

# Balancing Academia with Clinical Proficiency in the Training of Nurses at the University Level: The Case of Ghana

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## Abstract

**Background:** At the University level, the preparation of student nurses involves acquisition of theoretical knowledge and clinical practice, when this is done well, it can serve as a double-edged sword for blending theory and practice. We explored the ability, role, and experiences of nurse academics in balancing theory and practice in training nurses.

**Method:** Using exploratory research with methodical triangulation design, data were collected from nursing lecturers and student nurses using interviews, questionnaires, and focus group discussions.

**Conclusion:** Findings indicate that clinical practice is recognized by lecturers and students as an important measure for enhancing theoretical preparation of nursing students. University academic calendar does not favor inclusion of clinical practice, thus, balancing theory with clinical practice is difficult. University nurse educators in Ghana are obligated to blend theory and practice. However, challenges are encountered in doing so. Curricula for nursing education should be designed to be autonomous to place priority on clinical practice. The Nursing and Midwifery Council of Ghana should also put monitoring mechanisms in place to ensure clinical practice competencies of nursing lecturers.

**Keywords:** Nursing Training, Academia, Clinical Proficiency, Ghana.

## Introduction

Countries all over the world including Ghana are encouraging the transition of nursing education from hospital-based training Registered Nurse (RN) to a University based Degree Nurse. At this level, the preparation of student nurses involves acquisition of knowledge that should satisfy all the required university

program courses as well as the nursing professional theoretical courses and clinical practice requirements to imbibe practical skills in the neophyte student.

This dual academic and professional proficiency requires the nurse educator to impact both academic knowledge and clinical skills to the student. In high-income-countries, the Professor of Nursing is a double-edged sword- delivering effectively, the theoretically required components as well as the clinical component. Thus, ensuring that, the clinical credibility of a nurse educator is as important as the academic laureates of a dignified Professor.

The nurse educator in the university should therefore be one who must be able to apply theory to practice, and impact theoretical knowledge as well as adequately prepare students to be clinically proficient.

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Clinical practice is a problematic component of a nurse's academic identity and disciplinary discourse, yet a focus on clinical practice is central to the autonomy, integrity, and distinctiveness of Nursing as an academic discipline<sup>1</sup>. Nurse educators, therefore, are faced with the responsibility of balancing the demands of academia and professional practice, to adequately prepare students to confidently acquire psychomotor skills for professional licensing and future practice.

Nursing education in Ghana evolved from hospital-based skill training in the early 1960s and later included the University transition from the 1980s to date.<sup>2</sup> Hence, for the past four decades, nurse educators in University-based programs are expected to adequately prepare students for professional practice and maintain their professional credentials as they fulfil the demands of academia, conducting research, publishing and other University responsibilities that account for promotions and self-development.

Presently, there are both public and private Universities that are training nurses in Ghana, and the university-based nursing is a four-year degree program consisting of both theory and practicum, at the end of which students are awarded a Bachelor's degree in Nursing, and are subsequently expected to write a professional licensure examination to practice as professional nurses.

Nurses trained at the university are expected to contribute better to meeting the growing healthcare demands of today's society. Whilst this could be considered as a positive development, one critical issue which confronts nursing practice both in high-income and low-and middle-income countries is the issue of safe and quality patient care. These have always been very important part of healthcare delivery, and it is obvious that unsafe patient care is one situation that is not tolerable in any society of the world.

Research from high-income countries have identified several factors in the nursing profession that result in unsafe patient care to include inadequate research on nursing practice, low level of competency in clinical skills, poor knowledge base and inability of nurse educators to balance theory and practice.<sup>1</sup> Arguably, the ability to address unsafe patient care depends largely on the extent to which these factors are addressed. The role of nursing services is critical in determining safety, quality, and high performance in healthcare delivery. Among

the human resources for health, nurses always make up most of the professional group that provide care at all levels, and therefore, use notable amount of operating costs of hospitals.<sup>3</sup> Hence, gaining an understanding of the impact of nursing care on patients is important in ensuring quality, safety, and patient-centered care.<sup>4</sup> Nurses' interaction with patients is also the main determinant of patient satisfaction and recovery.<sup>5</sup> Thus, the critical role of nursing in quality and safe healthcare requires that nurses be adequately trained both in theory and in practice.

It is a common parlance in Ghana that nurses who begin their training at the university level are not clinically competent and possess inadequate nursing skills, as they usually lack confidence and are scared to touch patients and care for them. Anecdotal evidence in Ghana indicates concerns over the adamant attitudes and laxity flare exhibited by nurses in academia to the acquisition of psychomotor skills toward clinical practice for students, however, this is what will enable them identify with their discipline and legitimize their professional competency. The dual role of teaching and clinical practice seems attractive to faculty and clinical staff, but requires significant amount of investment of time and money.<sup>1</sup> Most nurse educators complain that playing the dual role over a long period of time leads to burnout. If nurse educators are not able to equip students with clinical skills and students feel incompetent to practice, the main purpose of nursing training would be defeated.

Research into bridging the theory and practice gap has also received very little attention in Ghana, and failure to address this gap could lead to unsafe patient care. This can better be managed in healthcare systems where innovative practices are promoted through research. Additionally, there is a dearth of literature in this area in Ghana, and the paucity of data and subsequent lack of information has manifested in the inability of university student nurses' enough acquisition of professional knowledge and skills to enable them link theory to clinical practice, and deliver safe patient care. We therefore sought to investigate the responsibilities and experiences of University nursing lecturers in balancing teaching and clinical practice in their training of students. Specifically, we explored the obligations, expectations, and experiences of Nurse Educators as teachers and as professional nurses shouldering this dual role

**Theoretical and Conceptual Framework:**

The Problem Based Learning(PBL) theory is used to explain some of the interconnections in the conceptual framework for the study.<sup>6</sup>The PBL is characterized by a student-centered approach, with teachers as facilitators rather than disseminators.<sup>7</sup>In addition to emphasizing learning by doing, PBL requires students to be meta-cognitively aware.<sup>8</sup> In nursing practice, this is called critical thinking, an approach that is used to solve client problems. At the entry point of training, many students are not capable of critical thinking, thus, the lecturer must become a ‘cognitive coach’ who models for students to emulate. PBL theory is effective in facilitating student problem-solving and self-directed learning skills.<sup>9</sup> Nursing is a lifelong act of solving problems, hence, the skill can only be learnt through real life solving of patients’ problems with theoretical knowledge base as the pivot.

University nursing program as a legitimate academic discipline must produce nurses to become scholars, practitioners, and leaders in the discipline, and take the lead in delivering quality and safe patient care. These qualities of a graduate nurse is what the nurse educator is expected to produce, it is therefore imperative that the lecturer possess a dual competence-educator and practitioner (Figure 1), because, the training of nurses ends at the bedside of the patient or in the community.<sup>10</sup>The nurse educator’s experience in teaching and guiding students in a clinical setting provides a foundation for further studies and contribute to the existing body of knowledge in nursing.<sup>11</sup>They must thus, be equipped with all the skills to train the caliber of nurses needed to give quality client care and legitimize the nursing profession as an academic discipline.

**Figure 1: The Graduate Nurse as a Practitioner, Scholar and Leader**



Source: Authors’ construct

## Methodology

**Research Design and Study Sites:** The study was exploratory with methodical triangulation in design to neutralize biases and to ensure confidence in the results.<sup>12,13</sup>

The study areas were schools and departments of nursing in three Ghanaian universities, namely: University of Ghana School of Nursing in Accra, University of Health and Allied Sciences School of Nursing and Midwifery in Ho, and Valley View University (VVU), Department of Nursing in Accra. These universities have all been involved in the training of nurses and they were easily accessible, cooperation from respondents and information required were relatively easier to obtain.

University of Ghana is the oldest university among the three and was the first to start a bachelor's degree in nursing in Ghana in the late 1980s. The population of lecturers in the School of Nursing was 25 with student population of about 1,500 at the time of the study in 2018. Valley View University was started in the 1990s and had 10 Nursing lecturers with 250 students. University of Health and Allied Sciences was established in 2011. The Nursing school had a lecturer population of 15 to 1,500 students at the time of the study. All the Nursing Schools and Departments run a bachelor's degree program which is a four-year program, made up of theory and clinical practice sections. The University of Ghana School of Nursing in addition, runs postgraduate program in Nursing.

**Study Population, Sampling, and Sample Size:** The study population was made up of university nursing lecturers and nursing students. There were seven public universities and few private universities that were relatively new in Ghana at the time of the study. Among the public universities five had schools or departments of nursing and some of the private universities also had degree nursing program. Two public universities (University of Ghana and University of Health and Allied Sciences) and one private university were purposefully sampled for the study.

The total number of nursing lecturers and students involved in the quantitative study was 80. Stoker Guideline for Sampling Table was utilized to randomly select 30 lecturers and 50 level 400 students who have gone through the full cycle of a university nursing training program and were being prepared for graduation

and licensure examination.

For the qualitative study, purposive sampling was employed. The authors used their knowledge about the population to handpick the relevant individuals to be included in the sample.<sup>14</sup> Five lecturers made up of three older nurses and two young nurses with at least six years and two years-experience respectively as nurse educators and were willing to participate in the study were selected. Also, twenty level 400 students who had been in the program for more than three years and had gone through at least three clinical practicum periods were selected purposively, making a total of 25 participants for the qualitative study.

**Data Collection Methods, Instruments and Procedures:** Three main methods, and 4 instruments, made up of questionnaires distribution with separate questionnaires for nursing lecturers and nursing students, in-depth interviews with in-depth interview guide for lecturers, and focus group discussions (FGDs) with FGD guide for students.

The instruments were piloted to check their suitability for collecting relevant information at the university of Ghana and to determine the length of time needed to complete an interview section. The questionnaires were delivered by hand for respondents to complete for collection within a week of receipt. In-depth interviews were conducted by the first author in the comfort of the offices of the lecturers with each interview session lasting about 30 to 45 minutes. Focus group discussions with four (4) groups of level 400 students with five students in each group were conducted at convenient sites on the campuses of the study universities with an experienced FDG facilitator with assistance from the second author. The quantitative method was used to obtain facts and opinions about balancing teaching with clinical practice, whilst the qualitative methods were used to generate in depth information on teaching and clinical practice in the training of nurses at the degree level.<sup>15</sup> Policy documents from the Nursing and Midwifery Council (NMC) of Ghana were also reviewed

**Data Analysis:** The quantitative data were analyzed using SPSS version 18.0, and descriptive statistics were used to explain the results.

For the qualitative data, interviews and focus group discussions were audio-taped in addition to field notes. These were transcribed verbatim, coded, and categorized into themes and sub-themes. The major themes in tandem

with the study objectives were identified from the coding and categorization of the transcribed interviews for triangulation with the qualitative findings. The concepts of transferability, confirmation and dependability were used to assess trustworthiness of the qualitative findings.<sup>15,16</sup> Quotes were then selected to represent themes, and pseudo names (Lecturer or student) were used to report the quotes from the respondents.

**Ethical Considerations:** The research protocol met the guidelines for research involving human subjects of the Ethical Committee for Humanities (ECH) of the Office of Research, Innovation and Development (ORID), University of Ghana. Written informed consent were obtained from all participants before their involvement in the study. Research procedures and purpose were explained carefully and thoroughly to allay the fears of all participants, and confidentiality was assured and maintained for all participants throughout study by the use of code numbers on the transcripts with the participant's identity only known to the researchers. Each participant was also given the opportunity to ask questions, and the chance to opt out of the study anytime he/she wanted to. All participants were assured that their involvement had nothing to do with their job evaluation or their acquisition of their degree. Consent was also obtained from participants to publish the findings of the research with anonymous quotes.

## **Results and Discussion**

### **Demographic Characteristics of Respondents:**

Most of the lecturers (93%; n=28) were in their thirties (30s) to early forties (40s), 20% (n=6) were males and 80% (n=24) were females. Fifty percent (n=25) of the lecturers were married and 50% (n=25) were not married. Eighty percent (n=24) of the lecturers had been employed by the universities for 5 years or less.

### **Experienced Versus Competent Practitioners:**

A competent practitioner is defined as having 2-3 years of experience in the same or similar setting, engages in conscious and deliberate planning, and consistently uses

an analytic framework. An experienced practitioner on the other hand has practiced for 6 or more years in the same or similar setting and does not rely on maxims, rules, or analytic frameworks to practice.<sup>17</sup>

Most of the lecturer respondents 66.7% (n=20) can be described as competent in nursing practice and only 3.3% (n=1) can be regarded as experienced. Looking at the demands of being a nurse educator in the university, it takes experience in the practice of nursing to be able to train students to be competent and proficient nurses. The majority of the lecturers are in the beginning stages of their career as nursing lecturers. Engaging students in finding answers to clinical questions through care of real-life patients takes experience to deliver, and lecturers three years on the job might not have that kind of experience. This paints a gloomy picture of the ability of the lecturers to train student nurses to become proficient professionals. Considering the fact that there is ample anecdotal and some empirical evidence indicating dissatisfaction among the Ghanaian public on the state of nursing care<sup>18</sup>, this observation is worrisome since incompetent nursing care is likely to compromise quality and safe patient care.

Whilst, Little and Milliken's<sup>19</sup> assertion may be generally true (especially in High-Income Countries), one needs to look beyond length of practice, and cover other relevant factors that may facilitate or hinder competence building in low and middle-income country context like Ghana. These factors may include enabling and supportive work environment, positive attitudes, mentoring, low level of hostility/competition and resources availability, among others.

### **Nurse Educator's Obligation and Expectation to Teach Theory and Practice:**

All the lecturer-participants (100 % (n= 30)) indicated that a lecturer has the obligation to link theory and practice in the training of the student nurse, whilst 92% (n=42) of the student-participants indicated same, 2% (n=1) of the students answered no with the remaining 6% (n=3) indicating they were not sure.

**Table 1: Nurse Educator' Obligation to link Theory to Practice, and Perception of Nurse Educators' Clinical Competence**

Nurse Educator's Obligation to link theory to Practice	Yes		No		Not Sure	
	Freq.	%	Freq.	%	Freq.	%
Lecturers	30	100.0	-	-	-	-
Students	46	92.0	1	2.0	3	6.0
<b>Perception of Nurse Educators' Clinical Competence</b>						
Lecturers	17	56.7	2	6.7	11	36.7
Students	17	34.0	10	20.0	23	46.0

n (Lecturers) = 30; n (Students) = 50

The qualitative findings showed that both lecturers and nursing students identify clinical competency as an important quality of an effective nurse educator, therefore nursing lecturers are obliged to teach both theory and practice:

*"I think being able to teach both theory and practice should be an obligation. I cannot comprehend how you will be teaching nursing and will not teach the practical. If you can't then you are not a nurse."* (Lecturer)

*"Nursing Lecturer you must have both skills, if you are teaching and you cannot site examples from the field, how can you teach well? We like lecturers who can relate theory to their experiences from the field, it makes me understand things better."* (Student)

With reference to integrating clinical practice with theoretical delivery in a university context, this observation blends with the assertion by highlighting the need for nurse educators to gain competency in clinical practice because nursing is a practice-based profession.<sup>20</sup> It is also imperative in contemporary times where university student nurses have generally been criticized for not being able to deliver patient care adequately.<sup>11</sup> However, the discourse on teaching both theory and practice in the training of nurses at the university level in several advanced countries (where the nursing profession has developed better relative to the Ghanaian context) is polarized. Some researchers have noted that there are conflicting views about whether nurse educator's priority should be in academia or in clinical practice.<sup>21</sup> Thus, while some studies have argued against the need for nurse educator to be clinically competent, stressing that the theory can be taught in classroom context, leaving the practical aspects to be taught by professional nurses in a hospital context, other

researchers have held a contrary view arguing in support of the need for nurse educators to blend the two aspects of nursing.<sup>22</sup>

The argument of the former is pivoted on several considerations, for example, some have cited demands imposed on them by virtue of their position as nurse lecturers which adds further burden on their work, especially when no further compensation is provided for the discharge of such extra responsibilities as supervising and mentoring students on clinicals.<sup>21</sup> The latter who have argued in support of the claim have underscored the need for this by claiming *inter alia* that nurse educators are equally professional nurses who practiced before becoming lecturers, thus there is no reason why both aspects cannot be integrated to make a whole.

While none of the two claims can be empirically confirmed in Ghana and no research has been carried on this issue, some respondents in the focus group discussions (FGD) for students and the in-depth interviews for lecturers expressed sentiments which confirm the latter.

*"Most nurse educators know it is an obligation to teach both, but some did not work before entering the teaching field, so they do not have the practical experience. They want to justify their relevance by insisting that practical experience is not necessary for one to be a lecturer, but it is necessary"*. (Lecturer)

*"How can you be teaching nursing if you are not proficient in the practice? We do not nurse the air, we nurse patients"*. (Lecturer)

*"It will be better the lecturers teach us the practical themselves. We have preceptors to coach us on the*

*clinical, but most of the time we never see them the whole time that we we're the ward. They do not put us in the same ward or shift as the preceptors, and the ward nurses don't have time for us, they're overwhelmed with workload.*" (Student)

*"The lecturers know us better and can mentor us better in the clinical environment."* (Student)

**Perception of Nurse Educator's Clinical Competence:** The majority (56.7%; n=17) of lecturers perceived that they were clinically proficient, and 6.7% (n=2) felt they were not, the remaining 36.7% (n=11) were not sure. However, only 34% (n=17) of the student-participants perceived that their lecturers were clinically competent, 20% (n=) felt they were not, and 46% (n=23) indicated they were not sure. (see table 2)

These findings were further clarified by responses from the FGDs:

*"You can tell those who are experienced in practice and those who are not. Those who know the job always site examples from the field, their teaching is not abstract, Those who do not have experience are defensive and do not entertain questions, they are always reading to us not teaching"* (Student)

Perception shapes the way people relate to each other; it also shapes expectations from one another. Where the perceptions of two people meet favorably, the outcome is usually positive. On the other hand, where the perceptions of two people are at variance with each other, the outcome is likely to yield negative results. The same applies in the student nurse- lecturer relationship. For example, when the perception of the lecturer's clinical competency by the student is in doubt, it is likely to affect the student nurse's ability to learn clinical skills. The findings present a paradox, particularly when the two groups are supposed to work together towards a common outcome of producing competent nurses. The perception of the majority of lecturers on their clinical proficiency and the perception of the majority of students on the clinical proficiency of their lecturers are at variance with each other, a situation that may yield negative results. Thus, although the students acknowledged that their lecturers have the obligation to both theory aspect and clinical skills, they do not perceive most of their lecturers as being able to do so effectively.

**Theory and Practice Gap in the Training of Nurses:** Ninety percent (n=27) of lecturers agreed

that there is a theory and practice gap in the training of nurses whilst and only 10 % (n=3) disagreed. Forty-eight percent of students (n= 24) also agreed that there is a theory and practice gap, 32% (n=16) felt there is no theory and practice gap, and 20% (n=10) stated they were not sure (Table 2).

The qualitative findings were in support of the quantitative results:

*"With the few clinical experiences I had, I wouldn't say that I am competent, I still have a lot to learn, we do not get to practice much in school because the university curriculum is full of theory"* (Lecturer)

**Some reasons given by lecturers were:** University academic calendar does not provide enough time for clinical practice. Autonomy is not given to nurse educators to plan clinical activities for student nurses.

*"The university system has contributed in a way because it is difficult to get the university authorities to accept that we need time for practical. The nursing school uses the university-wide timetable and trying to fit in time for practical is very difficult."*(Lecturer)

*"For us to adequately train nurses, the universities have to give us the autonomy to have our own timetable so we can plan our activities to suit the demands of our program, but this is difficult since the students take other courses from other departments."*(Lecturer)

Nursing is a profession based on scientific knowledge and clinical practice.<sup>23</sup> The student nurse therefore needs to be prepared to play a dual role of using scientific knowledge to deliver a holistic and appropriate patient, family, and population care. Other studies have suggested that there is a gap between theory and practice in the training of nurses where students find out they were unable to integrate what they learnt in the classroom with real life patients.<sup>24</sup> The shock of practice is a crisis moment experienced by most nursing students when they enter the clinical workplace.<sup>23</sup> This is marked by a decrease in their ability to incorporate the basic Biomedical Science knowledge into their clinical reasoning. Although no empirical data exist about this problem in the Ghanaian context, anecdotal evidence exists to affirm this fact.

In Ghana, the entry level rank for a university graduate nurse is Nursing Officer, which is a senior supervisory position. Thus, the new graduate nurse does

not take instructions from staff nurses who may be more competent and experienced in the clinical environment. Hence, the graduate nurse does not get the chance to learn and master clinical skills. These graduates are the ones who get the opportunity for higher education and get employed as lecturers.

*“University-trained nurses are made senior staff as soon as they qualify and take on supervisory role, thus, they’re not involved in most of the basic care giving activities, so they continue to lack practical experience. The junior staff know the practical work more than them, they are proficient in theory”* (Lecturer)

*“The ward nurses are not willing to teach us clinical skills because we’ll be their bosses when we graduate, Even the registered nurses who are now pursuing their degree with us are unwilling to teach us. They teach the Nursing Training College (NTC) students, and send us on errands when we’re with them for practical”* (Student)

Since the graduate nurse enters the profession at senior level the training curriculum might have to be designed to allow enough practical components to equip them with experience and confidence in the clinical environment to enhance their competence after graduation

**Requirement for Nurse Educators’ Clinical Practice:** Most high-income-countries have policies in place that require nurse educators to engage in clinical practice to enable them balance teaching theory and practice effectively. It is expected that Ghana should have similar policies in place, and all the lecturer participants indicated that the Nursing and Midwifery Council (NMC) of Ghana has a requirement for clinical practice for nurse educators. However, the in-depth interviews revealed that there is no monitoring as to whether the requirements are fulfilled or not:

*“There is a logbook that we’re required to record our practice periods in it and use it to renew our PIN. But how many times has the NMC even asked about it? No one monitors to see whether you go and practice and fill the logbook or not.”* (Lecturer)

Elsewhere, nurse educators are committed to their clinical roles because regulatory bodies have developed competency requirements for nurses in academia to follow and have put in place monitoring mechanisms in place. For instance, in the United Kingdom, the National

Board for Nursing, Midwifery and Health Visiting has mandated that nurse educators spend 20% of their time in practice, Ghana may have to emulate this.<sup>25</sup>

## Conclusion

The advent of higher education in nursing has come both as a bane and a blessing to nursing education in low-and-middle-income countries such as Ghana. Looking at the role of nursing in ensuring quality patient care and patient safety, it is important that nurses are adequately trained in theory and practice. Hence, the essence of emphasizing clinical practice in university nursing programs cannot be omitted. Most nursing lecturers in Ghana had a short duration of clinical exposure for two to three years before joining academia, thus, the gap in theory and clinical proficiency. Since the graduate nurse enters the profession at senior level, the training curriculum may have to be re-designed to allow enough practical components that will equip them to gain confidence in the clinical environment and become competent in clinical practice by the time they graduate from school. This can only be possible if the universities recognize that Nursing education should be granted the autonomy to design their own calendar of activities.

There is also the need for the NMC of Ghana to put monitory regulations in place to ensure that nurse educators update and maintain their clinical proficiency. Future research that investigates the policies of the NMC to monitor clinical competence of the nurse educator will be beneficial to the Ghanaian nursing education at the university level.

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