The Extent to Which the Practical Skills Component is Fulfilled Through the Conduct of the Bsc Nursing Science Degree By Distance Education: A Case for the Zimbabwe Open University

By

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ABSTRACT

Introduction
Distance Education in Nursing Science is new to Zimbabwe. The big question about distance learning in nursing concerns the distance education mode’s ability to fulfill the practical component. Technology removes the geographical barriers that limit access to higher education.

Methodology
A cross sectional descriptive survey was conducted. The aim was to understanding how the practical component for the ZOU Bachelor of Science in Nursing Science Programme was fulfilled. Data was collected from students and supervisors.

Results
Response rate was 100% for both students and lecturers. The age range for lecturers was 36 to 65 years and that of students was 26 to 55 years. Eight (50%) of the lecturers had more than five years experience. Respondents stressed the need for hands on experience. Students accessibility to computers was low, with 5 (20%) having personal computers. Challenges included inadequate resources. Strengths and weaknesses were highlighted. However, fifteen students indicated that they were happy with the ZOU BSc. Nursing Science programme.

Discussion
ZOU strives to fulfill the practical skills component through a variety of approaches. Reports are submitted at the end of the stipulated internship period. Whilst technology could be used to reach out to more students, the nature of the nursing profession requires that students have hands on experience. Other critical clinical competences are accomplished when students are on the diploma programme.

Recommendations
The recommendations hinge on recruitment, supervision and evaluation of students’ experiences.

Conclusion
The conduct of practicals for nurses on a Distance Education Programme is possible. Use of technology can be complementary to the hands on experience.

Keywords: Distance Education, Nursing Science, Zimbabwe.

INTRODUCTION
Distance Education in Nursing Science is a new phenomenon in Zimbabwe. The big question about distance learning concerns the ability of the distance education mode to be able to fulfill the practical component of nursing or medicine. With advances in technology and the rapid growth of the worldwide web in recent years, distance learning has moved rapidly into mainstream of education. Technological issues are rapidly becoming popular in higher education. Currently, there are some indications that student achievement is as high, if not higher for distance students Sounder, (1993). However, most researchers agree that student success and student attitudes depend on a number of factors that include self discipline, older age and high level of

In developing countries, it is possible to deliver an entire nursing degree program by distance. This is done via interactive video to the distance learner. Technology removes the geographical barriers that limit access to higher education. With the use of technology, nurses on a training programme, are able to go to school and continue with their work whilst carrying out family responsibilities without undue interruptions. However, the nature of the nursing profession requires that practitioners undergo a period of hands-on during the period of internship. Technology cannot replace the face-to-face tutorials and the hands on experience entirely.

Background

Distance Education is an approach where a teacher is separated from students with institutional gap being closed by technology Willis, (1986). The Bachelor of Science in Nursing Science Degree program for the Zimbabwe Open University was started in September 2000. The need to train nurses at higher level came about as a result of the continued brain drain of nurse experts to other countries. Training nurses by Distance Education was viewed as a feasible mode. Only those nurses who attained at least a certificate in Nursing at Diploma level are recruited for the BSc Nursing Science Degree program by the Zimbabwe Open University. The recruited nurses should hold a current practicing certificate with the Zimbabwe Nurses’ Council. Because nursing is competency based, the recruitment of trained nurses at Diploma level assumes that the nurses would have accomplished most of the basic practical skills that are required for nursing. However, at higher level, these nurses are trained to execute their duties expertly and are required to enhance their practical skills competencies both in the clinical area and in the Nurse Education field, for those who decide to specialize in Nurse Education. It is understood that technology assists to reduce the distance between the learner and the tutor. However, technology in Zimbabwe is not readily available for students to receive practical demonstrations from their tutors on videos and then being able to carry-out return demonstrations. Questions have arisen as to how the practical skills component is fulfilled by the Distance Education program.

Problem Statement

Fulfillment of the practical skills component by nurses on a BSc Nursing Science program offered by distance education mode came under spotlight when stakeholders expressed concerns on the adequacy of the practical skills training for nurses on the Distance Education program. High failure rates were observed in the schools of nursing where the qualified graduates from both the Conventional University and the Open and Distance institution were teaching Diploma students. Doubts have been expressed by stakeholders as to whether practical skills in the field of medicine and nursing can successfully be taught through Distance Education (DE) mode.

Research Questions

The research questions in this section seek to elicit information on the conduct of practical sessions on the Nursing Science Programme by distance education.

1. How are the practical skills for ZOU BSc Nursing Science students on Distance Education taught?
2. Who constitutes the mentors for the practical skills?
3. What evidence is there to show successful teaching of practical skills?
4. What are the teaching and learning challenges in the provision of the degree programme?

Literature Review

The nature of the science discipline is such that students need to observe, measure and get involved in experiment Kirshner, (1991). This creates a challenge for distance education institutions because of the fewer occasions for students to be on campus where relevant facilities and teaching staff are provided Holmberg and Bakshi, (1982). However, literature reveals impressive cases of teaching science at a distance including Human Biology Nober and LeBlanc, (1994) and Physics Atan et al, (2002). Apart from basic academic reasons, ensuring that students engage in practical work becomes critical when it comes to issues of credit transfer between educational institutions, as it can fairly represent the credibility of science courses Kennepohland, (2000). Nursing is one such program that demands the mastery of practical skills competencies. The understanding of distance learners and the doubts raised by stakeholders on the ability to impart practical skills to distance learners on a BSc Nursing Science program is what compelled me to undertake this study. Despite the importance of the subject matter, the volume of research on science distance learning is relatively low and studies illustrating students perspectives on learning through practical work are few Watson, (2002).

The main purpose of this section is to establish documented information on how other Open and Distance Learning (ODL) institutions manage to impart practical skills competencies to nursing students on a distance education program. Whilst the mastery of scientific knowledge of the nursing and health concepts is
essential, linking theory to practice is even of greater importance. The nurse training program requires that, at
the end of training, the graduate excels in both theory and practice. The Zimbabwe Open University, trains
nurses at Bachelor’s degree level. The candidates are cadres whose minimum entry requirements to the degree
program encompass a Diploma in Nursing.

Doubts were also raised by Conventional Universities and other stakeholders about the effectiveness of
imparting practical education through the distance mode. The possibility of using such a mode has been
demonstrated by some open universities where the practical component is strengthened through face to face
teaching at a study centre. The Zimbabwe Open University appears to be using the same mode where students
who are already qualified at diploma level, have a chance to reinforce their practical skills at their places of work
where they are on internship.

However, online education is now being aggressively marketed on a global basis, in an attempt to
capture all the world economy in the near future Nemati, (2008). Universities offering distance education
programmes have a responsibility to recognize the needs of the learners and provide appropriate support
services in accessible ways. Some of the characteristics a distance education tutor should process is the ability
to help the students to integrate practical work experience with theory Nemati (2008).

Much debate has also gone on as to the role or effectiveness of practical work in distance education
Watson, (2002). With advances in technology and the rapid growth of the world-wide-web in recent years,
distance learning has moved rapidly into mainstream education Barron, (1987).

Distance education appears to be a service that is in demand. Teaching using Distance technology is a
different experience than teaching using traditional methods. The use of teleconferencing, vide cassettes and
other interactive technological systems, may enhance the demonstration and return demonstration between the
tutors and students, when dealing with mastery of practical skills competencies. However, the need for full time
and on campus interaction is imperative especially in Nursing and Medicine.

Whilst the use of technology can be employed to demonstrate practical skills in distance teaching and
learning, some researchers made it clear that simulated experiments would not replace hands-on work. Nursing
students require hands-on experience if they are to master such nursing skills as giving of an injection, insertion
of a catheter or even to acquire aseptic skills technique when bandaging wounds.

METHODOLOGY

The study was a cross sectional descriptive survey. The aim was to get an understanding on how the Zimbabwe
Open University achieved to impart practical skills competences to BSc Nursing Science students on a Degree
Program. Descriptive studies assist to observe, describe and document aspects of a situation as it occurs Polit

Study site

The study was conducted in four conveniently selected Regions of the Zimbabwe Open University. The
Zimbabwe Open University is found in the ten Provinces of the country. In each province, ZOU has established a
regional centre where all administrative activities are conducted.

The Study Population

The study population included Faculty members for the BSc Nursing Science Program. These were full-time or
part-time. Students on the program were also part of the population. The population is the full set of cases from
which the sample is drawn, Saunders et al (1997)

Sample Selection

Convenient sampling was done. A sample is a subset of a population selected to participate in a research study
Polit and Hungler, (1995). It is not possible to study the whole population, hence the need to select a
representative sample. Four full-time and twelve part-time members of staff were selected out of a population of
thirty five lecturers on the programme. A total of twenty five (25) third year students out of fifty seven(57) third
year students on the programme were also selected.

Ethical Considerations

The investigator obtained an informed consent from all respondents. Assurance was given to respondents that
all information would be treated as highly confidential. No names were to be written on the questionnaire and
anonymity would be maintained. Research findings would be used to improve program delivery.
Research Instruments

The research instruments used in this study were questionnaire for nurse tutors, both full-time and part-time, and one for students as well as a check list developed by the researcher. The researcher used existing literature and statement of the problem to identify the major study questions and content for the questionnaires.

Pilot Study

Oppenheim (1992) defined pilot study as the process of designing and trying out questions and procedures. He acknowledged that questionnaires do not emerge full-fledged, they have to be created or adopted, fashioned and developed to maturity after some tests. The questionnaires were pilot tested to ensure validity and reliability. The pilot study was done in a region that was later excluded from the study. The characteristics of the chosen region were similar to those of other regions included in the study. Modification of the questionnaires was done following pilot testing.

Reliability

The instruments were tested for reliability during the pilot study. Reliability is defined as the degree of consistency with which an instrument measures the attributes it is supposed to measure (Pilot and Hungler, 1995). Reliability refers to the consistency of a measure to repeatedly obtain same results if the measure were duplicated.

Validity

Validity of the instruments was also tested during the pilot study. According to Pilot and Hungler (1995) validity is the degree to which an instrument measures what it is supposed to measure. Content validity was done through peer review of the instruments. Necessary changes were made before the instrument was administered to the sample.

Data Collection Procedures

Self administered questionnaires were posted to respondents and these were posted back to the researcher. Physical visits were made to the sampled regions to verify items on the check list. It took the researcher 30 days to receive back the questionnaires.

Data Management

Raw data were edited for clarity and completeness. All completed questionnaires were kept under lock and key.

Data Analysis

Data were categorized and themes were drawn up. Tables were used to summarize data. Descriptive statistics were used to describe the findings.

RESULTS

Tables below show demographic data for respondents ranging from age, gender, position at work and professional qualifications. Response rate was 100%.

<table>
<thead>
<tr>
<th>Table 1: Ages of lecturers in years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age group in years</td>
</tr>
<tr>
<td>---------------------</td>
</tr>
<tr>
<td>Below 25</td>
</tr>
<tr>
<td>26 to 35</td>
</tr>
<tr>
<td>36 to 55</td>
</tr>
<tr>
<td>56 to 65</td>
</tr>
<tr>
<td>66 and above</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Age ranges for lecturers were from 36 to 65 years.
Table 2: Age ranges for BSc Nursing Science Students

<table>
<thead>
<tr>
<th>Age group in years</th>
<th>Respondents (N^o)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 25</td>
<td>Nil</td>
<td>Nil</td>
</tr>
<tr>
<td>26 to 35</td>
<td>10</td>
<td>40</td>
</tr>
<tr>
<td>36 to 55</td>
<td>15</td>
<td>60</td>
</tr>
<tr>
<td>56 and above</td>
<td>Nil</td>
<td>Nil</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
<td>100</td>
</tr>
</tbody>
</table>

Age ranges for the BSc Nursing Science Students were between 26 and 55 years

2. Gender of Respondents

All the lecturers and students interviewed were female.

Table 3: Job ranks for lecturers

<table>
<thead>
<tr>
<th>Rank</th>
<th>Respondents (N^o)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Program Coordinator</td>
<td>2</td>
<td>12.5</td>
</tr>
<tr>
<td>Program Leader</td>
<td>1</td>
<td>6.3</td>
</tr>
<tr>
<td>Departmental Chairperson</td>
<td>1</td>
<td>6.3</td>
</tr>
<tr>
<td>Part time lecturer</td>
<td>12</td>
<td>75</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>100</td>
</tr>
</tbody>
</table>

The majority of lecturers (75%) were part-time and only four (25%) were full time.

Table 4: Job ranks for students

<table>
<thead>
<tr>
<th>Rank</th>
<th>Respondents (N^o)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse tutor</td>
<td>Nil</td>
<td>Nil</td>
</tr>
<tr>
<td>Matron</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td>Sister in charge</td>
<td>20</td>
<td>80</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
<td>100</td>
</tr>
</tbody>
</table>

The majority of students 20 (80%) were sisters-in-charge, whilst 5 (20%) were matrons in various hospitals.

Table 5: Levels of professional qualifications

<table>
<thead>
<tr>
<th>Level</th>
<th>Respondents (N^o)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PhD</td>
<td>Nil</td>
<td>Nil</td>
</tr>
<tr>
<td>Master’s</td>
<td>15</td>
<td>93.8</td>
</tr>
<tr>
<td>Bsc in Nursing</td>
<td>1</td>
<td>6.3</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>100</td>
</tr>
</tbody>
</table>

The highest level of professional qualification was a Masters degree, and this constituted 93.8 % of the respondents. None of the lecturers had a doctorate degree. One lecturer (6.3%) was a teaching assistant who had a Bachelors Degree in Nursing.

SECTION B

Section B of the questionnaires elicited information on practical information for both lecturers and students.

Table 6: Years of experience as lecturers for the ZOU BSc Nursing Science programme.

<table>
<thead>
<tr>
<th>Number of years</th>
<th>N^o</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 5</td>
<td>4</td>
<td>25</td>
</tr>
<tr>
<td>5 to 10</td>
<td>8</td>
<td>50</td>
</tr>
</tbody>
</table>
Above 10 years                                      4
Total                                           16

3. Level of training of the respondents

Level of training for all (25) BSc Nursing Science students interviewed was year three.

4. List of courses taught by lecturers

Lecturers were asked to list courses they had taught on the program and several courses were indicated as listed below:

1. Palliative Health Care
2. Clinical Teaching
3. Biophysics
4. Biochemistry
5. Leadership in Nursing
6. Psychology
7. Microbiology and Parasitology
8. Therapeutic Communication
9. Maternal and Child Health
10. Anatomy
11. Physiology
12. Community Health Nursing
13. Paediatrics and Special Baby Care
14. Nursing Research
15. Biostatistics and Epidemiology
16. Women’s Health Issues

Most of the courses listed above included some practical component.

Students were asked to indicate their areas of specialization. They listed a variety of areas as indicated in table 7 below:

Table 7: Areas of Specialty for students

<table>
<thead>
<tr>
<th>Area of Specialization</th>
<th>Respondents (N)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Education</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td>Nurse Leadership</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td>Community Health Nursing</td>
<td>10</td>
<td>40</td>
</tr>
<tr>
<td>Maternal and Child Health</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
<td>100</td>
</tr>
</tbody>
</table>

All the four areas of specialization above require that students go for internship in the various areas of practice in order to gain the practical skills competences. In nursing, it is critical that practitioners have hands-on experience and it is imperative that, at some given point, lecturers interact face-to-face with their, mentors.

5. Adequacy of duration of training period

Both lecturers and students were asked whether the four year training period was adequate. There was a 100% ‘YES’ response rate by the respondents.

6. Conduct of practical sessions

Lecturers and students were asked to indicate how practical sessions for BSc Nursing Science students were conducted. The following responses were obtained:

1. Students are attached for internship; they are supervised and write reports which they submit to the university.
2. Attachment to the schools of nursing for teaching practice
3. Attached to anatomy laboratories or hospital mortuaries to observe post mortems.
4. Group demonstrations and return demonstration.
5. Attached to clinical matrons for leadership in nursing majors
7. Attachment to area of specialization with objectives to be achieved. Followed up and evaluated. Both mentor and student write and submit reports to the university.

From the above, it is clear that students go through some form of internship where they are followed up to achieve the objective requirements. Students compile write-ups that they submit to the university.

Both lectures and students were asked about the role of technology in the delivery of practical demonstrations to nurses on distance Education. The general responses were that technology could play a major role in the delivery of practical demonstrations to the ZOU BSc Nursing Science students and it had the advantage to reach out to many students at once. The slow learners could study at their own pace using video cassettes.

However, the need for hands-on experience cannot be over-emphasized. This is catered for by the fact that the recruited candidates are qualified at diploma level, and also that they are working in the nursing field. The skills are further enhanced during the period of internship.

Lecturers were asked on the rate of computer accessibility to students. The responses were as indicated in table 8 below:

<table>
<thead>
<tr>
<th>Rate of accessibility</th>
<th>No.</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessibility to less than 50%</td>
<td>16</td>
<td>100</td>
</tr>
<tr>
<td>Accessibility to more than 50%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>16</td>
<td>100</td>
</tr>
</tbody>
</table>

All the 16 lecturers (100%) thought computer accessibility was less than 50% to the student population.

On the other hand, students were asked on whether computers were accessible to them. They responded as indicated below:

<table>
<thead>
<tr>
<th>Computer accessibility</th>
<th>No.</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not accessible</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td>Have own computers</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td>Accessible in the library</td>
<td>10</td>
<td>40</td>
</tr>
<tr>
<td>Accessible at work</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>25</td>
<td>100</td>
</tr>
</tbody>
</table>

Five (20%) of the respondents did not have access to computers. Another 5 (20%) had their own computers. Ten (40%) of the respondents could access computers in the library and another 5 (20%) could access computers at work.

Lecturers and students mentioned that students carried objectives to clinical areas for their internship. These objectives were used as part of the evaluation tools to ascertain whether students had mastered the practical skills competencies in the various fields. Documented reports were also compiled by both students and members in the clinical area as part of the evaluation exercise.

7. What lecturers and students viewed as strengths for the current programme

Below is a list of what the lecturers and students viewed as strengths for the current BSc Nursing Science Programme, in order of importance, starting with the most important:

1. students learn on the job
2. students are qualified at diploma level
3. Support from part-time tutors
4. cooperation from part-time tutors and hospital mentors
5. use of well written modules
6. healthy relationship with hospital and clinic staff

There was concurrence between the lecturers and the students on what they thought were the strengths for the current BSc Nursing Science programme.

8. Below are some of what the lecturers and students cited as programme weaknesses.

1. inadequate student follow-up by university lecturers
2. shortage of mentors or instructors in the hospital or clinical setting
3. shortage of equipment
4. limited access to computers
5. subjective evaluation of students by some lecturers or mentors

9. Challenges faced in trying to fulfill the practical skills component

Various responses were obtained from both the lecturers and students as indicated below:

1. staff shortages
2. limited resources
3. no vehicles for follow-up
4. lack of technological expertise
5. poor communication system
6. no laboratories for demonstrations in some centers
7. students are denied to do internship in some institutions
8. compromise on quality due to lack of resources

10. Lecturers’ recommendations to improve the practical skills

When asked on recommendations lecturers would give to improve the practical skills, the following responses were obtained:

1. increase hours of attachment
2. provide a vehicle for lecturers to follow-up students
3. motivate part-time staff for work done during student supervision
4. follow-up students by ZOU staff
5. motivate part-time staff
6. source for teaching aids

11. Students recommendations to improve the practical skills

Students expressed the following in order of importance to improve on the practical skills:

1. have more lecturers
2. avail more computers to libraries
3. deliver computer sessions on practical skills through video conferencing and video cassettes.
4. there is need for student follow-up by ZOU staff

However, 15 students, (75%) indicated that the ZOU programme was excellent in terms of meeting the practical skills requirements for students and if only follow-ups could be intensified.

12. Threats to the programme

Lecturers indicated the following as threats to the ZOU BSc Nursing Science programme:

1. competition from other universities
2. low numbers of student being recruited onto the programme
3. high staff turnover

Respondents rated ZOU’s ability to fulfill the practical skills component as very high. However they strongly indicated the need for student follow-up during the period of internship in order to monitor and improve on quality.

DISCUSSION OF FINDINGS

The study findings revealed that it is possible to fulfill the practical skills component in nursing through the conduct of the BSc Nursing Science Programme by Distance Education. The students enrolled for the programme need to go through phases where they engage on hands-on experience. This could be achieved by having the students attached to areas of specialty for a stipulated number of hours. The issue of admitting students who already have a Diploma in Nursing and who are working as nurses ensures that most of the practical skills competencies were mastered during basic training. At BSc level, there is reinforcement of the relevant higher level nursing skills.

Whilst the use of technology maybe of advantage in terms of information dissemination to a larger group of students, technology alone cannot replace the face to face tutorials and the hands-on experience entirely. The
unavailability of computers in developing countries such as Zimbabwe makes the choice non favorable as well. The identified students’ areas of specialization make the student internship imperative.

Nurses deal with human lives and there is therefore need for the graduates to acquire knowledge and skills to deal with their clients at the highest level of precision. This can be effectively achieved through hands-on experience rather than the use of technology entirely. The research clearly demonstrated on how the practical skills for nurses are taught by distance at ZOU. The research results revealed that, students take with them, some set of objectives from the university, which they should fulfill by the end of their internship. Students are attached to areas of specialty for a stipulated period. In some cases, tutors demonstrate procedures and students give return demonstrations. Students majoring in Nurse Education are evaluated during classroom and clinical teaching. Those majoring in Nurse Leadership work with Nurse Managers during their internship and are required to compile a report about their internship. Depending on the field of attachment, various areas use specific evaluation tools. They are also given evaluation forms that are used by the supervisors. These tools form the basis of student evaluation on the practical field. It is also a basic requirement that the students compile a report on their experiences during the period of internship. The BSc Nursing Science programme enjoys a close relationship with the Ministry of Health and Child-welfare. The practical skills are carried out in various settings in hospitals and clinics. Ministry of Health staff trained at Masters level form the majority of part-time lecturers for the ZOU BSc Nursing Science Programme. These are the student mentors during internship. The use of the checklist showed evidence of filed student reports for the internship. These were in the Departmental Chairperson’s office at the university. Copies of attachment objectives were also filed and these were used to guide the student and the mentor during internship. The process of fulfilling the practical skills component in nursing was found to have its own challenges. These included, staff shortages, limited resources such as motor vehicle to follow-up students, lack of technological expertise, reduced accessibility to computers either through lack of technological expertise or inadequate equipment.

However, whilst it is possible to fulfill the practical skills component through the conduct of a BSc Nursing Science programme by distance education, the issue of quality should not be compromised. The concerns raised by stakeholders need to be taken seriously. Both students and lecturers expressed the need for student follow-up by university lecturers. Shortage of mentors during the internship period might result in quality being compromised. Resources such as motor vehicles need to be availed to departments. Students on internship have to be followed up for the purposes of strengthening the practical skills component.

RECOMMENDATIONS

The recommendations outlined below would be used to facilitate policy development to improve programme delivery.

1. The ZOU BSc Nursing Science Program should continue recruiting Diploma qualified nurses as they are already well anchored in terms of practical skills.

2. Lecturers from the university need to follow-up students on internship in order to maintain relationships with mentors, strengthen the clinical supervision and assess quality delivery of practical skills.

3. The use of technology is welcome as it assists to complement the practical aspect through video conferencing or use of cassettes, but should in no way replace the hands-on experience.

4. All practical assessments should contribute towards the final mark. This makes the students take their practical sessions more seriously.

5. There is need to evaluate the BSc Nursing Science Programme from the consumers’ perspective in order to identify gaps.

CONCLUSION

From the study findings, it is evident that the practical skills component can be fulfilled through the conduct of the BSc Nursing Science Program by Distance Education. Use of technology when available can be viewed as complementary to the hands-on experience. Nursing and medicine demand a high degree of precision and practitioners gain the skills as they practice in the field. The issue of quality needs to be maintained in order that the credibility of the degree programme is upheld.
REFERENCES
