

*Original Article***Proposing clinical nursing education standards in Iran***Nayereh Naseri\**, *Shayesteh Salehi\*\**, *Asghar Khalifezadeh\*\*\****Abstract**

**BACKGROUND:** In recent years, the accreditation of nursing education in Iran, especially in clinical field has been felt acutely. Yet there are not compiled standards at the same time. Accordingly, the researchers in this study tried to develop the national accreditation standards for clinical nursing education derived from international standards.

**METHODS:** This research is a triangulation study, using international standards of nursing education and the views of expert faculty members (Delphi technique), to set proper standards for the context of Iran. Then, the proposed standards were investigated through a descriptive survey method, using designed questionnaire and were approved by an 80 percent desirability rate. Finally, standards of clinical nursing education for Iran were proposed.

**RESULTS:** Fifty five standards in 5 domains (faculty and preceptors, students, curriculum, clinical facilities and teaching and learning processes) were drafted for accreditation of clinical nursing education in Iran.

**CONCLUSION:** The most of the standards had either appropriate or fairly appropriate level except in some cases that are mostly related to the prevailing situation of the national nursing education system in Iran. So, necessary changes in final standards have been made based on subjects' viewpoints. The findings of this research are hoped to contribute to the enhancement of the quality of nursing education in Iran.

**KEY WORDS:** Accreditation, clinical nursing education, international standards.

IJNMR 2009; 14(2): 71-76

Evaluation is called the mechanism to improve quality and it has a significant role in guaranteeing the quality of higher education. In fact, evaluation clarifies to what extent systems of higher education function in accordance to their intended plan.<sup>1</sup> Using the right methods of evaluation is very important in evaluation of educational systems.<sup>2</sup> These methods are increasingly developed recently in varsity education. In this process, the main focus is on accreditation of outcomes of a systematic evaluation in order to guarantee the quality of varsity education.<sup>3</sup>

Accreditation is almost a new term which has recently been noticed by the Iranian varsity education institutions, especially in the field of

medical sciences.<sup>4,5</sup> Nursing schools as part of the medical sciences institutions should move toward evaluation for holding on to and strengthening education and its continues improvement.<sup>6,7</sup> The Accreditation of nursing education is important because it is closely related to people's health and well-being.<sup>8</sup>

Clinical education has an important role in nursing education and is the center of it. About 50% of students' education in nursing schools is devoted to clinical education. And clinical education has a key role in formation of career identity of nursing students, so it is called the heart of career education.<sup>9</sup> Therefore, accreditation of clinical education is important too.

\*MSc in Medical Surgical Education, School of Nursing and Midwifery, Najaf Abad Azad University of Medical Sciences, Najaf Abad, Iran.

\*\*PhD in Educational Management, School of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran.

\*\*\*MSc in Medical Surgical Education, School of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran.

Correspondence to: Nayereh Naseri, MSc

E-mail: naseri@nm.mui.ac.ir

Research Article of Isfahan University of Medical Sciences, No: 83186

Accreditation of clinical nursing education refers to clarification of necessary standards for each curriculum components, evaluation of existing curriculum based on the standards, fixing the problems and improvement of the quality to the level of global standards.<sup>2</sup> In this process, it is important to use the pre-designed standards.<sup>10</sup>

So far, there are no documented standards and criteria in Iran to evaluate the current curriculum and its quality; and this task have been practiced based on the personal ideas of experts in this field. It is obvious that without documented criteria, evaluation is not consistent and valid.<sup>11</sup> This is the situation in Iran while in most countries of the world nursing schools are following documented standards approved by public associations or governmental institutions to standardize the quality of their education and their whole system.<sup>7</sup>

This is more important in Iran because of several public and private nursing schools and the quality of their curriculum especially in clinical section. However, currently these centers have no systematic standard mechanism of evaluation to control, guarantee and improve their quality and justify their purposes and functions. Therefore, considering the overall policies to improve the health of the society, it is necessary to conduct researches and studies and develop appropriate standards for the nursing education in Iran.

Since the first step to achieve this objective is to prepare standards of nursing clinical education in Iran and there is no standard available now, the researchers decided to make this step using the global standards in this field. This study aims to determine the standards of nursing clinical education in Iran.

## Methods

During 2004 to 2005, this study was carried out with a triangulation method, which is a section of nursing education standardization research in Iran.<sup>12</sup> At first, international standards for accreditation of nursing education were gathered from all online sources and were translated and divided in ten different categories.

Using these ten categories of standards, in the second step of study, a questionnaire with open answers based on Delphi method was designed. This questionnaire were send to several experts in the field of nursing education working in Isfahan, Shahid Beheshti and Shiraz Universities of Medical Sciences and the Isfahan Center for Research and Development of Medical Sciences Education, asked them to provide their ideas and suggestions regarding how to adjust the global standards to the characteristics of nursing education system in Iran.

Then, the proposed standards were investigated through a descriptive survey method, using designed questionnaire and were approved by an 80 percent desirability rate. Finally, between proposed standards, clinical nursing education standards for Iran were proposed. The study places in this research included all the public nursing and midwifery schools in Iran and the Isfahan Center for Research and Developing Medical Education. The studied population included the faculty members of nursing and midwifery schools, managing board of the nursing education and PhD students of nursing. The number of samples was 14 in the Delphi step and 50 in the descriptive survey step, and they were selected based on the purposive method.

To analyze the quantitative data gathered in the third step, descriptive statistical method of frequency distribution was used in SPSS software.

## Results

In the three step of research, 260 standards in 10 main domains were drafted for accreditation of BS nursing education in Iran with 80 percent desirability rate (in input, output and process areas). Then, with these standards and a supplementary study, 55 standards in 5 domains (faculty and preceptors, students, curriculum, clinical facilities and teaching and learning processes) were drafted for accreditation of clinical nursing education in Iran which is completely mentioned in appendix.

Moreover, all of the nursing education standards are available in the final report of the

study number 83186 from the Isfahan Medical Sciences University research archive.

## Conclusion

The comments and suggestions received in the final step of the study showed that most of the standards were favorable or relatively favorable. However, the standards related to inclusion of nursing students, clinical nurses, graduates and managers in the program, putting nursing schools in charge of documenting curriculum, or involving preceptors in teaching in nursing schools were rated as unfavorable.

It seems that the main reason for rating these items unfavorable relates to the centralized system of education as well as the general situation of nursing education in Iran.

In final step, considering the suggestions and comments gathered in the third step of the study, the final standards were edited. The items rated 95% to 100% were used exactly as they were, those rated 70% to 95% were edited based on the received suggestions as well as research advisors' comments, and the standards rated fewer than 70% like following ones were omitted from the list:

Standard: clinical nurses' cooperation for editing the curriculum.<sup>13</sup>

Standard: closeness and familiarity between theoretical and practical subjects during the whole course.<sup>14</sup>

Standard: having a BS or more in nursing for nurses who are working as clinical teachers' assistant.<sup>15,16</sup>

Some of the suggestions considered in the final standards are as follow:

Making a better relationship between school and clinical centers.

Equipping clinical centers according to standard conditions.

Performing a general nursing examination for granting the permission of clinical work rather than educational degree.

The researchers hope that the policy makers of the nursing education system use the results of this study to standardize the system and improve the quality of nursing education in the country.

The authors declare that have no conflict of interest in this study and they have surveyed under the research ethics.

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## Appendix

### Standards drafted for accreditation of clinical nursing education in Iran

#### Area 1: Faculty and assistant lecturers in clinical education

1. Co-working between faculty and other nursing schools for appropriate and fair access to clinical training centers.
2. Faculty members' participation in developing learning objectives and aims of the curriculum provided for students and clinical center's personnel.
3. Faculty members' participation in career and social activities in order to improve health care services.
4. A minimum of MS degree in nursing and at least one year of clinical working experience for assistant lecturers of clinical nursing.
5. Supervising and guiding of clinical assistant lecturers by faculty members of nursing schools.
6. The ratio of clinical assistant lecturers to students should be maximum 1:2 or 1:3.
7. Providing obvious documented guidelines on the responsibilities and duties of clinical assistant lecturers in students' education.
8. Recording the names and affiliations of clinical assistant lecturers (major, activities and number of students) in annual report.
9. Involving clinical assistant lecturers in students' evaluation.
10. Developing documented criteria by faculty members for selecting clinical assistant lecturers.
11. Approval of clinical assistant lecturers by authorities of academic education.
12. Accessibility of faculty members for assistant lecturers when they need them.
13. Recruiting clinical assistant lecturers based on main goals of curriculum.
14. Providing in service workshops for clinical assistant lecturers
15. Preparing clinical assistant lecturers for their roles.
16. The expertise of skills laboratory should have at least 2 years experience of nursing.
17. Providing update educational courses on teaching-learning for nursing lecturers.
18. Providing educational courses to improve the knowledge and clinical skills of faculty members.
19. The existence of documents showing teaching experience of basic courses by experienced and qualified lecturers.
20. Existence of documents showing teaching experiences of clinical courses (internships) related to theoretical courses taught by faculty member.

#### Area 2: Students

21. Providing obvious guidelines to prepare (spiritually and psychologically) students to enter the clinical nursing environment.
22. Participation of students in evaluation of clinical lecturers, courses and educational package.
23. The ratio of students to full time qualified faculty members of nursing in clinical courses should be 7-8:1.

#### Area 3: Curriculum

24. Documentation of lesson plans for educational courses.
25. Including following in curriculum:
  - The content of course and clinical experiences required for nursing.
  - Philosophy and qualifications of graduates and qualifications of undergraduate degree in nursing education.
  - Criteria of graduation.
  - The total courses required for graduation.
26. Considering qualified clinical nurses comments and ideas in development of curriculum.
27. Main focus of internship curriculum should be on the following:
  - Preventing diseases, rehabilitation, improving physical and psychological health.
  - Providing nursing care based on checking, analyzing, planning, performing and evaluation.
  - Providing care all throughout life based on cultural, social and economic characteristics.
  - Developing critical thinking skills, problem solving, decision making and creativity in nursing performance.
  - Guiding, managing, giving responsibilities and supervising nursing care services.
  - Nursing procedures include supporting procedures remedial for life and physical and psychological health.
  - Education and counseling to the highest extent for the patients' health.
  - Providing the holistic view of nursing performance in relation with patient as providing physical, psychological, social, spiritual and cultural needs of the patients.
  - Providing clinical opportunities to develop cognitive, psycho-behavioral and emotional skills in nursing care services.
  - Providing opportunities for students to join learning experiences, accepting responsibilities, deciding and being responsive in career performance and develop their potentials as members of the career society.
  - Creating roles and situations for nursing professional performance.

- Team working with nurses and other health care personnel.
  - Developing nursing skills in order to provide care for long term patients.
  - Documentation of clinical activities on the basis of evidences.
  - Following ethics in the career.
28. The contents of clinical experiences (internship with social view) in following cases:
- Nursing for internal-surgery diseases.
  - Child nursing.
  - Maternity and infant health nursing.
  - Elderly nursing.
  - Management and leadership in nursing.
  - Social health nursing.
  - Psychological health nursing.
  - Rehabilitation.
29. The required hours for each course:
- Each practicum or laboratory course must be 34 hours and each internship course or real environment work must be 51 hours, during an educational semester (17 weeks) or summer term (6 weeks).
30. Theoretical and clinical contents should be based on graduate working needs.
31. Requiring evidences of approved courses in the curriculum including:
- Internship courses (17 units) and internship in real environment (16 units).

#### **Area 4: Resources and benefits**

32. The existence of clinical skills laboratory equipped with sufficient number of necessary educational resources in the school.
33. Sufficiency and quality of classrooms, laboratories and conference rooms based on number, size, type and accessibility to provide faculty members' need.
34. Existence of classrooms and laboratories with health standards (light, fresh air, safety).
35. Existence of appropriate equipments in classrooms and laboratories.
36. Sufficiency of equipments in clinical environments for providing the minimum of learning required for undergraduate courses of nursing, quantitatively and qualitatively.
37. Existence of sufficient qualified personnel from health care career related majors in clinical environment.
38. Existence of proper up to date communication between educational authorities in the school and their colleagues in the clinical environment.
39. Determination of time length to use clinical environment co-working in correspondence.
40. Sufficient acquaintance of students with clinical environment conditions.
41. Exchanging ideas between nursing school authorities and co-working clinical environment at least once a semester.
42. Existence of documented criteria by faculty member for selecting clinical environments.
43. Faculty members' authority for selecting learning experiences of students.
44. Harmony between faculty members and clinical staff in students education.
45. Existence of classrooms and laboratories necessary for clinical environment.
46. Existence of an office for nursing professors in clinical environment.
47. Existence of information centers of clinical education in clinical environment.
48. Existence of changing rooms for students in clinical environment.

#### **Area 5: Teaching-learning activities**

49. Selecting and performing learning experiences suitable for students.
50. Selecting and performing suitable teaching methods for theoretical and clinical courses by faculty members.
51. Sufficient number and required types of clinical experiences provided for students.
52. Consistency between times specified to theory and clinical experiences.
53. Having evidences on exchanging ideas and transferring experiences between lecturers on theoretical and clinical courses teaching methodology.
54. Direct supervising on students by clinical lecturers until they are ready for safe performance of clinical activities.
- Existence of evidences on theoretical education before or along with clinical education.