

CHAPTER V

DISCUSSION, CONCLUSION AND RECOMMENDATION

This chapter will discuss all finding and relate it to the research question and each element of BN Education system in term of input, process, output and outcome which were presented in previous chapter, and also the conclusion and recommendation.

DISCUSSION

QUALITY INDICATORS OF BN EDUCATION

1. The first question is what should be the quality indicator of BN education in Indonesia?

In order to identify the congruence and valid quality indicator of BN education in Indonesia, three round of EDFR have already been done. The list of quality indicator was reducing in every step or round. In the 1st round through in-depth interview were identified 126 quality indicators. After considered by the expert in the 2nd round it become 76 indicators and after have another consideration on the 3rd round it only 63 items was left.

This discussion will mainly discuss each quality indicator from the last finding of 3rd round of EDFR, especially the quality indicator which most of the expert agreed congruently and have probability level great or greatest and they also felt that quality indicator should be a desirable scenario for BN education.

ORGANIZATION and POLICY

The finding identified that in every BN institution they should identify and have written document about the vision, mission and institutional objective. More over these three documents should relate or in line with the vision and mission of their mother institution such in the university level or Health Institute (STIKES). Vision statement describes the goal to which the organization aspires and it designed to motivate staff to achieve certain status. Mission is a broad, general statement of institution or organization reason for existence. Written statement of vision and mission are the blue prints of effective management of any organization including BN education. This component of planning should exist at each management level .Using management approach, Swansburg (2002) wrote that vision and mission statements evolve from and support those levels of the institution. It should be developed from and support the documents at corporate level.

In BN education this document will also be used as guide line through out the program , including the staff activities in teaching, research or any other activities or development program related to the nursing education. Without clear guideline it might bring the program to differ direction. This more specific for the institutional objective. As stated by Swanburg (2002) that written objective as an action commitment through which the key elements of the mission will be achieved. Therefore like the statement of Vision and mission, they must be meaningful, relevant, and function

In Indonesia the core curriculum provided by the government through MOE is not complete curriculum and every institution should complete it by adding some subject and credit hours to fulfill the minimum requirement which is 144 – 160 credits hours. The way every institution has to add the credit or subject is by referring to their institutional objective. Therefore they have to decide their institutional objective before identify the

additional credit and subject which might differ from others since every educational institution have their specific mission too.

There are trend which some of the expert disagree although have great probability is using the MOE decree about the management structure. This is related to management principal of "lean and mean" because in this MOE decree the management structure is very lean, with only have 3 level management, which is the head, the secretary and staff or teaching committee. (MOE, 2000). In other management structure such as in the MOH decree beside the head or Director there are 3 (three) assistance director, the principal, secretary and teaching staff. (MOH, 1998)

In relation to the manager of BN Education which also some of the expert did not agree is the manager, especially the head of BN education should be a nurse. In the management it will be better if the manager not only have the management skill but very important that she or he have also the knowledge (and skill) related what he should manage. In BN, the head or manager should be a nurse with at least two reasons. First, nursing is a profession and it has much specific aspect such as the knowledge, skill and professionalism which differ from others. This specificity will also influence the management, the teaching, research, the activities etc. Therefore it might be better if the one who should manage all of these is a nurse with additional knowledge related to management. Boyers (1990) identify this faculty role as a scholarly endeavor which serves as a model that legitimizes all aspects of faculty role, a kind of serving that institution or university. Researcher has very strong believed that the management of any BN should be performed by a professional nurse with little background in management especially educational management.

STUDENT OF BN EDUCATION

Most experts do agree to have BN student with high school background. This is a very professional consideration since much aspect in nursing science need a highest or critical thinking. In order to analyze or synthesis a condition or problem, knowledgeable mind is very needed, therefore with high school background this could help better then the lowest level background. This inline with Bavis (2002) express that nursing education as a place for developing skill in critical thinking independent judgment and facing a condition which the outcome are often not predictable. Finke in Billings (2005) also discuss the same idea. Anyhow, education some time also a challenge. Like some of the expert felt that we have to give the chance also to SPK graduate to enter the program with certain consideration such as a close supervision and monitoring by specific staff for that purposes, provide a bridging process before enter the education program and other specific preparation. By doing so the institution is implementing the spirit of long live education and in such away it is a good practice for improving level of education especially for those needed such as the SPK graduate.

SPK graduate is three year nursing education and be considered as low level nurse education with junior high school educational background.

In relation to some expert did not agree with the number of student in one class, it have positive and negative meaning. If the expert mean is the number should less than 40 it will be positive, since ideal number of student in one class is not more than 40. With this number teaching learning activities could be done very effectively. It is special for nursing education since not only knowledge part is important in nursing but also professional skill such as communication, expression, care for others, togetherness, psychomotor skill etc. with relatively small class these capability could be developed

while performing class activities. The teacher will recognize every single student they have in that class. It is a negative if the expert mean is the number of student could be more than 80 in one class, since this is normal practice in some institution with economical or financial limitation since many students or parent could not afford to pay their education in a good school. With this practice the institution could lower the student fee and the more student they have, they could get more money for running the educational program. Unfortunately with this practice, little attention could be given to the student compare with the previous practice and the result or the output of the education might not as good as the small number class.

CURRICULUM

In the finding could be identified that most expert agreed congruently that the development of curriculum should based on the national curriculum provided by the government. It is indeed a general rule that every institution might have their own curriculum but it also suggested using the general rule or even a core curriculum.(MOE, 2003) As mention in earlier discussion that in general rule the number of credit for any BS education in Indonesia is 144 – 160 credit hour. The national curriculum usually will only provide for around 60 to 80 % of that total credits, therefore every institution should add some credits to fulfill the requirement. (MOE, 2000)

Specific for BS Nursing education, with the agreement between the Indonesia Nursing Association and Nursing Education Association there is a core curriculum provided as bases for any institutional curriculum. With this decision mean every BS Nursing institution should use this national or core curriculum to develop their own

curriculum. In one way this is a good practice since there will not be great differ between one and the other institution since they will have at least 70 % the same content and they still have the chance to have 30 % to add based on their institutional specificity. The additional aspect could easily identified by reading the additional competency written in the curriculum. Therefore it is also a must to have this specific competency clearly written in the institutional curriculum as what the expert agreed congruently.

In relation to monitoring and revising curriculum in somehow some expert was not agree to have the curriculum revision in within 3 to 5 years although they felt that it had a great probability. Indeed this is just enough time to do the curriculum revision since in within 3 to 5 years many changes might happen especially in health and nursing science. By this range of time will give the opportunity to the BN education to adjust to the changes and advancement of nursing science to be considered in the revision of their curriculum. Lenburg (2002) express how nurse educator should compete with this world rapid knowledge expansion and make necessary adjustment in their organization and scope of work regardless to the position and her area of work.

MANPOWER

Manpower in BN education includes the teaching staff and supporting staff since both have their important role to play for the quality BN education. One aspect regarding teacher in BN which the expert agreed congruently is the level education of the teaching staff which is should have at least BN background for teaching any nursing subject.

For some reason especially with Indonesia nursing manpower condition this requirement could be accepted since only recently the professional nursing have been

developed in Indonesia. With this situation it will difficult to recruit postgraduate level nurses for any position. In general rule it was mention that to be a professional teacher someone should have one level educational background above the level education she manage. Base on this rule, to be a teaching staff in BN, someone should have at least Master level nursing education which was the most difficult qualification to be fulfilled at this time. As future reference or trend this requirement should be consider since now in order to be qualified or good quality education.

In relation to registration status, a trend which the expert agreed congruently is that every teaching staff should keep up with their registration status. Unfortunately this practice has not as priority for most teaching staff yet. In the future this should also become important indicator to observe for every teaching staff of BN education.

Beside this registration status one way to keep up teaching staff with their important knowledge which most experts agreed congruently is the important of preparation program especially for the new teacher or at least the institution formally design the monitoring program besides providing staff with additional training related to the specific teaching area they have.

Teaching in nursing is a complex activity that integrates the art and science of nursing and clinical practice into the teaching –learning process. Specifically, teaching involves a set of skills, or competencies, that are essential to facilitate student learning outcome. These competencies could be developed through educational preparation, faculty orientation programs and faculty development opportunities. Comprehensive orientation programs are necessary to assist new faculty to acquire teaching competencies and role as faculty. According to Genrich & Pappas (1997), orientation programs are

most effective when they occur over time and provide for ongoing support. In relation to teacher development program also being discussed by Bevis (2000) which mention that in order to keep up dated program should provide a means for teacher to up date their knowledge

Congruence what have been discussed previously, some expert disagree to the education background of teacher to be master education in area medical surgical, maternity and child care and community nursing although these are very important area in nursing.

EQUIPMENT AND TEACHING FACILITIES

In this area, besides the other important facilities which every BN education should have, the expert agreed congruently for having well equipped nursing laboratory in area of medical surgical, fundamental of nursing, maternity and pediatric for at least 20 students. With this ratio in fact might possible for any teacher to provide sufficient teaching learning in these important nursing area and hopefully it will provide student with sufficient knowledge and skill in this nursing areas.

In nursing education, nursing skill development and medication administration are essential teaching and learning focused in any nursing laboratory. Koerner (2003) mention that inadequate training or orientation is the cause of threats to patient safety in 87 % cases. Billings and Halstead (2005) stressed that preparation of competent caregivers is a critical role of nursing education.

The other area which the expert agreed congruently is to have library adequate for 20 % of student number and 10 % faculty, small class for 8 – 12 student and computer

room for at least 40 students. This was very important facilities in higher education such BN education to keep up student and staff with the advance knowledge through several means as much as possible such as text book, journal, virtual class, internet etc. Having small size class room beside ordinary class is also very much important since with this size can be used for many activities especially for student group discussion when the program implement Problem Based Learning (PBL) approach, for small class teaching and other student activities.

To keep up with variety teaching-learning activities is essential in nursing education especially for a" critical" knowledge. In this case teacher should provide learning situation which give the opportunity to all students participate in that experience such as by using the small class. Billing (2005) modified from Rauen (2001) listed advantages and challenges/barriers in using stimulation within the curriculum identified one barrier was only a small number of students per session.

LEARNING MATERIAL

The finding identify that the expert agreed congruently and get the greatest probability was the BS Nursing institution have at least 2 books for each area or topic. As mention earlier that student need to be equipped with learning resources as much as possible for advancing their knowledge and books is just one of it. Another learning material which the expert agreed congruently although with great probability was to have health/nursing equipment in the nursing laboratory for at least 4 group students. This is inline with what has been mention earlier that one competency which every nurse should have is the nursing skill. By providing sufficient nursing equipment in the nursing

laboratory it will facilitate student learning to achieve that competency. Therefore, the very importance condition in relation to that is the number of nursing equipment in nursing laboratory. It should provide enough time for the teacher and the student in using that facility in their teaching learning activities. With limited number of facility might difficult for the teacher to manage the teaching since student might have to be divided in group and take turn to have learning experience in the clinical laboratory.

Trend which some expert disagree with but had the great probability are article publish by many sources such as from MOE, MOH, WHO, and from nurses association. This facility will enrich student and faculty information which is very important aspect to be considered to have quality learner.

TEACHING LEARNING MANAGEMENT

Related to this topic, the greatest possibility which the expert agreed congruently is related to distribution of teaching syllabus to the class, minimum clinical teaching is 40 hours per week and teacher in clinical area should qualified in their area of teaching and each teachers responsible only 8-12 student in the clinical practice.

Teaching syllabus is a guideline to be used both, the teacher and the student. By having this for student will maintain the teaching learning direction as directed by that syllabus not only in term of objective of that course but also the time and topic to be discuss and the teaching learning method including the evaluation in that course.

The number of student is very much influence the teaching and learning activities which could be managed by the teacher. Having this small number of student in the group will provide her to manage the learning as much as possible including monitoring student

achievement. This practice will also relate very much with the percentage of student in clinical practicum which should be 100% and transparency in the evaluation, although some of the expert disagreed. With small number of student in the group, teacher has great opportunity to monitor also student presence therefore quality learning in the clinical practicum could be maintained.

Acceptable clinical performance involves behavior, knowledge, and attitudes that students develop in a variety of clinical settings. American Association for Higher Education (1993) stressed that good practice includes multidimensional evaluation with diverse evaluation methods completed over time, seeking student growth and progress.

Student attendance or presence in the entire clinical practice is one area of behavior or attitude evaluation, therefore 100% attendance in clinical practice regarded in the evaluation of student.

RESEARCH ACTIVITIES AND CONSULTANCY

In this area one research activity which the expert agreed congruently with great probability is the capability of teacher to draw funding from the external for their research. In order to do this, teacher has to develop very good research plan therefore it is certainly a good practice for so call good quality BN education. This quality indicator was also one of indicator use for accreditation by National Accreditation Body, although doing research for some teacher was considered as difficult especially related to the time. In order to make this possible, it is imperative that the program could also encourage and support teacher to plan their research activities by a certain policy related to that such as to conduct a research competition among the faculty, conduct research seminar every

year, provide a support research grant etc. This also in line with the trend with great probability although some expert disagree with was institutional budgeted are provided for conducting research and to publish research result in any official journal.

STUDENT ACHIEVEMENT

In this area the expert agreed congruently with greatest probability was more than 40 % student graduate on time and only less than 3 % drop out every year. With the previous discussion related to such a good teaching learning facilities, qualified teacher in sufficient number as the input element and good teaching learning activities as then process element certainly will give impact to the outcome such as student success rate and in this case the expert identify as 40 % graduate on time and less than 3 % drop out could be achieve.

The other indicator which the expert agreed congruently with the greatest probability was the GPA average 3.0 and 75 % student got GPA > 2.75. These are two quality indicators as the impact of good quality input and processes.

Assigning grades is the last step in all evaluation endeavors. Grades provide both feedback and motivation for students therefore nursing faculty as a whole should review grading system and practices regularly to be able to provide valid grade at the end of educational program. Billing (2005) quote that a consistent philosophy about grading and fair and equitable grading practice communicate concern to the students and competence to nursing's varied public.

APLICABILITY

2. The second research question is : Will the quality indicators applicable in BN education in Indonesia?

To answer this question, researcher observed the implementation of educational program including the quality assurance practice and evaluation in 4 (four) BN education which had been accredited as good BN education in Indonesia by the National Board of Accreditation.

From the observation could be identified that almost all quality indicators was able to be implemented in those BN education. Only 2 (two) quality indicators were not implemented, which are master level teacher in medical surgical nursing subject and the number of student in a class.

Professional development in nursing only lately happened in Indonesia which started with the development of BN education in 1985 in University of Indonesia, Jakarta. BN are designed for the senior high school graduate and also for diploma nurse who wishes to return to school to complete the baccalaureate degree in nursing.

As part of national health manpower development plan the nursing profession is aiming to increase the number of nurses prepared with baccalaureate and higher degree although with many limitation. Years after the first Baccalaureate degree program started, on 1998 another BN was commence which is in University of Pajajaran, Bandung and after that many other were follows either in state university or private university or colleges. Not only limited number of education institution offer higher nursing education in Indonesia as barrier to fast development in higher level nurses, but also, only few Indonesian were able to study abroad especially for study in higher nursing education.

These are the reason those problems regarding limited number of master level in nursing in Indonesia exist.

Fortunately in Faculty of Nursing in University of Indonesia starting on 2000 this educational center started to have master level nursing in the area of maternity & child health and in community of nursing. Only last year, which is 2005 the master nursing education in Medical & Surgical Nursing was started. This also support the fact that only in two BN education have teacher with master in Medical Surgical Nursing. With the growing processes in nursing profession in Indonesia, this nursing manpower problem will be solve in the future. This is especially true since the new decree in relation teacher qualification has mention certain requirement to be university teacher and one of it is she should poses at least the master level in her teaching area. This decree encourage people including nurse teacher to pursue master level education either in Indonesia or going abroad. Certainly in the future, the quality indicator regarding master level teacher in BN education also will be implemented.

CONCLUSION

The purpose of this study was to explore and develop quality indicators of BN degree in Indonesia. Ethnographic Delphi Futures Research (EDFR) method was used followed by field study to indicate the applicability of the quality indicators in Baccalaureate Nursing Education. Until three round EDFR, 16 nurse expert was participate in this study. The instrument used for data collection comprised an interview guide and two set of questionnaire. The conclusion are as follows:

1. There are 63 quality indicator of Baccalaureate Degree Nursing Science indicated, related to:

1.1 INPUT which consist Organization and Policy, Student, Curriculum, Manpower, Equipment and Teaching facilities, Teaching Learning Guidelines and Facilities in Clinical Practice

1.2 PROCESS, consist of Teaching Learning Management, Research and consultancy, and Student guidance and Counseling

1.3 OUTPUT &OUTCOME, consist of Student achievement, student satisfaction, graduate work experience and graduate working satisfaction.

2. Most quality indicator indicated through EDFR method was applicable in BN education (61 out of 63 quality indicators)

IMPLICATION FOR NURSING PROFESSION

The finding of this study give implication to nursing development in Indonesia as follows:

1. quality indicators of BN education identified should be implemented in any BN education. Those who responsible to the policy regarding the management of Nursing education or higher education should make use this quality indicator as a means toward any development for achieving quality graduate and nursing profession.

2. Those who will responsible in accreditation of nursing as professional education could construct any measurement using the list of quality indicators including the criteria for variety of quality level from moderate to the greatest or any other quality criteria.

3. This quality indicator is minimum level quality representation, therefore for any BN who could afford to do beyond this quality indicator is mostly appreciated

RECOMMENDATION FOR NURSING RESEARCH

1. Quality indicators is one mean to achieve so called "quality". To be fit to this purpose, this quality indicator of BS Nursing in Indonesia should be validated in the future through another research with wider population.

2. In order to confirm the assumption in this study, that any good quality institution will apply this quality indicator, it need to validate in other study to indicate the relationship between the accreditation status of BN education with the level of applicability of this quality indicators.

3. Another research to indicate the impact of implementing this quality indicators in BN education to the quality of services in clinical area provided by the graduate.

4. Further study also needed to indicate specific criteria of each quality indicators.