

Perceptions of Nursing Graduates regarding the Bachelor of Nursing Science Curriculum Offered by the University of Namibia

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Abstract

The curriculum forms the vital foundation for ensuring the success of a nursing programme. The theoretical content imparted to students and their practical competence rely on the curriculum offered by the institution. Accordingly, curriculum weaknesses and challenges do not only affect the institution, but also graduates' competence. Nursing students' perceptions of the curriculum can be used to align it to meet its intended outcomes and goals. Nursing graduates' perceptions of the Bachelor of Nursing Science curriculum offered by the University of Namibia have not been extensively researched. This study sought to explore and describe the perceptions of nursing graduates regarding the Bachelor of Nursing Science curriculum offered by the University of Namibia, using a qualitative, exploratory, descriptive and contextual design. Purposive sampling was used where a total of 18 fourth-year nursing graduates at the University of Namibia were approached individually to participate in the study. Data were collected using individual, semi-structured interviews and were analysed using qualitative thematic analysis. The following themes subsequently emerged from the study, namely: personal understanding of the curriculum; mode of delivery; challenges regarding theory and clinical competence; competence in readiness to start practising; and mechanisms for improvement. The findings of this study call for well-articulated plans from faculty management teams to use these study findings to inform future curriculum review processes. It is recommended that the first-aid module be offered as a core module in the first year of study. In addition, the existing two-week block system should be extended into a four-week system to enable theory to be integrated into practice.

Keywords: curriculum; perceptions; graduates; student nurses; nursing education; Namibia

Introduction

Nursing education must provide students with a comprehensive knowledge foundation to support the critical thinking and clinical decision-making required to inform practice. During undergraduate education, nursing students are taught the theoretical foundations and given opportunities to practise skills in simulation before undertaking clinical placements across all years of their studies (Walker et al. 2014). Quinn (2013) defines a curriculum as a plan or design for education and training. It is the total effort of the institution to bring about desired outcomes in education institutions. Moreover, nurses currently need to be well trained to meet the dynamic healthcare needs of society (Kermansaravi, Navidian, and Yaghoubinia 2015).

To prepare competent nurses, basic nursing education needs to be sufficiently sound to meet the demanding needs of the healthcare system (Kelly 2019). Nursing graduates have to be well equipped to display the essential competencies, to incorporate evidence-based practice, as well as take up leadership roles to maintain and improve the quality of healthcare. In addition, a high-quality curriculum is needed to meet global standards for initial nursing education and to identify essential components of education (Ramasubramaniam and Angeline 2015). The curriculum must be in a form that can be communicated to those associated with the learning institution, should be open to critique, and should be able to be readily transformed into practice. A curriculum exists on three levels to be relevant to the programme offered: it has what is planned for the students, what is delivered to the students, and what the students experience in the nursing programme (Ahmed, Touama, and Rayan 2015).

The School of Nursing at the University of Namibia offers an undergraduate programme on four UNAM campuses: the Main campus, and the Oshakati, Rundu and the Southern campuses. The school incorporates four academic departments, namely, General Nursing Science, Midwifery Science, Applied Health, and Community Health Nursing. The Bachelor of Nursing Science (Clinical) Honours is offered as a four-year programme in a full-time mode. The School of Nursing has approximately 450 students enrolled across its four campuses each year, making it one of the largest in the Faculty of Health Sciences. So far, it has produced 7 800 graduates who are serving the country in various capacities to meet the healthcare needs of the diverse nation (National Council for Higher Education 2016).

The training offered includes both nursing theory and practice in cooperation with other faculties within the university, as well as the main stakeholder, the Ministry of Health and Social Services (MoHSS). Theoretical teaching is conducted at the university, while clinical teaching is conducted at healthcare facilities during clinical placement of the students for the integration of theory and practice. Nursing is both an art and a science, with the science of nursing comprising knowledge and the art encompassing the creative utilisation of knowledge to help people and apply theory to real life (Taylor, Lynn, and Bartlett 2019). In addition, equivalent understanding, knowledge and skills gained at school are needed to be able to display practical skills and competence in clinical

settings. Nursing students are given equal block time (two weeks) for lectures, followed by two weeks of clinical training in order to equip them to put into practice what they have learnt. During practical placement, students' knowledge and skills are assessed regarding the different procedures (Wang, Whitehead, and Bayes 2016).

Assessment is based on the general regulations of the School of Nursing (curriculum). These include a combination of continuous assessments (class tests, practicals and assignments), research reports and examinations. In Skilbeck's (2018) study, the researcher assessed the perceptions of nursing graduates toward the current undergraduate nursing curriculum by considering the following: course organisation; lecturing; interaction and discussion with students and lecturers; students' learning; visual aids used; texts and readings; hand-outs given, reserved or online materials; testing of their knowledge; assignments; attitude toward students; as well as classroom control and climate (Skilbeck 2018). Assessment of graduates' perceptions of the curriculum will facilitate progress toward the highest level of education attainable in a country or region. In addition, it will ensure equitable and appropriate placement of nurses in healthcare roles and, potentially, simplify recruitment practices throughout the world.

Curriculum revision is an ongoing process, and it cannot be done in isolation. It requires teamwork and much commitment and effort from the nurse educators. Nurse educators must recognise and adapt to significant developments in the world of education and science (Ramasubramaniam and Angeline 2015). Hence, the curriculum can only be revised if the views of students are considered regarding the current curriculum to meet the global standards of nursing (Jones and Bartlett 2017).

Problem Statement

Training is meant to prepare nurses for future quality nursing care delivery. Therefore, future nurses should be equipped with the necessary knowledge and skills and the correct attitudes to enable them to perform nursing care with dedication and compassion and in line with their scope of practice. The University of Namibia remains the biggest producer of human resources for both the public and private sectors in Namibia. The curricula for the School of Nursing at the University of Namibia are considered to be useful and have been compiled with inputs and contributions from the MoHSS, the Health Professionals Councils of Namibia (HPCNA) and other stakeholders. However, the Report of the Presidential Commission of Inquiry (MoHSS 2013) contained complaints related to insufficient clinical exposure on the part of nursing graduates at the University of Namibia, amongst other things. Additionally, it has been observed that newly qualified registered nurses lack certain essential skills and are not able to perform nursing care as required (MoHSS 2010). Moreover, it has been observed that students have a good theoretical background, but they lack practical competence and there seems to be a lack of correlation between theory and practice (MoHSS 2010). This could be ascribed to the current system of placing students in clinical settings for a few hours per day with little or no supervision or accompaniment, thus practical learning could be

undermined. Consequently, newly qualified registered nurses are not able to deliver nursing according to their scope of practice. Often, they lack the necessary practical skills and attitudes, even though they may have theoretical knowledge. This is likely to lead to compromised nursing care quality. This situation is worrisome, and thus, the researchers' attention was drawn to conducting a study of newly graduated nurses to explore their perceptions regarding the undergraduate nursing curriculum at the University of Namibia. This information could be used during curriculum review cycles to improve the training of current and future students in an attempt to influence policy formulation in healthcare, planning and training. Empirical evidence is also lacking on graduates' perceptions regarding the curriculum in terms of whether it is responding to the needs of the industry or whether there was no need for this study.

Research Question

The research question that emerged was as follows:

- What are the perceptions of nursing graduates regarding the Bachelor of Nursing Science curriculum offered by the University of Namibia?

Aim of the Study

The aim of the study was to explore and describe the perceptions of nursing graduates regarding the Bachelor of Nursing Science curriculum offered by the University of Namibia.

Definitions of Key Concepts

Bachelor of Nursing Science is a four-year degree programme that teaches students the necessary skills and knowledge for healthcare. The programme aims to develop nursing students who are capable of providing holistic care to individuals of different ages, gender, and health statuses (FindUniversity.ph 2021).

Curriculum is the totality of the theoretical approaches, goals and strategies used to ignite learning and delivery methods (Ramasubramaniam and Angeline 2015). In this study, the term refers to the foundation and the structure that comprise philosophical assumptions about epistemology and learning.

Nursing graduate refers to someone who has obtained a recognised qualification required to become a licensed nurse or registered nurse (Organisation for Economic Cooperation and Development 2019). For the purpose of this study, "nursing graduate" refers to the nursing students who were enrolled and had successfully completed four years and qualified to be awarded a Bachelor of Nursing Science (Clinical) honours degree.

Perceptions are the knowledge, beliefs, views and opinions regarding the image of something (Ugyen Wangdi and Nidup Dorji 2019). In this study, it refers to the

graduates' knowledge, beliefs, views and opinions about the undergraduate nursing curriculum offered by the University of Namibia.

Research Methodology

Design

The researcher used a qualitative, exploratory, descriptive and contextual design. This design is described by Burns, Grove, and Gray (2015), as well as by Mouton and Marais (1992), as appropriate in research endeavours that seek to obtain insight into perceptions in a relatively unknown terrain with the aim of describing these perceptions, as in this study. Qualitative research is concerned with the everyday human experiences within a natural environment (Maree 2016).

Research Setting

This present study was conducted at the University of Namibia's Rundu campus, a newly established satellite campus, offering a four-year Bachelor of Nursing Science (Clinical) Honours degree. The campus is situated in the north-east of Namibia. This degree programme is offered full time and students spend two weeks in class for theory and two weeks in a clinical setting for practical sessions, which prepare students to become professional nurses registered with the Nursing Council of Namibia. The curriculum is approved by profession accrediting bodies such as the Nursing Council of Namibia (NCN), Namibia Qualification Authority (NQA) and the National Council of Higher Education (NCHE). The curriculum is competence based and follows the constructivist theory, being based on the belief that people can construct knowledge and transform it for meaningful use and integration into life roles. Lecturers who teach in this programme are required to have a master's to a doctorate degree. Clinical instructors and clinical preceptors are recruited and are used to accompany students for skills competence and also to socialise students in the profession. Assessment of theory and practice is based on the ratio of 50%.

Study Population

In this study, the target population was nursing graduates who had graduated from the University of Namibia at its satellite campus in Rundu in 2019. According to the records of the university for the Faculty of Health Sciences (2019), in 2019 there were 34 graduates from the School of Nursing at the Rundu campus. This constituted the accessible population in this study.

Sample and Sampling Techniques

In this study, a purposive sampling technique was used. Purposive sampling is a type of non-probability sampling where participants are selected based on the researcher's judgement regarding participants or objects that are typical, or representative, of the study phenomenon or who are especially knowledgeable (LoBiondo-Wood and Haber 2017). Purposive sampling allows researchers to select persons with diverse

perspectives and backgrounds in order to obtain their views on the phenomenon under study (Polit and Beck 2018). The inclusion criteria in this study were: nursing graduates for Bachelor of Nursing Science (Clinical) (Honours) who had graduated from the University of Namibia, who were willing to participate and who consented to the study. The number of students who were interviewed was determined by reaching data saturation, as reflected in repeated themes. Data saturation is the point at which new information no longer emerges during the data collection process (Polit and Beck 2018). Data saturation was reached at the 18th interview.

Data Collection Procedures

Semi-structured interviews were used as a tool for the collection of data. After the study had been approved by the University of Namibia Ethics Committee, the researcher began with the process of data collection. An audio recorder was used during the interviews after participants had firstly consented to the study. The researcher approached individual nursing graduates and explained what the study entailed, as well as the aims and objectives of the study. The faculty officer acted as the gatekeeper. Participants who agreed to take part in the study were given an informed consent form to sign. In addition, the researcher arranged for a suitable place to conduct interviews, and the participants were asked to decide on a date and time for the interview that suited them. In this study, the researcher used face-to-face, semi-structured interviews that lasted for 30–45 minutes, as the data collection method and interviews were conducted in accordance with an interview guide. Probing was done during the interview, depending on the particular participant's responses; this allowed the researcher to obtain in-depth information. The audio recordings and transcribed documents were stored in a computer encrypted with a password only known to the researcher.

Data Analysis

Thematic analysis was used to analyse the data, which is viewed to be the most reliable method used in qualitative research as it is fairly systematic and allows the researcher to organise the information into themes and sub-themes (Leedy and Ormrod 2016). The transcribed interviews and the narratives gleaned from the research notes were then organised into main themes, sub-themes and codes. The accuracy of the analysed data was subsequently verified by an independent coder, and thereafter a meeting was held with the researcher to discuss the themes identified; subsequently, mutual agreement on the themes was reached.

Strategies to Ensure Trustworthiness

To ensure the trustworthiness of this research, Guba's model (in Krefting 1991) and the guidelines formulated by Woods and Catanzaro (1988) were used. To ensure credibility, transferability, dependability and confirmability, the subsequent procedures were followed. The strategy and criteria that were utilised in the study are described in table 1 below:

Table 1: Strategy and criteria that were utilised

Strategy	Criteria	Technique
Credibility	Prolonged engagement	The researcher spent 3–6 months in the field with participants
	Triangulation	Field notes were taken and kept supporting the findings Information was gathered by making use of interviews, field notes, observations and literature reviews to ensure triangulation An independent coder was used for analysing the data, and a consensus discussion was held to confirm the findings
	Member checking	Constant checking with participants to verify findings
	Peer examination	Independent coder was used to code and verify
Transferability	Dense description	Various interview visits were conducted
	Selected sample	The use of purposive sampling
Dependability	Code-recode procedure	Consensus was achieved with the independent coder Field notes were taken, and non-verbal cues were noted to support the findings
Confirmability	Confirmability audit	Confirmability audit was done by an independent coder The objectivity of the researcher ensured confirmability The researchers have various years of experience in the academic environment The use of raw data

Ethical Considerations

Ethical approval to conduct the study was obtained from the School of Nursing Research Ethics Committee (reference number SoNREC 44/2018) of the Faculty of Health Sciences, University of Namibia. In addition, informed consent was obtained from individual participants. The researcher ensured the participants' right to privacy by not using their names, right to anonymity as codes were used instead of personal names, and confidentiality was maintained as interviews were conducted at a place convenient for the participants. Participants' right to fair treatment and right to protection from discomfort and harm were considered. Participants were provided with information about the research, and they were informed that their participation was voluntary and they were free to withdraw at any point during the research.

Findings

In-depth Description of the Demographics of the Graduates

Participants were all Bachelor of Nursing Science graduates who had completed their four-year training at the University of Namibia, Rundu campus. A total of 18 participants were interviewed, who were all under the age of 40 years. The characteristics of study participants are given in table 2.

Table 2: Characteristics of the study participants

AGE	TOTAL
20–30	15
31–40	3
GENDER	
Male	7
Female	11
LEVEL OF STUDY	
Fourth year graduates	18

The five themes that emerged from the data analysis (as indicated in table 3) are as follows: personal understanding of the curriculum, mode of delivery, challenges regarding theory and clinical competence, competence in readiness to start practising, and mechanisms for improvement.

Table 3: Summary of findings

Themes	Sub-themes
Personal understanding of the curriculum	Formal plan to obtain a degree Modules and content offered
Mode of delivery	Two-week block system Theory-practice gap
Challenges regarding theory and clinical competence	Resources to support the delivery of the curriculum Insufficient time to rest
Competence in readiness to start practising	Varied readiness for practice Willingness to start practising Expectations of registered nurses
Mechanisms for improvement	First-aid module should be added to the curriculum Extend the two-week block to a monthly block system Reduce unnecessary content in the curriculum Procure adequate resources for teaching

Theme 1: Personal Understanding of the Curriculum

This theme is a description of participants' understanding of the undergraduate nursing curriculum. The sub-themes in this theme were a formal plan to obtain a degree, and the modules and content offered.

Sub-theme 1: Formal Plan to Obtain a Degree

Participants mentioned that the undergraduate nursing curriculum is a formal plan that is already structured in terms of how the training in the nursing degree programme will be run for the students, including their modules. Verbatim excerpts from the participants' statements are given below:

It is a formal plan for students who are doing nursing to pursuing their first degree. There is nothing ordinary or out of extraordinary. (P1)

It is course material that's being dished out to students who are doing their degree. (P3)

Sub-theme 2: Modules and Content Offered

Participants described the curriculum as the courses, modules and content offered by the school. The following statements were made by the participants in this regard:

It is the courses that are offered by a school, including the content of those courses. (P2)

These are different courses; in the other words, they are modules involved in the nursing undergraduate curriculum. (P8)

Theme 2: Mode of Delivery

This theme contains participants' descriptions of their judgement on how the undergraduate nursing curriculum was approached to present the theoretical and practical aspects to students. The sub-themes pertaining to this theme include the two-week block system and the theory-practice gap.

Sub-theme 1: Two-week Block System

Participants complained about the two-week block system in use by the University of Namibia, stating that that it was inadequate for gaining sufficient exposure, as well as for enabling them to integrate theory into practice.

With me, the time for us to learn is limited to two weeks of theory and two weeks of practice; as such it is hard for us to master clinical competencies due to [the] short clinical block. (P1)

When we first enter the clinical area the first week we have to observe and the second week we have to try doing own practice to get the necessary confidence, the moment we are trying to do what we learnt the time is up already up. (P9)

Sub-theme 2: Theory-practice Gap

Participants in this study reported that they were taught some aspects of theory that are not being practised in clinical settings. This was mentioned by participants as one of the challenges in linking theory to practice. This was expressed as follows:

The theory and clinical aspects for me I think they are a bit different, either our theory is behind because sometimes you find that what you learn in theory is not what you are going to find in practice. (P6)

We find it difficult in practice not knowing what to do because things we see at practical are different to what we are being taught at school. (P11)

Theme 3: Challenges regarding Theory and Clinical Competence

This theme is a description of the challenges participants faced during their training regarding the undergraduate nursing curriculum, especially with theory and clinical competence. The subthemes in this theme include resources to support the delivery of the curriculum and the overloading of learning material.

Sub-theme 1: Resources to Support the Delivery of the Curriculum

Participants mentioned a lack of resources, including too few lecturers, the library not having enough nursing materials, and class projectors not working, as some of the major issues affecting the delivery of the curriculum. This lack of resources makes learning difficult in terms of both theory and practice. The following statements from participants pertain to this regard:

Previous years we have encountered challenges of no projector and the lecturer either has to teach reading through a laptop while you are listening and [it] is hard for us students to follow. (P10)

The library does not have enough resources for us such as prescribed sources for the course. The university also does not have enough lecturers. (P13)

Sub-theme 2: Insufficient Time to Rest

The study participants reported that they were overloaded with work to complete within a short period of time, and they were expected to catch up and perform. Consequently, students were exhausted as there was not sufficient time to rest. This is what they had to say:

They give us too much content at the same time without even a space of at least 15–30 minutes break. So, teaching will just follow each other without even time to rest and refresh and this [is] burdensome. (P17)

You will find that we have double lessons for every module. We tend to be exhausted because we sit for a long period in class and then we don't even catch up on what we are being taught. (P2)

Theme 4: Competence in Readiness to start Practising

This theme is a description of participants' expressions of competence regarding their preparedness to start practising as registered nurses. The subthemes of this theme included varied readiness for practice, willingness to start practising, and expectations of registered nurses.

Sub-theme 1: Varied Readiness for Practice

Participants expressed their differences in readiness to start practising. The challenges that students experienced with their undergraduate nursing curriculum affected their readiness to practise differently. Some caught up faster than others, which made some more ready to practise than others.

Learning differs from person to person, but personally I am ready. (P4)

People don't learn the same, and we might be allocated in the same department for two weeks but me I might be a fast learner. I am ready to perform much of the procedures. (P18)

Sub-theme 2: Willingness to start Practising

Willingness to practise was described as one of the factors contributing to competence in readiness to start practising. Participants mentioned that:

With me the competence comes with you as a student willing to work. (P1)

You might find yourself that you are not competent in doing that but then you have to encourage yourself to learn as you have no choice, as soon you will be a registered nurse and you now show the competence. (P5)

Sub-theme 3: Expectations of registered Nurses

Participants stated that they were not up to the standard required to work as registered nurses, because the knowledge that they had gained so far did not make them feel prepared for being registered nurses.

Me as a student I am prepared but then the competence is not really up to the level of how I [am] supposed to be as registered nurse. (P12)

I feel like I am not good enough to be a registered nurse, because it means you are in charge of others that are under you like enrolled nurses and you are responsible of the working environment and you must be practical competent for example, I am not good enough in basic life support, which I think much of us has a problem with. (P5)

I being a registered nurse is something that stresses me right now, because it means I must be exemplary in all my doing including practical skills, so how can I be exemplary when I am also lacking certain skills and knowledge. (P7)

Theme 5: Mechanisms for Improvement

This theme describes the participants' suggestions for what needs to be done in order to improve the undergraduate nursing curriculum. The sub-themes in this theme include: first-aid module should be added to the curriculum, block system should be extended to one month, unnecessary content in the curriculum should be reduced, and adequate resources should be procured for teaching.

Sub-theme 1: First-aid Module should be Added to the Curriculum

Participants suggested that a first-aid module should be added to the undergraduate nursing curriculum to equip students with at least the basic skills that will enable them to assist patients in emergency situations.

They must add a module which is first-aid at least. (P5)

They should include the first-aid module as a core module in the first year, at least for us student to know how to handle such a patient and know what to do. (P14)

Sub-theme 2: Extend the two-week Block System to a Month

Participants expressed the need to extend the current two-week block system to a month, as they felt the current system did not provide sufficient clinical exposure to allow them to better integrate theory into practice.

It is better that they extend at least the block system that they are using to a month block. You know currently we are using two-week block system, whereby two weeks at theory and two weeks at practical. (P1)

They should at least extend it to one month for us to be able to correlate theory with practice. (P7)

Sub-theme 3: Reduce unnecessary Content in the Curriculum

Study participants felt that the curriculum contains unnecessary content that needs to be reduced. Participants said:

I think the curriculum has too much content to say and some has no use. (P15)

They give us too much theory content and most of it is not practised now, I suggest it must be removed from the curriculum. (P17)

Sub-theme 4: Procure adequate Resources for Teaching

Study participants reported that there are insufficient human resources, including lecturers, clinical instructors and preceptors, to properly implement the curriculum.

General nursing science year one to four we only have one preceptor for general nursing. This is just too much for one person, considering the number of intakes they are taking that is also a challenge. (P11)

I suggest they must add another preceptor for that person or if they know they can only get one preceptor then the intake shouldn't be more than 100 also. (P16)

Imagine one lecturer teaching three modules, it's just too much. Whenever you are ready to do things on time with the lecturer, he's always overloaded with work so he doesn't have his own time to assist a student. Therefore, they still need more lecturers to take responsible of another modules. (P18)

Discussion of Findings

This section presents a discussion of the findings with regard to participants' perceptions as nursing graduates towards the undergraduate nursing programme offered by the University of Namibia, under the following themes: personal understanding of the curriculum, mode of delivery, challenges regarding theory and clinical competence, and competence in readiness to start practising.

Personal Understanding of the Curriculum

Participants stated that the undergraduate nursing curriculum is a formal plan that is already structured in terms of the way training in the nursing degree programme will be implemented to the students, including their modules, but they did not go into detail regarding what is expected of them at the end of their training. This finding is in line with Iwasiw, Andrusyszyn, and Goldenburg (2020), who define a nursing curriculum as the totality of the philosophical approaches, curriculum goals, overall design, courses and strategies to ignite learning, as well as the delivery methods, interactions, learning climate, evaluation methods, curriculum policies, and resources.

It emerged from the study that students regard the curriculum as the courses, modules and content offered by the institution and which, moreover, in the end affect students' competence in the work field. Mahbobeh, Forough, and Naiemeh (2013) state that nurses' knowledge and competence rely on the education and training that they receive during their studies. The curriculum is important for determining values, objectives and educational content (Najafi et al. 2011).

Mode of Delivery

The study participants mentioned that the two-week block system that the university is using was insufficient for their training, considering the amount of theory and practical

work to be completed. These findings agree with those of Shatimwene, Ashipala, and Kamenye (2020), who conclude that the two-week block system is too short and does not provide students with enough time in which to learn and apply the theory they have been taught in practice. Participants in the current study highlighted the negative impact of the limited time that two weeks yielded for practice.

Challenges regarding Theory and clinical Competence

Moreover, the findings of the current study suggested that participants experienced a theory-clinical gap, as the content taught did not correlate with clinical practice. These findings correlate with that of Hatupopi and Nuuyoma (2019), who mention that the inconsistency between theory and practice in the clinical setting compels the nursing students to feel discouraged and confused due to the recognition that the learned knowledge taught in the classroom was ideological and was not in harmony with the real clinical settings. This study's findings suggested that challenges relating to a lack of resources to support the implementation at the institution were experienced, such as a lack of lecturers, projectors and library resources. Participants pointed out that they were overloaded with content during classes and were given no break in which to rest. They had double lessons for every module without a break of even 15 to 30 minutes in between. As a result, they sat for too long, went home exhausted and could not catch up on what they had been taught. This finding is in line with that of Sikongo, Ashipala, and Pretorius (2020), whose participants also highlighted the excessive workload and limited time.

Competence in Readiness to start Practising

The participants reported that the individual variations in preferences, motivation and previous experiences might be one explanation for readiness or not to start practising as a competent professional nurse. Learning differs from person to person, as there are those who learn faster than others under the same conditions or in the same period. These differences play a role in readiness to start practising; similarly, readiness differs from person to person in accordance with learning. The results of this study show that some graduates are ready to practise while others are not. In the study of Nahid et al. (2016), students' inadequate preparation for entering the clinical environment created problems for them and nursing teachers. Participants in this study mentioned that readiness comes with the students' willingness to work and to do things. If they fail to do so, graduates have no choice but to enter the work field as registered nurses who lack the competence to provide services to people.

Strengths and Limitations

The strength of this current study is that nursing graduates' views are considered from an emic perspective. This study focused on the perceptions of nursing graduates regarding the Bachelor of Nursing Science (Clinical) (Honours) curriculum, conducted only with new graduates from one university campus located in north-eastern Namibia. As such, their perceptions regarding the BNS curriculum may differ from other new

nursing graduates who enrolled at other campuses, because students from different campuses encounter different experiences, which may influence their perceptions of the curriculum. This limits generalisation, although it was not our intention to generalise.

Recommendations

Based on the findings of the study, the following recommendations are made.

This study recommends that the two-week block system that the University of Namibia (School of Nursing) is currently using be extended to one month. This is to provide sufficient time for students to better integrate theory and practice. The University of Namibia (School of Nursing) should also consider introducing a first-aid module in the first year of nursing training as a core module to equip students to provide basic life support services to patients.

Conclusions

The findings of this study suggest that for the current curriculum to continue producing competent graduates who are able to deal with the demands of the healthcare system, the university should strive to improve students' critical thinking and clinical reasoning skills by making the curriculum as practical as possible. Therefore, this study highlights the importance of addressing the issues that have the potential to impact the effective delivery of this curriculum, such as enough lecturers, class projectors and reference materials in the library for students. Findings from this study can be used by nurse educators and faculty management team members during the curriculum review cycle by adopting the recommendations made in this study. In revising the curriculum, it is important to consider appropriate learning outcomes, both in terms of content and clinical competence.

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Author Contribution

The article is based on Phellep Ndara Muhora's minor thesis in partial fulfilment for a Bachelor of Nursing Science (Clinical) (Honours) at the University of Namibia. Phellep Ndara Muhora was involved in conceptualisation; literature review; methodology; data collection and analysis; and in drafting the article. Daniel Opotamutale Ashipala was involved in conceptualisation; literature review; methodology; validation; supervision; the writing, review, and editing of the article. Both authors approved the final manuscript for publication.

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