khan University and all other universities of Pakistan that are offering MSc Nursing degree claim in their philosophy that their curriculum foundations are

placed on crucial elements of modern nursing yet ponders the particular milieu of Pakistan. (Hegarty, J., 2009).

However, Because of its diverse explanations and abstract conceptualization, the term curriculum is considered arguable and debatable. It is accounted with various contexts and is offered with numerous interpretations. Therefore, it is important for institutes to establish in advance the frame of reference significant for process of teaching and learning concerning with this term. (Moll, I., 2004).

The primary aim of this study was to determine whether MSc Nursing curriculum incorporates the skills and knowledge essential to prepare students for the emerging health care challenges. Nowadays the curriculum is considered by a nursing school of thought, as a dynamic framework and action plan for guiding ever changing educational practices in developed countries where the content based model had replaced with conceptual framework and countering with a sustainable system of periodic review and alignment (Evans, C.J., 2014). However the higher nursing education in developing countries including Pakistan is still in a trap of outdated, conservative model of curriculum leaving no mark able impact on health system and quality of patient care.

The questions of quality, repetition, excessive workload and in-coordination are considered major challenges for MScN current curriculum all over the world. The researcher was also the student of the MSc Nursing program of this public sector university and encountered through all components and aspects of curriculum and this direct stumble was a source of stimulus to capture this topic as a subject of thesis. The experiences of curriculum especially its ambiguous perception by the researcher and wide spread dissatisfaction by the peers was also created a height of curiosity in this title of study. The researcher adopted naturalistic inquiry because it was only method

according to the investigator which can best ventilate the students thoughts which cannot be represent in original form through quantification or positivistic paradigm. After assessment of student's views, motivational framework can be structured to lead activities of teaching learning more affectively. With the help of available literature and international polices a good MSc Nursing program can be designed whose curriculum is uniform and meets the standards of highly specialized advanced nursing practice.

My interest in understanding student's experiences engaged my selection of phenomenological model methodology for this project (Charmaz, K. and Belgrave, L., 2012). My focus was on postgraduate nursing program of public sector health University of Lahore. Specifically, I chosen to understand how students registered in MSc Nursing program add significance to curriculum. Which experiences supported student's curriculum interaction, and what trials did students encountered in their struggle for becoming a successful MSc Nursing student? Since I was investigating student's perception and opinion and understanding process rather than comparison and establishment of cause and effect , a qualitative style to this study was considered applicable (Charmaz, 2000; Mertens, 2008).

Problem Statement

A curriculum is a pattern or blue print for education which considerably helps graduates to inculcate those standards which are essential for successful living in society and for getting true satisfaction from profession. Did the curriculum of nursing is according to current requirements? What do students perceive about curriculum? What are their expectations with curricular activities and their satisfaction with curriculum construction and contents? Either it is helpful for students to practice by evidence or what is its outcome and practicability?

Although there are six HEC recognized universities offering MSc nursing program in Pakistan but the curriculums of all these universities are different from each other leading to number of controversies and misconceptions. In spite of all efforts to promote mastery of education in nursing, the impacts of such program are still unseen in nursing practice and education.

To authenticate these queries the researcher investigated with multiple graduates of Public Sector University having deep interaction with curriculum during their course of study. This study uncovered the facts about neglected and unexplored but significant area of nursing academia known as curriculum.

Objectives of the Study

This research study have following objectives:

- To explore the experiences of current MSc nursing students or recently qualified regarding the quality and relevance of curriculum to their nursing profession.
- To identify curriculum gaps of the MSc nursing students of the public sector health university to be incorporated for the future students

Study Questions

The subsequent enquiry questions explored in this study were,

What are the experiences of students regarding the curriculum which they have undergone?

What areas and gaps need to be addressed for future students?

Significance of Study

Rapidly changing trends and globalization is leading nursing academia to a new era of transition demanding a curriculum that is well integrated to meet not only individual, societal and national expectations but also enable graduate to equip with tools that will ensure its consumption in international health industry. Growing emphasis on outcome based and evidence based practice in nursing has triggered the curricular gaps to surface.

There are lots of debates about all these issues but no solid evidence is available to support these opinions and discussion. The study was focused to explore intrinsically student's views about curriculum which they come across during their study and to provide an evidence which is helpful for policy makers, academic instructors and MSc nursing coordinators to promote learning that help to promote all round development of students by focusing on outcome based and evidence based education. The decisions of study will provide a guide line about what students learning needs are as mentioned by students and what kind of learning will help them to make a unique nursing professional promoting academic excellency by modifying academic practices through curriculum.

Chapter 2

Literature Review

A wide-ranging literature exploration was piloted as a foundation for this effort. Databanks investigated were mainly GOOGLE SCHOLAR, CINAHL. Literatures from the previous ten years were rescued. Adjuvant materials were retrieved. The Journal of Advanced Nursing and the Nurse Education Today were sought. Key words used for searching relevant data were 'Advance nurse specialist curriculum, nurse practitioner education curriculum, nursing expert courses curriculum, 'master's nursing education, specialist nursing education and specialist nursing educational research.

The demand for Advanced nursing having Post Baccalaureate qualification is proliferating all over the world (Dennison, Payne et al. 2012). Almost more than 24 countries are offering the MSc nursing program globally (Sheer, B., 2008). However, aims and goals related to postgraduate nursing curriculum of every country are different based upon the structure and requirements of their health system. Different curriculum provisions may reflect different educational ideas and in spite of its importance in educational system there is a noticeable absence of curriculum debate in the literature. (Pulcini, Jelic et al. 2010).

Institutions of higher nursing education are not only accountable for the propagation and transmission of skills and knowledge with adequate resources but also have the responsibility for persistent evaluation and appraisal of academic activities and diagnosis of failure and tasks to ensure bench marks of excellency to meet the standards of higher education (Pouladi, S., 2008).

Curriculum is considered the legal pillar of the educational institutes. However, the curriculum related to advance nursing education is facing lot of

controversies from decades. Inspite of continuous increased number of higher nursing education programs, literature suggested that the current curriculum is lacking standards which are essential to enforce true characteristics of professionalism (Pang, S.M., Wong, T.K., Dorcas, A., Lai, C.K., Lee, R.L., Lee, W.M., Mok, E.S. and Wong, F.K., 2002).

In the United States, the curriculum of MSc nursing integrated educational resources, institutional philosophies, characteristics of students and the professional higher education standards. At the same time curriculum of USA master in nursing programs attached great prominence to the cultivation of the skill to work with high criterions. However, gradual main modifications in the U.S. health structure and training milieus brought an intense vicissitudes in the curriculum of higher education of nurses both at graduation and post-graduation level. The curriculum also contain the essential competencies demarcated for the role, degree, accreditation and certification of post graduate nurses students (McNeil's and Ironside, 2009).

The core post-graduation syllabus of nursing curriculum in the USA is comprised with three focal p's which are viewed for pathophysiology, pharmacology and physiology through modules of planning and critical thinking expertise. It also embraced with sufficient assessment variable tools, precise judgment and training based on evidence, ethical codes, procedures, management, informatics, statistics acquisition and mutual criterions. The theme of USA master's degree curriculum is anticipated for the preparation of nurses as a leaders to influence practice to mend patient services and outcomes (Zerwekh, J. and Garneau, A.Z., 2017).

Carnegie Foundation of America which is functioning for the Improvement of teaching practices, conducted a comparative study of professional nursing education

curriculum. Though the emphasis of this study was more on the transfer of the curriculum with instruction and learning in the development of advanced nursing students in nursing institutes, rather than on constructions and content of curriculum. This research determined that recommendation which were specified by American Nurses Association for curricular building and implications have strong direction and implications for post-graduate nursing education in USA (Benner, Sulphen, Leonard, & Day, 2010).

A great initiative was also taken by the Advance nursing department of New York University to promote evidence based practice by getting on a curricular initiative to incorporate modules of information literacy in all central courses of the master's program. Increasing proficiency in information literacy was believed as the basis for research based training and offers nursing specialists with the abilities to be the erudite user of information in an electronic setting. Integration of Aptitude in information literateness in curriculum comprises an acceptance of the construction of information and the scholarly progression. In association with the New York university division of reference libraries, other disciplines related to health integrated instructional units of information technology in the curriculum of their five principal postgraduate courses in America (Klem, M.L. and Weiss, P.M., 2005)

The progressive countries in the west have established a model in advanced education organizations in which faculties and institution of higher education are accountable for implementing operative curricular structures. The developing countries are also struggling to endorse and strengthen their nursing education schemes by embracing modern innovative techniques for effective curricular approaches after receiving feedback from their students (Spitzer, A. and Perrenoud, B., 2006).

In Britain, the Postgraduate nursing curriculum is mainly rudimentary, few impractical, this is the style of traditional medical education. The curriculum put particular emphasis on the courses of Prophylactic and pharmacological medicine. In the United Kingdom goal of the Advance nursing curriculum was to prepare mainly nurse clinicians and nurse consultants that are likely to be equipped with degree in higher education but the type of education and curriculum vary depending upon the philosophy of institute and is two year in length (Jasper, M.A. and Fulton, J., 2005). Post graduate courses in UK often require prior learning and relevant health care experience this is referred to as prerequisite. The domains of curriculum for postgraduate nursing students offered at university level in UK includes Nursing educators, Nursing leaders, Adult Nursing, Child Nursing, Mental Health Nursing and Master's in learning disabilities (Melnik, B.M., 2011).

UK Central Board for nursing dialogs are now pursuing to form dynamic curriculum for an advanced level of nursing and for establishing the relevance of its curriculum to develop professional roles. To support their policies the outcomes of a ten year survey study of pupils from the Masters programme at the campus of Edinburgh were stated. The study population was the complete cohorts of nurses who were Master's degree holder in the educational sessions from 1996 to 2006. A mailing feedback form was designed comprising of chiefly structured questions. The results showed clearly that having an MSc degree released job chances for students and the curriculum of education at a higher level was still seeming as pertinent to the work setting. However, students have view that this is more relevant to the perspective of nursing practice rather than education, management and research. Also evolving from data was an allied sagacity of individual gratification and accomplishment that associated with the attainment of speculative skills and the crucial incentive of

Masters Position. The perception of individual development, though, appeared as a discrete unit of pleasure and attainment, concerning specially to the notion of rational distribution, the expansion of views and the improvement of progressive supremacies of reasoning (Duffield, C., 2009).

W.K. Kellogg Foundation supported the development of Canada postgraduate nursing program in 1959 in the University of Western Ontario .This was a research oriented degree project and curricular foundation of this program was based on nursing research (Wood, M.J. and Ross-Kerr, J.C., 2014). Now more than 32 universities in Canada are engaged with post graduate nursing program offering curriculum mainly focusing on domains of clinical nursing, administration. Psychiatric nursing and education (Carter, N., 2010).

In Canada, for incorporation of research into nursing education, an initiative was taken on national level which is announced as the Technology Informatics Guiding Education Reform. The purpose of this reform was to support evidence-based practice. This was a gross route initiative to reform advance nursing education by restructuring curriculum and method of delivery by the maximum use of information technology by setting benchmarks. Thus in response to this education reform in Canadian post graduate nursing education major changes were made such as innovative curricular strategies and action plane of three years for orienting faculty, guiding students, evaluation of institute, mapping of curriculum, teaching learning strategies and documentation (Bastable, S.B., 2003).

Another millstone in Canadian nursing education was the adaptation of Reed's framework to evaluate curriculum on the fundamental four pillars person, nursing, environment and health of nursing profession. In 2008 Canadian Association of nursing education published the general curricular framework for higher nursing

education. According to this framework the theme of the curriculum was to maximize the preparation of advanced nursing students both in theory and practice for the development of profession as a whole (Xu, Y., Xu, Z. and Zhang, J., 2000).

In 2010 a comprehensive analysis was reported by DiCenso and Bryant-Lukosius on landmark of nursing field in the light of higher education in Canada. This report divided the advance nursing practice into three categories, acute care nurse specialists, primary healthcare nurse consultants and critical care nurse professionals (Lamb, A., 2014).

Though, the process and content of curriculum of advance nursing education preparation has received a scant research attention in Australia. The government proposed the decision to transfer nursing academia in Australia from traditional hospital boundaries to universities in 1980s. Now in Australia, as a part of strategic planning, the curriculum construction and delivery is the sole responsibility of institutes of higher education. (Piercey, C.A., 2002).

Nursing higher education in Australian is under the regulation of federal board authorities as compared to Canada and USA where the state or provincial system operates advance nursing education and its curriculum. The drive for nurse specialists originated because of a paucity of physicians in rustic and distant areas in Australia. The purpose was to substitute doctor by specifically trained nurses. Thus the curriculum of advance nursing education at the university level in Australia, consist of essentials of nursing, nursing research and its application, social sciences, education and clinical expertise. Fundamentals of nursing syllabus primarily involve skills in critical care, and geriatric care. Basic sciences provide knowledge such as physiology, pathology, immunology and pharmacology. In addition, social sciences curriculum in postgraduate courses consist of nursing moral code, legal boundaries, policymaking,

budgeting and cultures that influence nursing. Nursing applied research is a course that teaches nursing students about nursing tools that help to foster evidence based practice. Therefore, the main focus of nursing master's degree program curriculum in Australia is implementation of theory into practice. However, Major curriculum contents of Australian advanced nursing education are analogous with USA and Canada (Parker, J.M. and Hill, M.N., 2017).

The goals of postgraduate program curriculum in Iran was to produce dedicated and proficient nurses with great academic knowledge, acquaint them with innovative research techniques and furnish them with speculative and applied skills in all of the areas of nursing, such as research ,education and administration. It was a mainly modular programme comprised of six semesters. The entire number of essential and elective credits varies from thirty to forty-four hours, contingent with the university policies. Generally, four to six modules are apportioned to the thesis project. However, emphasis of classroom teaching is on pupil involvement in group debates. Utmost offered units in curriculum are focused on abstract knowledge and scientifically proven skills. Seminar and research modules are typically presented in the 2nd and 3rd semesters, correspondingly (Sajadi, S.A., Rajai, N. and Mokhtari Nouri, J., 2017).

Postgraduate nursing curriculum in Iran includes mainly twofold disciplines education and management. Every discipline incorporates four sub-specialties. However the more emphasis of postgraduate curriculum in Iran is on speculative knowledge relatively than practical skills and embraces elementary clinical, and practical courses. Curricula for Master of Nursing in Iran concentrate mainly on informative units instead of practical skills, and includes fundamental core, clinical and practical courses (Khomeiran, R.T. and Deans, C., 2007). However, graduates

favour to track jobs in the academia rather than clinical sector because of more financial benefits. Even with this inclination, several nursing administrators assert that the recent motivation towards educational paths in advance nursing programs in Iran hardly makes a Nurse to be a worthy clinician. (Emerson and Records, 2005).

Indian advanced nursing program are placed on major four areas of nursing profession such as nurse administrator, nurse educators, health policy expertise and clinical nurse leaders. The university degree of nursing in India are housed in institutions of higher education. Lately, the curriculum of nursing advance learning has been augmented a abundant deal in India by incorporation of allied master's syllabus in community health nursing, Paediatric nursing , oncology nursing, psychiatric nursing, nurse midwife and circulatory care nursing in curriculum (Baumann, A. and Blythe, J., 2008).

The preliminary curriculum of master of nursing in china is predominantly disease oriented (Nichols, B.L., 2010).It facilitates mainly the advancement of proficiency in Clinical practice and Applied research. Nevertheless, work adjacent to China's Master of Nursing curriculum progress in the previous ten years specifies that the curriculum in China did not emphasis entirely on specialized nursing instead it is influenced profoundly from medical paradigm and also have components of English linguistic, political theory and statistics. Chinese postgraduate nursing curriculum also reflects the underlying cultural beliefs of Chinese people's by integration of some components of traditional Chinese medicine. However literature suggests that continuous efforts focused to shift postgraduate Chinese nursing curriculum from illness focused to person focused by taking into consideration the higher nursing education model of USA (Xu, Y., Xu, Z. and Zhang, J., 2002).

The Aga Khan University is the first institution in Pakistan to offer the MScN program in October 2001. The curricular foundations of this program was based on international standards. However, the literature is silent upon its reviews and evaluation in term of its satisfaction by the stalk holders (GOVERNMENTS, A.T., The Aga Khan University Programs and Affiliations).

The Master of nursing program in Punjab Pakistan was started by university of health sciences Lahore in 2007 to prepare the leaders in the field of nursing. The input for program and its curriculum construction was taken from different stalk holders such as, educators, managers and the authorities of Pakistan Nursing Council and Higher education commission. The framework of this curriculum is eclectic by taking in it the major characteristics of both medical model and nursing sciences.

For formulating skilled leaders in nursing, the higher nursing edification desires to be complete ample to come across the challenging prerequisites of the current scenario and environment of health. Graduates are able to bump into the critical capabilities, to integrate proof established training, yield management characters to preserve and mend the superiority of system. Preliminary radical nursing tutoring was targeted to concoct entities to bung up a role in the expert employees where they will be baptized upon to reinforce vigor systems to encounter community requests. Great quality schooling curricula that give a chance to assimilate widespread standard are hence imperious. Therefore to organize an innovative nursing course or to review an existing curriculum is a foremost feature in getting together the international criterions. Curriculum organization or amendment is a continuing procedure and involves a great agreement of efforts from the stalk holders. It entails a lot of determination from the scholastic institutions. Formulating a new curriculum is dissimilar from curriculum modification with key or petty fluctuations.

Numerous researches have specified a requisite for the advanced nursing instruction system to keep updated with perpetual alterations in diverse health system. Literature advocates that the outcomes of apprenticeship are not agreeable, so there is a strong recommendation by the researchers to pay devotion to this facet of the nursing education system (Adami & Kiger, 2005).

An extensive range of literature was investigated due to dearth of publications upon this issue of interest. Specific related material was explored and properly used in this study about curriculum.

A study about quality of education that was conducted on nursing students having rich experience in higher education reflected that quality of nursing education is mainly influenced by the presence of inadequacies in curriculum, ambiguous role of preceptor, patterns of education, lack of application of theory and failure to utilize evidence based principles. Outcomes of this research also advocated the mandatory action for curriculum amendments, up-gradation of the logical potential and aptitudes and criterions and for teaching institutes (Lannan, S.A., 2017).

Inquiries with students in diverse countries also acknowledged flaws between speculative culture and actual work place performance and concluded that these are the result of clinical milieu restrictions, desynchronization between universities and clinical sceneries, an ambiguous role of nursing mentors, imperfections in curriculum development, and the role performance and protagonist of the tutors (Gallagher, P., 2004).

Nursing work looks to be progressively alarmed with appraisal as fragment of its accountability. Literature also points out that slight consideration has been waged to the matter of teaching learning evaluation. The assessment of instructional process efficiency is a multifaceted procedure and will certainly not be an informal duty nor

hypothetical to be an absolutely reasonable attempt for any nursing sector. The gains and restrictions integral in any assessment scheme are strengthened by the assortment of roles and accountabilities presumed by nurse educationalists. It is furthestmost significant that a symbolic and, idyllically, ample portrait of each mentor's presentation be attained from pertinent bases.

The expansion of an abridged students evaluation structure that contain an imperative objectives to differentiate virtuous from better performance can trial and motivate all affiliates to struggle for significant activities that are mutually gratifying to the students that are going to be assessed, and projected as noteworthy in the executive judgment production procedure. It is also vital that enduring improvement and additional comprehensive methods to ensure effectiveness of evaluation system is essential.

Even though fresh nursing alumni retain a solid theoretical context and information, nevertheless have questionable lacks in term of indispensable expertise and legerdemain which are compulsory to clarify and understand disputes that ascend in practical situations. Certain scholarly works have also pointed out the reality of a massive gap among traditional nursing and advanced nursing schooling and work place activities, signifying that the contemporary education set up of higher nursing education is not worthy to deliver its graduates with the crucial irrefutable practice aids and skills (Shamaeyan Razavi, N., 2005).

According to literature, in most of the developed countries and countries where nursing profession is fully matured, the curriculum is continuously updating after consistent feedback from the stalk holders and diverse patients requirements and changing trends. However, under developed and developing countries including

Pakistan is still in a trap of theoretical perspective of curriculum neglecting the practical aspects of curriculum and professional competencies (BINDON, S., 2013).

The fallouts of investigations on several clinical perspectives revealed that graduates ponder the worth of the education to be inadequate. Stated scarcities were comprising the educators inabilities to put on theoretical doctrines in applied situations, discrepancy of traineeships in practicum, scholars being demanded to perform other discrete responsibilities, dearth of suitable assessment by the examination system, and a privation of analogy amongst theoretical teaching and the clinical higher nursing academic service area (Yaghoubinia, F., 2015).

Pakistan is also promoting advanced nursing education and the purpose of higher nursing education in Pakistan was to produce proficient educators, administrators and clinicians with the support of best evidence based academic practices. Conversely, the literature is silent upon the feedback of these program especially its curriculum by the students, teachers and accrediting bodies (Khalid, F., 2004).

This dearth of evidence and literature on curriculum feedback is a reflection of the negligence of the nursing authorities to this legal tools of academia known as curriculum.

Theoretical Orientations

A decision-oriented theoretical approach was adopted for this project which is directed by program evaluation theoretical principles.

Chapter 3

Methodology

The plan of this study was to capture the range of suggestions, MSc nursing graduates have regarding their curriculum in some depth and appreciate the values that they consider worthwhile. This study proposed a qualitative design essentially for core exploration of participant's opinions and the justification of these opinions instead of quantification and statistical manipulation of such ideas. There was adaptation of semi structured interviews for collection of MScN post graduates views and experiences with their curriculum in this research.

This is the fundamental method of data collection and considered valuable in qualitative studies of such kind which need deep and holistic understanding of participant's perception regarding issue of interest. Eventually the situation was in control of interviewer because of the diversity in perception between investigator and participants. Sometimes interviews can appraise conditions in which the respondents present ideas which they perceive the researcher is interested. So to handle these controversies of participants researcher can challenge and amplified ideas through in-depth investigation for validation and a rich proportion of data can be attained.

A keystone of the phenomenological methodology is the manifestation of themes to symbolise the phenomena under investigation. Therefore, the themes appeared from the analysis of data were consist of meanings and categories used to capture perception and relate sentence both within and through participants interviews. However, Charmaz (2006) have observation that rather than demanding to create perfect replies, the phenomenological researcher strive to catch a rational illustration of what is working on by means of data. As the researcher moves an investigation from simple narratives to themes, Charmaz endorsed concentrating on

processes and the interactions between the constituents of that process by probing inquiries of the data and generating association in the informations.

Study Design

Phenomenological approach, a best qualitative technique to understand the realities people attach with events and experiences was adopted (Richards, L. and Morse, J.M., 2012). Descriptive themes were presented to represent the thoughts of MScN students.

Creswell (2007) regarded qualitative paradigm as an exploration that is carried out when it is essential to have a multifarious, comprehensive consideration of an issue. Qualitative investigation used to provide a wide-ranges of methods to this inquiry and facilitated the researcher to advance an insight about in what way students were narrating their experiences (Marshall & Rossman, 2006). Some researchers like Denzin and Lincoln (2008), viewed naturalistic paradigm as a strategy that encompasses the assortment of a diversity of experiential materials that refer to monotonous and challenging moments and connotation in persons lives.

Another aspect of naturalistic research is to gain a deeper view of a phenomenon. In this study qualitative research was accompanied because there was a requirement of an intricate and in depth understanding of the dispute. Furthermore, the attention of this study was to provide voices to the opinions of a previously neglected less engaged shareholder (the students) in the prior research studies on curricular assessment, so the study involved participants by the process of a phenomenological settings to provoke the full richness of learner understandings. Therefore, wary devotion was specified to the procedure of electing the setting for this research, and the scheme of collection of information and the process of analysis.

The core characteristic of this qualitatively designed study was to establish an intimacy of researcher with whole strategy of data collection and the tact of analysis. It call for the researcher to interrelate with the contributors and their social milieu .In the arena of qualitative paradigm, phenomenology tries to recognize exactly how subjects build their realm through the origin of the gist's used by them, in short it express through a frame into other person's perspectives (Creswell,2014; Holroyd, 200; Patton, 2015; Percy, Kostere & Kostere, 2015; Welman & Kruger,2002).Hence, Research studies which are based on Qualitative data predominantly reflect sentiments and opinions from the person themselves as data basis. Framing the exact methodology for every research is vibrant to the desired consequences of a study. Adaptation of this methodology equipped me with a technique that baptized for further cause-and effect rationales, summarizing of data to precise themes, formulation of hypotheses and queries, usage of open-ended data pooling and the analysis of prospective theories (Creswell, 2003).

Study Settings

Institute of Nursing University of Health Sciences Lahore

Study Population

Population of study for this project was MSc Nursing students who either have qualified from public sector university of Lahore during last year or likely to appear in the final exam within next 3 months of their MSc Nursing course.

Duration

This study was completed within 08 months after approval of synopsis from synopsis review committee.

Sample Size

Phenomenological design is considered effective in analysing perceptions people attach with a phenomenon and coherence of these experiences to a unique body of knowledge with a small sample size (Kafle, N.P., 2011). So there is no strict rule to address sample size in qualitative study. However a qualitative study can report the issue with 5 to 25 participants adequately (Flick, U., 2014). All available students qualifying the inclusion criteria of this study were selected. It was expected that at least twenty (20) such subjects will be included in the study. However, this study got saturation with 10 participants. Thus the total participants interviewed were 10 students. When no new information add by the participant to enhance the understanding of study is called saturation (Seidman, 2006).

Sampling Technique

A non-probability purposive sampling strategy was taken on in this study. MScN Graduates who met the study inclusion criteria and easily available were contacted. Firstly an email request was sent. It contained the purpose of study and its significance. After receiving willingness, the data was collected. Information was collected until saturation achieved. Students were confirmed as actual participants through verification of their registration in the study as they signed consent form. We established a contact with MScN student at public sector university of Lahore to act as a site of liaison and to help with the process of data collection.

Inclusion Criteria

The participants of the study were those who fulfill the following criteria:

- All ages
- Both genders
- Having qualified from the mentioned university during last year or likely to appear in the final exam within next 3 months.

- Both from Post RN and BScN background

Exclusion Criteria

MSc Nursing students having following characteristics were excluded the study

- Those who have not cleared exam in first attempt.
- Those having any additional master's level qualification in management or Nursing field

Data Collection

MSc Nursing students were selected according to specified inclusion and exclusion criteria. Written informed consent was necessary to participate in the study (ANNEXURE 1). Data was recorded by digital recorder and note taking. All the ethical consideration was considered in the process of data collection.

Data Collection Tool

Semi-structured Interview

Self-designed semi-structured pretested interview guide was used to collect data. Open ended interview guide was formulated in advance to get responses but students were allowed fully to disclose occurrences they want to share. Data was collected appropriately. There was bracketing of researcher personal opinions and perceptions throughout research process to ensure authenticity. Information was collected through one interview.

In preparation for the semi-structured interviews the researcher piloted the interview questions with students who were not contributing in the actual study. Pilot interviews were conducted to check the feasibility of interview guide and to check that the interview guide contents reflect researcher philosophy on the most noteworthy factors of the study. From the Piloting interviews investigator identified questions which were confusing and needed rewording and the data gathered from

them was useful in answering the research question. These allowed the researcher to get access into the participants nest (Patton, 2002).

Researcher introduced the topic and elucidated the tenacity and proposal of the study to the participants. They were requested to provide informed consent and authorization to record the interviews if they are willing to join this study. The researcher did not instructed students about her interest about outcome of study; therefore it can be assumed that comments produced by subjects were only reflecting their individual opinion. However, the researcher asked some exploratory questions to make sure a deep understanding of the member's opinions and experiences. The key to semi structured interviews was to realise the experience of augmented graduation necessities at this certain university, not to expect or to regulate that understanding for researcher intentional outcomes (Seidman, 2006).

The semi structured interview guide was consisted of 23 elements. The starting part of this interview guide was established to know fundamental demographic and contextual data about the informants, including participants name, age, gender, qualification, experience, institute etc. The remaining portion was consisted of operational questions. The absolute record for every interview incorporated all interpretations that scholars given by electronic means, and the transcription was assembled with the reviews taken during the session. Nursing department of Public Sector University was used to obtain the data. Data was gathered over a duration of two months, started from March, 2018 till April, 2018. Initially interview started with unstructured questions. The target was to identify the emerging themes and issues and the next questions were meant to elicit more information concerning particular themes and topics of concern which had appeared after the initial questions.

A total of 10 interviews were conducted. Each graduate interview continued nearly 35 minutes and was carried out individually. The interviews produced recordings totalling 360 minutes. The interviews also occurred at a time that was opportune for equally the interviewee and the investigator to ensure feasibility of study. All MSc nursing graduates taking part in the interview procedure were assumed the chance to appraisal the recorded interview at an advanced day to make certain exactness and to permit for any track up queries or remarks. Researcher through contribution in the data collection and analysis process was one of the important tasks of qualitative research (Creswell, 2003). Complete verbatim transcriptions of all of the interviews and researcher spot notes were made. Scripts were organised to permit qualitative analysis to be executed (Creswell, 2007).

Ethical Consideration

Study was conducted after approval from the institutional review board of the university of health sciences Lahore and final endorsement from the synopsis review committee.

- Helsinki declaration ethical principles was followed to guide this study.
- It was taken care to ensure the Privacy of the participant
- Consent was confirmed before participation in this study from the participants
- Any obliteration to the participant was evaded.

Data Analysis

The process of data collection and analysis carried out simultaneously in qualitative study (Fusch, P.I. and Ness, L.R., 2015). Consecutive data collection and analysis provided researcher with a great deal of flexibility for emergence of themes

and concepts and helped researcher to recognize saturation when appearance of new themes ceased (Bowen, G.A., 2005).

The principal investigator was a nurse by profession and was a graduate of the public sector Health University of Lahore. Hereafter had a profound familiarity with the local milieu of the University. Data was recorded on a digital tape recorder. The researcher collected data and then reviewed the data with the research supervisor. When saturation was reached, the interviews were stopped. Transcripts were initially read several times by principal investigator and supervisor in order to acquaint themselves with the data. Thematic analysis was carried out.

The recorded and illustrated texts were analyzed from a descriptive point of view and then interpreted. Data was cleaned properly to remove errors by spot checking and transcription. Data reduction was done by chunking and categorizations. An early analysis was intended at accumulating general information's, which are termed as meaning units. Assembling of the meaning units was done with extracts from the material of text transcribed from the students explanations. This was implemented to create the emerging categories which designate the experience.

The subsequent analysis involved alignment of the meaning units into common sub categories and categories leading to establishment of the common themes. Emerging themes were pursued thoroughly from the interview and explained properly with participants own statements.

Demographic variables

Name

Age

Gender

Qualification

Institute

Experience

Years after qualification

Pilot Study:

Five Semi-Structured interviews were conducted from MScN students according to inclusion and exclusion criteria. The preliminary testing was aimed at trying to establish the trustworthiness and consistency of the study tool, to explore the practicability of study, and to identify possible flaws in the data amassing appliances such as vague instructions or phrases and insufficient time parameters.

Although literature suggests that pilot testing is not essential in qualitative study. However, I conducted pilot testing on five participants. The findings of these pilot interviews helped me to refine my interview guide. There were also some questions in the pilot interviewing which students felt difficult to answer. I clarified these questions with the help of my supervisor to make them feasible and easily understandable. These modifications proved to be helpful in final process of data collection.

Chapter 4

Results

Results of this qualitative study are presented in this chapter. Participants were both male and female MSc Nursing graduates of Public Sector health University Of Lahore. There were total four male and 11 female having ages between 28 to 45 years in this qualitative study. The participants were both from generic BSc nursing and post RN background. Eight students were from Post RN background and seven were having backgrounds of generic BSc nursing. Clinical experiences of these MScN students ranged from 3 to 24 years from both public and private sectors. All participants had minimum qualification of MSc nursing part one from the mentioned university of Lahore.

Each of the interview questions and answer obtained from the participants were examined and findings were presented by putting into categorized and themes. Quotations were carefully selected from the recorded interviews and personal letters of the researcher to facilitate thematic analysis. The qualitative analysis of students experiences directed to the appearance of the six themes extracted from the interviews of MSc Nursing students of University which includes (1) Un-specified objectives, (2) Content focused curriculum (3) Theory practice gap (4) Teacher-Cantered Pedagogy, (5) Evaluation system discrepancies (6) Curriculum revision &Uniform curriculum.

Table 1: *Shows the categories and themes of study (Annex 2)*

Transcription	Codes	Categories	Themes
I was not clear about the purposes and objectives of the course	Lack of learning objectives	Ambiguous aims and objectives	
My Curriculum does not helps me in preparing lessons more effectively and efficiently. Because it only provide the outlines not the extent of topics.	Difficulty in learning process	Vague curriculum	
I have the opinion that aims and objectives of the curriculum are not appropriate for Master level education	Objectives of the curriculum were not up to the mark	Quality compromised	
I also observed that there was no coherence between the training goals and the didactic anticipations	Un clear clinical objectives	Incoherence between objectives and outcomes	Unspecified objectives
I was really bored & stressed by this curriculum	Excessive load of contents	Not user friendly	
I Submitted that there is repetition and overlapping of contents in this curriculum	Content focused		
I tackled with long and hard to understand curriculum, oriented towards	Exhaustive, hard to curriculum, towards	Decrease emphasis on learner more on content	Saturated curriculum

memorization

I experienced the subjects were not completely covered Too much contents

My whole session of first year was a period of formula learning Promotes memorization Emphasis on rote learning

I faced with a lot of problems in learning the subject matter This curriculum is very complex

My curriculum is mainly problem focused and is not person focused because of influence from medical model Medical paradigm Diseased focused more emphasis on illness than person

I have to repeat almost all major BS subjects even in my MSCN e.g. Health Assessment, Management, Pathophysiology Duplication of Pre-requisites Repetition of subjects of BS

I analysed the inadequacy between time and material. It did not allow for recovery from fatigue and is not appropriate for quality work Inappropriate time allocation

I encountered with lot of difficulties in search of relevant materials Ambiguity between curriculum contents and recommended material

I felt lack of confidence, overloaded and fear of failure during this course Fear of failure related to contents Content focused curriculum

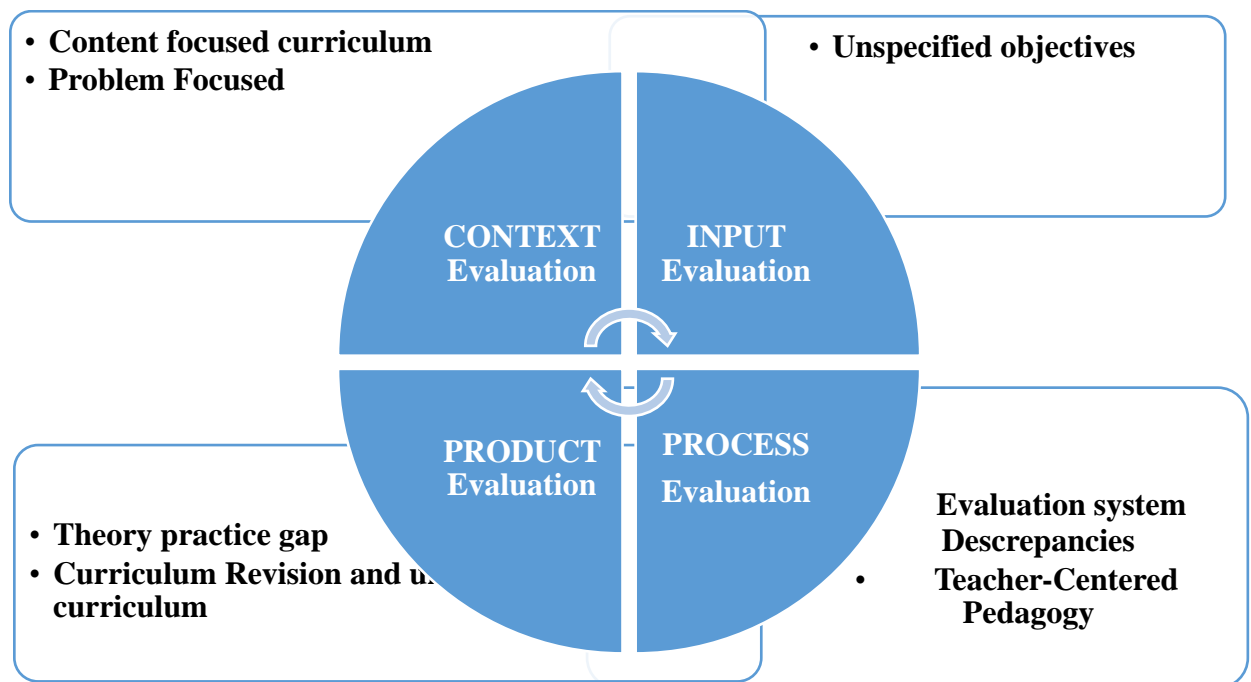
Much of what I have to learn in the current syllabus seems partially relevant to my career. Theory practice in consistency Students are not compelled to practice theory into clinical scenerio

I understood that there was a gap among the imparted topics and their practical utility	Curriculum should be relevant with nursing philosophies	
In my opinion the Present curriculum does not stimulate the research activity among the students	Less integration of evidence based educational practices	No evidence-informed decision-making
I think there should be more emphasise on subjects like research and statistics	Less focus on research and biostatistics	
I suggest the elimination of subjects which having no utility and are non-practical e.g. Theoretical Nursing	Elimination of non-useful subjects	Less practicability of some subjects
I think Curriculum is not efficient enough for practicum point of view	Skill are not emphasized	
I ponder this Curriculum does not connect lessons to clinical Nursing effectively	Lack of competency in clinical field	
I think this Curriculum does not encourages creativity	Lack of critical thinking	Quality compromised
I have identified this Curriculum does not helps to improve students Problem solving skills.	Knowledge is mainly based on theory	Adjust education with rapidly changing professional nursing practice demands
During the whole course the only emphasis was on Theoretical education	Curriculum is not comprehensive	
I believed that some of the academic credits were	Less competency in	Theory practice

never applied	clinical aspects	Gap
I encountered with traditional teaching methods during MScN rather than laboratory studies, field trips and observations	Does not promote Modern teaching methods	Centrality of teacher
I remembered there were Random sessions of lecturing , tutorials and sometimes discussions	Traditional Pedagogies were emphasized	Haphazard teaching Emphasis on Teacher centred pedagogy
I strongly recommend that the Curriculum and university examination should be related to each other	Irrelevancy between curriculum contents and evaluation	Multiple gaps in the curriculum
I found the Content of the curriculum were inefficient for university annual examination	Out of syllabus evaluation	
I think the Current time span in the curriculum was not adequate because it mainly focus on assessment of cognitive domain	Cognitive assessment	
I remembered the text books which were suggested in the curriculum were not appropriate and efficient for final exams.	Lack of standardized text books	
I suggest the curriculum should be simplified reorganized and re-assessed for comprehension	Incomplete Curriculum	

I suggest the evaluation techniques should be modified e.g. from annual to semester system	Change examination system from annual to semester	semester system	
I was mainly encountered with summative evaluation in my whole two years	Absence of formative evaluation	Mandatory midterms and send ups exams	Evaluation system discrepancies
I propose the Teachers and specialists should work together for re-development of curriculum	Curriculum alignment	No of Flaws in current curriculum	
I advocate the Determination of content, goals and objectives should be reconsider	Curriculum review		
I consider this curriculum, as a static curriculum because after initial development, it was not updated	Static curriculum		
I think this institute is not interested to make up the gaps of this curriculum.	Lack of administration interest towards curriculum		
I feel strong need for the evaluation and revision of curriculum.	Update according to national and international		
I think this curriculum is challenging for students and they feel overwhelmed in their role.	Least students involvement	Feedback from all stalk holders	
I strongly recommend that PNC and HEC foster same curriculum for all institutes in Pakistan	No internal curriculum	Same curriculum in all institute of Pakistan	Curriculum revision and Uniform curriculum in

Using the Stufflebeam's CIPP curriculum framework, the findings of this study are framed into its components. (Annex 3).



The study findings showed that students described various experiences with their curriculum and its practical utility in their practical life. These experiences were categorized into six themes and multiple sub categories. These six concepts were as implicit and persistently exist as to work as definitional components of the MSc nursing curriculum of Public sector health university of Lahore.

Although, there were diverse opinions of the students about their curriculum having both positive and negative aspects yet the negative aspects were more dominant. So the respondents overall opinion of their university curriculum was mainly consist of mere criticism. They were of the opinion that the curriculum was not comprehensive and have lot of flaws in its construction, delivery, evaluation and outcome. Students opinions generated the themes are described as,

Unspecified objectives

Nearly all participants shared the issues regarding ambiguity of curriculum in day to day academic practices. Students recognized that there has to be a reassessment of the objectives of MScN curriculum. They uttered that the problem with MScN curriculum approach is that its objectives does not yield the clear view of the course and its purpose. The curriculum is professed by the MScN students as a map guiding the course with specific aims and objectives. These aims are predicted by students should be feasible to understand the curriculum itself, its components and should be relevant with their professional life. Students considered their curriculum full of inconsistencies, lack of coherence and a source of confusion. Inconsistency was also perceived to be evident in curriculum objectives and its utility. Students mentioned,

“There is nothing in curriculum which facilitate students. This is complex and complicated, it should be simple, comprehensive and user friendly.”

The students were also quick to distinguish that the MSC nursing degree objectives were not harmonized with the practical professional demands of modern nursing. Students have the opinion that if thorough course description in blend with congruent course aims and purpose were integrated in the curriculum can provide them with sound basis for successful completion of MScN programs.

Student's comments included the following:

“I was absolutely lost in my first contact with this curriculum, as it was challenging for me to know what the expectation was. Thoroughly, asking myself numerous queries about which patterns were we expected to adopt?”

The current curricular approach in public sector advance nursing curriculum overlooks a general approach, and the norms for choosing objectives. This may be associated either to the concern of persons designing the curriculum, or to the impact of the regulatory professional bodies and local administration in the universality.

Students conveyed that the official curriculum was unable to convey what program designer's expectations were regarding this course and did not accommodate entirely of what they wanted to know for the Nursing program in which they are enrolled.

As one of the male student alleged,

"This curriculum is totally aimless. Such kind of curriculum should not be recommended for master students. Objectives have no practical utility."

Another students stated,

"The only aim of my curriculum is to produce knowledge"

Content focused curriculum

Most students described that the curriculum was content-driven and highlights contents preservation. According to various graduates the design and format of public sector university MSc nursing curriculum follows traditional model which is mainly content driven model and encourages retention of vast contents by rote learning.

Students have high concern regarding contents repetition and overload. Students have views that courses are burdened with contents which are old, outdated and are partially relevant with the nursing practice. Students specified,

"Course titles were not entirely delivered and that what was imparted took no practical value"

Participants declared that the Vicious circle of BS lessons have their continuation until Master's degree. They further aided that there was actually no difference between some subjects and contents of baccalaureate and Master's category syllabus, and various of them were analogous, subsequently resulting in a loss of time and vitality and posturing a threat to lack of concentration on subject that have more practical utility and more useful for future professional and academic life. One of the students revealed,

“Subjects were imparted in a very common terms. Actually, they were the identical as BS titles. We were educated generally what we premeditated in Baccalaureate syllabus such as health assessment, management, pathophysiology, pharmacology, pathophysiology, research and statistics exactly have the similar contents which we have previously learned in Baccalaureate.”

They pointed out that the curriculum instructions and contents towards subjects such as research, statistics and behavioral sciences were not appropriate. Students also explained that the time allocated for each subject was not consistent with the contents present in the study units. So students ponder this curriculum as content saturated curriculum. One student exposed that,

“There are almost nine major subjects in the first year which are not suitable for Master’s students which are prepared to be specialist in the field of nursing such as manager, educator and clinician. I think the managers should emphasized with management only, educators with education and clinician with clinical.”

Students reflected the formal MSc nursing curriculum of public university as overwhelming. They publicized that they have experienced burden in their learning which reverted them towards more surface and strategic approaches to cope. Students reported themselves fretful about the extent of material mandatory to pass the examination. They were also uncertain about the proper depth of understanding and amounts of specific learning obligatory to get through the course. One student uncovered,

“that was a period of stress, there were too much contents to cover. I realize the curriculum was not able to guide me to what extent and depth the subject should be covered.”

Students also acknowledged that the actual work burden created a hurdle to great quality education. Large number of students who answered our interviews told that they were overawed by the aggregate of efforts crucial to pass examinations. One student admitted,

“The credit hours are too short to cover such huge material. It’s really depressive”

Theory Practice Gap

Most of the Students discussed that after the completion of their degree they possess sound theoretical knowledge, however they consider themselves deficient in critical thinking, clinical nursing skill and academic writing. The Core contents of curriculum according to students were not able to cultivate comprehensive ability of clinical practice. one of the students conversed,

“The subject matter should be interchanged with subjects or contents considered impotence from practical point of view.”

Above theme was appeared by the graduates focus on the incorporation of academic and practical skills, and their opinions on the degree to which their theoretic learning might be useful in actual clinical circumstances. The dearth of harmonization among classroom learning and practical learning is reported a recurrently emerging issue in nursing schooling. All the apprentices consistently accredited this problem as a break among theory and practice, or in relating scientific principles in an existent clinical environs. Some students remarked:

“There were troubles in putting on the learned knowledge that we had erudite. The activities which were supported out in professional roles did not bear a resemblance to with what we had learned in theory.”

Students informed that they consider themselves competent as Nurse Educator and to some extent as a Nurse Manager but less competency is felt in clinical nursing.

According to students the greater emphasis of curriculum is on theoretical knowledge.

As a participant well-versed,

"I used to learn ample stuff in the class room, but there are not abundant chance to do them in clinicals."

According to students, the interaction between practice and academia is scarce. Students suggested that curriculum construction should be based on goals which involve specific responsibilities for educators, administrators, students, through a practical systems base approach to promote evidence based practice. Of the female students one reproduced,

"Yes, it contributes to my professional life as a successful educator,"

Subjects highlighted that Evidence Based Practice is a source of credibility for the profession.

One student understood,

"I think associating our profession with evidence based practice is certainly imperative, it provides our nursing profession with credibility."

Students viewed evidence based decision as beneficial for guiding them to become a good educator, administrator and clinician.

One of the student also indicated,

"I feel myself lacking in clinical field. This degree have no worth for augmenting my clinical services obligatory for a nurse."

Several scholars experienced that many of the credits of the theory were certainly not applied, and the mastery of them was just a consumption of precious time e.g. theoretical Nursing subject.

"I have never seen practical implication of nursing theory and I never used it in my professional life. I think it is useless."

Teacher-centered Pedagogy

Students recognized that their curriculum is delivered through conventional teaching method. Lessons and subject materials are typically imparted by the teachers using white boards, multimedia and courseware escorted with a verbal description. Conventional teaching was also consider by students an important factor contributing to content saturation. It is because traditional pedagogical model incorporates rapid completion of contents with prerequisite objectives and philosophy of institute. Present theme was built from methodology of teaching, curriculum delivery and instructional strategies. In an interview discussing about coaching methods, one of the graduate reconnoitered:

“The outmoded coaching technique, such as lecturing and discussion was utilized in maximum lessons”.

One more student explored:

“Maximum number of the tutors adopted one-way instruction approaches; though pupils were acceptable to contribute in session discussions.”

Concerning the lecture and point noting, one student commented:

“ The utmost mentors stood purely anxious with concluding the substantial contents and desired the students to yield notes”.

According to students, their curriculum was probably conveyed through old-fashioned teaching methods. Therefore the students return to more premeditated and possibly more superficial attitudes to put up the information's that is compulsory in the program from end to end throughout the process.

“Teacher personality has profound impact upon students learning. There should be highly educated and influential teacher which deliver innovative strategies are needed.”

The findings from the interviews also showed that most teachers tried to teach subjects through Lecturing, question and answer, and tutorial method.

Of the male students one agreed:

“The teacher addressed, then inquired questions and countered to the questions.”

Evaluation of students

Almost all of the Students voiced that the course assignments were not congruent with their examination. Students articulated that they felt overawed throughout the session because of the evaluation system which was annual based on total summative evaluation and cognitive assessment based. Student told,

I am totally unsatisfied with both internal and external evaluation system of UHS. Those who are teaching are not assessing. I am totally against it, its fake.

So they consider the annual examination system of university as a continuous source of anxiety for students. They reported that they needed cumulative efforts throughout the year to pass their examination. This continuous increase in their burden undoubtedly contributed to promote rote learning. Students further mentioned that their core competencies were solely evaluated through cognitive domain appraisal only.

“There should be a semester system like Agha Khan University. The current UHS evaluation is not evaluating cognitive domain nor skills, it's just doing depressive assessment. to much extent the student can be depressed.”

A number of the worries that students observed out that some subjects yield up additional time all through their academic agenda and were owed with a greater percentage of questions in the unified exams like pathophysiology, education, management so, to get best performance in the examination they were intentionally forced to concentrate only upon the subject material that generate high outcome in

their final assessment , while ignoring subjects having a reduced percentage of grades such as behavioural sciences, pharmacology etc. Student witnessed,

“My main focus during the course was on subjects having more percentage of, marks than those have less percentage in marks.”

Students felt that their examination system judged or evaluated them on criteria which was mainly beyond the contents mentioned in their curriculum.

Student stated,

“I was astonished to see the paper in examination, because what was mention in curriculum and taught in the class was not included in paper, it was something else.”

They consider the attributions of success or failure only depend upon repetition of facts and theoretical knowledge rather than acquiescence or assimilation of applied knowledge. They conveyed that the fear of failure may even compel them to focus on preparation for examination rather than acquisition of practical skills and their application.

“It was not the evaluation of my abilities and my intellectuality it was just the test of my memory.”

Curriculum revision and uniform curriculum

Standard MSc nursing curriculum of public sector university of Lahore was considered incomplete by almost all participants. The students have the judgment that since the development of MSc nursing curriculum from 2007 to till now there have been brought no changes in it, in spite of rapid and circular changes in nursing profession. So they consider it static, have gaps and demands revision under the light of evidence and student’s opinions who are considered the integral stalk holders of curriculum.

“It is incomplete and outdated curriculum, it needs reassessment of the curriculum.”

They observed a significant differences in curriculum evaluation and adjustment between private and public institutions. Curricular alignment and revision was a recurrent theme in student's interviews. They have the belief that there is a decreased incorporation of the learner centeredness in the curriculum and this have less ability to focus on the individual learner as it rely more heavily on the contents and its delivery.

"It's basically the fault of HEC which recommended the program but did not given pre-designed curriculum and institutions are forced to follow their internal curriculum."

Participants indicated that MSc nursing education have number of gaps and flaws in it. Students also mentioned that program is hesitant to address student's problem and there is a haphazard interaction between the different components of curriculum. Students also recommended that the ambiguous aims, conventional teaching, contents overload and evaluation strategies need to be reevaluated. All most all students pronounced feelings of tiredness from this program.

"There are both practical and theoretical gaps in this curriculum. This should be aligned with integration of contents have relevance with nursing practice and improve the quality of health system."

They also have the endorsement that all institute of public and private sectors of Pakistan which are offering MSc nursing program have internal curriculum which is creating discrimination between the post graduates of these institutes. According to students there must be a uniform curriculum for all MScN students in the country like the BS curriculum.

“This is the role of central body to regulate all MScN programs of all Pakistan and enforce central external and uniform curriculum for all MScN programs running in Pakistan.”

Most of the students avowed,

In each institute having MScN program, there is internal individual curriculum. This is a source of discrimination between the graduates and have a deep impact upon their image and self-esteem.

IJSER

Chapter 5

Discussion

The purpose of this section is to interpret and describe the significance of researcher findings in light of what was already known about the research problem being investigated and to explain any new understanding or insights that emerged as a result of current study of the problem. The discussion will always connect to the introduction by way of the research questions or hypotheses which is posed and the literature which is reviewed, but the discussion does not simply repeat or rearrange the first parts of study; the discussion clearly explain how study advanced the reader's understanding of the research problem at the end of review of prior research.

The ongoing educational assessment of different scientific disciplines is critical, particularly for health sciences. Educational assessment helps to identify constraints and obstacles, and to solve problems and identify strengths and weaknesses. The results of such assessments allow positive aspects to be upheld and effective solutions for potential problems to be implemented (Ziaee et al., 2006).

As data was involved from the perspective of phenomenological school of thought, categories were identified in the verses of the student that highlighted their postgraduate interactions with their curriculum. Data was studied, organized, queried, linked, amended and eventually identified number of categories clustered around six themes including, Unspecified objectives, Content focused curriculum ,Theory practice gap, Teacher-centred Pedagogy, evaluation system discrepancies ,Curriculum revision &Uniform curriculum.

Participants have diverse thoughts about their curriculum. During the process of interviews they keenly engaged with the terms that may perhaps have detained slight saliency prior to their involvement in this study. This qualitative study addressed the research questions: What were the experiences of MSc Nursing students

regarding the curriculum which they have undergone? How useful was the curriculum in relation to their practical life? What areas and gaps need to be addressed for future students?

Students over all have assenting perceptions of advanced education in nursing. But also possess clear anticipations in mind of what curriculum available to support and aid their and boost their professional achievements. Pupils desired to be challenged in their studies and demanded support not only by well-developed curriculum but also from the institution. The issue of what is quality and relevance of curriculum with their nursing profession should hence be enclosed in the contingent query of what a scholar is expecting in a curriculum. According to student's interviews, aims and objectives are one of the major elements of the curriculum of any higher education nursing program and states the purpose and nature of that program. For a successful academic program match between curriculum objectives and educational outcome is very essential.

Students recognized issues with curricular planning. Students were also not able to give clear descriptions about objectives of the program. The connection between learning objectives present in a curriculum and course's activities, evaluation techniques and learning outcomes were queried from the students. They have the opinion that course objectives were not well mentioned in curriculum to help them achieve their expectations. The similar controversy was validated by Zighami et al., in his study and remarked that more than 96 percent advance degree nursing students revealed that there was certainly no clear and distinctive objectives depiction in the curriculum (Zaighami, 2004). In distinction, a study conducted by Aeien, at University of Tehran illustrated that a unique quality of the curriculum of

postgraduate master in nursing is the objective descriptions of the established educational objectives (Aeien, Alhani, & Anooshe, 2009).

Sharan B. Merriam and her colleagues conducted a study mentioning the factors which effect Learning in Adulthood and believed that setting goals is essential and fundamental step in the development of curriculum process. Learners enter in a learning environment with varied experiences and goals, which must be considered when developing, delivering and evaluating curriculum (Merriam, Cafarella, & Baumgartner, 2007).

Participants of the present study experienced that Master's in nursing curriculum of their University is an overloaded curriculum. Content excess produces further unease for students who sense stressed to cover all contents in the allotted time-frame. These finding are consistent with research on nurse education conducted by Giddens, J.F. and Brady, D.P that concluded that nursing education is traditionally content laden. This is rational by programs that have repeatedly absorbed novel material because of updated services variations, even though long-standing, invalid content and subjects are not eliminated from the course. It emphasised that the encumbered curriculum does not counter to students comforts and they feel anxious to absorb the syllabus that may be slanted at a scale that is much extraordinary for students to accomplish (Giddens, J.F. and Brady, D.P., 2007).

National league for nurses affirmed the similar views regarding curriculum and declared that Nursing academic programs have habitually presented with content burdened and extremely structured curricula highlighting behavioural consequences and raising linear observation (NLN, 2003). Diekelmann, N.L in a study on curriculum framework explored that organization of certain curricular frames conventionally followed Patterns analogous to those practiced by the medical model.

Faculties of nursing are at ease with this approach because it is the solitary methodology under which maximum of the faculty were trained. When focusing this model teachers tried their best to cover everything they can because of the perception that the courses related to health system are sensitive because these are correlated with interventions to human population so the graduate must have competency in each and every aspect applicable with the concept of caring . Diekelmann further shared that change from a medical to a intellectual scheme call for a composite curriculum proposal which can foster and enhance the capabilities through conceptual learning (Diekelmann, N.L., 2002). Hickey and Forbes declared similar findings and concluded that saturation of material in nursing curriculum is a cyclic process continued with addition of new technologies in health system making no progress toward true change. (Hickey, Forbes et al. 2010). Student's views give clear agreement to Meleis, A. concept who presented several ways for extending nursing knowledge. One of them is science which could be acquired through research. Therefore, medical paradigm is taken one of the ways for acquiring knowledge. It is a narrow and incomprehensive insight to the programme. There is a lack of attention to nursing disciplinary knowledge and health outcomes promotion (Meleis, A. 2012).

Giddens, J., Brady pointed out that course evaluations can strengthen change of nursing education from content saturation to practice direction that put prominence on learning content that leads toward conceptual pedagogy and includes principles over cultural backgrounds, natural sciences, and the health-illness spectrum. These cumulative concepts from structural contexts and organisation for the curriculum and are considered the foci in-between the courses (Brady, 2008).

Students have the view that their master's nursing program mainly focuses on expending and producing knowledge for the sake of knowledge. Keeping in view the

experiences of students, current curriculum is mainly theory based. The theme concerning practice and theory gap was aroused from the subjects' emphasis for the pragmatism of theoretical and applied education to the extent to enable to be applied in real situations.

Xu, Y., Xu, Z. and Zhang, J criticised that Chinese higher nursing education curriculum is still perceived predominantly deficient because of departure of subjective concepts from training and that what is communicated in universities is substantially lags behind the nursing practice. It is criticised that a number of of the nursing tools and techniques contained within the contemporary manuals have at present turn out to be obsolete in the real world (Zhang, J., 2000).

This is also in agreement with Farahani's findings. In her descriptive study, he studied ideas of MSc candidates of nursing and stated that no attention was paid to clinical difficulties in Iranian Master Nursing program. Because the main aims of Master Program was development of MScN graduate competencies for resolving nursing problems. It is necessary to consider nursing health care promotion and health outcome (Farahani, M. and Ahmadi, F., 2006).

Scully, N.J. in his research mentioned the similar issues in nursing education and reflected the nonexistence of synchronisation among institutional and clinical education. He further identified that incongruity between nursing as it is delivered in the lectures and nursing as it is served by the graduates in the hospital setting is a basis of discussion to instructors, specialists, and apprentices globally from a long time. He believed that focusing on theory by neglecting essence of its practicability may be a source of further increase in this gap. It is also a renowned curricular problem in other countries as well. This flaw is extensively addressed in the transnational literature articles and books also (Scully, N.J., 2011).

According to Hewison, & Wildman knowledge and training disputes contained a prolong account in nurses academia, and is enduring cause of argument possessing no simple or impeccable resolution. This conflict between practice, education and research can be positively addressed in curriculum by integrating concept based teaching and applied research (Ajani, K. and Moez, S., 2011).

Accentuating the significance of this matter students stated that the gap is perceived most intensely by post graduates students. As they are exposed with real situations as an administrator, educators and clinician so they find themselves incapable to relate from what they have mastered in theory. Regardless of substantial struggle by the authorities to get about professional transformation in nursing, the main problems acknowledged by Bental, sustained to source distress. Bental blamed nursing educators in her work, for producing nurses who were progressively talented with theoretical informations and decreasingly expert in practice. According to her, nurses were gaining in theory have been gradually detaching from what they were in reality performing in their work. If this trend is not reduced, it can generate dilemmas since the ideologies of training customary in syllabi are not affiliated with the philosophies operationalized in the employment (Ajani, K. and Moez, S., 2011).

Edwards, mentioned that learning in the real scenario is reflected to be a central feature of the curriculum developed for nurses, empowering nursing students to integrate it with practical situations, and fulfilling the bridge among principle and action in the nursing career (Edwards, S. 2002). Most of the students in the current study pointed out this problem which is agreed by other literature. Barazpor criticised that the sarcasm of the discussion surface the reality that in nursing, which is basically an applied domain, cannot afford to isolate theory from. Nursing institutes should adapt models of teaching and learning which should promote learning having

problem-based tactics. These innovative styles of curriculum alignment would be helpful to enrich thinking based on concrete concepts critical for making students confident and independent in their clinical decision making. (Barazpor Zanzan., 2008).

Regarding the delivery of curriculum students commented that traditional teaching method such as lectures and discussion were used. Teachers mainly adopt one-way teaching approaches of teaching and were just interested with concluding the period and favoured the students to yield summaries and do not prepare students with critical analysis abilities. Herrman and Erickson emphasised the requirement to persuade teaching devices that reassure delicate talents and advance scholarly thinking potentials. They highlighted the need of conceptual teaching to complement the constructivist school of thought in nurturing profound thoughts by means of deep connection between current and prior learning. Even though some nursing tutors try to teach course conceptually within existing old-fashioned curriculum, though the lack of intangible basis makes this effort as an isolated experience for pupils and restricts student's aptitude to think through related notions within and among courses. Abstract teaching have prerequisite of enthusiastic, learner focused attitude. The collected work of nursing academia has strong concern for a move from pedagogical philosophies to Anagogical methods. The associations students feel to make in their learning need to be reinforced by instructional styles that permit students to build thorough appreciation of the topic; which is not the classical product of a teacher-based methodology (Herrman, J.W., 2011).

Polit and Beck, also added that outmoded pedagogical methods in nursing education are no more operative in producing nurses which can deliver quality of care to the consumers in a variety of care settings. Learner-centred strategies can best be designated as those having devotion for active learning to involve the learner rather

than merely divulging didactic evidences. With innovative strategies complex order thinking can be bring up in students. Polit also discussed that the part of the educator is a coordinator of learning rather than an instructor. Displacing educators from a subject material delivery environment to abstract teaching lines may be taken as the ultimate trials confronted by nursing programs craving to embrace a conceptually framed curriculum (Polit, D.F. and Beck, C.T., 2008).

Magorian suggested the need for a well-developed faculty growth plan that must include experts, academic specialists and curriculum designers for successfully planning and implementing curricula having focused on teaching strategies and tactics compatible with higher education. As the nursing literature is a bit deficient in this field, pursuing to supplementary disciplines, particularly education, is recommended. Health educators, together with nurse educators, have long been un-willing to integrate modifications dreadfully obligatory in the present education system (Magorian, K.G., 2013).

Mirbagher Ajorpaz & Ranjbar, appraised that nursing professional standards demand from their scholars to have a deep and thorough understanding of the contents, so that the learned material can be applied in real nursing situations. Therefore for practical application of learning material into practice active and innovative teaching learning methods are essential which not only meaningfully encourage in depth analysis abilities as well as eternalize the erudite material in student's insight Tiwari & Chan, 2006).

Gonzalez mentioned that in spite of favourable and productive consequences of modern teaching methods that promote active learning, literature represented that most of the educational institutes are still delivering and promoting outdated teaching methodologies leading to rote learning (Gonzalez et al., 2008).

Yamani, Yousfy explored in literature that widespread operationalization of the teacher oriented methods is not only considered popular due to the long term easy going culture of the medical and nursing educational institutes but also proven feasible for administration to implement these because the teachers as well as students feel comfortable and secure with these teaching methods. Research studies which were conducted out for higher nursing education in Iran exhibited that the lecturers and mentors play a focal role in promoting and operating teaching methods designed by traditional curriculum approach (Fereidoonmogadam, & Yamani, Yousfy., 2008).

Gonzalez criticised that many of current nursing curriculums linger to track a teacher-based approach in cultivating upcoming nurses. There is also an obligation to contrive additional approaches to current theories. Faculty should be stimulated to excel away from random disorganised lectures and conditioned memorization of evidences to dynamic environment constructed upon collaborative teams. (Gonzalez et al., 2008). Teacher have responsibility in supporting every scholastic structure, and the outcomes of the contemporary study recognised pitiable teaching devices and these disapprovals suggested that alterations in current instructive strategies are mandatory so the practicability of the contents can be assured

One of the concern of the students was the evaluation and examination system of their public sector university. The students recognized that the present-day evaluation system was not appropriate for calculating students' abilities instead it only judges the rote learning power of students by encouraging memorization. The nursing students undoubtedly acknowledged that the current examination system is very traumatic for them. This is based only on summative assessment and cognitive evaluation and need to be converted from annual to semester.

Similar facts were noted by Biggs, J.B. in his study and found that maximum number of students were not pleased with the means of evaluation, and students believed that evaluation approaches were not effective in proposing the requisite to review the practices and media which are suitable for such appraisal and are source of stress for students. Students expressed more anxiety in first year of their Masters in nursing program as compared to their second year (Biggs, J.B., 2011). This was also consistent with the judgement of Bell and Ruth, they declared that nursing students have an extreme level of anxiety in initial sessions of their training.

The appeal for curriculum alteration has been vibrant and constant in all of the students interviews. They have the opinion that since the initial development of their curriculum it is static and did not undergone any alignment and evaluation. There is an urgent need to consider realities and gaps present in existing curriculum under the light of current facts and international bench marks. Students also have the views that there is need for single and uniform curriculum in all over the Pakistan both in public and private sectors by the higher education commission and Pakistan nursing council.

Student views were similar to Ojewole, F.O research on nursing students mentioned that this is a period for nurse educators to react by enthusiastically allowing for substitutions to the classic content-saturated curricula. The era of 21st century has grasped a histrionic amendment in the construction and organization of the nursing curricula. Most of the programs concerning nursing have urgent want to change from the out dated way of nursing education to modern academia. Until noteworthy changes are structured in nursing curriculum, nurses will progressively have trouble in serving and manipulating health care system. Curriculum revision should be part of a systemic continuous process to ensure a quality program. (Ojewole, F.O., 2013).

According to Aeien et al. nursing is a quickly changing field instigate higher nursing institutes to critically evaluate their programs and develop plans to meet the needs of the client. Curriculum should be reviewed to seal the gap between various dimensions and probing nursing students to execute actions calling for difficult skills after processing through a traditional curricula is unjustifiable (Aeien, Alhani, & Anoooshe, 2009).

The current study revealed that the learner was the least utilized element in curriculum decision-making. Learners need to be considered in all aspects of curriculum development. Assisting them in attaining the skill of lifelong learning will aid towards better patient outcomes. Competencies should be determined by national stakeholders and must be consistent with diverse trends of the present century.

National League for Nursing propelled its educational reform almost 20 years back and referred to as the Curriculum Revolution. It emphasised a change in the organisation of nursing courses, judgements about content collection, and the means by which students learning can be eased. Eliminating old, content filled, behaviourist model based higher education, and academic revolutionists calling for a kind curriculum, consisting of modern pedagogics fit for a training discipline and make up students who could join as leaders in health care restructuring, with standards that predict the diverse, embracing, and emergent miscellany of nursing practice, education and research. However, NLN (2003) has recently committed that much of their efforts for curriculum review were only engrossed on the adding or reordering of material in the curriculum (Tanner, C.A., 2007).

Benner and Stuphen have the view that developing and reconsidering nursing curriculum is a hard job and have need of a detailed acquaintance of the curriculum improvement process. Curriculum construction not only reflects the impending status

of nursing education but also the fluctuating tendencies in the current healthcare system, expectation of the graduates and other stake holders. A national call for change in nursing education has been issued, yet without direction and guidance is proceeding (Benner, Stuphen, Leonard, & Day, 2010).

Cohen declared that regardless of the growing figure of nurses with Master degrees, the excellence of nursing services become unsuccessful to progress. Developing innovative and effective curricula to meet the needs of students from varied background in different contexts is challenging. Different countries in the world are engaged in studies on this area, yielding varying results. Student's perception is a critical piece of evidence that is missing from the current nursing literature. Students' input and perceptions can be used to evaluate the ``course and make changes for better learning. The failure of a single course represents a substantial challenge not only for educational planners but also adds to the financial loss and time burden on the student and their family (Cohen, Manion et al. 2013).

Curriculum modification takes producing amendments and alterations in the contemporary curriculum to offer new tracks according to the changing scenario of the context in which it is working. It includes creating alignments in operational curriculum, its purposes, goals, course substances, learning consequences and evaluation strategies. This process of curriculum evaluation is considered complex and demands number of strategies and innovative approaches. It involves fulfilling gaps, addition of new concepts and deleting or extinction of old material in the current curriculum. This is also reserved as a procedure of consolidating the recent curriculum into an improved profile (Boomer, G., 2005).

Leaders of nursing school of thought have approved that major curriculum restructuring are compulsory, even though there are numerous interpretations about

the exact changes that should be completed (Iwasiw, Goldenberg et al. 2014). Most efforts for changes in nursing curriculum in the United States focused on structural changes such as credit hours and specific courses to be taught rather than on the overall educational experience of the student. It must be reconsidered and updated and It should be flexible to go through unceasing estimation and up gradation built on modern research findings and diverse health scenario and in the requests of patients and the health care system (Pulcini, Jelic et al. 2010).

A growing trend towards Master's in Nursing qualification is considered a yardstick for fulfilling advanced practice requirements. However MScN degree utility in term of desirable professional roles and quality of health care delivery is still a burning question. Inspite of many reforms in teaching learning process, environment and structure, nursing academia is not yet able to cope with challenges posed by the diverse health care system (Tagney, J. and Haines, C., 2009).

One of the most important factor which is considered root cause for this status que is splited, non-operational and inert curriculum, which is going to produce graduates and post graduates that are not sufficiently trained to meet the goals of nursing practice. However development of approaches to review and revise old curriculum with innovative and functional curriculum is a long journey need strong commitment and strong determination from the authorities having so called ownership for these programs. There should also require constitutional and legal basis which instruct academic institution for continuous and periodic curriculum revision and development by framing uniform procedural guidelines (Walker, K., 2005).

Public sector health university of Lahore, master Program consists of three central roles integrated in curriculum including education, practice and management. Students mentioned that current curriculum is unable to address the philosophy based

research, educational research methodology and clinical leadership. Therefore, graduates have ambiguity that which competencies could be acquired upon graduation in order to be accountable to nursing profession as a leader, educationist and clinician. Therefore, most students believed that there was no compatibility between the training goals and the scholastic expectations. There was a considerable gap between the topics covered in the course and their apprenticeship. Students criticism was similar to concept find by Bihamde in his study reconnoitred that competency is a collection of knowledge, skill and ability in a certain profession which helps individuals to do their tasks successfully and the goal of higher education is providing opportunities to acquire these competencies. It helps students to show their efficacy and productivity in their profession being a critical thinkers and reflective which are essential traits for analysing professional problems and presenting proper strategies as expected from the graduates. Other related studies also suggested the incorporation of relevant goals in curriculum to improve the quality of nursing education (Karimi, Z., 2015).

Mohammadi quoted from Lovely and Ripcord that the main responsibility of higher education system is training people who could adapt themselves with changes in health care system. So, they should be trained in the context of their practice. If these concept are ignored in curriculum, accountability of professionals cannot be challenged. Higher educational institutes are training students out of practical setting with one-dimensional approach so the resultant outcome is extension of gap between goals and outcome and privation of the quality education (Moonaghi, H.K., Valizadehzare, N. and Khorashadizadeh, F., 2017).

Haug, and Tauch, concluded the findings similar with this study and reviewed that over the previous few years, there is a growing discussion upon the incompatibilities between the objectives of Advance nursing programs and

institutional curriculum. The constitution of curriculum should be done according to benchmarks that are consistent with contemporary and future obligations, ambitions, targets and purposes which are distinct, explicit and carefully fixed nationally and internationally (Haug, G. and Tauch, C., 2001).

Strength of the Study

Reflections of the students on the curriculum are a opulent means for acquisition of a deeper understanding of the issues in the construction, delivery and evaluation of curriculum and their impact on the MSc nursing student's professional life as considered by students which are the chief stakeholder of the university master of nursing program. Ultimately, institute, its administration and educators will use these results to evaluate higher nursing education curriculum. No such kind of study has been conducted prior to this study in target area to investigate the student's experiences with their curriculum and its quality and relevance with their nursing profession. Student's experiences will serve a set of guidelines which institute can utilize for developing and assessment of nursing education. This study will also provide a feedback to the policy makers by giving intuition into what students are truly learning, these reproductions offer help for curricular reform. This study will also influence other discipline in the university to have a review of their education program with student's perspective and will be a source of motivation for other universities offering MSc nursing program to make learner centered educational reforms for the betterment of consumer.

Implication for Future Studies

- Number of public and private sectors are offering MSc nursing program in Pakistan but literature is still silent upon their evaluation

and curriculum appraisal. It is strongly suggested that all universities should get evaluation of curriculum in light of student's views.

- Replication of this study would improve the trustworthiness of the results. As described in the beginning of this study, dependability would be established by finding similar themes in student's experiences from the single university. The next research project could be to develop a questionnaire, based upon this study's findings, and collect data from a larger number of participants across more universities.
- Moreover, the study may give a direction for the researchers to address this issue with other stakeholders such as educators, administrators, representatives of higher education commission and Pakistan nursing council in gleaning data to gain multiple perspectives.
- This study examined the experiences of students in relation to qualitative perspective. It would be useful to examine this issue with comparative perspective from other universities.

Chapter 6

Summary

Curriculum is a composite of the entire range of experiences the learner undergoes under the guidance of its institute entailing all planned and day to day learning experiences of the students (Lane, Bird et al. 2017). Authors in nursing education agree that for learning to be successful and satisfactory, an ongoing responsive relationship between curriculum and instruction is necessary (Bertalan 2017). Since the students are the main users of the curriculum, the aim of this study is to document the views that students hold toward the MSc Nursing curriculum, the aspects they find interesting, contemporary and their opinion regarding its gaps and need for integration of future content (Chism 2017).

With the help of literature qualitative design known as phenomenological design was used to answer the research question. The research was aimed to articulate informant's views as a contribution to the debate about MSc Nursing curriculum, Semi structured interviews was conducted of students who have passed or near to complete their MSc Nursing program from the Public Sector Health University Of Lahore. The sample size planning for this study was twenty (20) participants justified by literature however, data collection stopped after interviews of 10 participants because of saturation of ideas. Data was put into categories and sub-categories, translation and interpretation and thematic analysis was done. Bracketing was done to ensure authenticity, transparency, and trustworthiness.

There were total four male and 11 female having ages between 28 to 45 years in this qualitative study. The participants were both from generic BScN and post-RN background. Clinical experiences of these MScN students were ranged from 3 to 24

years from both public and private sectors. All participants had minimum qualification of MSc nursing part one from Public Sector Health university of Lahore.

The result of the study generated the six themes extracted from the interviews of MSc Nursing students of University includes (1) Un-specified objectives, (2) Content focused curriculum (3) Theory practice gap (4) Teacher-Centred Pedagogy, (5) Evaluation system discrepancies (6) Curriculum revision & Uniform curriculum.

Limitations

With the use of a questionnaire, and a larger sample from numerous universities, quantitative research could validate the new information gained from this qualitative study.

The research agenda for this study was only to focus on curricular related experiences influencing on learning of students and extent of satisfaction with it. Other factors affecting satisfaction and learning outcome such as teaching style, environment of institute, family support in learning and behaviours of teachers was not considered in this study.

Self-described data may have been formatted by the participants to present themselves in a positive manner.

Data was collected in only one interview.

Recommendations

There is an urgent need to evaluate the curriculum of higher nursing education of Public Sector health university of Lahore for finding gaps and flaws.

After its initial development the curriculum of the university for Nurses is still static, under the light of student experiences, it should be aligned and revised with the benchmarks of current international nursing academia.

Resources and efforts should be invested to alleviate the gaps between theory and practice in the existing curriculum.

The accrediting bodies such as HEC and PNC should provide a single uniform curriculum to reduce discrimination between institutes.

Conclusions

Consequently, it is pretty manifested by the student's views that the present curriculum of university for MScN have a lot of gaps and weakness for improvements. There are lot of innovative frameworks and models available to overcome the problems associated with current curriculum. There is demand from students in this study to revise the curriculum and establish a liaison between the curriculum and their professional life. Nursing higher education authorities are required to make operational plane for aligning their educational policies regarding by incorporating students view in the basic element of academia such as curriculum and establish a system of continuous evaluation to cope with expected drifts. So the nursing profession will be able to draw the maximum benefits from these programs for improvement of patient care services.

References

- Ajani, K. and Moez, S., 2011. Gap between knowledge and practice in nursing. *Procedia-Social and Behavioral Sciences*, 15, pp.3927-3931.
- Akhtar-Danesh, N., Baumann, A., Kolotylo, C., Lawlor, Y., Tompkins, C. and Lee, R., 2013. Perceptions of professionalism among nursing faculty and nursing students. *Western journal of nursing research*, 35(2), pp.248-271.
- Akyol, Z. and Garrison, D.R., 2010. Community of inquiry in adult online learning: Collaborative-constructivist approaches. In *Web-Based Education: Concepts, Methodologies, Tools and Applications* (pp. 474-489). IGI Global.
- Ashworth, P.D., Gerrish, K. and McManus, M., 2001. Whither nursing? Discourses underlying the attribution of master's level performance in nursing. *Journal of Advanced Nursing*, 34(5), pp.621-628.
- Barnard, A., Schurink, W. and De Beer, M., 2008. A conceptual framework of integrity. *SA Journal of Industrial Psychology*, 34(2), pp.40-49.
- Barnett, R. and Coate, K., 2005. Engaging the Curriculum in Higher Education (Maidenhead: Society for Research into Higher Education and Open University Press).
- Bastable, S.B., 2003. *Nurse as educator: Principles of teaching and learning for nursing practice*. Jones & Bartlett Learning.
- Baumann, A. and Blythe, J., 2008. Globalization of higher education in nursing. *OJIN: The Online Journal of Issues in Nursing*, 13(2), pp.Manuscript-4.
- Benner, P., Sutphen, M., Leonard, V. and Day, L., 2010. Educating nurses. *A Call for Radical Transformation*, 1.

- Benner, P., Sutphen, M.L. and Leonard, V., 8. V., & Day, L.(2010). Educating nurses: A call for radical transformation.
- Bibi, S., Ilahi, S. and Bahadur, S., 2016. BARRIERS TO HIGHER EDUCATION AMONG NURSES OF BACCALAUREATE DEGREE PROGRAM IN THREE SELECTED INSTITUTES OF PESHAWAR, KHYBER PAKHTUNKHWA, PAKISTAN. *Journal of Rehman Medical Institute*, 2(1).
- Biggs, J.B., 2011. *Teaching for quality learning at university: What the student does*. McGraw-Hill Education (UK).
- Bisholt, B.K., 2012. The professional socialization of recently graduated nurses—Experiences of an introduction program. *Nurse education today*, 32(3), pp.278-282.
- Bland, C.J., Starnaman, S., Wersal, L., Moorhead-Rosenberg, L., Zonia, S. and Henry, R., 2000. Curricular change in medical schools: how to succeed. *Academic Medicine*, 75(6), pp.575-594.
- Boomer, G., 2005. Curriculum composing and evaluating: An invitation to action research. In *Negotiating the curriculum* (pp. 41-54). Routledge.
- Brady, D., Welborn-Brown, P., Smith, D., Giddens, J., Harris, J., Wright, M. and Nichols, R., 2008. Staying afloat: surviving curriculum change. *Nurse educator*, 33(5), pp.198-201.
- Carter, N., 2010. Clinical nurse specialists and nurse practitioners: title confusion and lack of role clarity. *Nursing Leadership*, p.189.
- Charmaz, K. and Belgrave, L., 2012. Qualitative interviewing and grounded theory analysis. *The SAGE handbook of interview research: The complexity of the craft*, 2, pp.347-365.
- Chen, H.T., 2014. *Practical program evaluation*. Sage.

- Dennison, R.D., Payne, C. and Farrell, K., 2012. The doctorate in nursing practice: Moving advanced practice nursing even closer to excellence. *Nursing Clinics*, 47(2), pp.225-240.
- Dias, J.M. and Violato, C., 2017. A Need Assessment for Faculty Development in Baccalaureate Nursing Programs in Pakistan. *International Journal of Studies in Nursing*, 3(1), p.168.
- Diekelmann, N.L., Ironside, P.M. and Gunn, J., 2005. Recalling the curriculum revolution: Innovation with research. *Nursing Education Perspectives*, 26(2), pp.70-77.
- Dillard, N. and Siktberg, L., 2013. Curriculum development: An overview. *Teaching in Nursing E-Book: A Guide for Faculty*, p.76.
- Dossey, B.M. and Keegan, L., 2012. *Holistic nursing*. Jones & Bartlett Publishers.
- Duffield, C., Gardner, G., Chang, A.M. and Catling-Paull, C., 2009. Advanced nursing practice: a global perspective. *Collegian*, 16(2), pp.55-62.
- Edwards, H., Smith, S., Courtney, M., Finlayson, K. and Chapman, H., 2004. The impact of clinical placement location on nursing students' competence and preparedness for practice. *Nurse education today*, 24(4), pp.248-255.
- Egenes, K.J., 2017. History of nursing. *Issues and trends in nursing: Essential knowledge for today and tomorrow*, pp.1-26.
- Emerson, R.J. and Records, K., 2005. Nursing: Profession in peril. *Journal of Professional Nursing*, 21(1), pp.9-15.
- Englund, C., Olofsson, A.D. and Price, L., 2017. Teaching with technology in higher education: understanding conceptual change and development in practice. *Higher Education Research & Development*, 36(1), pp.73-87.

- Evans, C.J., Shackell, E.F., Kerr-Wilson, S.J., Doyle, G.J., McCutcheon, J.A. and Budz, B., 2014. A faculty created strategic plan for excellence in nursing education. *International journal of nursing education scholarship*, 11(1), pp.19-29.
- Finkelman, A.W. and Kenner, C., 2009. *Teaching IOM: Implications of the Institute of Medicine reports for nursing education*. Nursesbooks. org.
- Frenk, J., Chen, L., Bhutta, Z.A., Cohen, J., Crisp, N., Evans, T., Fineberg, H., Garcia, P., Ke, Y., Kelley, P. and Kistnasamy, B., 2010. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *The lancet*, 376(9756), pp.1923-1958.
- Giddens, J., Brady, D., Brown, P., Wright, M., Smith, D. and Harris, J., 2008. A New Curriculum for a for a NEW ERA of Nursing Education. *Nursing education perspectives*, 29(4), pp.200-204.
- Giddens, J.F. and Brady, D.P., 2007. Rescuing nursing education from content saturation: The case for a concept-based curriculum. *Journal of Nursing Education*, 46(2).
- Giddens, J.F. and Brady, D.P., 2007. Rescuing nursing education from content saturation: The case for a concept-based curriculum. *Journal of Nursing Education*, 46(2).
- GOVERNMENTS, A.T., The Aga Khan University Programmes and Affiliations.
- Harley, S., Hawkesworth, M., Litt, J.S., Wall, C., Hartman, M., Dill, B.T., McLaughlin, A., Billingslea-Brown, A.J., De Allen, G.J.G., Hart, J. and Grogan, M., 2008. *Doing diversity in higher education: Faculty leaders share challenges and strategies*. Rutgers University Press.
- Haug, G. and Tauch, C., 2001. Trends in learning structures in higher education.

- Hegarty, J., Walsh, E., Condon, C. and Sweeney, J., 2009. The undergraduate education of nurses: looking to the future. *International Journal of Nursing Education Scholarship*, 6(1).
- Herrman, J.W., 2011. Keeping their attention: Innovative strategies for nursing education. *The Journal of Continuing Education in Nursing*, 42(10), pp.449-456.
- Hickey, M.T., Forbes, M. and Greenfield, S., 2010. Integrating the institute of medicine competencies in a baccalaureate curricular revision: Process and strategies. *Journal of Professional Nursing*, 26(4), pp.214-222.
- Karimi, Z., Ashktorab, T., Mohammadi, E., Abedi, H. and Zarea, K., 2015. Resources of learning through hidden curriculum: Iranian nursing students' perspective. *Journal of education and health promotion*, 4.
- Kermansaravi, F., Navidian, A. and Yaghoubinia, F., 2015. Nursing students' views of nursing education quality: a qualitative study. *Global journal of health science*, 7(2), p.351.
- Kermansaravi, F., Navidian, A. and Yaghoubinia, F., 2015. Nursing students' views of nursing education quality: a qualitative study. *Global journal of health science*, 7(2), p.351.
- Kermansaravi, F., Navidian, A. and Yaghoubinia, F., 2015. Nursing students' views of nursing education quality: a qualitative study. *Global journal of health science*, 7(2), p.351.\
- Khomeiran, R.T. and Deans, C., 2007. Nursing education in Iran: Past, present, and future. *Nurse education today*, 27(7), pp.708-714.

- Kissling, M.T., 2014. Now and then, in and out of the classroom: Teachers learning to teach through the experiences of their living curricula. *Teaching and teacher education*, 44, pp.81-91.
- Kouwenhoven, W., 2010. Competence-based curriculum development in higher education: Some African experiences. *Access & expansion: Challenges or higher education improvement in developing countries*, pp.125-146.
- Lamb, A., 2014. An Exploratory Descriptive Study of Advanced Practice Nurses as Nurse Leaders.
- Leask, B., 2015. *Internationalizing the curriculum*. Routledge.
- Lwasiw, C.L. and Goldenberg, D., 2014. *Curriculum development in nursing education*. Jones & Bartlett Publishers.
- Lwasiw, C.L. and Goldenberg, D., 2014. *Curriculum development in nursing education*. Jones & Bartlett Publishers.
- Magorian, K.G., 2013. *Faculty perceptions of effective practices for utilizing a framework to develop a concept-based curriculum in nursing education*. University of South Dakota.
- Melnik, B.M. and Fineout-Overholt, E. eds., 2011. *Evidence-based practice in nursing & healthcare: A guide to best practice*. Lippincott Williams & Wilkins.
- Moll, I., 2004. Curriculum responsiveness: The anatomy of a concept. *Curriculum responsiveness: Case studies in higher education*, pp.1-19.
- Moonaghi, H.K., Valizadehzare, N. and Khorashadizadeh, F., 2017. PhD programs in nursing in Iran and Canada: A qualitative study. *JPMA. The Journal of the Pakistan Medical Association*, 67(6), pp.863-868.

- Nichols, B.L., Davis, C.R. and Richardson, D.R., 2010. International models of nursing. *The future of nursing: Leading change, advancing health*, pp.565-639.
- Ojewole, F.O., 2013. *Critical thinking dispositions of undergraduate nursing students and nursing faculty in Southwestern Nigeria* (Doctoral dissertation, Capella University).
- Piercey, C.A., 2002. *Nurse education in Western Australia from 1962-1975: A historical perspective of influences and changes* (Doctoral dissertation, Curtin University).
- Polit, D.F. and Beck, C.T., 2008. *Nursing research: Generating and assessing evidence for nursing practice*. Lippincott Williams & Wilkins.
- Priestley, M., Edwards, R., Priestley, A. and Miller, K., 2012. Teacher agency in curriculum making: Agents of change and spaces for manoeuvre. *Curriculum Inquiry*, 42(2), pp.191-214.
- Pulcini, J., Jelic, M., Gul, R. and Loke, A.Y., 2010. An international survey on advanced practice nursing education, practice, and regulation. *Journal of nursing scholarship*, 42(1), pp.31-39.
- Pulcini, J., Jelic, M., Gul, R. and Loke, A.Y., 2010. An international survey on advanced practice nursing education, practice, and regulation. *Journal of nursing scholarship*, 42(1), pp.31-39.
- Rideout, E. and Carpio, B., 2001. Learning Model of Nursing Education. *Transforming nursing education through problem-based learning*, p.21.
- Schober, M., 2016. *Introduction to Advanced Nursing Practice*. Springer.

- Scully, N.J., 2011. The theory-practice gap and skill acquisition: An issue for nursing education. *Collegian*, 18(2), pp.93-98.
- Sheer, B. and Wong, F.K.Y., 2008. The development of advanced nursing practice globally. *Journal of Nursing Scholarship*, 40(3), pp.204-211.
- Spitzer, A. and Perrenoud, B., 2006. Reforms in nursing education across Western Europe: from agenda to practice. *Journal of professional nursing*, 22(3), pp.150-161.
- Tagney, J. and Haines, C., 2009. Using evidence-based practice to address gaps in nursing knowledge. *British Journal of Nursing*, 18(8), pp.484-489.
- Tanner, C.A., 2007. The curriculum revolution revisited. *Journal of Nursing Education*, 46(2).
- Tyler, R.W., 2013. Basic principles of curriculum and instruction. In *Curriculum Studies Reader E2* (pp. 60-68). Routledge.
- Upvall, M.J., Kanji, Z., Jaffer, S., Khowaja, K., Barolia, R. and Amarsi, Y., 2002. Defining the cultural milieu for implementing faculty practice in Pakistan. *International journal of nursing practice*, 8(6), pp.315-323.
- Upvall, M.J., Karmaliani, R., Pirani, F., Gul, R. and Khalid, F., 2005. Developing nursing leaders through graduate education in Pakistan. *International Journal of Nursing Education Scholarship*, 1(1), p.1079.
- Uys, L. and Gwele, N., 2004. *Curriculum development in nursing: Process and innovation*. Routledge.
- Walker, K., 2005. Postmodern pedagogy and the nursing curriculum: Collaborating for excellence. *Collegian*, 12(4), pp.36-40.

- Wei, L.A., Fearing, M.A., Sternberg, E.J. and Inouye, S.K., 2008. The Confusion Assessment Method: a systematic review of current usage. *Journal of the American Geriatrics Society*, 56(5), pp.823-830.
- Wood, M.J. and Ross-Kerr, J.C., 2014. The growth of graduate education in nursing in Canada. *Canadian Nursing-E-Book: Issues and Perspectives*, p.388.
- World Health Organization, 2008. *Scaling up the capacity of nursing and midwifery services to contribute to the Millennium Development Goals: programme of work, 2008-2009* (No. WHO/HRH/HPN/08.5). Geneva: World Health Organization.
- Xu, Y., Xu, Z. and Zhang, J., 2000. The nursing education system in the People's Republic of China: evolution, structure and reform. *International Nursing Review*, 47(4), pp.207-217.
- Yu, J., Hu, S., Wang, J., Wong, G.K.S., Li, S., Liu, B., Deng, Y., Dai, L., Zhou, Y., Zhang, X. and Cao, M., 2002. A draft sequence of the rice genome (*Oryza sativa* L. ssp. indica). *science*, 296(5565), pp.79-92.

Annexure-I

University of Health Sciences, Lahore

I _____, son/daughter of _____,

Hereby, fully agree to contribute in the above-mentioned study. My ID No. is _____. I understand that the study is designed to add knowledge to nursing. I have been informed about the nature of the participation and possible risks/discomfort involved. I had the opportunity to ask any question about the study and I agree to give my response as requested by the researcher (Naveeda Iqbal). I have no objection in case the data obtained from my investigation is published in research publication while maintaining confidentiality.

Naveeda Iqbal

Signature of Participant

Annexure

Interview Guide

Semi-Structured Interview Questions

Perception of MScN students regarding the quality and relevance of curriculum to their nursing profession

Thank you for agreeing to allow me to interview you. The interviews being conducted are about to find out your experiences regarding the MScN curriculum. I would like to assure you that you are considered an anonymous participant and that all your answers will be kept confidential. To help me document your responses, are you happy to record your answers to my questions on the digital recorder? I want you to reflect as much as possible on your experiences with your curriculum. This interview should take no more than 20 minutes of your time.

Demographic Data:

Date of interview----- Place of interview-----

	Name/Code	Age
	Contact no:	Gender
2	Qualification	Experience
	Years after qualification	Institute

Questions Pertaining to Research Questions:

1	As you know that the term “curriculum” varies across disciplines and persons. For example, it may mean course description, syllabus, structure of teaching and learning activities etc. So there may not be a single definition or understanding of this term. Considering your opinion regarding curriculum may be one of these variations, I want to have your views regarding the term curriculum? You
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	<p>can take your time to think.</p> <p>Your views will be used in my study to judge the quality and relevance of your curriculum since you have had experience to practice it. Your views will be helpful in improving the future training program of our profession.</p>
2	What is your opinion regarding the aims of the curriculum?
3	Do you think that the curriculum is up to date?
4	What you think that the existing curriculum is learner-centered and learner-friendly?
5	After completing your training and entering your practical life, what was your opinion about the curriculum of various subjects?
6	Do you think that the contents of your MSc Nursing curriculum were covered efficiently?
7	Within the curriculum of your nursing subject, which subject was least practical use to you?
8	Which subjects you consider were over stressed during training?
9	Which subject in your opinion requires more training time during your MScN study periods?
10	Were you sufficiently skilled to perform the nursing activities?
11	Are you satisfied with the duration of each subject given during your training?
12	Which subjects you think requires more coverage?
13	Are you satisfied with the evaluation system of your institute?
13	What kind of skills do you want to achieve from your course? What were your expectations when you enrolled in MScN?
14	What can you say about the characteristics of curriculum which facilitate your learning?
15	In which area of your nursing practice did you feel less competent in the beginning of your job?
16	In your opinion, if you were to plan the curriculum for your studies, what process would you adopt?
17	Do you think that the nursing curriculum should be uniform and similar for all Nursing institutes?
18	How best should the curriculum address the Nursing profession in different institutes?

19	Do you think that the basic curriculum needs change for improving quality of learning and confidence of the nurse?
20	If yes which areas need to be addressed more carefully?
21	Do you think the Nursing institutions take special care in suitably covering the curriculum appropriately Lecture Practical Skill Visits
22	What do you think about the quality and relevance of curriculum with your professional life
23	Do you think curriculum is complete?
22	What gaps you would like to suggest to be incorporated for future students

I will provide you the transcript of this interview that I will use in my analysis. It will give me the opportunity to get back to you and ask questions which may arise during transcription and was not covered by this interview.

Thanks you for your participation