

evaluation of educational programmes in nursing

**moyra
allen**



world health organization

EVALUATION OF EDUCATIONAL PROGRAMMES IN NURSING

by

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The World Health Organization (WHO) is one of the specialized agencies in relationship with the United Nations. Through this organization, which came into being in 1948, the public health and medical professions of some 150 countries exchange their knowledge and experience and collaborate in an effort to achieve the highest possible level of health throughout the world. WHO is concerned primarily with problems that individual countries or territories cannot solve with their own resources—for example, the eradication or control of malaria, schistosomiasis, smallpox, and other communicable diseases, as well as some cardiovascular diseases and cancer. Progress towards better health throughout the world also demands international cooperation in many other activities; for example, setting up international standards for biological substances, for pesticides and for pesticide spraying equipment; compiling an international pharmacopoeia; drawing up and administering the International Health Regulations; revising the international lists of diseases and causes of death; assembling and disseminating epidemiological information; recommending non-proprietary names for drugs; and promoting the exchange of scientific knowledge. In many parts of the world there is need for improvement in maternal and child health, nutrition, nursing, mental health, dental health, social and occupational health, environmental health, public health administration, professional education and training, and health education of the public. Thus a large share of the Organization's resources is devoted to giving assistance and advice in these fields and to making available—often through publications—the latest information on these subjects. Since 1958 an extensive international programme of collaborative research and research coordination has added substantially to knowledge in many fields of medicine and public health. This programme is constantly developing and its many facets are reflected in WHO publications.

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PREFACE

This design for evaluation has been developed in answer to many requests for guidance in planning and evaluating educational programmes in nursing. Those responsible for the development and testing of the design are firmly committed to the fundamental concept of nursing as a response to the health care needs of individuals, families, and communities and to the idea that nursing education programmes should be developed in response to the needs of the students and the community to be served. The design was developed by the author with the assistance of the Division of Health Manpower Development, WHO, Geneva. The material was reviewed by medical and nursing colleagues in various parts of the world. The special assistance received from Olga Verderese and Mrs Bhaduri with the preparation and testing of the design and the forms for analysis is gratefully acknowledged.

CHAPTER I

INTRODUCTION

During the last 20–30 years countries and organizations have directed great efforts to the improvement of health through the development of services, educational programmes, demonstration and pilot projects, research studies, and so forth. In that time much evidence on the difficulties inherent in solving health problems and in developing services has been accumulated and now more emphasis is being placed on the evaluation of services and programmes and on the evaluation components of all new development and research projects.

Through the years, WHO has helped many countries to establish programmes for the training of nurses. Today concern is being voiced as to the development and outcomes of these programmes. To this end, the following questions are being asked:

What were the reasons for establishing the programme and how was the need determined?

What was the nature of the initial planning phase?

How has the programme grown and developed?

What problems is the programme experiencing and how are they being dealt with?

To what extent is the programme achieving its objectives?

In what ways is the programme, through its graduates, contributing to the improvement of the health status of the people and to the development of health services in the country?

As the topic of evaluation is discussed in every sphere of activity — health, education, engineering, politics — the parallel nature of problems and the similarity of questions in the different professions and disciplines is being noted. In fact, much broader and more fundamental issues are posed for evaluation, for example:

- the relevance of programme goals and purposes to the particular community or country,
- the relationship between processes and developments in the programme and programme purposes and goals,
- the factors tending to support and further the development of the programme or, conversely, to hinder it.

The questions that evaluation seeks to answer and which apply in the study of any service or programme, be it a nursing programme, a nursing service, a university, a hospital, etc., may be stated as follows:^{a. b. c. d}

What is the worth of the approach, operations, and activities of the programme in fulfilling its goals and purposes?

What factors influence the programme either to support or impede its development?

To what extent may the programme goals themselves be said to be valid?

It is timely to develop a design for the evaluation of training programmes in nursing following many suggestions relating to nursing education made by the WHO Expert Committee on Nursing in 1966.^c Some recommendations from the report are as follows:

The programme should be geared to the needs of the students and of the community to be served. Emphasis should be on the development of the following qualities and abilities: an understanding of human behaviour; an alert, questioning and critical mind; power of observation; insight and foresight; imagination and creativity; adequate knowledge and skills in nursing; ability to communicate effectively; and, within the ambit of their own competence, ability to make sound judgements and decisions; ability to anticipate health needs and to institute nursing measures; and willingness to grow professionally.

Specifically, in regard to preparation for the "health teaching" function of nursing, lack of grounding in social sciences has tended to limit the nurse's ability to listen to patients productively and to establish the two-way communication that is fundamental to a "teaching" relationship.

If nursing students are to be fully prepared to face a future of change, a problem-solving approach should be adopted from the beginning of their education. Students taught in this way will be challenged to think; they will learn to seek answers for themselves rather than to rely on someone else's experience or on the memorization of facts; they will be able to continue their enquiring attitude and problem-solving approach as they graduate and enter employment. . . . the programme must be geared to realities.

These recommendations support the fundamental notion of nursing as a response to the health care needs of the individual or, on a larger scale, to those of the community or country. Furthermore, these recommendations assume that the nursing profession has the opportunity to observe, gather information on, and know the individual or community as a basis for assessing the health needs. Owing to its complexity, assessing the needs of individuals and groups depends on the ability of the profession to establish a relationship or a communication system with the individual, community, or group. Nursing is regarded as a problem-solving procedure that is based on a knowledge of the sciences and that is developed through testing nursing practices in particular situations. These recommendations of the Expert Committee on Nursing in 1966 provide a perspective for evaluation: the validity of the programme goals as related to the essential components of nursing and to the health care needs of the situation (individual, community, country).

^a SUCHMAN, E. *Evaluative research*. New York, Russell Sage Foundation, 1967, pp. 27-32.

^b HERZOG, E. *Some guidelines for evaluative research*. Washington, DC, US Department of Health, Education and Welfare, Social Security Administration, Children's Bureau, 1959, p.2 (Children's Bureau Publication No. 375-1959).

^c ANDERSON, O. *Planning in relation to evaluation*. In: *Proceedings of the First National Conference on Evaluation in Public Health*, 1955. University of Michigan, Ann Arbor, Michigan, School of Public Health, 1956, pp. 7-15.

^d ALLEN, M. & REIDY, M. *Learning to nurse: the first five years of the Ryerson nursing programme*. Toronto, Registered Nurses' Association of Ontario, 1971, pp. 1-3.

^e WHO Technical Report Series No. 347, 1966.

CHAPTER II

CRITERIA FOR EVALUATION

In this book certain values or qualities are identified as worth while to the development of an educational programme. These values become the criteria against which all aspects of the programme are judged. Evaluation involves assessing these criteria in relation to the various aspects of the programme and to the programme as a whole. The evaluation procedure involves gathering objective evidence that is representative of the programme and analysis of the evidence in relation to the criteria to ascertain the state of development of the programme. The evaluation report gives the results of the analysis in a manner that establishes the validity of the findings and the credibility of the evaluation as a whole. The information provided in the evaluation report is of value to the teaching staff in decision-making in relation to problems arising during the programme.

Selection of criteria

Criteria should be selected to be of assistance in answering the questions posed by evaluation. The values or qualities deemed worth while change and evolve as society's views on what is valuable change. For this reason, the criteria by which we judge anything reflect the prevailing values of the times, which in disciplines allied to science depend to some extent on the current state of knowledge. Therefore, it seems reasonable to select values that are timely and have worldwide appeal, not only in nursing, but in the wider domains of health, education, and politics.

There are many ways to consider an educational programme. For the purposes of this book, a nursing programme is regarded as consisting of a number of related parts — curriculum, teaching of nursing, practice of nursing and research, and administration — functioning together to achieve common goals or purposes. The values that reflect the development of a programme are thought to be: the relevance of the goals, activities, and outcomes of the programme to the particular community or country; the relatedness of the different parts of the programme in seeking common goals and in discovering the means to achieve them; and the accountability of the programme in assuming responsibility for its goals, methods, and outcomes. Thus relevance, relatedness, and accountability are viewed as the critical attributes or criteria of programme development.

In the remainder of this chapter the thesis introduced above is elaborated by considering these criteria more thoroughly.

Relevance — *The extent to which the goals, activities, and outcomes of the nursing educational programme are a response to the needs of a particular community or country.*

Ideally a nursing educational programme is established in response to the health situation and to the needs for health and nursing services at a point in time and in relation to the attitudes of that particular community or country towards health goals, for example, prevailing knowledge, values, plans, and innovations. The goals and purposes of the programme are related to the function the graduates will perform, which is, in turn, related to the health problems of the country and the type of care and services that these problems demand. The extent to which the programme is responding to the needs of the community, indicators of which may be economic, educational, political, may be said to be indicative of the degree of relevance of the programme. The relevance is low when the goals and purposes of the programme are not influenced by the changing needs for nursing and for health services.

Some examples indicating a lack of relevance are given below:

A situation where the traditional basic educational programme prepares the nurse for urban nursing, particularly in hospital, when:

all statistics, plans, and developing services indicate a trend toward decentralization and services more closely allied to local community structures, both urban and rural, or the majority of people live in rural areas, where poor health and disease prevail, where health services are either lacking or inadequate, and where utilization of health services and hospitalization in illness is not part of the normal pattern of the people.

A situation where there are insufficient positions for the type of nurse prepared. The resulting unemployment may lead to a mass exodus of nurses from the country or to a deployment of nurses in positions for which they are unprepared or, in some cases, overprepared.

The criterion of relevance is of concern not only with respect to the nursing content of the programme as previously described, but also with respect to the methods of teaching. It is expected that the methods of teaching and the relations between teachers and students will in general fit the expectations and values of the community and be appropriate, in particular, to the type of students recruited into the programme. A low degree of relevance may be said to exist when the teaching programme and teaching methods are replicas of those employed in a programme in another school or country. In another situation, new methods and techniques of teaching may be introduced that were not incorporated into the original plan and thus are not relevant to that programme.

Relevancy in teaching is usually related to the teaching staff's understanding of the culture of the community and of the learning modes of the people.

The degree of relevance of a programme to the community and country will, over time, influence its rate of growth, resources, and viability.

Relatedness — *The extent to which the parts of the nursing programme, i.e., curriculum, teaching of nursing, practice of nursing and research, and administration, influence each other in developing programme goals and in shaping their achievement.*

The various parts of a nursing programme influence each other. The way the staff practise nursing influences the way they teach nursing. The teaching of nursing influences the overall plan, that is the curriculum, and all aspects of administration. To the extent that these influences are related to the definition and attainment of overall goals, the institution may be said to behave as a whole. With time the various parts of an institution may develop greater wholeness and a closer association between means and ends. Increased unification of this nature, where teachers, students, and administrators are working toward common goals, is suggestive of a high degree of relatedness.

On the other hand, teachers of nursing may each work to produce a different kind of nurse. The administration of the school may support teaching that is contrary to the staff's approach to the teaching of nursing or, on the other hand, students may be unable to learn to nurse in the way that nursing is taught. In these instances, when one part of a programme has minimal influence on another part and when each is pursuing its own direction, we speak of the parts as being independent. These phenomena may lead to disruption of the school or to a type of coexistence; each part or segment involved in its own activities and achieving particular ends. Such progressive segregation suggests a low degree of relatedness.

The following situations indicate relatedness in a nursing education programme:

- The teacher and nurse in charge of the service hold some views in common as to the fundamental nature of nursing.
- The teacher helps the student to respond to the hospital ward or community setting as it is and not as it should be: in other words, the student learns to relate nursing to the real situation and not to some ideal situation.
- Clinical situations are selected so as to provide the student with an opportunity to work together with other health professionals as part of a team.

Accountability — *The extent to which the programme teaches the student nurse that the primary responsibility in nursing is to the patient.^a (Similarly in teaching, the primary responsibility is to the student.)*

This characteristic, essential to a definition of nursing, must be clarified as a basis for assessing the accountability of a programme with respect to the nature of the nursing that is taught.

Assessment of the core function in nursing — responding to the patient — is a major consideration in assessing the development of a nursing programme. In addition to the goals and purposes of the programme, the

^a The term "patient" denotes a basic unit or situation to which a nurse responds in providing nursing; this the basic unit may be a family, a group, a ward unit, a community, or country.

types of nursing course, and the way in which nursing is taught, the nature of supporting and related courses, and the preparation and experience of teachers, all contribute to the study of accountability in a nursing programme; that is, how the student learns to develop nursing action as a response to the particular patient.

Within most health services, the nursing component predominates, therefore more nurses are required than other health professionals. For this reason, in times of change and experimentation, nursing, more than any other health profession, has to sustain a good deal of strain and is subject to greater pressures for change from the public, from other health professions, from auxiliary and assistant health workers, and from within the nursing profession itself. In such circumstances, nurses must be accountable for shaping the path of nursing in the building of new health services. To do so

FIG. 1. MODEL OF THE EVALUATION PROCESS

