UNIVERSITY OF CAPE COAST

FIDELITY APPROACH TO IMPLEMENTING BASIC NURSING CURRICULUM IN SELECTED NURSING AND MIDWIFERY TRAINING COLLEGES IN NORTHERN GHANA

ALOYSIUS ALI ANGLIENGMENE

2020

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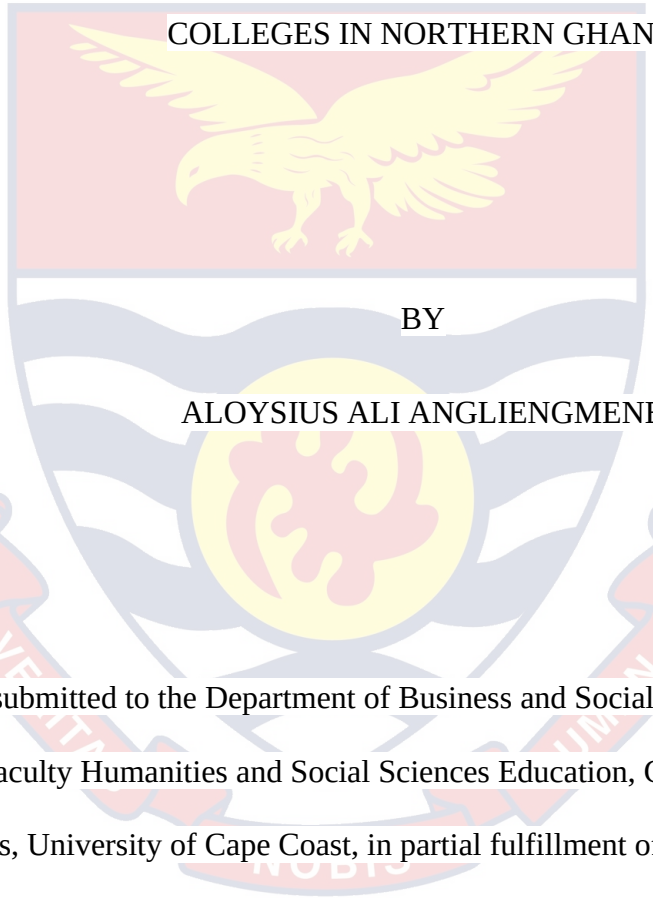

BY

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Thesis submitted to the Department of Business and Social Sciences Education of the Faculty Humanities and Social Sciences Education, College of Education Studies, University of Cape Coast, in partial fulfillment of the requirements for the award of Mater of Philosophy degree in Curriculum and Teaching

AUGUST 2020

DECLARATION

Candidate's Declaration

I hereby declare that this thesis is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere.

Candidate's Signature …….. Date ……

Name: Aloysius Ali Angliengmene

Supervisors' Declaration

We hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the University of Cape Coast.

Principal Supervisor's Signature ……..Date ……..……

Name: Alhaji Prof. M. B. Yidana

Co-Supervisor's Signature ……. Date ……

Name: Dr. Nancy Innocentia Ebu Enyan

ABSTRACT

Basic Nursing is the course that equips every professional nursing trainee with the basic essential skills to function during and after training. As a course built around the acquisition of competences, it is largely made of step-by-step activities or procedures and therefore expected to be taught to the trainees as dictated by the regulator of training and practice. However, the reports of poor standard of nursing care across various health facilities in Ghana makes one want to find out if the course is taught as prescribed. This study was therefore conducted to examine if Nursing Tutors are implementing the Basic Nursing course as prescribed and to what degree. A cross-sectional survey design was employed. Nine colleges were sampled using simple random method and 204 tutors were censused, and 310 students were selected from the nine colleges using systematic random sampling to respond to the structured questionnaire. Data obtained from the study was analyzed using frequencies and percentages. The results showed that majority of Nursing Tutors possess at least an academic Bachelor's degree, and RGN professional certificate without professional teaching certificate. The most frequently reported teaching mothods used were lecture and discussion methods out of the 20 methods prescribed. Non-projected materials, still-projected materials and printed materials were the most frequently used TLMs. Majority of tutors also expressed negative beliefs about the Basic Nursing curriculum which all culminated in the degree of fidelity of the curriculum being low. These findings call for the need for HTIs to encourage tutors to read post graduate education programmes, organize in-service training on the use of teaching methods and TLMs, and also for the HTIS to establish curriculum units in the various colleges.

KEY WORDS

Basic Nursing

Curriculum

Fidelity Approach

Nurse Tutor

Students

Implementation

ACKNOWLEDGEMENTS

First and foremost, I want to thank my respondents for sacrificing their precious time to respond to the survey.

I wish to acknowledge and thank my supervisors, Prof. (Alhaji) Mumuni. B. Yidana, the Principal Supervisor and Dr. Nancy Innocentia Ebu Enyan, my co-supervisor, for their guidance and support given me throughout the process of the study. I like to thank them for their wise counsel, guidance, and unyielding commitment to study. Your honest feedback has contributed to the success of this work.

I would also like to thank the lecturers, other staff and colleague students in the Department of Business and Social Sciences Education, School of Nursing and Midwifery and my students and colleague tutors at Nursing and Midwifery Training College, Tamale for your prayers, inspiration and motivation.

Dominic Wepia Apedani and Diebieri Maximous, you made life at University of Cape Coast campus a home away from home; thank you for your sincere brotherhood. Also, I like to thank Inuusah Mahama (PhD in Educational Psychology candidate), I am indebted to you for your every assistance regarding this work.

Lastly, I relied on the works of many authors to review literature, without which this work would not have been successful; I am very indebted to you.

To my wife, Patience Anyara, and my children, your sacrifices brought me this far in the midst of ups and down. You are loved.

DEDICATION

To my dependable wife: Patience Anyara and my lovely children: Phoebe Numbo Angliengmene, Micah Sunwule Angliengmene and Lisa Kanyiri Angliengmene

TABLE OF CONTENTS

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS

AACN	American Association of Colleges of Nursing
AHCA	American Health Care Association
AU	Always Used
B.Ed	Bachelor of Education
CRDD	Curriculum Research and Development Division
DOBSSE	Department of Business and Social Science Education
FGN	Federal Government of Nigeria
FU	Frequently Used
GES	Ghana Education Service
GHS	Ghana Health Service
GNC	General Nursing Council
HTIS	Health Training Institutions Secretariat
HTIs	Health Training Institutions
IGF	Internally Generated Funds
IRB	Institutional Review Boards
JICA	Japan International Cooperation Agency
LoU	Level of Use
MSN	Master of Science in Nursing
NCLEX-RN	National Council Licensure Examination Registered Nurses
NGOs	Non-governmental Organisations
NMC	Nurses and Midwifes Council

N&MC	Nursing and Midwifery Council
NU	Never Used
PBL	Problem – Based Learning
PCE	Postgraduate Certificate in Education
PGDE	Postgraduate Diploma in Education
QRNs	Qualified Registered Nurses
RCN	Registered Community Nursing
RGN	Registered general Nursing
RMN	Registered Mental Nursing
RU	Rarely Used
TLMs	Teaching and Learning Materials
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Education Fund
USAID	United States Agency for International Development
WASCE	West Africa School Certificate Examinations

CHAPTER ONE

INTRODUCTION

Clinical nursing practice is an important component in nursing education, and nursing tutors are the primary agents and stakeholders involved implementing the Basic Nursing curriculum so that trainees can apply theory into practice at the clinical settings. Classroom instruction is a pedagogical process (Lyth, 2000; & Fowler, 1996), during which the tutor teaches and guides student nurses to carry out nursing practices in an effective way and in a caring manner. Understanding of basic nursing is prerequisite for preparing students of nursing for competent clinical practice. However, there have been complaints of poor and incompetent nursing care rendered to patients and relatives (Shawa, 2012; SEND Ghana, 2017; Ofosu-Kwarteng, 2012). Haskins, Phakathi, Grant and Horwood (2016) have identified staff shortages and the associated increased workload, absenteeism, the complexity of patients' disease profiles, lack of equipment, poor communication and lack of support from management as the reasons for poor nursing care and negative nurses' attitude towards clients. It appears little attention has been given to the manner in which the Basic Nursing curriculum is implemented as a possible problem.

However, extant literature has identified low level of fidelity with respect to the implementation of some curricula (Arthur [as cited by Ogah], 2017; Kwarteng 2013; Ogah, 2017; Owusu, 2012; Zar, 2015). This study was therefore intended to find out whether the Basic Nursing curriculum that equips trainees

with the basic nursing skills to function and render effective and competent nursing care was implemented as prescribed.

Background to the Study

Curriculum is at the heart of contemporary nursing education, so much important that Xu, Xu, and Zhang (2002) argued that curriculum development, implementation, and revision are dictated by the philosophy and goals of a nursing programme, the developmental level of the targeted student body, and the societal constraints at large. In much the same way, the philosophy and goals of the nursing programme are derived from the goals and health needs of the people. It therefore means that the direction of nursing education in the United States of America for instance may differ from that in Asian and African countries of which Ghana is not an exception.

According to the Health Resources and Services Administration (2004), a National Sample Survey of Registered Nurses between 2000 and 2004 revealed that the number of Registered Nurses (RNs) in the United States grew by about 200,000 to 2.9 million. Yet, the gap between nursing workforce supply and demand has widened dramatically over the past 15 years (National Advisory Council on Nurse Education and Practice, 2006). This, in no doubt, appears to be a paradox, in that, though the supply of nurses increases, the nursing shortage is worsening. As medical advances increase longevity, and technological advances in patient care have led to increased demand for more medical procedures and providers who can perform them, the demand for knowledgeable healthcare practitioners continues to grow. To address these challenges, employers will seek

out nurses who have skills that are aligned with the requirements of their practice context, can work effectively in inter-professional teams across a variety of healthcare settings, and can provide traditional nursing services as well as other needed services such as case and practice leadership, case management, health promotion, and disease prevention. This will therefore mean that the goal of the nursing curriculum will be directed at meeting the needs of the employers as outlined above.

In a hospital-based case study, the results indicated that new graduates felt that they possessed the necessary knowledge to perform well. However, preceptors and management reported that while graduates have knowledge of the essentials of practice, they lack specific skills such as how to insert an intravenous line, chart patient information, use healthcare Information Technology (IT), and perform other tasks and interventions they could have practiced in school or during clinical training (Yurdin, 2007). The American Health Care Association (AHCA), in 2004, conducted surveys to assess nurse workforce challenges and evaluate skills deficiencies, their impact, and factors related to turnover. Based on the surveys' feedback, AHCA identified key skills and abilities required by nurses to include: Care coordination/teamwork between paraprofessionals and other clinicians; Patient-centered care orientation; Data management and analysis; Caring for the chronically ill and disabled (advanced clinical topics); and cultural and religious considerations in providing and coordinating care (Dolamo & Olubiyi, 2013).

Dolamo and Olubiyi (2013) assert that there are four different paths that students can pursue to obtain an RN certificate. Students may complete a diploma programme, Associate in Science of Nursing degree (ADN), Bachelor of Science in Nursing degree (BSN), or Master of Science in Nursing (MSN) degree. All of these programmes provide students with the skills and knowledge necessary to pass the National Council Licensure Examination-Registered Nurse (NCLEX-RN), the licensing exam all graduates must pass to become registered nurses. All these different paths of training nurses to meet the challenging and the ever-complex needs of clients would require a fit-for purpose curriculum, appropriate teaching and learning materials and pedagogical skills to properly train the nurse. A good curriculum that meets the aspirations and needs of the people is useless if it is not properly implemented to cause the needed change in behaviour of the learner.

The development of nursing education in Africa is similar in philosophy to some advanced countries such as United Kingdom, United States of America, and Wales because of the colonial role these developed countries had on Africa. The development of nursing education in Africa has evolved through three cardinal periods, namely, precolonial, colonial and the post-colonial periods except in Ethiopia (Dolamo & Olubiyi, 2013). Dolamo and Olubiyi further opined that the training of nurses and midwives in Africa was then regulated by the Nursing and Midwifery Board established by the ordinances which were inaugurated. The Nursing and Midwifery Council of United Kingdom, United States of America, and Wales took cognizance of the National Policy on Education in developing

sound educational principles essential to the preparation of nurses to function independently and/or as members of interdisciplinary and intersectoral teams (Dolamo & Olubiyi, 2013).

In compliance with their mandate, Dolamo and Olubiyi (2013) claim that the respective councils have over the years, worked assiduously to ensure that policies, programmes and activities were developed and implemented with the goal of promoting and maintaining excellence in nursing education and practice as provided by the law and in conformity with local and international standards. The measure of excellence in nursing education and practice can be determined by the level of professionalism shown by nurses at the places of work. It can also be measured by the public expression of satisfaction of nursing care.

However, in Ethiopia, the situation is different because nursing education is controlled by the Health Professional Council of which the Ethiopian Nursing Association is a member under the Ministry of Health (Dolamo & Olubiyi, 2013). University education is the key to the growth of the profession and nursing education programmes in many parts of the world are offered at universities and colleges affiliated to universities. The primary business of the university is "liberal education" which is neither to inculcate virtue nor to prepare for a vocation, but rather to train the mind; that the values served by such mental training are not absolute but are nonetheless good in themselves and that the inculcation of a philosophical temper is of great service to society. The teaching and learning in the profession is a combination of theoretical, clinical and

internship issues premised upon which any profession can build on for global acceptance (Dolamo & Olubiyi, 2013).

Nursing education must keep pace with practice innovations and other changes in the healthcare delivery system. Education has tended to adopt change incrementally while the practice environment is a nimbler and therefore can more easily integrate change. As a critical component of the healthcare workforce, the nursing profession must keep pace with changes in the healthcare environment to ensure the continued delivery of high quality, safe, and effective patient care. To stay current, new nurses must be trained and equipped with the appropriate skills. In order for educators and policymakers to plan for the future, it is very necessary to assess requirements for the future workforce, based on expectations of the work environment. As a result of this assessment, the goal of nursing educators will be to develop educational approaches and curricula required for nurses to fill those roles (Dolamo & Olubiyi, 2013).

Zutah (2017) asserted that curricula for nursing education in Ghana have evolved over the years; from a primordial form in the late 1870s through an intermediate form by 1928 to a standardized form by 1946. Ghana's current nursing training curricula are a major revision of the previously existing ones. The curricular review established creditable precedence for addressing key challenges in the training and practice of nursing in Ghana, placing more emphasis on client-centred care and professional adaptability. Notwithstanding this milestone, implementation of the current curricula has key implications for training, practice and research (Zutah, 2017).

In Ghana, the training and practice of nursing had begun before the constitution of a standardized curriculum. Before the formal beginning of medicine in Ghana in 1878, nurses in the country were British expatriates who were sent down to primarily nurse other expatriates. When formal medical practice began, an attempt had to be made to train local complements as the expatriate nurses alone were too few to sustain the health system. The few locals who initially were courageous enough to enroll were trained by the British Sisters as nurse assistants and underwent in-service training in the hospitals. They were given fundamental lessons in Anatomy and Physiology, Hygiene, Surgical and Medical Nursing, Nutrition and Dietetics, and First Aid Techniques. These subjects formed the primordial curriculum for nursing education in Ghana. By 1928, a 3-year course was implemented to train these nurse assistants, still in the apprentice-based medium (Adu-Gyamfi & Brenya, 2016; Böhmig, 2010).

When an increase in hospital patronage led to a commensurate shortage of nurses in the country by 1944, plans were rolled out to commence formal training of nurses in the country by 1945. To achieve this objective, the first standardized curriculum for nursing education was constituted and implemented and this resulted in the training of State Registered Nurses (SRN) (Akiwumi, 1995). The desire to train more nurses after independence resulted in a review of the existing curricula and the introduction of new programmes. In 1991, nursing training underwent another reform; and for the first time, the concept of competence-based nursing training was proposed (Böhmig, 2010; Akiwumi, 1995). But again, the curriculum was reviewed in 2000 and the SRN programme was changed to

Registered General Nursing (Böhmig, 2010). Within the review of nursing programmes and curricula, the regulatory body of the nursing practice and education also changed from Nurses Board and assisted by Nursing Council of England and Wales to Nurses and Midwives Council' (NMC) and now the Nursing and Midwifery Council of Ghana (N&MC) (Zutah, 2017).

The current nursing educational curricula, published in October 2015 and launched in February 2016 (Nursing and Midwifery Council [N&MC], 2016) are a major revision of the previously existing ones published about a decade ago (N&MC, 2007). The current edition emerged six years after the release of the 'WHO Global Standards for the Initial Education of Professional Nurses and Midwives'; a policy document which requires all member countries to provide a certain minimum standard for the training and practice of nursing and midwifery across the world (World Health Organisation [WHO], 2009).

One can therefore postulate that, from pre-independence through independence to post-independence and to this 21st century, a nurse's ability to practise and teach nursing cannot be without a strong foundation on the Basic Nursing course taught during training. Basic Nursing, as the name implies, is a course that is compulsory for all the four-basic professional programmes regulated by the Nursing and Midwifery Council of Ghana. The course has all essential nursing skills acquisition competencies and procedures well defined, explained and outlined in the order that they should be carried out. According to the course description, the course is designed to enable the student nurse to acquire the basic nursing skills to meet the physical, psychological, social and

spiritual needs of the patient (Nursing and Midwifery Council [N&MC], Ghana, 2015). This course has existed since formal education of nurses started and has undergone various reviews with the last review being 2015.

Over the years, it appears the course has been successfully taught to students in the various Colleges and has resulted in trainees passing the practical licensure examimation to practice as nurses. However, this successful teaching and learning of the course is not without challenges as one very important teaching-learning material required is the Standard Procedure Manual for Nurses (SPMN) in Ghana, which contains the definitions, requirements, steps and rationale for various nursing activities. However, this manual was developed in line with advanced nursing standards like those in the United States of America and the United Kingdom. The standards in such developed countries are different from the standards and needs in the Ghanaian context. It has not been adapted to suit our standards as a country and therefore makes some aspect of the teaching and learning very abstract because of the lack of the needed resources. In other instances, teachers and students, as well as clinicians have to improvise in place of the realia to teach and learn. Could this account for the complaints from the public about the apparent poor quality of nursing care rendered to clients? Could it be a mismatch or missing link between teaching and learning and practice?

According to Frede (1998), curricula are influenced by many factors, including societal values, content standards, research findings, community expectations, culture, language and quality of teachers. Although these factors differ across countries, states, regions and even programmes, high-quality and

well implemented Basic Nursing curriculum should reflect in quality nursing care to clients at the point of service delivery (be it hospital or home). In the view of Litjens and Taguma (2010), curriculum is a complex concept containing multiple components, such as goals, content and pedagogical practices.

It is argued that the best designed programme in education will fail to achieve the intended outcome and results if it is not properly implemented (Ruiz-Primo, 2006). This means that the degree of implementation of a particular programme will determine its success or failure. Fullan and Stiegelbauer (2000) are of the view that achieving effective curriculum implementation is a complex process. According to them, "implementation consists of the process of putting into practice an idea, programme, or set of activities and situations new to the people attempting or expected to change" (p.65). In the opinion of Fullan and Stiegelbauer (1991), curriculum implementation is the process of putting a document or an instructional programme into practice. The source of the design of the curriculum determines the kind of approach to its implementation. Fullan and Stiegelbauer (2000) further stated that the existence and persistence of people-related problems and challenges in educational change are the most essential factors that determines the achievement of desired educational objectives.

Moreover, it is observed that successful implementation of a new educational programme depends on key variables such as characteristics of the educational change, local characteristics and external factors (Fullan & Stiegelbauer, 1991). Erden (2010) also conducted a study and elaborated on the findings of the study that curriculum change alone is not adequate for the

provision of high-quality education. In addition to that, there is a need for good implementers of the curriculum in order to make the implementation successful. Erden also opines that since teachers are the principal agents who translate all the theoretical educational information in the curriculum into real classroom practices, there is therefore the need to get trained and qualified teachers to implement the curriculum in every community. In line with this, Park, as (cited in Erden 2010), indicated that teachers' understanding of the curricula is crucial for apt adaptation and implementation. This is because if teachers are able to figure out what the curriculum's philosophy and theoretical framework are in details, they will be able to successfully implement such a new curriculum.

According to Slater (1986), the selection of teaching methods and strategies for the effective and successful implementation of a particular curriculum is also as important as the selection of the content in itself. Vespoor (quoted in Rogan & Grayson, 2003) pointed out that "when training courses fail to take teachers' level of knowledge into account, implementation of the reform will be hampered" (p.1179). On the implementation and continuation of new reforms, Fullan (1991) again maintains that most attempts at educational reforms do not succeed, not only because of inadequate materials, ineffective in-service training or minimal administrative support but, educational change can also fail partly due to the poor assumption of planners and partly due to some problems that are inherently solvable. This means that the success story of every curriculum implementation is a function of multiple factors. Unless these factors are collectively attended to, the implementation process will never yield the desired

results. This explains why Rogan and Grayson (2003) asserted that many visionary and educationally sound ideas and policy documents are much slower and more difficult to be implemented than usually anticipated. The Basic Nursing course is not an exception from any of the educational curricula referred to in curriculum implementation.

Choosing the right approach to curriculum implementation plays a key role in the successful implementation of the curriculum. There are various approaches to the successful implementation of curriculum. Snyder, Bolin and Zumwalt (1992) identified three different approaches to curriculum implementation namely: the fidelity or the programmed approach; the mutual adaptive or process orientation and the curriculum enactment. According to Pence, Justice and Wiggins (2008), the Fidelity model of curriculum implementation refers to implementing a curriculum the way it was intended to be implemented by the developers. According to Lewy (1991), fidelity of implementation is the delivering of instruction in the way in which it was designed to be delivered. The adaptation approach on the other hand is a "process whereby adjustments in a curriculum are made by curriculum developers and those who use it in the school" (Snyder & Bolin, 1992, p. 410). This involves conversations between teachers and external developers to adapt curriculum for local needs. The enactment approach sets curriculum as a process "jointly created and jointly and individually experienced by students and teacher" (Snyder & Bolin, 1992, p. 428).

Ghana, as a country, practices the fidelity approach for the basic education level, the second cycle institutions, and the pre-university institutions like the Colleges of Education and the Nursing Training Colleges. The Nursing Training Colleges have their curricula drawn by the Nursing and Midwifery Council of Ghana and sent down to the colleges for implementation as designed.

As a course made of step-by-step procedures for a highly skilled profession like nursing that requires a religious implementation of these set of procedures, the fidelity approach of curriculum implementation is the recommended approach among the other approaches such as the mutual adaptation and curriculum enactment approaches. It is on this grounds that there is the need to assess the level to which the fidelity approach of curriculum implementation is used in the implementation of the Basic Nursing curriculum.

Statement of the Problem

According to SEND Ghana (2017), the subject of nursing practice and nurses' attitude towards their client has been a serious concern globally, particularly and in particulary in Ghana. Also, various studies point to a decline in the standard of nursing care (Shawa, 2012; SEND Ghana, 2017; Ofosu-Kwarteng, 2012). These concerns range from poor interpersonal relationship with clients, inadequate knowledge on patients' condition, lateness, negligence, malpractice and lack of respect to clients.

According to Haskins, Phakathi, Grant and Horwood (2016), the causes of unprofessional and negative nursing care, attitude and behaviour of nurses towards patients include staff shortages and the associated increased workload,

absenteeism, the complexity of patients' disease profiles, lack of equipment, poor communication and lack of support from management. How about the training of nurses in the Nursing and Midwifery Training Colleges which are the largest producers of nurses for the health sector in the country?

Nursing is a competency-based and highly skilled profession that requires highly competent professional training in accordance with set standards which is an integral component of the fidelity approach of curriculum implementation. This is very much so with the Basic Nursing course which is core to all the four-basic professional programmes (RGN, RM, RMN and RCN) and the two-basic auxiliary programmes (NAP and NAC) regulated by the Nursing and Midwifery Council of Ghana under the Health Professions Bodies Act, 2013 (Act 857). This course equips every nurse the basic competencies to function effectively in the field of practice. If the public outcry is anything to go by, there may be something with this all-important course in the nursing curriculum. Could it be the way it is taught to students during the training?

Generally, in Ghana, the fidelity approach of curriculum implementation is what is used in the public educational institutions for teaching from the pre-school to the colleges. As a highly skilled competency-based course which forms the fundamentals of nursing practice, the fidelity approach of curriculum implementation is best suited for the teaching of this course so that the requisite skills required by the Nursing and Midwifery Council of Ghana are achieved to enhance good nursing care delivery to clients. And since the curriculum is developed by the Nursing and Midwifery Council of Ghana and handed down to

the implementers at the schools to teach as such, it is only wise to assess how effectively the curriculum is being implemented using the Fidelity approach.

Also, a close review of literature appears not to point to any study that seeks to look at how effective the curriculum is being implemented in the Nursing and Midwifery Training Colleges using the Fidelity approach. However, the fidelity approach of curriculum implementation in other disciplines within the Ghana Education Service (GES) has been studied in areas such as core English (Zar, 2015); French (Owusu, 2012); Kwarteng (2013) on the degree of fidelity of the 2007 Education Reform; Kwarteng, Kankam, Acquah, Ababio, Bonsu and Brown (2018) on selected senior high schools' subjects' curricula and Kwarteng and Quan-Baffour (2016) on senior high school accounting curriculum. So, this creates a research gap in Nursing education which needs to be filled. Again, almost all the studies focused on the perspectives of teachers and highly concentrated in the Central, Ashanti, Eastern and Western Regions of Ghana, that is southern Ghana. This study, however, will be done in Northern Ghana.

Aside the research gap, in Ghana, some teachers have not been faithful in the implementation of the curriculum: Arthur (as cited by Ogah, 2017) revealed that majority of teachers in Ashanti Region did not always plan their lessons within the framework of the syllabus; Owusu (2012) revealed that French teachers from the Takoradi Metropolis in the Western Region did not prepare lesson notes from the syllabus and that the level of fidelity was moderate; Ogah (2017) revealed that there was low fidelity in the implementation of History curriculum in Asuogyaman District of Eastern Region; Zar (2015) revealed that

English teachers at Bompeh Senior High School used only lecture method in teaching the subject. Kwarteng (2013) also revealed that the degree of fidelity in the implementation in the implementation of the 2007 Educational Reforms in selected Basic Schools in the Central and Western Regions was not impressive. Also, Kwarteng, Kankam, Acquah, Ababio, Bonsu, and Brown (2018) found out that senior high school teachers teaching accounting, business management, economics, geography and social studies in the Central Region failed to use the official curriculum in teaching. From the above findings and revelations, it will be interesting and not out of place, therefore, to look at the level to which the Fidelity approach of curriculum implementation is being used in the teaching of the Basic Nursing course in the Nursing and Midwifery Training Colleges. It is against this backdrop that this research was carried out to help find out the extent to which the fidelity approach to curriculum implementation is used by Nursing and Midwifery Training Colleges Nursing Tutors in Northern Ghana in teaching the Basic Nursing curriculum.

Purpose of the Study

The purpose of the study was to examine whether tutors at the Nursing and Midwifery Training Colleges in Ghana are implementing the Basic Nursing curriculum using the fidelity approach of curriculum implementation. However, in specific terms, the study sought to:

1. investigate the background characteristics (qualification and teaching experiences) of the tutors teaching Basic Nursing in selected Nursing and Midwifery Training Colleges in Northern Ghana.

2. assess the prescribed teaching methods Nursing Tutors use in the implementation of the Basic Nursing curriculum in Nursing and Midwifery Training Colleges in Northern Ghana.
3. find out what prescribed teaching and learning resources tutors have access to, to enable them implement the Basic Nursing curriculum in the Nursing and Midwifery Training Colleges in northern Ghana as prescribed.
4. assess Nursing Tutors' beliefs about the content of the Basic Nursing curriculum.
5. examine the degree to which Nursing Tutors are strictly implementing the Basic Nursing curriculum in the Nursing and Midwifery Training Colleges in Northern Ghana as prescribed by the Nursing and Midwifery Council of Ghana.

Research Questions

On account of these specific objectives, the study addressed the following research questions:

1. What background characteristics (qualification and teaching experiences) do tutors of Basic Nursing in the Nursing and Midwifery Training Colleges in Northern Ghana have to be able to effectively implement the curriculum as prescribed?
2. What prescribed teaching methods do Nursing Tutors use in implementing the Basic Nursing curriculum at the Nursing and Midwifery Training Colleges in northern Ghana?

3. What prescribed teaching resources do tutors have access to for the implementation of the Basic Nursing curriculum as prescribed in the Nursing and Midwifery Training Colleges in Ghana?
4. What are the beliefs of Nursing Tutors in the Nursing and Midwifery Training College in northern Ghana about the Basic Nursing curriculum content?
5. To what degree are Basic Nursing Tutors in the Nursing and Midwifery Training Colleges in Northern Ghana strictly implementing the Basic Nursing curriculum as prescribed by the Nursing and Midwifery Council of Ghana?

Significance of the Study

The findings of this study will be beneficial to various stakeholders in the nursing profession, specifically, nursing education in various ways. First, it will give Nursing Tutors in the Nursing and Midwifery Training Colleges in Ghana a deep insight on the appropriate teaching methods for effective teaching and learning of Basic Nursing. It will also help the nursing tutors to know the appropriate Teaching and Learning Materials (TLMs) to use for the fidelity implementation of the Basic Nursing curriculum.

The findings of the study might be particularly useful to the Nursing and Midwifery Council of Ghana on the prospects of the fidelity approach of curriculum implementation for teaching Basic Nursing during the curriculum review processes.

The findings might also inform the Ministry of Health through the Health Training Institutions Secretariat on the need for regular monitoring and provision of essential training needs to the Nursing and Midwifery Training Colleges in the Country to enhance the fidelity implementation of the Basic Nursing curriculum.

Finally, the study will serve as a reference point for the Ministry of Health, the Conference of Heads of Health Training Institutions, the Nursing and Midwifery Council of Ghana, the Ghana Registered Nurses and Midwives Association, and Nurse Educators Group, Ghana to see the need to advance Specialty area education for Nurse Educators in line with the courses in the nursing curriculum to fit an essential criteria of the fidelity approach of curriculum implementation, and specifically ensure that tutors teaching Basic Nursing have the requisite content knowledge.

Delimitation of the Study

The research focused on Basic Nursing which is one of the courses in the nursing training curriculum. The study also looked at Basic Nursing as a course and not as a programme with courses. It focused on the following components of the curriculum: content of the course, the teaching and learning strategies, the teaching and learning materials used, beliefs of tutors and students and level of adherence to the fidelity approach. It must be added that, the intellectual level of students and the school environment were not considered in this study.

Limitation of the Study

The purpose of this study was to examine the extent to which the fidelity model of curriculum implementation is being used in the teaching of Basic

Nursing in the Nursing Training Colleges in Northern Ghana. No study is sacrosanct and so it is for this study. Its however refreshing that the shortcomings of this study will serve as the basis for further study.

First and foremost, the major limitation was the use of closed-ended items for the instrument. This restricted respondents from expressing wide range of opinions about each item. This particularly has a huge limitation on the items about tutors and students' beliefs about the Basic Nursing curriculum. The use of closed-ended items to express one's beliefs is very restricting in nature and would have required open-ended items or an interview. To solve this problem, the researcher developed several distinct but closely related items to cover a wide range of areas about the Basic Nursing curriculum.

Secondly, it is possible that the target population of the study did not have all the technical knowledge about approaches to curriculum and more so about the fidelity approach which is the approach of attention. This could affect the validity and consistency of responses. With this limitation the researcher educated the target population about the fidelity approach of curriculum implementation before they responded to the data gathering tool.

Thirdly, the number of Nursing Training Colleges that were selected for the study were not representative of the entire country and could affect generalizability. However, since the level of intelligence of students and the school environment were not variables of interest and therefore had no influence on the study, generalization is still possible because the requirements for students' admission and tutor's recruitment are uniform in all Colleges across the country.

The data gathering tool used (questionnaire) may not be able to solicit all the information that would be required. However, it can form a basis for further studies. Respondent dropout was also envisaged which can further reduce the sample size and affect generalisability. The researcher however explained the relevance of the study to nursing education in order to gain compliance.

Operational Definition of Terms

These terms (words and phrases) are defined to give clarity to their usage in the study and not necessarily the dictionary definitions they carry.

Nurse Educator/ Nursing Tutor: This refers to a professional nurse or Midwife who is teaching in the Nursing and Midwifery Training College. He or she may or may not possess a certificate in Education studies.

Curriculum: Curriculum is used here to mean the totality of all learning experiences that the student undergoes under the auspices of the school authority, inside and outside the classroom and school setting in line with nursing training standard.

Basic Nursing: It is a course or subject in the nursing training that equips the trainee with the basic professional nursing skills to function effectively at the field of practice.

Skills lab: It is a resource room in the Colleges equipped with the needed logistics for trainees to do hand-on practice after classroom teaching.

Fidelity Approach: This is used to describe the degree of faithfulness, truthfulness and loyalty with which the Basic Nursing curriculum is implemented in line with the intentions of the Nursing and Midwifery Council of Ghana.

Organisation of the Study

Chapter One deals with the introduction to the study which comprises background of the study, statement of the problem, purpose of the study, objectives of the study, research questions, significance of the study, delimitations, limitations and organisation of the study. The second chapter deals with the review of related literature. This covers the theoretical and empirical framework, and related literature to the study. Chapter Three deals with the methodology which comprises the research design, population, sample and sampling technique, research instrument, validity and reliability of the instrument, data collection procedures and data analysis. Chapter Four of the study focuses on the presentation of results or findings of the study. The final chapter which is Chapter Five presents the summary of the study, key findings of the study as well as conclusions based on the findings and recommendations.

Chapter Summary

This study sought to find out whether the Basic Nursing curriculum that equips trainees with the basic nursing skills to function effectively was being implemented as prescribed.

To do this, the study objectives and research questions looked at the background of tutors teaching the course, the prescribed teaching methods and teaching and learning resources used for the transaction of the curriculum, the beliefs held about the content of the Basic Nursing curriculum and sum it with looking at the degree to which the implementation is done as prescribed.

It is believed that this study might be of great significance to the tutors teaching the course, the Ministry of Health, Health Training Institutions Unit, the N&MC, Ghana. Aside that, the findings will add to knowledge.

CHAPTER TWO

LITERATURE REVIEW

Overview

The purpose of the study was to examine whether and to what degree tutors at the Nursing and Midwifery Training Colleges in Northern Ghana are implementing the Basic Nursing curriculum using the fidelity approach of curriculum implementation.

This chapter reviewed related literature in curriculum implementation, exclusively relevant to this study. Literature search was conducted using search engines such as google, google scholar and Pubmed. Key words used in the search included curriculum, fidelity, implementation, teaching, teaching methods, learning, nursing education, nursing practice, beliefs, teaching and learning materials/resources, teachers, and nursing tutors. Some of the databases used were HINARI, Medline, SAGE and CINAHIL. More literature was retrieved from journal articles as Journal of Issues in Nursing, Journal of Education and Journal of Humanities and Social Sciences.

The literature gives a brief history of nursing education in Ghana. It then provides a theoretical and conceptual review for the study. Based on the models defined by Fullan and Stiegelbauer (1991) and Carless (1999a), this review highlighted significant factors (variables) known to influence implementation of curriculum. The chapter also contains an empirical review of related studies that have been conducted over the years by different researchers. In reviewing literature for this study, the following sub-topics were considered:

A. Brief History of nursing education in Ghana

B. Theoretical and Conceptual Framework of the Study

1. Meaning of the term curriculum
2. The Theory of Curriculum Implementation
3. Curriculum Implementation Models
4. The approaches to curriculum implementation and their assumptions.
5. The Concept of Fidelity Approach
6. Factors that promote Fidelity Implementation

C. Empirical Review

1. Background characteristics (Qualification and Professional Competences) of Tutors for Fidelity of Implementation of Basic Nursing Curriculum
2. Teaching Methods used for Implementation of the Basic Nursing Curriculum
3. Access to Teaching and Learning Materials for Implementation of Basic Nursing Curriculum
4. Beliefs and Decision-Making in Implementation
5. Degree of fidelity in implementation of the Basic Nursing Curriculum

D. Conceptualized Fidelity Model

E. Summary of Literature Review

Brief History of Nursing Education in Ghana

Nursing education is a very important and popular field of study at Ghanaian Nursing and Midwifery Training Colleges and Universities. The teaching and learning activities of these Nursing and Midwifery Training Colleges are supervised by the Ministry of Health while those at the universities

are supervised by Ministry of Education. These institutions are accredited by the National Accreditation Board, and all activities, curricula and examinations are regulated by the Nursing and Midwifery Council of Ghana (N&MC) (Bohmig, 2011). What is common is that all trainees have to take a licensing exam from the Nursing and Midwifery Council of Ghana before they can practice nursing anywhere in the country.

The start of formal nursing education in Ghana shows an interesting development. While caring in the homes and compounds was the domain of women, nursing in health institutions was a new phenomenon. Cultural barriers forbade women to join the nursing profession, and it was male school-leavers who were trained as first nursing assistants (Bohmig, 2011). The European perception of the good woman caring for the sick could not be translated immediately into this context. Although working outside the house was possible for women, for example as market women or traders, dealing with sick strangers was initially regarded as inappropriate. It took time till formal school education was introduced and girls were admitted to secondary education.

According to Bohmig (2011), secretarial work, teaching, and midwifery became options for those girls, professions that were imported from Europe and labeled as 'typical female activities.' Bohmig asserts that nursing was added to that group of 'female professions' a slightly later. It underwent a change in perception and since it meant direct work under and with the colonial power, it was perceived as respected and venerable. The white nursing uniform intensified this perception. Bohmig indicated that some 45 years after arrival of the first

nurses in the country, the nursing profession became attractive and accepted for women to choose after school education. It has to be seen that Western thought and standard dominated nursing in the Gold Coast.

Development of nursing education in Ghana between 1957 and 1970 was characterised by dynamic change. Changes in nursing education occurred within an economic climate that presented ongoing challenges and a social and political climate that could be described as neocolonial. As the first former colony in Africa to achieve independence, Ghana became a leader in the development of education for nurses. The first university-based diploma programme for nurses in tropical Africa was established at the University of Ghana in 1963 to prepare tutors for schools of nursing (Chittick, 1965; Dier, 1970). Published manuscripts, personal interviews, and letters were used to chronice the evolution of nursing education during this period.

Nursing education in Ghana prior to independence must be understood in the context of the organization of health care services by the colonial administrators. In the late 19th century, the Gold Coast was referred to as the "White Man's Grave" due to the prevalence of serious tropical diseases such as malaria and yellow fever (Addae, 1997; Hart, 1904). Following the arrival of the first nursing sisters, a few women began to be trained as nurses, although most nurses continued to be men (Akiwumi, 1988, 1992). The British nursing sisters gave lessons to the nurses in human anatomy and physiology, surgical and medical nursing, and first aid. Akiwumi added that nurses who successfully completed this training were awarded a Director of Medical Services Certificate

(DMSC) and became second division nurses in the colonial service. Akiwumi also opined that the Midwives Ordinance was established in 1931, and the Midwives Board was formed to carry out the terms of the Ordinance in relation to the training, examination, registration, and practice of midwifery in the Gold Coast.

Until 1945, all senior nurses in Ghana, including nurse tutors, were White colonial sisters (Akiwumi, 1971). This pattern changed in the years following 1945. In January 1945, Isobel Hutton arrived from Britain to start a nursing school, fashioned after the British system, for Ghanaian nurses (Boahene, 1985; Osei-Boateng, 1992). This training school for state registered nurses (SRNs) was initially located in Kumasi, but, in 1948, it moved to new buildings in Accra close to the Korle-Bu hospital (Addae, 1997; Kisseih, 1968). Although most practicing nurses in the country at the time were men, only women were eligible to enter the new college for SRNs (Addae, 1997; Patterson, 1981). Historical documents do not offer an explanation for this gender shift in the preparation of nurses for practice, although the shift may reflect the influence of British nursing education brought by Hutton.

The curriculum at this time followed the syllabus set out by the General Nursing Council (GNC) of England and Wales, to ensure that "locally trained nurses could be accepted for registration in Britain, to undergo post-basic courses there and eventually to take over the nursing duties of the country from the British colonial nursing sisters" (Kisseih, 1968, p. 206). Concurrent with the establishment of the SRN program was the training of Qualified Registered Nurses (QRNs) in the Gold Coast. The SRN was a higher qualification than the

QRN, although the QRN was considerably higher than that of the state-enrolled nurse in the United Kingdom.

At the time of independence in 1957, the nursing curriculum continued to be closely aligned with the syllabus set out by the GNC, but it did not always reflect the most current updates. The GNC syllabus was revised in the United Kingdom in 1952, although the training of nurses in Ghana in 1957 was still based on the 1925 GNC syllabus (Rose, 1987). Rose (1987) postulated that there may have been a reticence to revise the syllabus in Ghana, based on a concern that this would jeopardize the agreement with GNC for reciprocity. Procedures used to examine nurses in Ghana had also not been updated to correspond with those used at the time in the United Kingdom (Rose, 1987).

The need for the education of more nurse tutors to assume teaching and leadership roles in nurses' training colleges was also recognized during the years following independence.

Marjorie Houghton, a former member of the GNC, was invited by the government of Ghana in 1961 to evaluate the nursing training programs in the country (Rose, 1987). In her report, Houghton recommended, "a comprehensive training lasting 4 years, that one grade of professional nurse to be assisted by auxiliaries, that all candidates should possess the West African School Certificate, that the Pre-Nursing Course be discontinued and that student nurses should be supernumerary to ward staff" (Rose, 1987, p. 17). She also highlighted the need for tutors and clinical instructors to upgrade their education and participated in discussions at the University of Ghana regarding a Tutors Course (Rose, 1987).

In September 1963, the development of nursing education in Ghana made significant progress with the establishment of the first university program for nurses at the University of Ghana. This initiative, under the leadership of Docia Kisseih, represented a tripartite agreement between the Ghana government, the World Health Organization (WHO) and the United Nations International Children's Education Fund (UNICEF) (Kisseih, 1968). The WHO assisted with establishment of the post-basic diploma program by providing funding for five nursing positions at the University of Ghana (Chittick, 1965). These positions included a director for the program, Chittick, and four nurse educators. Four of the initial WHO consultants had received nursing degrees or held positions at McGill University, whereas the fifth had been educated in the United States (J. Innes, personal communication, February, 6, 1998 as cited by (Opare & Mill, 2000). Dier (1970) suggests that many Canadian nurses were recruited by WHO because they were "well prepared and politically acceptable" (p. 206).

The perspective offered by nurses educated in North America was a significant departure from the primarily British influence, which had dominated nursing education in Ghana up to this time. Financial support for a library and the purchase of two buses to transport nursing students to their community placements was provided by UNICEF (Chittick, 1965). One of these original buses still operates to convey students to various clinical settings (J. Laryea, personal communication, April 6, 1999 as cited by (Opare & Mill, 2000). At completion of the WHO initiative, Ghanaian nurses began to return from graduate studies overseas to take up teaching positions in the University of Ghana's

Department of Nursing. Ayodele Akiwumi was one of these nurses and she rose to the rank of senior lecturer in the department from the mid-1960s until her retirement in 1995 (Dier, K. personal communication, February 5, 1998 (as cited by Opare & Mill, 2000). Her many publications on nursing education in Ghana during her tenure suggest that she was very influential in its development.

Several impediments were encountered by the WHO nurse educators during the introduction of the university program. Ghanaian nursing students had been educated in a British system that promoted "rote learning." The WHO nurse educators, on the other hand, had come from a liberal teaching environment and were committed to the development of problem-solving abilities in their students (J. Innes, personal communication, February 6, 1998 (as cited by Opare & Mill, 2000)). Chittick (1965) also provides a negative critique of the British influence on nursing education in Ghana in the following statement: "The ultra-montane attitude which has tied nursing closely to the British system, lest standards be lost, has not given sufficient flexibility, stimulation and scope for the development of a pattern of nursing education and nursing service to cope effectively with the unique health problems of a tropical country" (p. 41). This comment demonstrates the tension that existed among external nursing experts to influence the development of nursing education in Ghana.

Comments by Rose (1987), a British nurse tutor working in Ghana during this time, suggest that the WHO nursing team was not welcomed by all nurse educators in the country. While teaching in the Nurses Training College in Kumasi, Rose recalled a visit by Chittick to familiarize herself with nurse training

schools. Rose (1987) writes, "It was not a successful session . . . in a scathing manner she told me that she did not like what we were doing, nor the way we were doing it" (p. 17). At a meeting with Chittick a year later, Rose asked how the tutors working for the government service could be of assistance to the initiative to establish the nurse tutor program at the university. According to Rose (1987), Chittick replied, "As none of us were university graduates, we had little to offer" (p. 18).

In the late 1960s the Ghanaian government once again approached WHO for assistance in the development of a comprehensive diploma program for SRNs (Dier, K. personal communication, February 5, 1998 as (cite by Opare & Mill, 2000)). The comprehensive curriculum added education in the social sciences, public health, obstetrics, and psychiatry to the basic program (Osei-Boateng, 1992). In addition, it marked a shift in the control of nursing education from the hospital to educational institutions and a broadening in the focus to include the community. The goal of the comprehensive program was to extend the education of nurses and to expose nursing students to all clinical specialty areas (Akiwumi, 1988). Nurses educated in the new program were prepared for beginning positions in hospital and community settings.

Theory of Curriculum Implementation

This part searched into the conceptions of curriculum implementation and the characteristics of teachers involved in implementation process. The aim was to establish a theoretical basis for a further discussion of the teacher factors or variables affecting curriculum implementation in Basic Nursing in the Nursing

and Midwifery Training Colleges in Ghana. The study also explored teacher-variables that contributed to the faithful implementation of the Basic Nursing curriculum in the Colleges in Ghana. As a policy, Ghana operates the centralised curriculum development process which only hands over the already designed 'intended curriculum' to the classroom teacher to implement (Owusu, 2012). This presupposes that the Nursing and Midwifery Council of Ghana develops the curriculum and hands it over to the Colleges to be implemented by the Tutors.

Owusu (2012) however posits that classroom teachers may not implement the curriculum as intended, due to constraints such as their entrenched beliefs and perceptions regarding the contents of the designed material, their qualification, their teaching experiences, inappropriate or inadequate skills and knowledge, absence or inadequate teaching and learning materials, among others. It is important to note that in the process of implementation, teachers may alter the intended programme (Elmore & Sykes, 1992). They may do this by redefining, reinterpreting, and modifying their teaching behaviour based on their classroom realities. They can welcome the designed programme but still find it extremely difficult to put it into practice, and eventually choose not to implement it.

Elmore and Sykes (1992) drew attention to a very important issue of implementation in understanding the confusion and frustration that centralised curriculum development often brings to teachers when they attempt to put the programme into actual practice. Though Snyder, Bolin and Zumwalt (1992) argued that research on curriculum implementation is relatively new, and that even the term "implementation" could not be found in curriculum literature before

the late 60s, recent works have revealed otherwise (Fink & Stoll, 2005; Fullan, 2007 and Fullan, 2008). From the 1970s through the 1990s, much more attention was directed to the implementation problems involved in translating proposals into practice by scholars, researchers, and practitioners. At present, research on curriculum implementation is more prevalent.

Delaney (2002) argued that among the various phases of curriculum development, implementing the material in question is the most challenging part. Perhaps this view point may be true to an extent. Fullan and Park (1981) also asserted that implementation is 'changing practice' that consists of alterations from existing practice to some new or revised practice in order to achieve certain desired student learning outcomes. They alleged that implementation is considered changing practice because the emphasis is on actual use rather than on assumed use. Actual use entails whatever change may occur in practice. That is why the terms of change, innovation, reform, revision, and renewal are all frequently used in the context of describing implementation. They elaborated further, stating that change would likely occur in curriculum materials, teaching approaches, and beliefs, perceptions or understandings about the curriculum and learning practices (Fullan & Stiegelbauer, 1991), and that all of these changes are aimed at effectively attaining some educational goal.

Pal (2006) also provides another perspective of the concept mplementation by stating that im plementation is the carrying out of an authoritative decision. It is 'authoritative' in the sense that the implementer (the tutor) only has to comply without question. To this end, it will be beneficial to discuss some known

curriculum implementation models which have been applied to educational issues pertaining to implementation.

Curriculum Implementation Models

This part explored curriculum implementation models from some authorities' perspective to identify factors which may either facilitate or inhibit the fidelity implementation of the Basic Nursing curriculum in the Nursing and Midwifery Training Colleges in Ghana. These models are the ones espoused by Fullan and Stiegelbauer (1991) and Carless (1999a). They made proposals that reflect their approaches to understanding the problems and challenges embedded in the implementation process.

Even though Fullan and Stiegelbauer (1991) and Carless (1999a) designed their models based on their individual contexts, centering on key factors or themes, the underpinning model to their work was the 'Level of Use' (LoU) model which was developed to investigate the level of use of the curriculum by teachers in the classroom. These two curricula implementation models will therefore be critiqued in this section.

It is worth noting that various stakeholders are involved in programme design and implementation. These stakeholders, identified by Fullan and Park (1981), Fullan (1982), and Fullan and Stiegelbauer (1991), include government, trustees, principals, parents/community, teachers, and students. Tanner and Tanner (1995) added public and private interest groups, media, private foundations, external testing agencies, publishers, business and industry,

researchers, and authors of curriculum materials. This means that many stakeholders are involved in curriculum design and subsequent implementation.

On his side, Widdowson (1993) pointed out the importance of taking into consideration teachers' roles relative to other participants, such as policymakers, researchers, material designers, and learners involved in national curriculum design activities. He raised the question of what the proper professional role of teachers should be, what provisions should be made to sustain and develop teachers in that role, and whether it is more concerned with the macro-level of curriculum planning or with the micro-level of classroom practices.

Implementation in any educational jurisdiction, and for that matter the Nursing and Midwifery Training Colleges, involves a variety of stakeholders who play very crucial roles. These roles, contribute to the degree to which a new or revised curriculum will be successfully implemented in the local institutions. However, for the scope of this study, the discussion bothered on the teacher as the final implementer of the curriculum.

Morris and Scott (2003) noted that within a centralised educational system (such as the Ghanaian system), challenges often exist in transmitting policy intent to the point of delivery. They stated that many policies are impossible to implement because of their ambiguous nature. In contrast, Spillane, Reiser and Reimer (2002) stated that once more stakeholders are involved in programme design and implementation, the programme was bound to succeed in its implementation. However, Fullan et al. (1981) and Tanner and Tanner (1995) again concurred with each other that one of the reasons for implementation failure

might be caused by policymakers formulating unclear and inconsistent directives regarding the behaviours desired from implementers. They concluded that when policy directives paired a clear implementation goal with helpful procedures, the policy was more likely to be implemented.

In their view, Hope and Pigford (2001) pointed to the significance of collaboration and cooperation between policymakers and implementers during both policy design and implementation. Without such involvement, teachers charged with transforming policy into practice were likely to lack the full understanding of the policy itself and thereby the knowledge of the reason for change, which can in turn result in the lack of motivation necessary to effectively implement a new programme (Hope & Pigford, 2001). In Ghana, teachers have constantly complained about their non-inclusion on matters relating to curriculum design in their respective subject areas.

According to Smit (2005), teachers have often been labelled as "resistant to change" or simply lazy, in ignoring or subverting the success of curricular programmes (McLaughlin, 1987; Smit, 2005). Spillane et al. (2002), however, looked at the situation from a different perspective, explaining that this was because implementers often lacked the capacity, that is, the knowledge, skills, the right attitude, and other resources necessary to work in ways that are consistent with policy. From the Ghanaian perspective, some of the points argued out by Smit (2005) and Spillane, Reiser and Reimer (2002) could account for the implementation failures by teachers in the nursing classroom.

Silver and Skuja-Steele (2005) examined how policy and classroom practice interacted by comparing classroom practices and teachers' statements of pedagogical rationales with governmental policies. They found that teachers were aware of the policy initiatives related to language education. McLaughlin (1987) and Cohen and Ball (1990) however think that teachers were focusing on the immediate classroom priorities that influenced daily lessons, and therefore placed their emphasis on student learning thereby neglecting the syllabus. Even though their study was in the area of English Language studies, it can be applicable to the Basic Nursing curriculum because the centralized curriculum development process is what is practised by the Nursing and Midwifery Council of Ghana.

Also, the principles of fidelity approach of curriculum implementation are universal irrespective of subject arears. Cohen and Ball (1990) revealed that language policies were reinterpreted into structural priorities, which indirectly influenced classroom priorities and thereby filtered through into classroom practice. In same vein, tutors at the Nursing and Midwifery Training Colleges can reinterpret the structure of the Basic Nursing curriculum according to their beliefs, priorities and the direction of the academic schedule. This can alter the policy direction of the Nursing and Midwifery Council of Ghana about the Basic Nursing curriculum. It therefore be inferred that Nursing Tutors' willingness to implement the Basic Nursing curriculum is likely to be influenced by the social and personal dimensions of classroom teaching and by their goals and beliefs.

Fullan and Stiegelbauer's (1991) Implementation Model

Following a wide scope of literature search, Fullan and Stiegelbauer (1991) integrated two categories of theme and factor and developed a theoretical model to investigate factors that commonly influence curriculum implementation. They came up with three interacting factors that affect curriculum implementation, namely, change, local characteristics, and extent to which government and educational agencies exert their influence on the other stakeholders.

The first of the three factors is change. They argued that the extent of the required change itself, in terms of actual need for change as well as how clear, complex, and practical the change is, plays a role in whether the implementation is successful or not. The curriculum over the years has been found to be an effective tool used to produce responsible citizens of society. For this reason, the Basic Nursing curriculum should be seen to be playing its role of equipping nurse trainees with competent nursing skills. Were it to be so, there might not be the need to implement any change. It stands to reason therefore that agents who facilitate the change process see the need for the change or else, the change will not take place. In this study however, since tutors are already using the designed Basic Nursing curriculum, it presupposes that there is a universal societal acceptance for the Basic Nursing curriculum.

The second factor is that of the local characteristics. It specifically discusses the roles of the district, community, principal, and teacher are involved in the implementation process. Fullan and Stiegelbauer (1991) discovered that the

supports given by the local district school board, community, and principals were also determinants affecting curriculum implementation. Particularly, teachers exerted a strong impact in promoting implementation; their perceptions and roles in implementation were indispensable (Ereh, 2005). From the researcher's opinion, it does appear that the second factor in their model has not exhausted the list of other players such as Non-governmental Organisations (NGOs), spirited individuals and civil society organisations whose stake and contributions are so crucial for the successful implementation of any programme. For example, NGOs such as World Health Organisation, Jhpiego (initially known as Johns Hopkins Program for International Education in Gynecology and Obstetrics), United Nations Population Fund (UNFPA), Japan International Cooperation Agency (JICA), United States Agency for International Development (USAID), Ipas and cbm (Nursing and Midwifery Council, 2015) have been very crucial in the review and implementation of the Nursing curriculum. That notwithstanding, for the purposes of this study, the attention is on the tutors who are the major players in curriculum implementation.

The third factor is the extent to which government and educational agencies exert their influence on other stakeholders. In Ghana, the central government is the initiator of educational policies. The government ensures that educational programmes and policies work, through the use of resources at its disposal to achieve this target. For instance, government can induce hard work on the part of Nursing Tutors to ensure the successful implementation of a programme by offering monetary incentives and other motivational means.

Therefore, the governments' influence in curriculum implementation cannot be over emphasised.

Fullan and Stiegelbauer's (1991) mode of analysis was holistic and has been an eye opener to the complexities surrounding curriculum issues. Also, the model has aroused many researches in the area of curriculum implementation. The researcher is however of the opinion that, aside the differences in geographical location (North America), their theory also deals with primary and secondary education while his study is at the college level. That aside, some factors, such as district, community, or principal may not be as relevant in the current study. This is because these variables are not the center of focus in this study.

Carless' (1999a) Implementation Model

Carless (1999a) developed a conceptual model of factors affecting implementation of curriculum innovation based on the literature reviewed in language education. He categorised these factors into three, namely, teacher-related, innovation-related, and change agent-related. His categorisation of the factors, to a large extent, were similar to Fullan and Stiegelbauer's (1991) model. That is, each category (teacher-relate, innovation-related and change agent-related) matched the local characteristics, the characteristics of change, and the external factors as found in Fullan and Stiegelbauer's (1991) model. However, what stood out in Carless' model was his further elaboration of sub-variables which allowed him to investigate into detail, factors that were in each category.

Carless expanded Fullan and Stiegelbauer's model with regard to local characteristics.

He detailed teacher-related factors into sub-variables such as teachers' beliefs and perceptions, teacher qualification/experience, and teachers' acquaintance with the properties of the syllabus and their understanding of change or innovation. He also pointed out that classroom communication strategies, teaching strategies and evaluative processes, availability of sufficient resources in terms of human, material, and financial are important change-related factors (Owusu, 2012).

It however appears to the researcher that the category labelled "Change agent-related is challenged. This is because Carless (1999a) defined change agents as individuals who prompt or facilitate change, but he however failed to name who these individuals were. The term "change agent" is a controversial term in the literature as it can be interpreted from many different perspectives. For instance, he referred to a change agent as "an individual who influences clients' innovation-decisions in a direction deemed desirable by a change agency" (p. 27). Kennedy (1988) also described the entrepreneur who "acts as a link between the different participants and as catalyst for change" (p. 334) as a change agent. However, Scileppi (1988) regarded change agents as individuals who cause or facilitate change. Fullan (1993, 1999) questioned the concepts of change agent, suggesting that both teachers and students act as change agents in educational reform. Also, De Lano, Riley, and Crookes (1994) made a similar point and stated that within an educational culture, change agents can be found among

administrators, teachers, and even students. Carless (1999a) again conceded that his own divisions or groupings of the factors risked "artificiality and oversimplification" (p. 374).

From literature search on teacher-factors affecting fidelity implementation in relation to this study, the variables have been categorised and examined to ascertain their unique roles in determining fidelity of implementation of the Basic Nursing Curriculum in the Nursing and Midwifery Training Colleges. Teachers are the key and central platers in curriculum implementation. And because teachers are ultimately held responsible for the implementation, the review of the literature for this study focuses on teachers only, specifically, teacher-related factors such as tutors' beliefs, attitudes, and their understanding and ownership of curriculum programme (Carless, 1999a).

It is also acknowledged and accepted that students are the recipients of curriculum innovation and so student-related factors are therefore important in the curriculum implementation and innovation; however, the literature did not consider the students factors in this review because they are not the major determinants of the findings of the study. The content has been organized according to the themes that emerge from the literature, in which various kinds of factors are dealt with. Owing to the scope of the thesis, not all the factors are discussed extensively. It is worth conceding that the factors identified and discussed are not the only ones affecting curriculum implementation, however, they are considered to be the most relevant variables to this study.

This study therefore hinges on the Carless (1999a) model of implementation. The reason being that the current study, just like the Carless model, alludes to virtually all the variables of interest. The only difference is that the in-depth categorisations of themes and sub-themes into teacher-related, innovation-related, and change agent-related factors by Carless are not done the same way in this study. However, this study limits itself to the change agent-related factors (tutor-related factors) which constituted the vital concepts for the investigation in this study.

Conceptual Framework of the Study

There are varied opinions on the conceptualization and practice of curriculum. Prominent among these varied views is the meaning of the term "curriculum". The term "curriculum" means different things to different people. The term curriculum appears to lack boundaries in scope as asserted by Oliva (1992, 2009) when he stated that the curriculum field is by no means clear, as a discipline and as a field of practice.

The concept "curriculum" comes from the Latin word "Curere", which means "race course or running course". This was originally used to describe the running course of the horse in the game of the ancient Rome. Relating it to the field of education, it can apply to a course to be followed by educands or group in school (Kankam, n.d.). According to the Indiana Department of Education (2010), curriculum is the planned interaction of pupils with instructional content, materials, resources and processes for evaluating the attainment of educational objectives. Even though a bulk of the curriculum may be planned, this definition

takes the component of hidden curriculum, which mostly are made of unplanned activities. In an attempt to correct this defect, Kelly (2004) defined curriculum as the totality of the experiences the pupil has as a result of the provision made.

To cut through the opinions of many authorities, Morris (1993) identified four definitions for the term 'curriculum' as follows:

1. discipline of study of permanent subjects such as grammar, logic.
2. knowledge which comes from the established disciplines
3. planned learning outcomes for which the school is responsible
4. experiences the learner has under the guidance of the school

From the definition of Morris, it can be said that each definition of a curriculum does not substantially give holistic meaning to the term curriculum as each of them dealt with a component of the term 'curriculum'. Stating that curriculum is a discipline of study is just a scratch what curriculum stands for because it fails to mention the learner, teacher, the content of what is being learnt and the classroom interaction. In same way, to say curriculum is the knowledge that comes from established disciplines is also an aspect of the term curriculum as it fails to make mention of the teaching learning activities. Planned learning outcomes cannot also be a holistic description of the meaning of curriculum because the outcome of learning does not express the totality of what is learnt because some outcomes maybe covert. The last meaning which is close to the holistic meaning of curriculum is more holistic even though it failed to see the curriculum as also a blue print. Print (1993) also defined curriculum as "all the planned learning opportunities offered to learners by the educational institution and the experiences

learners encounter when that curriculum is implemented. Thus, he posits that the curriculum is made up of the following:

1. planned learning experiences
2. offered within an educational institution or programme
3. presented as a document
4. includes experiences resulting from implementing that document

Marsh and Willis (2003, p. 13) refined the definition of curriculum as "the interrelated set of plans and experiences that a student undertakes under the guidance of the school". From their definition, Marsh and Willis have catalogued what they referred to as the eight elements of curriculum as follows:

1. Curriculum is such "permanent" subjects as grammar, reading, logic, rhetoric, mathematics and the greatest books of the western world that best embody essential knowledge.
2. Curriculum is those subjects that are most useful for living in contemporary society.
3. Curriculum is all planned learnings for which the school is responsible.
4. Curriculum is all the experiences learners have under the guidance of the school.
5. Curriculum is the totality of learning experiences provided to students so that they can attain general skills and knowledge at a variety of learning sites.
6. Curriculum is what the students construct from working with the computer and its various networks such as the internet.

7. Curriculum is the questioning of authority and the searching for complex views of human situation.
8. Curriculum is all the experiences that learners have in the course of living (p.13).

Agreeing largely with Kelly (2004), and Marsh and Willis (2003) eight elements of curriculum, the researcher holds the view that curriculum is a sum of learning experiences a learner is exposed to in the school and outside the school, written or unwritten taking into consideration the learner's background, to be useful to society. It can therefore be said that curriculum compose of three major elements, namely, the content to be taught and learnt, the teaching learning activities inside or outside of the school and the intended and expected outcomes. The content is seen as the subject matter or topics which in other circles is referred to as the syllabi. The teaching learning activities include the use of teaching methods, the use of teaching learning materials, the delivery by teachers and responses by students etc. The expected or intended outcomes are the benefits the learner or society will get as a result of the teaching-learning interaction.

To some scholars, curriculum is simply defined as all planned activities or occurrences that take place in the classroom during the teaching and learning process (Wiles & Bondi, 1979). For others, curriculum is narrowly defined as the content they teach every day. Still, others view curriculum to be more than all classroom occurrences and broader than content. Eisner (2002) suggested that curriculum pertains to instruction that is planned with associated intended outcomes, recognizing that much more may occur in the teaching and learning

process in classroom that is meaningful and relevant, even though it may be unintended. It is, therefore, necessary for educators to become aware of how they define or view curriculum because their perspectives are directly connected to how they implement, differentiate, and assess curriculum effectiveness.

In most instances people equate a syllabus with curriculum, when in the technical sense the two are not the same. A curriculum is broader than a syllabus while a syllabus is a subset of a curriculum. According to Zar (2015), a syllabus describes the content of a programme and can be seen as part of a curriculum. The syllabus was originally a Greek word which means a concise statement or table of heads of a discourse which is connected with courses leading to examinations. A syllabus will not generally indicate the relative importance of the topic or the order in which they should be studied. A curriculum is an important component of education. In fact, curriculum reflects the aims of society. This is because, society is the beneficiary of education. It therefore presupposes that curriculum is determined by the aims of life and those of society. The aims of life change from time to time and so are the aims of education. These aims of education are achieved through school programmes, life experiences, one's skills, every day activities and societal or individual values. All these constitute curriculum while a syllabus in my opinion talks about the outline of the topics the learner is tasked to learn.

Curriculum Implementation

A curriculum is "written by external experts describing what is to be taught" (Shkedi, 1998, p. 210) whereas the curriculum which is put into practice

by teachers is considered as the curriculum in use or the implemented curriculum. There is insufficient information about the process of curriculum implementation. As a result, the extent, to which tutors carry out the curriculum change as intended by the curriculum developers and also, how they implement the curriculum to suit their own context is something worth looking into. Curriculum implementation, as defined by Fullan (1991, p. 378) "is the process of putting a change into practice". The process ranges from the use of formative evaluation devices such as tryout and field trial to the actual large scale and final open use of the programme (Lewy, 1977, Kankam, n.d.). Thus, implementation can be on piecemeal basis so that in a situation where the programme is failing, it can quickly be revised and reinforced or discarded to avoid the commitment of huge amount of resources into a wasteful venture.

There are several dissemination strategies used to smoothen the implementation process. They comprise translocation, communication, animation and re-education (Kankam, n.d.). The three main approaches to curriculum implementation are fidelity, mutual adaptation and enactment. Depending on the system of education, an approach is adopted to implement educational programmes as noted by Snyder, Bolin and Zumwalt (1992) and Kankam (n.d.).

Approaches to Curriculum Implementation and their Assumptions

There are various approaches to the successful implementation of curriculum. Snyder, Bolin and Zumwalt (1992) identified three different approaches to curriculum implementation: the fidelity or the programmed approach, the mutual adaptive or process orientation, and the curriculum

enactment. This section presents a critical examination of these approaches to curriculum implementation, their underlying assumptions and the suitability or otherwise of each approach to the Ghanaian context. In every educational institution, teachers adopt various approaches such as fidelity, mutual-adaptation or enactment approach when implementing the curriculum. Those adopting the fidelity approach to curriculum implementation are known as curriculum-transmitters whose major role is to deliver curriculum materials to the targeted group.

In contrast, those following the adaptation approach are curriculum developers who undertake curriculum adjustments; whereas those who enact curriculum act as curriculum-makers; they achieve significant curriculum changes (Snyder *et'al.,* 1992). Each approach involves different processes and has different implications for the student, teacher, curriculum and school development (Craig, 2006; Schultz & Oyler, 2006).

More so, different curriculum approaches can turn the official curriculum into something different from the taught curriculum (Doyle, 1992; Randolph, Duffy, & Mattingly, 2007). On the other hand, each of the approaches impact differently on tutors' professional development, since each approach entails different roles and opportunities (Schön, 1983; Munby, 1990; Parker, 1997; Eisner, 2002; Craig, 2006). In addition, teacher curriculum approach has a direct impact on student learning and motivation (Erickson & Shultz, 1992; Wells, 1999; Shawer, 2006).

Concept of Fidelity Approach

According to Owusu (2012), the concept of fidelity implementation, sometimes called adherence or integrity, is a determination of how well a programme is being implemented in comparison with the original programme design. Owusu added that deviations from, or dilution of the programme components, could have unintended consequences on the programme outcomes.

The majority of studies on curriculum implementation have focused on the fidelity perspective or approach (Snyder *et al.*, 1992). The intent of this approach according to Snyder, *et al.* is to "measure the degree to which a particular innovation is implemented as planned and to identify the factors which facilitate or hinder implementation as processes. Shawer (2003) added to this and indicated that the fidelity approach leads teachers to become curriculum-transmitters who use the student's book as the only source of instructional content. According to Shawer, teachers transmit textbook content as its structure dictates by means of linear unit-by-unit, lesson-by-lesson and page-by-page strategies. Neither do they use 'adaptation' strategies to adjust curriculum to their context; nor do they employ 'skipping' strategies to eliminate irrelevant studying units in the syllabus, lessons or tasks. Moreover, these teachers in his view rarely supplement the missing elements in the curriculum and focus solely on covering content without responding to classroom dynamics. In the end, these teachers only scratch an aspect of the curriculum, neglecting some other important issues of concern to the educators.

Advocates of fidelity approach view curriculum as something concrete, something that can be pointed to, something that can be evaluated to see if its goals have been accomplished (Jackson, 1992). Its degree of implementation can be determined by finding out if teachers have faithfully followed the implementation principles as planned. Teachers must have professional training (Natriello, Zumwalt, Hansen, & Frisch, 1990) to be able to do this. The implementers must also attain the appropriate skills and knowledge in their subject areas (Supovitz & May, 2003). Furthermore, the documents that specify and interpret the content of the programme - the syllabus, the textbook, and the teachers' manual, among others must be readily available (Eash, 1991; Supovitz, & May, 2003). *Snyder et al.* (1992) add that a clearly defined innovation makes those charged with implementing it know exactly what to do. The fidelity of the teacher to the curriculum implementation therefore depends mostly on those conditions.

In analysing the reality in the classroom, Dusenberg, Brannigan, Fako and Hansen (2003) admit that minor variations might be tolerated, but caution that the emphasis should clearly be on ensuring that practice conforms to the developer's intentions. When practice conforms to the developer's intentions, then the degree of implementation can be determined.

According to Lewy (1977), fidelity of implementation is the delivering of instruction in the way in which it was designed to be delivered. The fidelity approach rests on the assumption that the main goal of implementing a particular educational programme is to bring about change. Also, it is to assess the extent to

which the actual use of the programme corresponds 'faithfully' to the kind of use it was intended by the developers of the innovative idea. It has therefore been defined as the determination of how close the programme is implemented according to its original design or as intended by the developers (Fullan & Pomfret, 1977; Dobson & Shaw, as cited in Ruiz-Primo, 2006). The concept of fidelity of implementation is meant, in research, to ensure that every intervention has a successful outcome. The approach is sometimes called the 'Fidelity Perspective' since the criterion for achieving successful implementation is the faithful use of an innovation (Ruiz-Primo, 2006). Other authors also refer to the fidelity of implementation as integrity verification (Dane & Schneider, cited in Ruiz-Primo, 2006) or treatment integrity (Gresham; Waltz, Addis, Koerner, & Jacobson, cited in Ruiz-Primo, 2006).

Fullan and Pomfred (1977) assert that the idea of the fidelity approach takes root in the notion that every educational change has certain key programme requirements that are clearly established by its developers. These programme with requirements can in turn be installed and assessed for any group of users who are attempting to use the programme. Thus, if a particular programme is to be implemented with utmost fidelity, teachers must adhere to certain curriculum and assessment protocols. To achieve fidelity of implementation, the developers must design monitoring procedures for teachers' adherence to the protocols. In this case, the emphasis of the implementation process is to clearly ensure that the new practice actually conforms to the developers' intention (Barman, Hall & Locks, cited in Lewy, 1991).

In following this perspective, curriculum implementers are usually highly optimistic about achieving the desirable predetermined goals. Hence, the implementation process is undertaken in a systematic, rational manner and any innovative programme which is considered worth implementing is seen as the only solution to societal problems. Thus, the approach holds that the role of any innovation is to serve as the solution to defined problems in the school system. This means that the fidelity orientation will result in a homogenous implementation of curriculum and instructional practices throughout a country and this will provide a sound basis for uniformity in assessment across situations (Lewy, 1991). The implementers are, therefore, motivated to give full support and attention to the educational programme and make sure that it is fully implemented to help them find answers to the problems. As a result, the implementation of any curriculum material is assumed to be non-problematic and to occur as a "result of reasonable people quickly grasping the value of an innovation and readily following its prescribed practices" (Lewy, 1991, p.144). Lewy identifies the following as highly characteristic of the fidelity approach to implementation: it involves strategic planning from the top centralized system; content dominates decision about change; the nature of the change process tends to be incremental in nature; outcomes are predictable since they are specified by the innovation; it is linear and mechanistic; and implementers are passive in the process.

Assumptions of the Fidelity Approach

In using the fidelity approach some assumptions must be satisfied, the first assumption according to Zar (2015) is that the curriculum developers are the only

people who plan and develop the curriculum. Similarly, Owusu (2012) observes that, the underlying assumptions of the fidelity approach to curriculum implementation relate to curriculum knowledge, change and the role of the teacher. These experts create the curriculum in their offices by identifying all the factors that make the curriculum work effectively and bring them together. This view is supports Snyder *et al.*, (1992) who points out that the advocates of this approach assume that curriculum experts primarily create curriculum knowledge outside the classroom for teachers to implement in the way the experts have decided is best. This curriculum is then given to teachers on the field to implement it. This assumption is practicable only in a centralised educational system like that of Ghana's. In such a system, the curriculum is centrally designed and distributed to teachers in the various institutions for implementation. This, however, does not hold in a decentralized educational system like that of England where the teacher has every right to design his own curriculum and implement it. Owusu (2012) claims that teachers in the British system might not find it difficult implementing curriculum materials they designed themselves. On the other hand, in Ghana, the teacher has a difficult task implementing materials which are only handed to them to be implemented in a certain manner familiar only to the designers. This truth places a huge professional responsibility on the poor teacher in a centralised educational system since society may expect him/her to deliver at all cost.

Another assumption under the fidelity approach relates to the role of the teacher. The role of the implementing teacher, the advocates assume, is one of a

consumer who should follow the directions and implement the curriculum as the experts have designed it (Kam, Greengerg & Walls, 2003). It means that teachers are only passive recipients, when it comes to the implementation of the curriculum. The degree of success of its implementation is attributable to the degree of faithfulness or fidelity of the teacher to the way the curriculum was intended to be implemented. Marsh and Wallis (2003, p. 241) are of the opinion that "when the planned curriculum is exemplary and demonstrably effective, it will be readily and completely accepted by teachers". The curriculum developers give the teacher detailed instructions and guidelines, as to how to make the curriculum work in the classroom setting. For curriculum implementation to be successful, therefore, it will depend on how faithful the teacher is in the use of the curriculum the way it was intended to be used. Owusu (2012) is of the view that, a flaw with this position is that the teacher is made 'a know nothing' who only should just accept anything and implement it hook line and sinker. Obviously, the creativity and resourcefulness of the teacher in his/her job are stifled. Under normal circumstance, the professionalism of the teacher should be respected but the enforcement of this assumption takes away the autonomy the teacher is entitled to enjoy. The researcher is of the opinion that tutors are professionals and need to be given the free hand to implement curricula programmes in their own way as they deem better though without compromising fidelity.

The third assumption states that curriculum change is a rational, systematic and linear process (Owusu, 2012). In terms of its linear process, it means that, the curriculum is developed by the curriculum developers and handed

down to the teacher in the classroom to implement. The teachers do not have any opportunity to make inputs into the curriculum at its development stage. However, being systematic means implementation is an ongoing process. This means that, the more the curriculum designers and implementers identify the factors that either facilitate or inhibit the smooth operation of the linear process, the better the administration and implementation of the process (Fullan, 1991; Dusenberg, Brannigan, Fako & Hansen, 2003). Here, there is collaboration between designers and implementers in ways that allow implementers to faithfully implement the curriculum material. In the case of Ghana, curricula seminars/workshops are organised for leaders of subject organisations who are also required to train their members at the grassroots on effective ways of implementing curricula. These seminars and workshops often help teachers to faithfully implement curriculum in their schools. In the Nursing and Midwifery Training Colleges in Ghana, Basic Nursing is not a specialised area, so seminars, workshops and trainings are opened to all nursing tutors whether or not they teach the course. This means that these training sessions at one point in time may be benefited by the wrong people.

Factors Affecting Curriculum Implementation

Fullan (2003) catalogues different factors that could affect the implementation or otherwise of an innovation. But Fullan (2001) compiled a more comprehensive list of factors which could affect the successful implementation of curriculum innovations. These factors were caterorised into nine critical areas as follows: need for the curriculum; clarity of the goals of the curriculum;

complexity of the innovation; quality and practicability of the innovation; district; community; Principal; government and its agencies; and the teacher (tutor).

First and foremost is the need for the curriculum. Schools are often overloaded with improvement agendas, innovations or streamlining initiatives. Fullan (2001, p. 21) concurs when he argues that "the problem is not the absence of innovations in schools, but rather the presence of too many disconnected, episodic, fragmented, superficially adorned projects" The biggest problem for schools, according to Fullan, is fragmentation and the overload of educational policies. He points out that there are abundant "unwanted uncoordinated policies and innovations raining down bureaucracies" (p. 22). This is because schools normally do not have the authority to sort out and choose the programmes that meet their needs. To the contrary, in the Nursing and Midwifery Training Colleges, it is not about imposition, rather, it is about competition to develop programmes and soar up their Internally Generated Funds (IGFs). One thing that is prime is that, the higher the perceived or felt need for the solutions the innovation proposes, the better the chances and success for implementation. Usually, a general feeling of need or the expression of need by some political body or by academia is not enough, rather this need must be perceived by the constituencies directly involved in the implementation. To make certain that there is a greater chance of success, specific needs must be identified and focused on by the school so that teachers can monitor easily. However, it requires effort to clarify the nature of the needs in order to create a 'fit' between the initiative and the need of the school (Fullan, 2001, p.66). He states that people involved in the

process must think that the need is significant and they are making some progress towards meeting that need.

The second factor is the clarity of the curriculum. According to Zar (2015), this has to do with teachers and implementers becoming aware of how clear the goals and the methods that are supposed to be used for the implementation of the innovation. Clarity, in terms of goals and methods, is crucial to the success of any form of implementation process.

Innovation complexity arises from the number of components, like the degree of difference from existing practices and materials, and the difficulty of learning to make the necessary changes (Fullan, 2003). The teachers expect that teaching strategies are clearly described and material is well-thought of. When introducing an initiative to teachers, they need to understand the aims and methods in implementing such initiatives since they may not recognize what they are to do differently from the previous.

Therefore, policies, written guides, in-service training programmes, and participation in innovation development can help clarify the meaning of change for those involved. Yet, clear understanding comes only when teachers are given the opportunities and time to work with the innovation in the classroom and to talk about what they are doing with others (Fullan, 2003). If, on the other hand, incorrect clarity occurs, the goals will become dim and the means of implementation will be vague. People will be unable to figure out what the reform means in practice. They may then incorporate only those easy features of the innovation into their practice. For example, teachers may rely on the approved

textbook as the curriculum and fail to put important features which are supposed to address learners' specific problems, if a sense of false clarity occurs. Fullan (2001) further adds that unclear and unspecified changes can cause great anxiety and frustration to those who really want to implement changes.

Complexity is the third factor that influence the religious implementation of a curriculum. Zar (2015) contends that complexity reflects the amount of new skills, altered beliefs and different materials required by an innovation. Complexity refers to the level of difficulty and the extent of change required of individuals responsible for implementation. That is, simple changes may be easier to carry out, but they may not make much of a difference while complex changes promise to accomplish more, but they also demand more effort, and failure takes a greater toll (Fullan, 1994, p. 2841; Thomas, 1994, p.1852). The main idea is that, any change can be examined according to difficulty, skills required, extent of alterations in beliefs, teaching strategies and use of materials.

Quality and Practicability is another factor that can influence the implementation of the curriculum as required (Zar, 2015). The quality here does not refer to the quality the panel of curriculum developers would attribute to the proposed curriculum, but the quality as it is perceived by the relevant actors supposed to implement the curriculum. One might distinguish several aspects of quality in this respect.

Firstly, there is conceptual quality flowing from plausibility and coherence of the conceptual elements employed. There is also formal or communicative quality coming from the language, graphical and social design of the presentation

of the innovation before and during the implementation process. There is also practical or logistic quality stemming from the availability of materials and other resources, such as, for example, time for development work or the consultation of external experts. It must however be emphasized that ‘quality’ with respect to implementation points to the perceptions of the different stakeholders. It has been frequently demonstrated that imported programs rarely work equally well in all contexts. This is because innovation proposals must fit to available funds, specific student characteristics, the communities' language patterns, teachers' abilities, parents’ expectations, cultural values and much more (Thomas, 1994, p.1853). ‘Quality’ also means that a curriculum can pass the test of the 'practicality ethic of teachers’ (Doyle & Ponder, 1977-1978 as cited by Zar, 2015). Teachers appreciate these ideas, proposals or teaching methods which have proven to work in practice or which promise by their appearance of practicality to do so. Those proposals are considered as 'practical' which "address salient needs that fit well with the teacher's situation, that are focused and that include concrete how-to-do possibilities. “Practical does not necessarily mean easy but it does mean the presence of next steps” (Fullan, 1994 p.2841). To generate adequate materials before the implementation, sufficient time and support are necessary. Most times, curriculum innovations are rushed through without providing the requisite accoutrements to go with it, which does not augur well for that innovation. Initial forms of support such as providing equipment for teachers to use, giving enough time for them to learn what they should do, and allowing them to plan how it may be used, can all reduce sense of helplessness and frustration. If the innovation

addresses learners' and teachers' salient needs and situation, and they have concrete how-to-do-it information, it is more likely to be implemented.

Another key factor that influences the fidelity implementation of the curriculum is the district under which the school is built. Fullan (1991) opines that, for effective implementation of a school curriculum, one major factor that should not be left out is the local school system. He observed that some school districts had a track record of always successfully implementing an innovation, which makes it easier for them to implement subsequent ones. This is not the case for other districts which are not able to implement innovative ideas will have difficulty implementing new ones. The commitment and actions of district administrators are critical to the success of board-wide implementation. They have a key responsibility to confirm and clarify the need for change. Implementation is more likely to happen when there is clear consistent communication from Administration, both before and during implementation. They can also influence the quality of implementation because they understand thoroughly the subjective realities or the difficulties involved in the process of change. They are as well responsible for building up track records in managing and monitoring changes from time to time. Specific forms of support to schools to foster the implementation are also needed.

Last but not least, clear responsibility for managing and facilitating the change effort in the district and the school should be established. This, on one hand, demonstrates to teachers that problems arise during the implementation process are identified and resolved; and on the other hand, real efforts being made

are recognized. This is applicable in the Nursing and Midwifery Training Colleges because, the District Assemblies and Constituencies under which the Colleges are built have the responsibility to support these colleges with infrastructure and teaching and learning accessories such as classrooms, library, computer laboratories, text books, projectors etc. to facilitate teaching and learning.

The Community also plays a role in the implementation of the curriculum. According to Zar (2015), implementation of most educational innovations proceeds without much community awareness and involvement. Therefore, effect of community on implementation is difficult to generalize. However, when community members do take an active role in the implementation of innovations, they could help the school financially, to provide resources and equipment for the school or they could serve as resource persons for the school. And their influence may be a major factor in decision making. If the school board and the district are actively working together, and if parents actively support the innovations, great improvement can be expected. Thus, the community can be considered as both an inhibiting and facilitating factor in the implementation of innovations. Specifically, in the case of the Nursing and Midwifery Training Colleges, the community in which the college is situated cannot have a unique role in influencing the fidelity implementation of the curriculum. However, negative activities of community members such as attack and vandalism on the school and youth uprising in the community can interrupt the academic calendar.

One very critical factor that influences curriculum implementation is the Principal of the college. Zar (2015) observes that principals are the main agents and the blockers of change. The principal or head teacher, within the school set-up is very important as far as the implementation of the curriculum is concerned. The school leaders' level of commitment is a crucial feature: "The degree to which people are committed to a reform is reflected in the time and energy they devote to its implementation and in the extent to which they remain faithful to their role in the face of opposition and operational difficulties." (Thomas, 1994: p.1852). Commitment is important at all levels of education but particularly among the personnel at the top. They are in the position to give resources and impose both rewards and penalties, and they provide well-observed images for how seriously the innovation is to be taken.

Firestone and Corbett (1988) have identified four leadership functions which facilitate educational change:

1. Obtaining resources (e.g., for equipment, supplies, training, clerical support and free time).
2. Shielding the project from outside interference (e.g., disruption of teachers' working time, resolving problems; protection from attacks by opponents and from many competing demands).
3. Encouraging staff members and furnishing recognition from peers, experts and supervisors.
4. Adapting standard operating procedures to the needs of the project at an early stage in the reform process.

Huberman and Miles (1984) suggest that, "to stabilise and codify the new practices in school, the housing operating rules must revise the curricula, training programs, evaluation procedures and routine funding should all help in the process of development of curriculum" (Thomas 1994, p. 1854). The active involvement of Principals in implementing innovations is critical since they have the power to build new learning cultures and learning communities, and to shape the school conditions necessary for success, such as developing shared goals, building collaborative work, and establishing procedures for monitoring results. Therefore, principals need to be 'knowledgeable' about the goals of innovations and their expected uses in order to understand the needs, progress and problems teachers may experience during the implementation. Principals also have to provide teachers with enough resources, training and assistance. If a principal value only those who are like-minded innovators, this will only create even greater gap between the innovators and others.

Government and its agencies cannot be left out when factors influencing curriculum implementation are discussed. Any school in a given society or country is established, sustained and funded by that society or country, so that, it can meet the needs and demands of that community. Therefore, what is lacking and is needed in the country will call for a reform in the education setup, to meet that need. Also, the vision of the government of the day, will determine the kind of changes that will be made to educational system. Thus, when a government in power brings about some changes in a curriculum and is committed to seeing it materialize, then that innovation will get implemented.

Government agencies such as the Ministry of Health, Ghana Health Service (GHS), Health Training Institutions Secretariat (HTIS) and most importantly, the regulator of training and practice which is the Nursing and Midwifery Council (N&MC) of Ghana play key roles in nursing education and by extension curriculum implementation. They need to mediate the intended innovations to the schools and teachers. Also, they need to provide professional support by running workshops and helping in the development of materials. These government agencies also need to pay attention to any emerging or projected difficulty of the implementation, allocation of resources, establishment of implementation units, assessment of the quality of potential changes, and many other related issues.

The key and most important factor influencing curriculum implementation is the teacher. Teaching is said to be the process of facilitating learning. Every teaching must therefore cause the learner to develop a change in behaviour by having added new information to what they already knew or revising what they knew. In the centre of all this, is the teacher. The teacher's, role therefore, in the planning, developing and the implementation of the curriculum is very important. Zar (2015) emphasises that the greatest determinant of the school curriculum is the teacher. It is becoming increasingly, clear that, no nation can develop without the right caliber of teachers (Oloruntegbe, 2011). Teachers are the nation builders (Okeke & Ume, 2004) because majority of the members of the society will pass through their molding hands. Eisner (1996) points out that it is the teacher who effectively organizes and plans all the aspects of the curriculum such as the topics

in a field of study, the set of aims, textbooks, instructional and evaluative methods, resources and implements them effectively in the classroom.

Indeed, many parties come into play when it comes to the development of the curriculum but its implementation is largely in the hands of the teacher. Wheeler (1967) adds that the teacher is the cog in the wheel of curriculum implementation. Therefore, it calls for high teacher competencies to achieve successful implementation of a curriculum. If teachers are incompetent or are misfits, excellent materials in the form of textbooks, syllabi, and equipment are likely to be ineffective, if not wasted (Ryan as cited by Zar, 2015)

It is believed that an effective teacher is the one who consistently achieves goals, which either directly or indirectly focuses on the learning of his students. There is, therefore, the need to equip teachers with ideas in order to implement new ideas in the curriculum. To achieve this, there must be regular in-service training for the tutors in the field when changes in the curriculum are to be implemented. They should also form subject associations so that they could have the opportunity to learn some of these new changes as they occur. Finally, teachers should be adequately rewarded, so that they can give off their best, especially, giving out their best to implement new ideas they believe in. Fullan (1991) summarised these factors into four and used the term "characteristics" to describe them. These include characteristics of the change, characteristics of the school district, characteristics of the school and finally characteristics external to the local system.

On his part, Owusu (2012) was emphatic in stating that teacher qualification and experience, professional programmes, acquaintance with the content of the syllabus are some of the factors that promote fidelity implementation of curriculum.

The implementation of any programme or innovation has never been without impediments. Gross, Giacquinta and Bernstein (as cited in Snyder et al., 1992) identified five factors that inhibit curriculum implementation as follows:

1. Teachers' lack of clarity about the innovation
2. Teachers' lack of skills and knowledge needed to conform to the role model
3. Unavailability of required instructional materials
4. Incompatibility of organisational arrangements with the innovation
5. Staff's, lack of motivation.

Zar (2015) categorized these barriers into three, namely problems associated with the teachers' professionalism; administratively oriented problems; and problems inherent in the change itself.

Background Characteristics (Qualifications and Clinical and Teaching Experiences) of Tutors

It has been revealed that most well-intended and well-designed curricular programmes fail to be successfully implemented as a result of inadequate human and material resources. This is because putting a newly developed curriculum into use in the classroom demands that teachers who act as the principal agents of

implementation should have a working knowledge of the programme requirements (Oppong, 2009).

According to Owusu and Yiboe (2013), the teaching profession in developing countries consists of under qualified, unqualified and qualified teachers. Teachers in the first two categories (under qualified and unqualified) usually enroll in courses to upgrade their qualifications, and identify skills required in their sector of operation. Sometimes, by upgrading their professional instincts, they are able to perform even better than the professional teacher who has had an esoteric body of knowledge at the training college. Focusing on the health sector in Ghana, Alhassan, Beyere, Nketiah-Amponsah and Mwini-Nyaledzigbor (2017) report that more health tutors in the Greater Accra Region had higher educational qualification (minimum of Master's Degree) than tutors in Northern Region, who predominantly had a maximum qualification of Bachelor's degree. While about 60% of health tutors in Greater Accra Region had Master's degree; less than 10% of health tutors in Northern Region had Master's degree, the study pointed out.

Findings of many research works have revealed that the qualification of a teacher determines his/her competence in the classroom. Furthermore, American Association of Colleges of Nursing, AACN, (2008c) argues that faculty in entry-level nursing programs are expected to have graduate-level academic preparation and advanced expertise in the areas of content they teach. However, individual school standards, State Boards of Nursing, and professional organizations also

influence the academic preparation required of faculty in a given situation, AACN added.

In a research conducted by Penuel, Fisherman, Yamaguichi and Gallagher (2007), it was revealed that the educational attainment of teachers affects their class performance. This presupposes that the professional/academic qualification of the teacher influences his/her classroom competence and for that matter curriculum implementation. In that research, it was again revealed that teachers with professional qualifications tended to associate and commit themselves more to curriculum implementation requirements. Certified teachers are those who graduate from accredited teacher education programs; some are also required to complete an induction program or pass a national teacher examination test in order to obtain a license.

Again, some studies on the effect of teacher experience on student learning have found a positive relationship between teacher effectiveness and their years of experience, but not always a significant or an entirely linear one (Kitgaard & Hall, 1974; Murnane & Phillips, 1981). The instructor's educational background and understanding of the nursing profession, as a scientist or nurse educator, affects the delivery of content and assessment of knowledge (Jordan, Ghahramani, Jaakkola & Saul, 1999; Clancy et al. 2000; Friedel & Treagust 2005; Larcombie & Dick 2003; Trnobranski 1993).

However, according to Owusu and Yiboe (2013), this position is contestable given that there have been counter arguments that the individual's qualification per se cannot determine how effective they become in the

classroom. The individual's intellectual ability cannot and should not be discounted. Nurse researchers Cangelosi, Crocker, and Sorrel (2009), Pauling (2006), Ruby (2000), and Young (1999) also report that most nurse educators are hired for their professional knowledge of nursing and may or may not have the knowledge of teaching or teaching experience.

The researcher departs from Owusu and Yiboe's position to state that individual intelligence is not enough to effectively implement a curriculum. Rather, the acquisition of the appropriate paedagogical skills in teacher training is very necessary for effective curriculum implementation. Penuel, et al. (2007) noted that issues of professionalism and non-professionalism are closely linked to teacher qualification. Owusu and Yiboe also believe that professional/non-professional teachers also respond to curriculum implementation in diverse ways. For Ipaye (2002) and Penuel, Fishman, Yamaguichi and Gallagher, (2007), teachers ignore, refuse, adopt, and adapt the official curriculum. They contended that teacher qualification affects curriculum implementation.

The issue about relationship between years of experience on the job and implementation has also been an ongoing debate. Investigations of teacher experience have been conducted in a wide range of developed and developing countries (Hanushek, 2003). Several studies conducted in the past showed that teacher experience has a more positive relationship with the quality of teaching or implementation, but still the overall picture is not that strong (Hanushek, 2003). While a majority of the studies find a positive effect, only a minority of all estimates provide statistically significant results. Hanushek also pursued a

nonparametric investigation of experience and found that experience effects are concentrated in the first few years of teaching.

A study by Owusu and Yiboe (2013) on "teacher qualifications, experience and perceptions as predictors of implementation of the SHS French curriculum in Ghana" revealed that of all the independent variables, only academic qualification is significantly related to implementation (B= 0.857, p = 0.044). It is clear from the findings that the best predictor of teachers' implementation of the French curriculum is teacher qualification. The study found that teachers' perceptions and their experience, though positively correlated with implementation, the relationship exists as a result of chance.

Also, Arthur's (1999) study on the implementation of the Core English Language curriculum has revealed that inadequate supply of qualified teachers as well as teachers' lack of skills and knowledge needed to implement the programme is a problem that thwarts the successful implementation of the curriculum. This supports Beeby's assertion (as cited in Bishop, 1985) that inadequately trained teaching force is a problem which is involved when trying to implement a new programme. Beeby (as cited in Bishop, 1985), argues that poorly educated teachers can teach only what they know, and do so by clinging to the textbooks as well as depending on the narrow, formal curricular textbooks. This does not promote any meaningful teaching and learning. On the training of geography teachers, Miller and Snelbecker (1954) finds that "inadequate knowledge of subject matter is probably the greatest cause of failure among geography teachers" (p.375). He therefore suggested that training courses should

enable teachers to think and act geographically since there is no substitute for a geography teacher (Oppong, 2009).

A study was conducted among Australian teachers by the Minister for Education, Science and Training to investigate why there had been a decline in the quality and rigour of teaching of geography in schools. According to a Ministerial Media Release by the Minister for Education, Science and Training (February, 2008), the geographical content of social education (SOSE) is often taught by teachers with no training in geography, and perhaps with no great enthusiasm for the subject. Teachers in several states reported that SOSE teachers were expected to teach across the disciplines of history, geography and economics, even though they may have studied only one of these subjects at the university level. Hence, these untrained teachers found it difficult to grasp the contents of disciplines in which they had no professional and academic training (Kwarteng, 2009).

Adherence to Prescribed Teaching Methods

Teaching method is any teaching maneuver that can be used to facilitate students' learning and satisfaction (Dorgu, 2015). Different teaching methods may elicit different types of changes in learning outcomes. Dorgu contends that teaching methods are many and varied and could be used in different ways, considering among others the age of the learners, body configuration or physique of learners, (able or disabled learners). Academic ability/intelligence of the learners, number of learners and of course the type of curriculum discipline which

recognises the fact that certain teaching methods are much more suitable to some disciplines than others.

Vikoo (2003) argues that teaching methods can be presented under three main categories, namely, cognitive development methods, affective development methods and psychomotor development methods. She asserts that the focus of the cognitive development methods of the instructional objectives is to develop intellectual skills in learners. This method helps learners to comprehend, analyse, synthesize and evaluate information. It helps learners develop good cognitive abilities though they are essentially didactic. Some of the teaching methods in this category includes discussion method, questioning/socratic method, team teaching method, talk chalk/recitation method, field trip/escortion method and team-teaching method.

With regards to the affective development method domain, Vikoo (2003) explained that it includes objectives which describe changes in interest, attitudes and values. It further deals with the development of appreciation and adequate adjustment. Education has a lot to give the learner in order to assist him/her develop in these areas, hence teachers are encouraged to include learning experiences that are worthwhile, teach in ways that arouse interest and develop proper attitude in learners. This mode of teaching is basically philetic, here students' feelings or opinions are aroused. Some teaching methods under this category includes modelling method, simulation method, dramatic method, simulation games and role-playing method.

In the opinion of Vikoo (2003), psychomotor development methods are activity-based methods of teaching that aim at motor skills development in learners. This method requires that learners are able to illustrate, demonstrate, or perform certain skills using their manual dexterity. It is a heuristic method of teaching that involves inquiry and discovery methods of teaching. It is a more student activity-based method. These methods include inquiry method, discovery method, process approach method, demonstration method, laboratory/ experimentation method, programmed learning method, dalton plan/assignment method, project method, microteaching method and mastery learning. Over the century, a great number of teaching methods have been developed, modified and even combined.

The Nursing and Midwifery Council of Ghana recognises the need for cognitive, affective and psychomotor development of nursing and midwifery trainees and has therefore outlined a number of instructional methods that promote the development these domains. These teaching methods outlined by the Council include lecture, discussion, seminar/ workshops, clinical conference, research projects, ward clinical practice, brainstorming, study groups, tutorials, role play, field trips, reflective practice, demonstrations, simulations, computer assisted learning, problem-based learning (PBL), use of computerized training tools and case studies (N&MC, 2015).

Even though there are several factors that influence the selection of an instructional method as stated by Dorgu (2015) the subject matter, instructional objectives, the learner, the teacher, the time, instructional materials, and the

environment, some teachers are conservative with some types of teaching methods to the neglect of other methods.

Ajelabi (2000) observes that the lecture/telling method is probably the oldest well known and widely used method, still commonly practiced at all levels, and teachers find it very convenient to adopt. A study by Achuonye (2015) also reveals that lecture/telling method is the method that is always used by teachers in the primary (with a mean of 3.76), secondary (with a mean of 3.86) and tertiary (with a mean of 3.86) levels of teaching. The study also showed that innovative methods such as discovery/inquiry, problem-based learning, and contextual methods are least used or never used, even though these are the research-proven strategies that enhance learner-centeredness and active, deep learning which promote creativity, higher cognitive skills, self-directed, and lifelong learning that are very much needed in every functional education (Biggs, 1999; Biggs, 1989; Blumberg and Michael, 1992; Bonwell and Eison, 1991; Day and Williams, 2000; Miller and Snlbecker, 2000). These findings confirm earlier studies on the teachers' preferences for the lecture / telling method of teaching.

In a study on methods of teaching high school history conducted by Adejunmobi (1978) in Nigeria, the findings showed that with 81 secondary school history teachers, 74% of the respondents indicated that they used the lecture method very often. In another research conducted by Adeyinka (1990) in Nigeria on the objectives and methods of teaching history, the findings showed that the lecture method was the most frequently used method for history teaching in the senior secondary schools of Kwara State. With a sample size of 108, the lecture

method had a mean score of 4.92 out of a maximum possible of 5, with as many as 99 (91.7%) of the respondents indicating that they used the method always, and 9 (8.3%) indicating that they use it often. Arthur (1999) further concludes that majority of the Senior Secondary School teachers used more teacher-centered activities. In a study conducted by Ragland (2007) involving twenty (20) history teachers in America, the results showed that the majority of teachers (70%) used the lecture method.

In a related study by Germanou (2007) in Cyprus, it was revealed that the lecture and discussion methods of teaching were most frequently used in teaching history in Cyprus secondary education. Somenath (2012) also found that more than 50% (55.83%) of schools in India follow improved teaching methods including the use of TLM during class-room teaching. However, the study also revealed that, averagely 44.17% school follow conventional teaching method, that is, lecture method. With regards to nursing education, studies have revealed that Nurse Educators in the classroom tend to use a lecture format more frequently (Diekelmann, 2001; Diekelmann & Smythe, 2004; Ironside, 2003, 2006) than focus on individual student learning needs. It is however, interesting to note that Problem-Based Learning (PBL), a modern teaching method for medical education, often bears the brunt of criticism as an ineffectual alternative to traditional teaching techniques. Colliver (2000) states that the theory behind PBL method is weak. However, Schmidt, Muijtjens, Van der Vleuten and Norman (2012) defend PBL on grounds that much of the research on PBL is done at an

individual curriculum level; therefore, deficiencies may be due to inadequate implementation, as at least one study has reported.

In all this, a multimodal teaching is preferred by a majority of students interested in pursuing a career in the health professions (Breckler, Joun, & Ngo, 2009), a notion that is upheld by the results obtained from a study by Anderton, Chiu and Aulfrey (2016) on student perceptions to teaching anatomy in health sciences in Australia. It is therefore believed that the current use of multimodal teaching approaches at institutions is advantageous and should be encouraged, echoing the sentiments of other researchers (Davis, Bates, Ellis & Roberts, 2014).

While Achuonye (2015) revealed that the least factors driving teachers in their choice of teaching strategy are parent-guardian/societal pressure, poor administrative support, and emphasis on examination/certificate. It was, however, clear that ignorance of the strategies and uses, poor facilities, large content/curriculum over load, and class population/level largely influenced teachers' choice of teaching strategies.

Access to Prescribed Teaching and Learning Resources

Teaching and learning resources (TLRs) have been described in many ways by different authors, educators, and curriculum planners. Teaching and Learning Resources (TLRs) comprise basically three components: material resources, physical facilities and human resources (Okongo, Ngao, Rop & Wesonga, 2015) though this study concentrated on the material resources. Teaching and learning resources (TLRs) are alternatively known as instructional media, instructional resources, teaching aids or learning aids in various contexts

in several educational materials or documents. The name is used interchangeably with teaching and learning materials. Teaching and learning materials are all forms of information carriers which can be used to record, store, preserve, transmit, or retrieve information for purposes of teaching and learning. They are materials used by practising and trainee teachers to present, illustrate, and elucidate teaching posits (Agun, 1988 in Onasanya, 2004). This may include traditional materials such as chalkboards, handouts, charts, slides, overheads, real objects, flash card and videotape or film, as well as newer materials and methods such as computers, DVDs, CD-ROMs, the internet, and interactive video conferencing.

Literature is abundant with concepts of teaching and learning resources and eventually on their overall influence on classroom management and effective curriculum implementation (Bizimana Orodho, 2014; Orodho, 2014; Orodho, Waweru, Ndichu & Nthinguri, 2013; Wanyonyi & Mukwa, 2017; Udonwa, Iyam, & Asikong, n.d). There is a tremendous range of instructional materials available to be used by the teacher which ranges from models, radio, television programmes, pictures and diagrams, books, display materials and wall charts to bulletin boards, flannel boards, chalk-board, slides and film strips, video tape recorders, cassette tapes, overhead and opaque projectors (Opoku-Asare, 2004). Omane-Akumoah *et al.* (2004) explain that, all materials can be grouped into three main types, namely, primary, secondary and tertiary teaching and learning materials. Primary aids are real objects such as plants, animals, human bodies and several real objects used in teaching. Secondary aids include models of real

objects such as dummies or voices reproduced through the use of audio cassette recorders. Tertiary aids include slides, photographs, charts, maps, and prepared drawings. Omane-Akumoah et al. explain that tertiary material can be used when secondary aids are not accessible and secondary materials can be used when real objects or primary aids are not available. It implies that, primary aids have the best effect and can be replaced with secondary or tertiary aids. To Oladejo, Olosunde, Ojebisi, and Isola (2011), teaching and learning materials can be categorized into audio visual, audio and visual.

The Nursing and Midwifery Council of Ghana has outlined a number teaching and learning resources for use in the effective implementation of the curriculum. These TLRs include printed materials e.g., books, handouts; non-projected materials e.g., white board, Flipcharts; still-projected materials e.g., photographs, LCD projectors; audios e.g., recorded tapes; films and videos; computer-based materials e.g., e-learning materials, internet, computers; "realia" e.g., specimens, models, dummies (N&MC, 2015). The use of these TLRs will certainly be dependent on availability, adequacy and accessibility of the materials, ability to use, and availability of some necessities such as electricity. Eleweke and Rodda (2002) note that social facilities to accommodate learners' needs are often non-existent or inadequate in many institutions. Few facilities may be found within the urban centres but none in rural areas. Studies done in the past with regard to availability of TLRs in education reveal that TLRs are not always available in schools. This inadequacy of TLRs has been of serious concern to educators. Availability and use of TLR enhance the effectiveness of schools as

they are the basic resources that bring about good academic performance in the students. Many colleges or universities provide training for regular and special needs teachers but there is concern regarding the adequacies of the programmes, teaching and learning resources.

Adequacy of TLRs determine an educational system's efficiency (Akungu, 2014). According to Okongo, Ngao, Rop, and Nyongesa (2015), adequacy of TLRs refers to satisfactory or acceptable quality and quantities of material resources, physical facilities and human resources. Okongo, Ngao, Rop, and Nyongesa define material resources to include textbooks, charts, maps, audiovisual and electronic instructional materials such as radio, tape recorder, television and video tape recorder. It therefore means that the prescribed implementation of the Basic Nursing will not be possible if the prescribed TLRs are not accessible, available and adequate.

Bizimana and Orodho (2014) recommends audio-visual materials namely television, and videos. In addition, material resources include textbooks, charts, maps, audiovisual and electronic instructional materials such as radio, tape recorder, television and video tape recorder (Tety, 2016).

Bizimana and Orodho (2014) identify insufficiency of TLR and asserted that although the level of teaching and learning resources in the study was insufficient, hence compromising the effectiveness of classroom management and content delivery, there was a positive and significant correlation between most of the teaching and learning resources and level of classroom management and content delivery ($r = .711$ $p < .001$) at $\propto = .05$). Similarly, Orodho, Waweru,

Ndichu and Nthinguri (2013) established that the challenges of availability and adequacy of learning resources were found to negatively affect teacher effectiveness in the use of teaching methods as well as focus on individual learner, hence fostering discipline and attainment of good academic results.

The literature also points to varying views on students' preferences for specific TKRs. In some of these studies, it appears that some students still prefer the conservative resources used for teaching as identified by Rokade (2013). Rokade in this study reported that the majority of students (more than 2/3) expressed that the Chalk & Board method used as a teaching and learning resource was more interesting than power point presentation. Students in general however do believe that plastic models are a useful supplement to learning (Davis et al., 2014; 2012; Johnston & McAllister, 2008; Wright, 2012), although this was dependent on model choice (Davis, 2012). Nursing students' support for the use of models may reflect their belief that studying the human form as a whole unit is relevant to their degree, particularly as models provide a three-dimensional perspective of the body (Wright, 2012).

In the view of Okongo, Ngao, Rop and Wesonga (2015), adequacy of instructional materials such as textbooks which is the main instruction material is the most cost-effective input affecting student performance. For effective teaching and learning, textbook and resource materials are basic tools, their absence or inadequacy makes teachers handle subjects in an abstract manner, portraying teaching as dry and nonexciting. Adeogun (2001) discovered a very strong positive significant relationship between instructional resources and academic

performance. According to Adeogun, schools endowed with more materials performed better than schools that are less endowed. Okongo, Ngao, Rop, and Nyongesa (2015) also noted that institutions with adequate facilities such as textbooks stand a better chance of performing well in examination than poorly equipped ones.

Therefore, poor performance could be attributed to inadequate teaching and learning materials and equipment. TLRs help improve access and educational outcomes since students are less likely to be absent from schools that provide interesting, meaningful and relevant experiences to them. These resources should be provided in good quality and adequate quantity in schools for effective teaching-learning process. Several studies have been conducted on the impact of instructional materials on education. For instance, Amuseghan and Momoh (2010) examined the effects of instructional resources on students' performance in the West Africa Senior School Certificate Examinations (WASSCE). The achievements of students in WASSCE were related to the resources available for teaching. He concluded that material resources have a significant effect on student's achievement since they facilitate the learning of abstract concepts and ideas and discourage rote-learning. When TLRs are inadequate, quality education is compromised and this inevitably is reflected in low academic achievement, high dropout rates, deviant behaviors, poor teacher motivation and unmet educational goals.

Misra (2013) in her study on "Use of Teaching Learning Materials in Science at Upper Primary school in Mandleshwar Khargone" revealed that even

though both government and private schools possessed good number of TLMs in science, they do not use it properly. It was also revealed that teachers of science subject do not use TLMs in their subjects regularly because TLMs in Science are expensive. They also reported that government schools cannot afford to purchase many TLMs due to insufficient funds. Misra also revealed that the absence of trained personnel also causes equipment and instrument available in science to be improperly used, underused or redundant and the instruments get damaged. Somenath (2012) found out that more than 50% (55.83%) of schools follow improved teaching method including the use of TLM during classroom teaching, this was contradicted by Misra and Krishna.

Das and Sarkar (2015) noticed that 62% of teachers have certain negative attitudes towards the use of TLM regularly due to workload. They also identify that 92% of teachers think that TLM demands a good infrastructure for use, the absence of which will impede its use. Somenath (2012) also found out that more than 50% (55.83%) of schools follow improved teaching methods including the use of TLM during class-room teaching.

Teachers' Beliefs in Curriculum Implementation

Teachers' beliefs have been described by Kagan (1992) as "tacit, often unconsciously held assumptions about students, classrooms, and the academic material to be taught" (p. 65). Teachers' beliefs are related to their classroom practice (Burns, 1992; Fang, 1996; Kagan, 1992). Pajares (1992) argues that there is a "strong relationship between teachers' educational beliefs and their planning, instructional decisions, and classroom practices" (p. 326) and that "educational

beliefs of pre-service teachers play a pivotal role in their acquisition and interpretation of knowledge and subsequent teaching behaviour" (p. 328).

Similarly, Nespor (1987) opines that teachers' beliefs are likely to influence their future behaviour. In support of this view, Woods (1996) also argues that what teachers do in their classroom practices is shaped by what they think, and that teachers' perceptions and beliefs serve as filters through which instructional judgments and decisions are made. Woods again states the importance of the teachers' beliefs on their practice of teaching, saying, the teacher's beliefs, assumptions and knowledge play an important role in how the teacher interprets events related to teaching; both in preparation for teaching and in the classroom, and thus affect the teaching decisions that are ultimately made. Woods found that the decisions made in planning and carrying out the course were consistent with deeper underlying assumptions and beliefs about teaching and learning, yet each teacher's decisions and beliefs differed dramatically from the other along a number of specifiable dimensions (Woods, 1996). The above arguments, opinions and positions point to the fact that there is a positive correlation between positive beliefs about the curriculum and fidelity of implementation. This means that if the nursing tutors have faith in the content of the Basic Nursing curriculum, they will implement it religiously as it is. However, if they do not have confidence or positive beliefs about the curriculum, the level of fidelity of implementation will be low because, they will either add or subtract some of the topics, import teaching methods that are not prescribed use

assessment guidelines that are not prescribed or alter the credit hours allocated to the course.

Contrary to the above however, Fang (1996) pointed out inconsistencies between teachers' beliefs and their practices. These inconsistencies reflected the complexities of the classroom reality and implied that "contextual factors can have powerful influences on teachers' beliefs and, in effect, affect their classroom practice" (p. 53). Discussing the logic of implementation, Fullan and Park (1981) claimed that implementation actually necessitates changes and adjustments in the belief systems of teachers in three aspects, and in succession: first materials, then teaching approach, and finally beliefs. They firmly contended that change in beliefs is much more difficult and time consuming to bring about than changes in materials and teaching methods.

Degree of Fidelity of Curriculum Implementation

Depending on the system of education, as noted by Snyder, Bolin and Zumwalt (1992), an approach is adopted to implement educational programmes that are operational in such school systems. Since Ghana practices the centralised curriculum system in the pre-tertiary schools, it adopts the fidelity approach of implementation in delivering its educational programmes. It therefore makes no news to say that the curricula of the Nursing and Midwifery Training Colleges is implemented using the fidelity approach. Although some scholars in curriculum thinks that no consensus exists on what exactly constitutes fidelity of implementation (Fullan & Pomfret, 1977; Scheire & Rezmovic, 1983), Cobbold

(1999) sees fidelity as how "faithfully" teachers put the curriculum into practical use in accordance with the programme mandates or dictates.

Fidelity is the extent to which curriculum is delivered in accordance with its tested design. Implementing a programme by fidelity implies delivering the programme as it was implemented in the research that provided evidence of its effectiveness (Kwarteng, 2013). So, in talking about fidelity of implementation of the Basic Nursing curriculum, it looks at how faithfully the tutors of the course used the required TLMs, instructional methods, and assessment practices etc. as prescribed by the Nursing and Midwifery Council of Ghana. In the light of this, the Basic Nursing tutors are expected to implement the curriculum as planned by the Nursing and Midwifery Council of Ghana with a minimum degree of deviation.

Fidelity of implementation of the Basic Nursing Curriculum makes it possible for all nursing students in Ghana to undergo common learning experiences in the course. All this is geared towards enhancing uniformity in students' learning. However, fidelity is not absolute but a matter of degree. It depends on enabling conditions to support its success rate. The level of fidelity could be influenced by factors such as teachers' belief about the usefulness of the curriculum, the availability of TLMs, their knowledge in the subject matter, understanding of the various instructional methods, workload and time. Kwarateng (2013) confirms this when he discovers that the fidelity of the Basic School curriculum implementation is fraught with many challenges which limit its

ability to achieve its theoretical objective of ensuring a significant degree of compliance to programme directives.

According to Kwarteng, given the differences in school contexts, the level of involvement of Basic School teachers in the development of the Basic School curriculum; Basic School teachers' current skills and knowledge level; availability of required instructional materials; and the level of Basic School teachers' motivation, it is doubtful if such teachers would be "faithful" enough to implement the Basic School curriculum as planned. In his study, Kwarteng found that the majority (61.1%) of respondents teach without using the syllabus as the basic guide. Although some basic school teachers (52.2%) use the syllabus, some (F=87) consider the demands of the syllabus too difficult to meet, others (79.6%) also seem not to be so confident in themselves to be able to implement the reform. This is shown in their quest to receive in-service training packages to help them understand and implement the reform. Some basic school teachers (F=78), however, used defensive mechanisms such as the difficulty level of the syllabus being too high so as to displace their inability to implement it as planned. Quite a generous number of teachers (61.9%) did not use the teachers' handbook to guide their practice. This attitude or practice might have resulted from their apparent lack of reading, understanding and applying the content of the guide favourably. Even though there is no handbook prescribed for the teaching of Basic Nursing at the colleges, there are prescribed textbooks by the Nursing and Midwifery Council of Ghana which it believes contain the requisite information to equip the

trainees with the required Basic Nursing skills. However, some tutors might not use these textbooks for various reasons.

Teacher involvement in curriculum construction is shrouded in the mystery of promulgating their interest and advancing their views on how the curriculum should be. According to Martin (in Handal & Herrington, 2003), curriculum implementation approaches that do not consider teachers' beliefs have a temporary life. Incorporating teacher beliefs is a sure way of inspiring teachers' enthusiasm and winning their trust for the curriculum adoption. If Basic Nursing tutors are not adequately involved in the construction of the curriculum, their beliefs about the curriculum will be negative which will result in low fidelity. This can however be curbed by organizing in-service training workshops to educate them on the objectives and aims of the curriculum so that they can appreciate it. However, if this is not done or done but not adequately, the degree of fidelity in the curriculum implementation will be low.

Kwarteng (2013) found that the degree of fidelity of implementation of the 2007 Education Reform was not impressive. This could be the situation with the Basic Nursing curriculum at the Nursing and Midwifery Training Colleges since fidelity principles and assumptions are same everywhere. However, the context within which the curriculum is being implemented could make a difference, in which case the degree of fidelity in the implementation of the Basic Nursing Curriculum could be higher than that discovered by Kwarteng with the 2007 Basic Education Reform. Arthur (as cited by Ogah, 2017) revealed that majority of teachers in Ashanti Region did not always plan their lessons within

the framework of the syllabus. Similarly, Owusu (2012) revealed that French teachers from the Takoradi Metropolis in the Western Region did not prepare lesson notes from the syllabus and that the level of fidelity was moderate. Ogah (2017) also studied how the History curriculum was implemented and reported that there was low fidelity in the implementation of History curriculum in Asuogyaman District of Eastern Region. A similar study by Zar (2015) revealed that English teachers at Bompeh Senior High School used only lecture method in teaching the subject.

Conceptualised Fidelity Model

The conceptualised model is a modified model carved out of the Carless model of implementation. It holds the variables of interest in this study. Tutor-variables such as tutor qualification and experience could be on the same continuum. The interplay of the two variables could also shape teachers' efficacy beliefs about the content of the Basic Nursing curriculum. The higher a Basic Nursing tutor attains in education and the longer he/she stays on the job, all things being equal, the more he/she develops a positive mind set towards implementing a programme with fidelity. To a greater extent, the inherent beliefs of teachers may be affected by their participation in planned nursing programmes aimed at sharpening their professional classroom competencies (Ereh, 2005). In addition, Nursing tutors' readiness to acquaint themselves with the elements of the curriculum is, to greater degree, dependent on their beliefs about the programme on one hand, and their participation in professional developmental programmes on the other hand. In fact, the more teachers acquaint themselves with the content

of the curriculum and participate in planned nursing professional programmes and coupled with the availability of requisite teaching and learning materials, the more likely they are to adopt good teaching strategies and methods that inure to better student learning outcomes. For example, if Nursing Tutors are highly educated in nursing (with much years of teaching experience), they are likely to participate more in professional programmes, and are likely also to familiarise themselves with the content of the syllabus they are supposed to implement. They are also likely to adopt better teaching strategies and methods in line with the demands of the curriculum and vice versa.

The independent variables for the study are the Nursing tutors' qualification/experience (background), Nursing tutors' and students' efficacy beliefs about the content of the curriculum, availability of teaching materials, Basic Nursing tutors' participation in planned programmes. These independent variables exert some influence on fidelity in implementation. Fidelity implementation is the dependent variable. This variable can change only when there are alterations in the independent variables. The discussion on the modified conceptual framework couched from the Carless (1999a) as cited by Owusu (2012) is diagrammatically represented in Fig. 1.

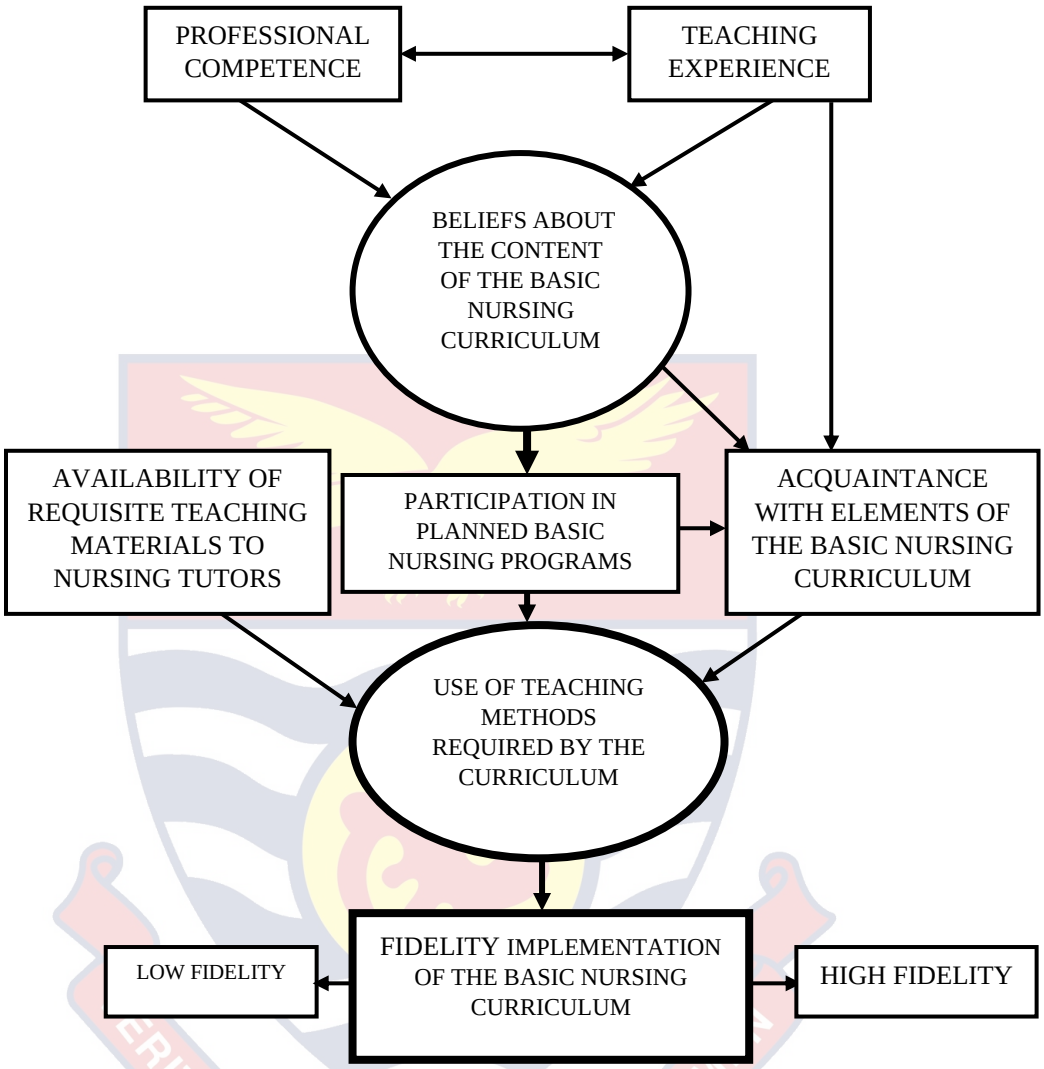

Figure 1: An Adapted Conceptual Framework from Owusu (2012)

Chapter Summary

The literature gave an account of a brief history of nursing education in Ghana. It then provides a theoretical review guided by Fullan and Stiegelbauer (1991) and Carless (1999a). A conceptual review for the study was woven by reviewing and highlighting significant factors (variables) known to influence implementation of curriculum. In weaving the conceptual framework, the

following were dissected: meaning of the term curriculum; the theory of curriculum implementation; the approaches to curriculum implementation and their assumptions; the concept of fidelity approach; and factors that promote fidelity implementation

The literature also looked at an empirical review of related studies that have been conducted over the years by different researchers. The empirical literature looked at: background characteristics (academic qualification and experiences) of tutors for fidelity of implementation of basic nursing curriculum; beaching methods used for implementation of the basic nursing curriculum; access to teaching and learning materials for implementation of basic nursing curriculum; beliefs held about the curriculum and degree of fidelity in implementation of the Basic Nursing curriculum.

Some few empirical literature includes Owusu's (2012) revelation that classroom teachers may not implement the curriculum as intended due to constraints such as their entrenched beliefs and perceptions regarding the contents of the designed material, their qualification, their teaching experiences, inappropriate or inadequate skills and knowledge, absence or inadequate teaching and learning materials, among others. Penuel, Fisherman, Yamaguichi and Gallagher (2007) also revealed that the educational attainment of teachers affects their class performance. In same way, teachers with professional qualifications tended to associate and commit themselves more to curriculum implementation requirements.

In terms of teaching methods, Ajelabi (2000) observed that lecture/telling method is probably the oldest well known and widely used method, still commonly practiced at all levels, and teachers find it very convenient to adopt. In terms of TLMs, it is observed that, there is a tremendous range of instructional materials available to be used by the teacher which ranges from models, radio, television programmes, pictures and diagrams, books, display materials and wall charts to bulletin boards, flannel boards, chalk-board, slides and film strips, video tape recorders, cassette tapes, overhead and opaque projectors (Opoku-Asare, 2004).

Nespor (1987) argued that teachers' beliefs are likely to influence their future behaviour as Woods (1996) similarly thinks that what teachers do in their classroom practices is shaped by what they think, and that teachers' perceptions and beliefs serve as filters through which instructional judgments and decisions are made. Woods again stated that the importance of the teachers' beliefs on their practice of teaching, saying, the teacher's beliefs, assumptions and knowledge play an important role in how the teacher interprets events related to teaching.

Kwarteng (2013) found that a majority of the respondents teach without using the syllabus as the basic guide and that the degree of fidelity of implementation of the 2007 Education Reform was not impressive.

CHAPTER THREE

RESEARCH METHODS

Overview

The purpose of the study was to examine whether tutors at the Nursing and Midwifery Training Colleges in Ghana are implementing the Basic Nursing curriculum using the fidelity approach of curriculum implementation. This chapter describes the methods used for the study. These include the research design, population, sampling procedure, the data collection instruments, data collection procedures, and data processing and analysis.

Research Design

The design used for the study is a descriptive cross-sectional survey. According to Atindanbila (2013), a survey is a design used to find out the views and opinions of people about an issue. Atindanbila therefore asserts that a cross-sectional survey is a design where the data of the people is captured at one point in time. Unlike a case study, cross-sectional survey allows for the researcher to seek the opinion of a wider range of people so that the results can be generalized. Atindanbila also contends that the main advantage of cross-sectional survey is that it is practicable, economical and easy to manage as compared to a longitudinal design.

This study employed a quantitative (nomothetic) method of data collection. The purpose of this study was to find out if nursing tutors at the colleges use the fidelity approach in the teaching of the Basic Nursing Curriculum and the extent to which the approach is used. This was achieved by quantifying

the responses of the respondents. This was hinged on Sukamolson (2007) assertion that quantitative research is the numerical representation and manipulation of observations for the purpose of describing and explaining the phenomena. Sukamolson, however, added that those observations must reflect and are useful to quantify opinions, attitudes and behaviors and find out how the whole population feels about a certain issue. Bryman (2001) affirms this position by stating that quantitative research approach is the research that places emphasis on numbers and figures in the collection and analysis of data.

The choice of the quantitative approach was also borne out of the researcher's belief that it is more scientific and objective in nature. This opinion is supported by Eyisi (2016) when he indicates that the quantitative research approach can be seen as being scientific in nature and that the use of scientific methods for data collection and analysis make generalizations possible.

Furthermore, the quantitative approach is the most suitable approach to check replicability as emphasized by Lichtman (2013, p4) in his quote that "… replicability is another benefit derivable from the use of the quantitative approach." For the purpose of future research, this study can be replicated in different settings, hence the need to choose an approach that best supports replicability. This is because the quantitative approach basically relies on hypotheses testing, and therefore the researcher need not to do intelligent guesswork, rather there are clear guidelines and objectives to follow.

Last but not least reason for choosing the quantitative approach is the fact that it saves time and resources (Eyisi, 2016) and that it has clear objective and guidelines (Shank & Brown, 2007).

Study Population

The target population was all Nursing Tutors in the Nursing and Midwifery Training Colleges in Northern Ghana who had either taught and no longer teaching or have taught and were still teaching the course at the time of the study. It also included any other tutor who either taught or was teaching Basic Nursing but was not holding any of the professional certificates of nursing which include RGN, RM, RMN and RCN. It also included all the trainees who just completed the Basic Nursing course at the time of the study, that is the first-year (level 100) students. This consisted of first year students of RGN, RM, RMN, RCN and post NAP/NAC Midwifery programmes.

The rationale for the inclusion of students on the targeted population is that, even though the tutors are abreast with the relevant information and knowledge in the issue under study, the curriculum is not implemented in the vacuum but to students, hence the need to take their opinions on the teacher related factors that influence the fidelity implementation of the Basic Nursing curriculum. The study targeted only the colleges in Northern Ghana in the five administrative regions (Upper West, Upper East, Northern, Savannah, and North-East). Out of a total of 20 institutions, nine colleges were selected: two (2) from each region except North-East which had only one college. The Nursing Tutors

and first-year students of the nine colleges constituted the accessible population for the study.

The accessible population comprised 204 Nursing Tutors and 1,238 for the students. The population of Nursing tutors and students in the selected Nursing and Midwifery Training Colleges is presented in Table 1.

Table 1: Accessible population of Nursing Tutors and Students

Name of College	Tutors	Students
College A	13	28
College B	22	226
College C	25	75
College D	11	58
College E	20	76
College F	10	144
College G	41	227
College H	13	106
College I	49	298
Total	**204**	**1, 238**

Source: Field survey, (2019)

Sample and Sampling Procedure

"The primary purpose of a research is to discover principles that have universal application, but to study a whole population to arrive at generalization would be impracticable, if not impossible" (Best & Khan, 1995, p.10). Based on

this, the researcher used a representative sample size in the case of the students to conduct the study.

The sample size of the students was determined using Nwana (1992) "5% and above" suggestion. The estimated size of the total accessible population was 1238. From the Nwana (1992) view, the sample size of students selected from the nine schools was based on 25% of the accessible population, making 310 respondents. This was proportionally distributed among the nine schools. For instance, College G had a population of 227 first year students. But the total population is 1,238 and the desired total sample size of 310. Using the formula provided for proportion calculation as shown below, College G had a sample size of 57 students. This was applied to each college selected for the study as shown in Table 2.

$$\text{Proportion} = \frac{Population\ of\ Each\ Unit}{Total\ Population}\ X\ Desired\ total\ sample\ size$$

$$\text{Proportion} = \frac{227}{1{,}238}\ X\ 310 = 56.8 = 57$$

Table 2: Sample Size of Students from each Selected College

Name of College	Accessible Population	Sample Size
College A	23	6
College B	226	57
College C	75	19
College D	58	15
College E	76	19
College F	144	36
College G	227	57
College H	106	26
College I	298	75
Total	**1,238**	**310**

Source: Field survey (2019)

This sample was used because the selected students had the characteristics that reflected the characteristics of the other students in the other colleges that were not sampled for the study. This will support generalisability of the findings. McMillan (1996) supports this idea by stating that the sample chosen should possess the needed characteristics for a research to be conducted. The demographic data of the sampled students is contained in Table 3 and include their gender and professional training category. From the data, majority of the student respondents were female, 206(66.5%) while males were 104(33.5%). Also, majority, 193(62.3%) were Registered General Nursing (RGN) students while the rest were Registered Midwifery (RM) students who constituted 60(19.4%); Post NAP/NAC Midwifery student constituted 32(10.3%), Registered Mental Nursing (RMN) students were 18(5.8%) and Registered Community Nursing (RCN) students constituted 7(2.3%).

Table 3: Demographic Information of Student Respondents

Variable	Sub-Scale	Frequency	Percentage
Gender	Male	104	33.5
	Female	206	66.5
Total		**310**	**100.0**
Professional Training Category	RGN	193	62.3
	RM	60	19.3
	RCN	7	2.3
	RMN	18	5.8
	PNAC/PNAP	32	10.3
Total		**310**	**100.0**

Field Data (2019)

The study employed simple random and systematic sampling techniques to select the respondents. These approaches were used in order to ensure a fair distribution of respondents across the different study sites. A simple random

sampling technique was used for the selection of the schools and allocation of sample per school was done proportionately. The selection of students per school was done using the systematic random sampling. This was done by determining the sample interval needed for the selection of the N^{th} student from the class list. The sample interval was determined by dividing the population or sampling frame by the desired size of the sample needed by each community. For instance, College G had a population of 227 students and the desired sample size of 57. Going by the formula provided for sample interval calculation as shown below, College G had a sample interval of 4. This was applied to each college selected for the study.

$$sample\ interval = \frac{sample\ frame(population)}{desired\ sample\ size}$$

$$sample\ interval = \frac{227}{57}$$

$$= 4.0$$

After the determination of the sample interval, the students were numbered serially and they sat following each other according to their numbers. The numbers were written on pieces of paper to correspond to the numbered list of students. The pieces of paper, with the numbers written on them, were kept in a container and well shuffled. One piece of paper was drawn from the receptacle. The selected number represented the first sampled student starting point for the selection of the Nth student. For example, number 10 was randomly chosen at College G, it meant that the first student who was part of the sample size to respond to the questionnaire was the student with number 10 on the numbered

student list. The next student selected from the list was a student with number 14 (that is, four counts after 10). These steps were followed religiously until the total sample size was met. This process was carried out for each college.

The Basic Nursing tutors on the other hand, were selected using the census method after selecting the participating colleges as described above. This ensured complete coverage of the entire accessible population. The census method was used because the use of the entire size of the study population was feasible as it was not too large, hence each element in the study population could be involved in the study. Therefore, all 204 Basic Nursing Tutors were surveyed.

The inclusion criteria of tutors for the study included being a full-time tutor; teaching Basic Nursing in one of the selected study sites during the time of data collection; have taught Basic Nursing with the current curriculum; readiness and willingness to participate in the study. The tutors' exclusion criteria on the other hand were: being a part-time tutor; not teaching Basic Nursing during the time of data collection, never taught Basic Nursing, taught Basic Nursing but not with the current curriculum; not working in one of the selected institutions and unwillingness to participate.

The inclusion criteria of nursing students for the study included: being a registered student with the Nursing and Midwifery Council of Ghana (N&MC-G) in one of the selected colleges; reading any of the four basic programmes (Registered General Nursing, Midwifery, Registered Community Health Nursing and Registered Mental Health Nursing); just completed the Basic Nursing course during the time of data collection; readiness and willingness to participate in the

study. The exclusion criteria were: being a non-registered student nurse with the N&MC-G; not schooling in one of the selected colleges; completed the Basic Nursing course at least a year ago at the time of data collection; reading any of the two auxiliary programmes (Nurse Assistant Clinical or Nurse Assistant Preventive); unwillingness to participate.

Data Collection Instrument

Questionnaire was used to collect primary data for the study. This tool was considered the most appropriate research instrument for finding out the degree of use of the fidelity approach in the implementation of an instructional programme as recommended by Fullan and Pomfret (1977) and Patton (2002).

A questionnaire comprises a number of questions or statements that relate to the purpose of a study. It is a data-gathering instrument through which respondents are made to answer questions or respond to a given statement in writing (Best & Kahn, 1995). The questionnaire was used because the respondents were literates and could read and respond to the questions independently. The questionnaire was found to be appropriate for the study because it covered a large number of respondents as well as subjects in scattered locations such as the ones in this study. The use of questionnaire can also uphold confidentiality of respondents since it is generally self-reporting which elicits more truthful responses from respondents. However, the use of questionnaire, like other instruments, can have inherent problems. For example, some of the items on the questionnaire could be misinterpreted due to poor wording or differential

meanings of terms (Patton, 2002). To avoid this shortcoming or minimize its effect, a pretesting study was first conducted.

The questionnaire was self-designed by the researcher, taking into taking into consideration, the research questions and objectives. The researcher followed the procedure suggested by Kumar (2005) to construct the items. The steps that were taken to develop the questionnaire are outlined as follows:

The researcher:

1. The researcher clearly defined and listed all the research questions
2. The associated items that were answered for each research question were listed
3. The researcher took each research question identified in step 2 and listed the information required to answer it
4. The researcher finally formulated the items to obtain this data for the study

Adhering to Kumar (2005) guide in writing questionnaires, the items were developed for teaching and learning resources, teaching or instructional methods, teachers and students' beliefs about the Basic Nursing curriculum and the degree of use of the fidelity approach in Basic Nursing curriculum implementation, in addition to background characteristics of the respondents. All the items that were developed were then integrated to form the questionnaire. It was then forwarded to the researcher's supervisors for their expert opinion for face and content validity.

The research instrument was a structured questionnaire with only closed-ended items. According to Fraenkel and Wallen (2000), close-ended questions are easy to score, use and code for analyses on a computer. The questionnaire

contained 70 items for tutors, comprising five sections and 56 items for the students comprising five sections. The tutor's five sectioned 70 items questionnaire was organized and labelled sections A, B, C, D and E according to the research questions and each section had items which helped to address the research questions.

Section 'A', sought to find out whether teachers had the requisite educational training to teach Basic Nursing. This section was made of 14 items, of which six were items with multiple options while eight items had yes or no options. The major variables under this section included respondents' academic qualification, subjects of specialisation, number of years the tutor had practiced nursing at the field and the number of years he/she has been teaching and acquaintance with the Basic Nursing curriculum. The Cronbach's Alpha for the background characteristics was found to be 0.73 before standardisation and it was 0.79 after standardisation.

Section B had a total of 19 items on teaching methods used in the transaction of the Basic Nursing curriculum. Out of the 19 items, 18 items for 18 variables for the teaching methods were designed on a Likert scale while one item was a yes or no optioned item. The Cronbach's Alpha was found to be 0.80 before standardisation and it was 0.84 after standardisation.

Section C focused on TLMs used by tutors in implementing the Basic Nursing. There were nine items in all. Seven of the items representing seven variables for the TLMs were designed on a Likert scale, and one item each for

multiple option and yes or no items. The Cronbach's Alpha for this section was found to be 0.76 before standardisation and it was 0.80 after standardisation.

Section D dealt with tutors' beliefs about the Basic Nursing Curriculum. There were eight items for eight variables designed on a Likert scale and the Cronbach's Alpha was found to be 0.78 before standardisation and it was 0.83 after standardisation.

Lastly on the tutors' questionnaire, Section E contained items meant to obtain information on the degree to which tutors did implement the Basic Nursing curriculum with the fidelity approach. Out of a total of 20 items, twelve items were deigned on a Likert scale while five items were yes or no optioned items and the remaining three items were multiple optioned. The Cronbach's Alpha was found to be 0.70 without standardisation and it was 0.76 after standardisation.

The students' questionnaire was divided into five sections containing 56 items and labelled as A, B, C, D and E. Also, according to the research questions, just like the tutors own, each section had items which helped to confirm or contradict the position of the tutors

Section A, was about the students' background. It had two items for two variables with Cronbach alpha value of 0.99.

Section B looked at a total of 18 Likert scale items on teaching methods used by their tutors in the transaction of the Basic Nursing curriculum. The Cronbach's Alpha was found to be 0.88 before standardisation and it was 0.90 after standardisation.

Section C contained a total of eight items that dealt with TLMs used by their tutors in implementing the Basic Nursing. Seven of the items were designed on a Likert scale, and one item a yes or no optioned item. The Cronbach's Alpha for this section was found to be 0.78 before standardisation and it was 0.88 after standardisation.

Section D dealt with students' beliefs about the Basic Nursing Curriculum. The items were eight, designed on a Likert scale and the Cronbach's Alpha was found to be 0.78 before standardisation and it was 0.83 after standardisation.

Lastly on the students' questionnaire, items in Section E were meant to obtain information on the degree to which their tutors did implement the Basic Nursing curriculum with the fidelity approach. Just like the tutors' questionnaire, out of a total of 20 items, 12 items were deigned on a Likert scale while five items were yes or no optioned items and the remaining three items were multiple optioned. The Cronbach's Alpha was also found to be 0.70 without standardisation and it was 0.78 after standardisation.

Ethical Considerations

The study was guided by ethical principles that are utilized in research. Based on this view, the researcher preserved the dignity of the respondents to avoid any negative impact on them in the study. In this respect, measures were put in place to protect the respondents from any situation that could reveal their identity. Cohen, Manion and Morrison, (2007), argue that social researchers must consider the effects of their research on participants, and act in such a way as to preserve their dignity as human beings. The researcher considered the effects of

research that might have on the respondents and ensured that, he preserved their dignity as human beings. Therefore, permission was sought from the principal of each college and the purpose of the research was explained to the respondents to clear any doubt and misunderstanding. Again, all respondents were informed of their rights and participation as being voluntary and that they could withdraw at any time. Furthermore, the researcher assured the respondents that the information they provided for the study was for academic purposes and as such, their responses and identity would be protected.

Also, ethical clearance was obtained from the Institutional Review Board of the University of Cape Coast. The ethical clearance letter is presented in Appendix (G). With the exception of the NMTC in Tamale that had a Research and Quality Assurance Committee (which is the college's review committee) to act on the ethical clearance letter, the other eight colleges did not have an Institutional Review Boards (IRB), but their Academic Boards acted on the ethical review and reviewed the proposal and gave the go ahead to conduct the study. Informed consent was obtained from the research participants and confidentiality of all data was ensured.

Finally, Creswell (2012) asserts that an equally important aspect of ethical research practice resides in the writing and report phase of inquiry. Therefore, researcher ensured not to use unethical statements while reporting the study. As indicated earlier, respondents remained anonymous and not identified in the final report.

Data Collection Procedure

During the collection of the actual data, introductory letters were obtained from the Department of Business and Social Science (DOBSSE) and sent to the Principals of the Colleges for approval. An Ethical Clearance was also obtained from the Institutional Review Board of the University of Cape Coast. The purpose was to ensure that all ethical considerations were met. After the approvals were obtained from the Principals of the Colleges, the researcher introduced himself to the staff and students of the participating Colleges. The researcher briefed the respondents on the rationale for the study and appealed for their maximum cooperation during the data collection period. The items on the questionnaire were also explained to them to ensure the validity of the data. The researcher then administered the questionnaire to the tutors personally. The researcher agreed with the respondents (tutors) in each college he visited to return the filled questionnaire the following day. In the case of the students, the researcher was led by the tutor responsible for research to the classrooms of the various programmes where the purpose of the study was explained to them. The questionnaire was then administered to them. It was agreed that the filled questionnaire should be submitted to the Research Tutor the following day. The researcher also left his cell phone contact with the respondents (tutors and students) in case they wanted to make any inquiry. A period of 13 weeks (25th June to 30th September, 2019) was devoted for gathering the survey questionnaire.

Data Processing and Analysis

The raw data collected from the respondents was processed by cleaning and coding them. Data processing involved editing the questionnaires, cleaning and coding of responses that would be analysed quantitatively. Data was cleaned by running frequencies of all the variables to check for incorrectly coded data. Incorrectly coded data was double-checked with the raw data in the questionnaire and corrected. Data quality was validated using double entry method. The data was categorized according to the respective Nursing and Midwifery Training Colleges and the objectives of the study. The questionnaires from each college were kept in a separate envelope marked with the name of the institution in order to track the rate of retrieval from each college and for easy tracing should an error be identified. Tutors' questionnaire were enveloped separately from the students' questionnaire for each college. During data entry, each questionnaire was fully entered and marked as entered so as to avoid duplication. When a set of items was completed, it was bagged in an envelope and labelled completed and shelved. Throughout the process of data entry, the researcher saved all entries every five minutes even though the computer was set on autosave. At the end of each day, the data was backed up on an external drive as well as on the researcher's email Microsoft One drive online.

Also, data analysis was performed using the Statistical Package for Social Sciences (SPSS version 22.0). The data was first tested for normality and some variables were found to follow a normal distribution. Demographic characteristics

of respondents and all the research questions were described using frequencies and percentages and narrative summaries.

Chapter Summary

The study employed a quantitative (nomothetic) method, specifically, a descriptive cross-sectional survey design. The target population was all Nursing Tutors in the Nursing and Midwifery Training Colleges in Northern Ghana who have either taught and no longer teaching or have taught and were still teaching the course at the time of the study. It also included any other tutor who either taught or was teaching Basic Nursing but was not holding any of the professional certificates of nursing which include RGN, RM, RMN and RCN. It also included all the trainees who just completed the Basic Nursing course at the time of the study, that is the first-year (level 100) students.

A simple random sampling technique was used to select the colleges while a systematic random sampling technique was used to sample the students (310). The tutors (204) were however censused. A closed-ended structured questionnaire made of 70 items for tutors and 56 for students, all sectioned into five (A, B, C, D, and E) was used to collect the data. Ethical considerations were followed and ethical clearance obtained and confidentially of respondents ensured.

The raw data collected from the respondents was processed by cleaning and coding them. The data was entered with backups. The data analysis was performed using the Statistical Package for Social Sciences (SPSS version 22.0). Demographic characteristics of respondents and all the research questions were described using frequencies and percentages and narrative summaries.

CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

This chapter covers the analysis, presentation and interpretation of the findings resulting from this study. The purpose of the study was to examine whether and to what extent tutors at the Nursing and Midwifery Training Colleges in Ghana are implementing the Basic Nursing curriculum using the fidelity approach of curriculum implementation.

The analysis and interpretation of data were carried out based on the results of the research questions set for the study. The analysis was based on the 100% return rate of data obtained from the 204 tutors and 310 students sampled for the study. The data was analysed using descriptive statistics (frequencies and percentages). In the first part, the results are presented based on the research questions formulated for the study.

Research Question One

This aspect of the instrument was designed to elicit background characteristics of the respondents. These background data included tutors' academic and professional qualification and teaching experiences. To make this possible, frequencies and percentages were appropriate for the analysis. Table 4 shows the tutors' qualification aspect of the results.

Table 4: Background Information of Tutor Respondents

Variable	Sub-Scale	Frequency	Percentage
Highest Academic Qualification	Advance Dip	1	.5
	Bachelors	180	88.2
	Masters	23	11.3
Total		**204**	**100.0**
Basic Professional Qualification	NAC/HAC	2	1.0
	SRN	1	.5
	RGN	193	94.6
	RM	1	.5
	RCN	7	3.4
Total		**204**	**100.0**
Possession of Professional Teaching Certificate	Yes	43	21.1
	No	161	78.9
Total		**204**	**100.0**
Type of Professional Teaching Certificate	PGCE/PCE	5	11.6
	DE	1	2.3
	PGDE	2	4.7
	B.Ed	35	81.4
Total		**43**	**100.0**

Source: Field Data (2019)

Table 4 presents results on the academic and professional qualifications and other background characteristics of the tutors. Background characteristics included the highest academic qualification, basic professional qualification, possession of professional teaching certificate and the type of professional teaching certificate. In terms of academic qualification, Bachelor degree holders had the majority with 180(88.2%), followed by the Master's degree holders with 23(11.3%) while advanced diploma holders were the least with 1(0.5%). With basic professional qualification, tutors with Registered General Nursing qualification dominated with 193(94.6%), followed by tutors with Registered

Community Nursing, 7(3.4%), followed by NAC/HAC, 2(1.0%) while SRN and RM had 1(0.5%) respectively.

Furthermore, in relation to whether tutors possess professional teaching certificate or not, the majority of tutors, 161(78.9%) had no professional teaching certificate, whilst 43(21.1%) of the them possessed a professional teaching certificate. Again, out of the 43 tutors who possessed professional teaching certificates, the researcher wanted to know which type of professional teaching certificate they possessed. It was revealed that majority of the tutors, 35(81.4%) possessed Bachelor of Education (B. Ed), followed by Postgraduate Certificate in Education (PGCE/PCE), with 5(11.6%) whilst those with Postgraduate Diploma in Education (PGDE) and Certificate in Education [Direct] (DE) were 2(4.7%) and 1(2.3%) respectively.

In addition, the question also sought to find out nursing tutors' acquaintance and teaching experiences with the Basic Nursing curriculum. In answering this question, items 6-14 under section A of the questionnaire were used. All these items (6 and 7 looking at years of field service and classroom teaching respectively) were measured on a dichotomous scale. It was established that majority of the respondents, 194(95.1%) had worked in the field for 3 years or more before becoming nursing tutors. It was also revealed that majority of the respondents, 156(76.5%) had taught for 3 years or more. This shows that majority of the respondents had an appreciable experience in clinical nursing practice and classroom teaching based on the years spent on the field and in the classroom respectively. However, the majority of respondents 196(96.1%) reported that they

had never participated in a curriculum review workshop for Basic Nursing organized by the Nursing and Midwifery Council of Ghana. Also, a good number of them 201(98.5%) had never participated in any workshop or departmental meeting organized by their College to discuss the Basic Nursing curriculum. All the respondents, 204(100.0%) indicated that they never attended any workshop organized by the Nursing and Midwifery Council of Ghana on how to teach Basic Nursing. These revelations are surprising and needs attention if we want Basic Nursing Tutors to implement the Basic Nursing curriculum as expected to produce quality nurses and midwives. In every teaching and learning environment, workshops serve as platforms for professional updates and an opportunity to be exposed to contemporary trends in teaching and learning and as well as training professional nurses. So, if such opportunities are not common among tutors who impart knowledge to trainee nurses, then their ability to understand the curriculum and implement it as expected may be questionable.

In terms of ward visits, the majority 202(99.0%) of the respondents indicated they did not visit the ward for at least three times per semester while majority 198(97.1%) also reported that their understanding of the course description allowed them to implement the curriculum as prescribed. Majority 192(94.1%) of the respondents, affirmed that their understanding of the course objectives helped them to implement the curriculum as prescribed, while 190(93.1%) of them also claimed that they adequately understood the curriculum content that enabled them teach what is required of the students.

Research Question Two

The purpose of the question was to find out the teaching methods tutors employed for teaching Basic Nursing in the Nursing and Midwifery Training Colleges as spelt out in the curriculum. To achieve the purpose of the study, the researcher sought to find out the teaching methods used by Basic Nursing tutors, the students' opinion was sought as well. To make this possible, frequencies and percentages were appropriate for the analysis. Tables 5 and 6 shows the results respectively for tutor respondents and student respondents.

Table 5: Tutors' Responses on Teaching Methods Used

Variable	Codes									
	1		2		3		4		5	
	No.	%	No.	%	No.	%	No.	%	No.	%
Lecture	0	0.0	0	0.0	1	0.5	21	10.3	182	89.2
Discussion	0	0.0	0	0.0	29	14.2	148	72.6	27	13.2
Seminar/ workshops	203	99.5	1	0.5	0	0.0	0	0.0	0	0.0
Clinical conference	202	99.0	1	0.5	0	0.0	1	0.5	0	0.0
Research projects	203	99.5	0	0.0	1	0.5	0	0.0	0	0.0
Ward clinical practice	0	0.0	126	61.8	78	38.2	0	0.0	0	0.0
Brainstorming	14	6.9	39	19.1	150	73.5	1	0.5	0	0.0
Study groups	8	3.9	35	17.2	160	78.4	1	0.5	0	0.0
Tutorials	95	46.6	79	38.2	30	14.7	1	0.5	0	0.0
Role play	169	82.8	29	14.2	5	2.5	1	0.5	0	0.0
Field trips	137	67.1	53	26.0	14	6.9	0	0.0	0	0.0
Reflective practice	199	97.5	1	0.5	3	1.5	1	0.5	0	0.0
Demonstrations	3	1.5	21	10.3	154	75.5	26	12.7	0	0.0
Simulations	202	99.0	1	0.5	1	0.5	0	0.0	0	0.0
Computed assisted learning	202	99.0	2	1.0	0	0.0	0	0.0	0	0.0
Problem Based Learning	202	99.0	1	0.5	1	0.5	0	0.0	0	0.0
Use of computerized training tools	202	99.0	2	1.0	0	0.0	0	0.0	0	0.0
Case studies	189	92.6	11	5.4	4	2.0	0	0.0	0	0.0

Source: Field Data (2019)

From Table 5, the tutors were asked to indicate how frequent they use each teaching method in implementing the Basic Nursing curriculum in their various Nursing and Midwifery Training Colleges. Per the results, there were instances where respondents indicated they never used, rarely used, sometimes used, frequently used and always used the outlined teaching methods. For instance, majority, 182(89.2%) of the respondents indicated that they always used lecture method while the minority 1(0.5%) indicated they sometimes used the lecture method; majority, 142(72.5%) of the respondents also indicated they frequently used discussion method while minority 27(13.2%) indicated that they always used discussion mrthod. In addition, majority of the respondents indicated that they sometimes used study group 160(78.4%) while minority 8(3.9%) used study groups, majority also indicated they sometimes used demonstration 154(75.5%) while minority 3(1.5%) never used demonstration, another majority also indicated they sometimes used brainstorming 150(73.5%) with the minority 1(0.5%) frequently using brainstorming. While the majority of the respondents rarely used ward clinical practice 126(61.8%), a minority 78(38.2%) sometimes used ward clinical practice to teach Basic Nursing. Again, the findings revealed that majority of the tutor respondents never used seminars 203(99.5%); research projects 203(99.5%); clinical conference 202(99.0%); simulations 202(99.0%); computed assisted learning 202(99.0%); problem based learning 202(99.0%); use of computerized training tools 202(99.0%); reflective practice 199(97.5%); case studies 189(92.6%); role play 169(82.8%); field trips 137(67.2%) while less than

half of the tutor respondents never used tutorials 95(46.6%) to teach Basic Nursing.

From Table 6, student respondents indicated how frequent their tutors use each teaching method in implementing the Basic Nursing curriculum in their various nursing training colleges. Per the results, at one point or the other the respondents have indicated their tutors never used, rarely used, sometimes used, frequently used or always used the outlined teaching methods. For instance, majority of the respondents 226(72.9%), held the view that their tutors always used lecture method while the minority 1(0.3%) indicated that their tutors sometimes used lecture method.

Table 6: Students' Responses on Teaching and Learning Methods Used by Tutors

Variable	Codes									
	1		2		3		4		5	
	No.	%	No.	%	No.	%	No.	%	No.	%
Lecture	0	0.0	0	0.0	1	0.3	83	26.8	226	72.9
Discussion	0	0.0	0	0.0	0	0.0	224	72.3	86	27.7
Seminar/ workshops	310	100.0	0	0.0	0	0.0	0	0.0	0	0.0
Clinical conference	310	100.0	0	0.0	0	0.0	0	0.0	0	0.0
Research projects	310	100.0	0	0.0	0	0.0	0	0.0	0	0.0
Ward clinical practice	0	0.0	98	31.6	212	68.4	0	0.0	0	0.0
Brainstorming	45	14.5	88	28.4	177	57.1	0	0.0	0	0.0
Study groups	16	5.2	171	55.2	123	39.7	0	0.0	0	0.0
Tutorials	43	13.9	180	58.1	87	28.1	0	0.0	0	0.0
Role play	158	51.0	129	41.6	23	7.4	0	0.0	0	0.0
Field trips	210	67.7	76	24.5	24	7.7	0	0.0	0	0.0
Reflective practice	0	0.0	24	7.7	207	66.8	79	25.5	0	0.0
Demonstrations	310	100.0	0	0.0	0	0.0	0	0.0	0	0.0
Simulations	310	100.0	0	0.0	0	0.0	0	0.0	0	0.0
Computed assisted learning	310	100.0	0	0.0	0	0.0	0	0.0	0	0.0
Problem Based Learning	310	100.0	0	0.0	0	0.0	0	0.0	0	0.0
Use of computerized training tools	310	100.0	0	0.0	0	0.0	0	0.0	0	0.0
Case studies	310	100.0	0	0.0	0	0.0	0	0.0	0	0.0

Source: Field Data (2019)

A good number of respondents 224(72.3%), indicated their tutors frequently used the discussion method while the minority 86(27.7) indicated their tutors always used discussion method. In addition, majority of the respondents indicated that their tutors sometimes used ward clinical practice 212(68.4), reflective practice 207(66.8%) and brainstorming 177(57.1%) while the minority 98(31.6%),

24(7.7%) and 45(14.5%) indicated their tutors rarely used ward clinical practice, rarely used reflective practice and never used brainstorming respectively. However, responses to the item on the frequency of the use of tutorialsrevealed that, majority of the respondents indicated that that their tutors rarely use tutorials 180(58.1%) and study group 171(55.2%) to teach basic nursing while the minority 43(13.9%) and 16(5.2%) indicated that their tutors nerver used tutorials and study groyps respectively in teaching Basic Nursing. Again, the findings revealed that all the students 310(100.0%), indicated their tutors never used seminars, research projects, clinical conference, simulations, computed assisted learning, problem-based learning, computerized training tools, demonstration, and case studies in teaching Basic Nursing. Again, majority pointed out that their tutors don't use field trips, 210(67.7%) and role play, 158(51.0%) to teach Basic Nursing while the minority of the student respondents24(7.7) and 23(7.4%) pointed out that their tutors sometimes used field trips and role play respectively.

Furthermore, tutor respondents were asked why some of them never used the outlined teaching methods. Majority of the respondents indicated that they never used some teaching methods because they are flagged as waste of time 201(98.5%), lack of teaching and learning resources 199 (97.5%), not suitable for their teaching topics 168 (82.4%) and lack of knowledge in using them 149 (73.0%).

Research Question Three

The researcher sought to find out how frequent Basic Nursing tutors used the prescribed teaching and learning resources in teaching the course in the

Nursing and Midwifery Training Colleges, the students view was sought as well. To make this possible, frequencies and percentages were appropriate for the analysis. Tables 7 and 8 show the results respectively for tutor respondents and student respondents respectively.

Table 7: Tutors' Responses on Teaching and Learning Materials Employed by Tutors

Variable	Codes									
	1		2		3		4		5	
	No.	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Printed materials e.g. books, handouts	0	0.0	0	0.0	1	0.5	109	53.4	94	46.1
Non-projected materials e.g. white board, Flipcharts	0	0.0	0	0.0	2	1.0	69	33.8	133	65.2
Still-projected materials e.g. photographs, LCD projectors.	0	0.0	0	0.0	10	4.9	144	70.6	50	24.5
Audios e.g. recorded tapes	179	87.7	22	10.8	3	1.5	0	0.0	0	0.0
Films and videos	26	12.7	151	74.0	26	12.7	1	0.5	0	0.0
Computer based materials e.g. e-learning materials, internet, computers	151	74.0	42	20.6	11	5.4	0	0.0	0	0.0
"Realia" e.g. specimens, models, dummies	75	36.8	109	53.4	19	9.3	1	0.5	0	0.0

Source: Field Data (2019)

As shown in Table 7, tutors indicated the teaching and learning resources they use in their classroom activities. It is evident that majority of the tutor respondents 133(65.2%) always used non-projected materials like white board and flipchart while the minority 2(1.0%), sometimes used non-projected materials, another majority of the tutor respondents frequently used still-projected materials such as LCD projectors 144(70.6%) while the minority 10(4.9%)

sometimes used still projected materials. Another majority 109(53.4%) frequently used printed materials such as books and handouts, while the minority 1(0.5%) sometimes used still projected materials in teaching basic nursing. However, majority of the respondents indicated that they rarely used films and videos 151(74.0%) and realia such as models, dummies 109(53.4%) to teach basic nursing. Again, the findings revealed that majority of the tutors never used audios such as recorded tapes, 179(87.7%) and computer-based materials such as e-learning, internet, 151(74.0%) to teach the course.

Table 8: Students' Responses on Teaching and Learning Materials Used by Tutors

Variable	Codes									
	1		2		3		4		5	
	No.	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Printed materials e.g. books, handouts	0	0.0	0	0.0	0	0.0	154	49.7	156	50.3
Non-projected materials e.g. white board, Flipcharts	0	0.0	0	0.0	0	0.0	155	50.0	155	50.0
Still-projected materials e.g. photographs, LCD projectors.	0	0.0	0	0.0	118	38.1	192	61.9	0	0.0
Audios e.g. recorded tapes	253	81.6	57	18.4	0	0.0	0	0.0	0	0.0
Films and videos	126	40.6	88	28.4	96	31.0	0	0.0	0	0.0
Computer based materials e.g. e-learning materials, internet, computers	310	100.0	0	0.0	0	0.0	0	0.0	0	0.0
"Realia" e.g. specimens, models, dummies	200	64.5	58	18.7	52	16.8	0	0.0	0	0.0

Source: Field Data (2019)

As shown in Table 8, the students indicated the frequency at which their tutors employed the prescribed teaching and learning resources in their teaching and learning activities in Basic Nursing. It was evident that majority of the respondents opined that their tutors always used printed materials such as books and handouts 156(50.3%) and non-projected materials like white board and flipchart 155(50.0%). Also, a good number 192(61.9%) of the respondents indicated that their tutors frequently used still projected materials such as LCD projectors in teaching basic nursing. Again, the findings revealed that all the students 310(100.0%) indicated that tutors never used computer-based materials such as e-learning, internet, while majority of the respondents indicated that tutors never used audios such as recorded tapes, 253(81.6%), realia such as models, dummies, 200(64.5%) and films and videos, 126(40.6%) to teach Basic Nursing. Largely, the responses of the students confirmed the responses of the tutors on how frequent the prescribed teaching and learning resources were used by the tutors in the implementation the Basic Nursing curriculum.

Furthermore, on the same teaching and learning resources, tutor respondents were asked why some of them never used any of the outlined teaching and learning resources. The majority of the respondents indicated that they never used teaching and learning resources because they were time wasting 175(85.9%), they were inadequate 173(84.8%) and they were not available 161(78.9%).

In addition, on the same teaching and learning resources, both tutors and student respondents were asked whether their colleges' skills laboratory or

demonstration room were equipped to enhance effective hands-on practice. The majority of both tutors 155(76.0%) and students 247(79.7%) indicated "no".

Research Question Four

The focus of the question was on the beliefs tutors held about the Basic Nursing curriculum. The students' beliefs were sought as well. To make this possible, frequencies and percentages were appropriate for the analysis. Table 9 and 10 contain the results for tutors and students' beliefs respectively.

Table 9: Tutors' Responses on their Beliefs about Basic Nursing Curriculum

Statement	Disagreed		UND		Agreed	
	No.	%	No.	%	No	%
The objectives of the curriculum are clearly stated.	0	0.0	4	2.0	200	98.0
The content of the curriculum is adequate to equip the trainee with essential basic skills.	0	0.0	19	9.3	185	90.7
The content of the curriculum is too bulky to enhance effective teaching and learning.	170	83.3	33	16.2	1	0.5
The topics of the curriculum are well sequenced to facilitate higher order learning.	161	79.0	42	20.6	1	0.5
The curriculum spells out precisely what to teach.	2	1.0	9	4.4	193	94.7
The curriculum is more theoretical than practical.	201	78.5	3	1.5	0	0.0
The time allotted for Basic Nursing on the time table is adequate.	2	1.0	4	2.0	198	97.0
The curriculum specifies the books/literature that are standard to effectively teach and learn the course.	108	52.9	4	2.0	92	45.1

Source: Field Data (2019)

As shown in Table 9, the tutors indicated the beliefs they held about the basic nursing curriculum. The majority of the tutors agreed with the stated beliefs about the Basic Nursing curriculum as follows: objectives were clearly stated, 200(98.0%); the content of the curriculum is adequate to equip the trainee with essential basic skills 185(90.7%); the curriculum spells out precisely what to teach 193(94.7%); and the time allotted for Basic Nursing on the time table is adequate 198(97%). The majority of the tutors on the other hand, disagreed with some of the statements about the Basic Nursing curriculum as follows: the topics of the curriculum are well sequenced to facilitate higher order learning 161(79.0%); content of the curriculum is too bulky to enhance effective teaching and learning 170(83.3%); the curriculum is more theoretical than practical 201(78.5%); and the curriculum specifies the books/literature that are standard to effectively teach and learn the course 108(52.9%).

Table 10: Students' Responses on Beliefs about Basic Nursing Curriculum

Statement	Disagreed		UND		Agreed	
	No.	%	No.	%	No	%
The objectives of the curriculum are clearly stated.	0	0.0	35	11.3	275	88.6
The content of the curriculum is adequate to equip the trainee with essential basic skills.	0	0.0	53	17.1	257	82.9
The content of the curriculum is too bulky to enhance effective teaching and learning.	242	78.0	68	21.9	0	0.0
The topics of the curriculum are well sequenced to facilitate higher order learning.	150	48.4	160	51.6	0	0.0
The curriculum spells out precisely what to teach.	0	97.4	8	2.6	302	97.4
The curriculum is more theoretical than practical.	302	97.4	8	2.6	0	0.0
The time allotted for Basic Nursing on the time table is adequate.	0	0.0	0	0.0	310	100
The curriculum specifies the books/literature that are standard to effectively teach and learn the course.	0	0.0	62	20.0	248	80.0

Source: Field Data (2019)

As shown in Table 10, the students indicated the beliefs they held about the Basic Nursing curriculum. The majority of the students agreed with the some of the stated beliefs about the Basic Nursing curriculum as follows: objectives were clearly stated, 275(88.6%); the content of the curriculum was adequate to equip the trainee with essential basic skills 257(82.9%); and the curriculum spells out precisely what to teach, 302(97.4%). Contrary to the opinion of the tutors, the majority of the students 248(80.0%) held the belief that the curriculum specifies the books/literature that are standard to effectively teach and learn the course. All

the students 310(100.0%) also held the belief that the time allotted for Basic Nursing on the time table is adequate. Again, the majority of the students however disagreed with some of the beliefs stated about the Basic Nursing curriculum as follows: the curriculum is more theoretical than practical, 302(97.4%); and content of the curriculum is too bulky to enhance effective teaching and learning, 242(78.0%). The findings revealed that majority of the student respondents, 160(51.6%) were however undecided on the belief that the topics of the curriculum are well sequenced to facilitate higher order learning.

Research Question Five

The aim of the question was to determine the degree of adherence to prescribed approached for implementing Basic Nursing curriculum. To make this possible, frequencies and percentages were appropriate for the analysis. Tables 11 and 12 show the results for tutor respondents and student respondents respectively.

Table 11: Tutors' Responses on their degree of Adherence to the Prescribed Approach in Implementing Basic Nursing Curriculum

Statement	Codes									
	1		2		3		4		5	
Response	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
You strictly go by the time schedule allotted for Basic Nursing on the time table.	128	62.7	76	37.3	0	0.0	0	0.0	0	0.0
You exhaust the entire course content by the end of the semester.	40	19.6	134	65.7	30	14.7	0	0.0	0	0.0
You teach other topics you feel are relevant to nursing practice but are not contained in the course outline.	51	25.0	122	59.8	31	15.2	0	0.0	0	0.0
You ignore other topics in the course outline which you feel are not relevant or outmoded.	52	25.5	110	53.9	42	20.6	0	0.0	0	0.0
You use the textbooks or sources of literature listed in the course outline.	0	0.0	1	0.5	176	86.3	27	13.2	0	0.0
You use other textbooks or useful sources of literature aside those listed in the curriculum.	7	3.4	183	89.7	14	6.9	0	0.0	0	0.0
You recommend the use of other relevant textbooks or sources of literature to your students, other than those listed in the curriculum.	11	5.4	48	23.5	145	71.1	0	0.0	0	0.0
You employ any useful method(s) of teaching to enhance teaching which are not listed in the curriculum.	199	97.5	5	2.5	0	0.0	0	0.0	0	0.0
You employ the use of other relevant TLRs in teaching that are not listed in the curriculum.	204	100.0	0	0.0	0	0.0	0	0.0	0	0.0
You include other means of student assessment that are not in the curriculum.	145	71.1	0	0.0	1	0.5	58	28.4	0	0.0
You strictly follow the assessment guidelines for assessing students as prescribed in the curriculum.	177	86.8	26	12.7	0	0.0	1	0.5	0	0.0
You draw a table of specification to cover the dimensions of knowledge according to the *Taxonomy of Educational Objectives* when constructing test for your students.	128	62.7	0	0.0	76	37.3	0	0.0	0	0.0

Source: Field Data (2019)

As shown in Table 11, tutor respondents indicated the degree to which they adhere to the prescribed approach in implementing the Basic Nursing curriculum. It was evident that majority of the respondents, 128(62.7%) never strictly go by the time schedule allotted for Basic Nursing on the time table. It was also seen that majority, 136(65.7%) of the tutors rarely exhaust the entire course content by the end of the semester which means that there were still topics to be taught by majority of the tutors.

It was also observed that the majority of the tutors indicated they rarely teach other topics they felt are relevant to nursing practice but were not included in the course outline. The item on this got 122(59.8%) responses while the item on rarely ignored other topics in the course outline which they felt were not relevant or outmoded attracted 110(53.9%) responses. The item on sometimes used the textbooks or sources of literature listed in the course outline 176(86.3%) responses while the item rarely used other textbooks or useful sources of literature aside those listed in the curriculum got 183(89.3%) responses. In the case of sometimes recommend the use of other relevant textbooks or sources of literature to your students, either than those listed in the curriculum, 145(71.1%) responses were recorded, which means they do not stick to only the prescribed books. With respect to never employ any useful methods of teaching to enhance teaching which are not listed in the curriculum, 199(97.4%) responses were recorded while never include other means of student assessment that are not in the curriculum recorded 145(71.1%) responses. With respect to the item never strictly follow the assessment guidelines for assessing students as prescribed in the curriculum,

177(86.8%) responses were recorded, meaning that other guidelines are employed. In the case of never draw a table of specification to cover the dimensions of knowledge according to the Taxonomy of Educational Objectives when constructing test for your students, 128(62.7%) responses were recorded. This implies that tutors just engage in accumulation of questions without taking the table of specification into consideration. This can result in most questions being within the knowledge domain which are usually easy to construct.

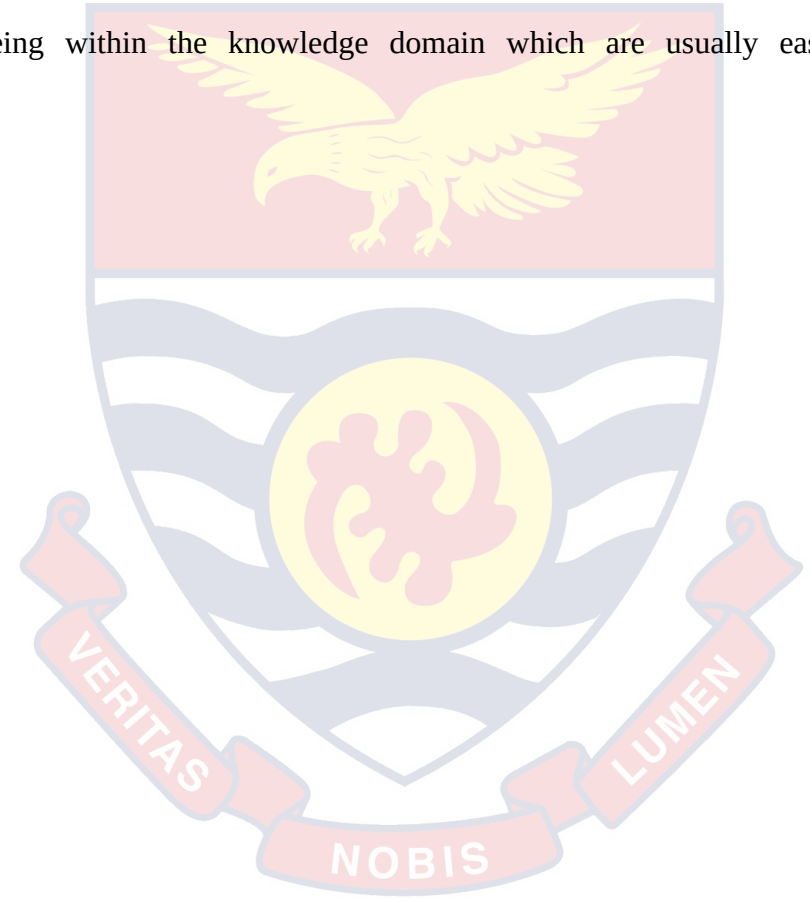

Table 12: Students Responses on Tutors degree of Adherence to the Prescribed Approach in Implementing Basic Nursing Curriculum

Statement	Codes									
	1		2		3		4		5	
	No.	%	No.	%	No.	%	No.	%	No.	%
Your tutor(s) strictly go by the time schedule allotted for Basic Nursing on the time table.	6	1.9	55	17.7	214	69.0	35	11.3	0	0.0
Your tutor(s) exhaust the entire course content by the end of the semester.	210	71.0	48	15.5	42	13.5	0	0.0	0	0.0
Your tutor(s) teach other topics you feel are relevant to nursing practice but are not contained in the course outline.	62	20.0	12	3.9	236	76.1	0	0.0	0	0.0
Your tutor(s) ignore other topics in the course outline which you feel are not relevant or outmoded.	152	49.0	110	35.5	48	15.5	0	0.0	0	0.0
Your tutor(s) use the textbooks or sources of literature listed in the course outline.	0	0.0	0	0.0	43	13.9	181	58.4	86	27.7
Your tutor(s) use other textbooks or useful sources of literature aside those listed in the curriculum.	104	33.5	164	52.9	42	13.5	0	0.0	0	0.0
Your tutor(s) recommend the use of other relevant textbooks or sources of literature to your students, either than those listed in the curriculum.	20	6.5	62	20.0	150	48.4	78	25.2	0	0.0
Your tutor(s) employ any useful methods of teaching to enhance teaching which are not listed in the curriculum.	310	100	0	0.0	0	0.0	0	0.0	0	0.0
Your tutor(s) employ the use of other relevant TLRs in teaching that are not listed in the curriculum.	310	100	0	0.0	0	0.0	0	0.0	0	0.0
Your tutor(s) include other means of student assessment that are not in the curriculum.	147	47.4	1	0.3	162	52.3	0	0.0	0	0.0
Your tutor(s) strictly follow the assessment guidelines for assessing students as prescribed in the curriculum.	310	100	0	0.0	0	0.0	0	0.0	0	0.0
Your tutor(s) draw a table of specification to cover the dimensions of knowledge according to the *Taxonomy of Educational Objectives* when constructing test for your students.	310	100	0	0.0	0	0.0	0	0.0	0	0.0

Source: Field Data (2019)

Also, all the tutors 204(100%) indicated that they never employed the use of other relevant TLRs in teaching that were not listed in the curriculum. Based on this finding, it is clear that tutors hardly adhere to the prescribed approaches stated in the Basic Nursing curriculum.

The students' opinions were also sought on the subject and as indicated in Table 12, student respondents indicated the degree to which their tutors adhered to the prescribed approach in implementing Basic Nursing curriculum. It was evident that majority of the respondents, 214(69.0%), indicated that their tutors sometimes strictly go by the time schedule allotted for Basic Nursing on the time table. It was also realized that majority of the students, 210(67.7%), pointed out that their tutors never exhaust the entire course content at the end of the semester which also means that there were still topics to be taught by the majority of the tutors.

It was also observed that majority of the student respondents indicated that their tutors: sometimes teach other topics they feel are relevant to nursing practice but are not contained in the course outline, 236(76.1%); never ignore other topics in the course outline which they feel are not relevant or outmoded, 152(49.0%); frequently use the textbooks or sources of literature listed in the course outline, 181(48.4%); rarely use other textbooks or useful sources of literature aside those listed in the curriculum, 164(52.0%); sometimes recommend the use of other relevant textbooks or sources of literature to your students, either than those listed in the curriculum, 150(48.4%), which means they do not stick to only the prescribed books.

Furthermore, all the students 310(100%) asserted that their tutors never employ any useful methods of teaching to enhance teaching which are not listed in the curriculum and also never employed the use of other relevant TLRs in teaching that are not listed in the curriculum. This meant that their tutors used only some of the teaching methods and TLRs prescribed in the curriculum. Also, the majority of the students 162(52.3%) asserted that their tutors sometimes include other means of student assessment that are not in the curriculum, while all the students 310(100%) indicated that their tutors never strictly followed the assessment guidelines for assessing students as prescribed in the curriculum and also never drew a table of specification to cover the dimensions of knowledge according to the Taxonomy of Educational Objectives when constructing test for your students.

Based on this finding, it appears that majority of tutors either never, rarely or sometimes adhere to the prescribed approaches stated in the basic nursing curriculum, thus, the degree of implementation as prescribed is low.

In addition, on the same question, the tutors were asked to select the assessment procedures they employ to assess their students. All the tutors 204(100.0%), indicated they used class test and end of semester to assess students in Basic Nursing. The majority also reported that they use: group presentation, 198(97.1%); classroom participation, 138(67.7%); class attendance, 112(54.9%); in-house practical assessment 107(52.5%) to assess students in Basic Nursing, while none use oral interview.

Similarly, when the students were asked about the assessment procedures used by their tutors to assess them, all the respondents, 310(100.0%), indicated their tutors used class test and end of semester to assess students in Basic Nursing. The majority also reported that their tutors use: group presentation, 302(97.4%); classroom participation, 201(64.8%); class attendance, 176(56.8%); in-house practical assessment 285(91.9%) to assess students in Basic Nursing, while none use oral interviews. Interestingly, while no tutor agreed to using oral interview, 46(14.8%) of the students indicated that their tutors use oral interviews as part of their assessment procedures.

Tutor respondents were again asked about adequacy of their knowledge on all the topics in the Basic Nursing curriculum and majority of the respondents, 174(85.3%), affirmed that they possess adequate knowledge in the Basic Nursing curriculum. Furthermore, the majority 182(89.2%) of the tutors indicated that they spent above 3 hours in teaching Basic Nursing to a class or each class in a week. Again, the majority of the tutors, 174(85.3%), held the view that their students go for hands-on practical in the ward or skills laboratory every week. More so, all the tutors 204(100.0%), indicated that their students go for intra-semester clinicals and compulsory vacation practicum. In all these, all tutor respondents, 204(100.0%), indicated that they faced challenges in teaching Basic Nursing. The challenges they faced were identified as: being loaded with other subjects, 155(76.0%); no TLRs for effective teaching, 105(51.5%); poorly equipped skills laboratories, 197(96.6%); inadequate TLRs, 187(91.7%); lack of mastery in some topics, 112(54.9%); no extrinsic motivation, 102 (50.0%); loaded with other co-

curricular activities, 75(36.8%), inadequate textbooks, 67(32.8%); and don't have interest in that course, 48(23.5%).

The students were also asked if they thought their tutors had adequate knowledge in all the topics in the Basic Nursing curriculum and an overwhelming majority of the respondents, 281(90.6%), affirmed that their tutors possessed adequate knowledge in the topics in the Basic Nursing curriculum. Also, a vast majority of the students, 282(91.0%), indicated that their tutors spent more 3 hours in teaching Basic Nursing to a class or each class in a week. Again, the majority of the students, 277(89.4%), indicated that they go for hands-on practical in the ward or skills laboratory every week. More so, all the students 310(100.0%), indicated that they go for both intra-semester clinicals and compulsory vacation practicum. All the students, 310(100.0%), further indicated that their tutors faced some challenges in teaching the course. The challenges they indicated their tutors faced while teaching the course were identified as: the tutors were loaded with other subjects, 222(71.6%); no TLRs for effective teaching, 215(68.3%); poorly equipped skills laboratories, 289(93.0%); inadequate TLRs, 215(68.3%); the tutors lack of mastery in some topics, 205(66.1%); no extrinsic motivation for tutors, 171 (55.1%); the tutors were loaded with other co-curricular activities, 126(40.6%), inadequate textbooks, 119(38.4%); and tutors don't have interest in that course, 33(1.1%).

Discussion of Key Findings

In this section, the major findings from the study are discussed. The discussion is organized along the main research objectives. It also includes other

significant findings not covered by the research questions. This study analysed responses of 204 Basic Nursing tutors and 310 nursing students across Nursing and Midwifery Training Colleges in Northern Ghana. Among other things, findings from this study revealed tutors either never or rarely adhered to the prescribed approaches to the implementation of Basic Nursing curriculum in their schools. It further revealed that challenges such as being loaded with other subjects, no TLRs for effective teaching, poorly equipped skills laboratories, inadequate TLRs, lack of mastery in some topics and no extrinsic motivation are major hindrances to the implementation of the Basic Nursing curriculum as prescribed.

The study also found out that most tutors were still glued to the conservative methods of teaching such as lecture method and group discussion to the detriment of others such as seminars, computer-assisted learning, problem-based learning, simulations, project method etc. It also showed that most tutors largely used traditional TLRs such as printed materials e.g., books, handouts; non-projected materials e.g. white board, Flipcharts; still-projected materials e.g. photographs, LCD projectors to the neglect audios e.g. recorded tapes; computer-based materials e.g. e-learning materials, internet, computers; "realia" e.g. specimens, models, dummies. The detailed discussion is organized according to the objectives of the study as follows.

Background Characteristics of Basic Nursing Tutors

The background characteristics included the academic and professional qualifications of the tutors and the clinical and teaching experiences of the tutors.

Concerning the academic qualification of Basic Nursing tutors, bachelor degree holders were identified as the majority followed by Masters' degree Holders. This finding is similar to that of Alhassan, Beyere, Nketiah-Amponsah and Mwini-Nyaledzigbor (2017) study that reported that more health tutors in Greater Accra Region had higher educational qualification (minimum of Master's Degree) than tutors in Northern Region, who predominantly had a maximum qualification of Bachelor's degree. About 60% of health tutors in Greater Accra Region had Master's degree while less than 10% of health tutors in Northern Region had Master's degree, the study identified.

With basic professional qualification, nursing tutors with Registered General Nursing (RGN) professional background dominated overwhelmingly. This implied that an overwhelming majority, if not all nursing tutors, teaching Basic Nursing had the basic professional qualification. Nurses with RGN certificate had not only studied Basic Nursing into detail, but had also studied Advanced nursing into detail at the College level than their RM, RMN, and RCN counterparts even though graduate education in nursing is generally the expected preparation for full-time faculty roles. The finding from the study is in line with the American Association of Colleges of Nursing, AACN, (2008c) which argues that faculty in entry-level nursing programmess are expected to have graduate-level academic preparation and advanced expertise in the areas of content they teach.

Furthermore, with the possession of professional teaching certificate, nursing tutors teaching Basic Nursing without professional teaching certificate

dominated largely. It is believed that tutors with professional qualification know and understand the various curriculum implementation approaches and will therefore see the need to implement a curriculum according to the chosen implementation approach. It therefore presupposes that majority of the tutors who do not have certified teaching certificate will not appreciate the need to implement the Basic Nursing curriculum according to the fidelity approach.

Also, majority of nursing tutors who possesses the professional teaching certificate had Bachelor of education (B.Ed). A study by Clancy et'al (2000); Friedel and Treagust (2005); Larcombe and Dick (2003) asserted that an instructor's educational background and understanding of the nursing profession, as a scientist or nurse educator, affect the delivery of content and assessment of knowledge. These findings suggest that few of the tutors teaching Basic Nursing have the requisite professional qualification to be able impart the Basic Nursing course content to students with minimal challenges as required. It therefore implies that most of the tutors teaching Basic Nursing in the Nursing and Midwifery Training Colleges in Northern Ghana and had no form of professional qualification in education had limited knowledge of pedagogy. This confirms several nurse researchers: Cangelosi, Crocker, and Sorrel (2009); Pauling (2006); and Ruby (2000) who reported that most nurse educators are hired for their professional knowledge of nursing and may or may not have knowledge of teaching or teaching experience. This may not promote effective implementation of the curriculum as prescribed.

Another area of interest that the researcher sought to investigate was the level of experience nursing tutors had acquired from teaching and clinical setting. The essence was to form a general impression about the quality of tutors teaching Basic Nursing in the Nursing and Midwifery Training Colleges. This is in consonance with a study by Greenwald et al. (1996) that the experience and quality of tutors in nursing education have been documented to be positively correlated with student achievement. With teaching experience, it was revealed that majority of the respondents taught for three years or more. With clinical experience, it was also established that majority had worked in the field for 3 years or more. From the findings, it can be deduced that majority of the tutors teaching Basic Nursing have adequate clinical and teaching experience which can enhance the quality of implementing the Basic Nursing as prescribed and also positively influence students' academic achievement level. This finding is consistent with studies by Kitgaard and Hall (1974); Murnane and Phillips (1981) who found a positive relationship between tutor effectiveness and their years of experience, but not always a significant relationship.

Teaching Methods Nursing Tutors Use in Teaching Basic Nursing

One key objective in this study was to identify the teaching methods used by nursing tutors to teach Basic Nursing. The essence was to find out if the tutors use the teaching methods outlined in the curriculum to teach Basic Nursing. The literature reviewed revealed numerous teaching methods are used in teaching various courses or subjects. In this study, the findings relating to the teaching methods used by tutors in teaching the Basic Nursing course revealed that lecture

and discussion were the methods which majority of tutors frequently used in teaching. most tutors always use lecture method, followed by discussion method which is frequently used by most nursing tutors to transact the Basic Nursing curriculum. Teaching methods that were sometimes or rarely used by nursing tutors to teach basic nursing were identified as study group, demonstration, brainstorming and clinical practice. Again, the findings reveal that majority of the tutor respondents never used seminars, research projects, clinical conference, simulations, computed assisted learning, problem-based learning, role play, field trips, case studies and reflective practice. Similarly, student respondents also indicating that their tutors always use lecture method in teaching Basic Nursing. Again, the findings reveal that majority of the student respondents identified discussion as the frequently used method by Basic Nursing tutors. Ward clinical practice, reflective practice, brainstorming, tutorials or study group were sometimes and rarely used by nursing tutors to transact the Basic Nursing curriculum as indicated by the student respondents.

It was also revealing that majority of student respondents, just like the tutor respondents, agreed that their nursing tutors never used seminars, research projects, simulations, clinical conference, demonstration, case studies, field trips and role play to teach basic nursing. Both tutor and student respondents agreed that lecture and discussion method were always and frequently used teaching methods respectively by nursing tutors during Basic Nursing lessons. This study has found out that direct nursing instructions which are more teacher-centered are the commonest teaching methods that are used by basic nursing tutors in Northern

Ghana. Lecture teaching strategy still remains the most common among the direct teaching strategies. This finding is consistent with a study that stated that nurse educators in the classroom tend to use a lecture format more frequently (Diekelmann, 2001; Diekelmann & Smythe, 2004; Ironside, 2003) than focus on individual student learning. It also agrees with Zar (2015), who revealed that English teachers at Bompeh Senior High School used only lecture method in teaching the subject.

The favourability of lectures is often overwhelming, with students often agreeing that they were more beneficial than self-directed learning (Davis et al., 2014). This may be contrary to social learning theories which emphasise the context of learning, that learning is not just gaining factual knowledge or information but instead highlights the great significance of learning as human experience.

It is also very encouraging that Basic Nursing tutors in Northern Ghana frequently use discussion method as it is an interactive teaching strategy that promotes student-tutor relationship. This finding is in line with a study by Mbirimtengerenji1 and Adejumo (2015) on utilisation of teaching strategies in Malawi Nursing Colleges. Understanding of medical conditions and procedures needs more active learning process. Without active learning process, the acquisition of most of the medical jargons can be limited. The utilisation of the simulation, demonstration and case studies as teaching strategies has been found to be rarely or never used by Basic Nursing tutors. This finding contradicts the finding of a study that revealed that nurse tutors in Malawi have shown that they

use case study teaching strategy very often, (Mbirimtengerenji1 & Adejumo, 2015). This could affect the performance of students at the clinical setting because Basic Nursing is a practical subject which requires experiential and indirect instructional strategies.

The study further revealed the reasons why nursing tutors never used some of the teaching methods outlined in the curriculum. Majority of the tutor respondents indicated waste of time, lack of teaching and learning resources, not suitable for the teaching topics and lack of knowledge in using them as reasons for not utilising the outlined teaching methods in the curriculum. This finding partly confirms the position of Dorgu (2015) who identified the factors influencing the use of teaching methods to include the subject matter, instructional objectives, the learner, the teacher, the time, instructional materials, and the environment. This means that nursing tutors require workshops and seminars on some aspects of the Basic Nursing curriculum in order to be able to implement it as prescribed.

Teaching and Learning Resources (TLRs) Nursing Tutors Used in Teaching Basic Nursing

Concerning the use of teaching and learning materials by nursing tutors to transact the Basic Nursing curriculum as prescribed, there were no contradictory findings from both tutor and student respondents in this study. When both tutors and students were asked about the teaching and learning materials available for usage by nursing tutors in Basic Nursing lessons, the findings revealed that non-projected materials such as white board, flip charts, printed materials (books and

handouts) were always used while still-projected materials (LCD overhead projectors, and photographs) were frequently used teaching and learning materials in Basic Nursing lessons. This finding is in consonance with a study reported by Rokade and Bahetee (2013), that majority of students (more than 2/3) expressed that the Chalk & Board method used as a teaching and learning resource was easier to understand structures and procedures than Power Point Presentation with an overhead.

For effective teaching and learning in Basic Nursing, teaching and learning materials such as plastic models, dummies, wall pictures, video recordings are basic tools, their absence or inadequacy makes nursing tutors handle Basic Nursing lessons in an abstract manner, portraying it in a dry and non-exciting manner. These important teaching and learning materials appeared not to be used or rarely used by Basic Nursing tutors in all the study sites and therefore make the implementation of the Basic Nursing as prescribed difficult for teachers. Availability and frequent usage of TLM therefore enhances the effectiveness of schools as they are the basic resources that bring about good academic performance in the students. According to Wright (2012), nursing students support the use of realia such as models, dummies, specimens for the transaction of a curriculum. This is contrary to the present study where tutor and student respondents indicated the inadequate use of realia during Basic Nursing lesson. These contrary findings could be attributed to geographical, economic and educational system differences.

One key subset of this research question was to identify the reasons why nursing tutors never or rarely used some outlined teaching and learning materials in Basic Nursing class. Majority of the tutor respondents stated time wasting, inadequate and unavailability of teaching and learning materials. These reasons could affect the prescribed implementation of the Basic Nursing curriculum and by extension, the quality and learning outcome of students in Basic Nursing. Orodho, Waweru, Ndichu and Nthinguri (2013) established that the challenges of availability and adequacy of learning resources was found to negatively affect tutor effectiveness in the use of teaching methods as well as focus on individual learner.

The study further sought to find out from student respondents whether colleges' skills laboratory or demonstration room were equipped to enhance effective hands-on practical. Majority of the student respondents agreed that their skills laboratory or demonstration room were not well equipped with the teaching and learning materials to enhance their hands-on practical. This could affect the transaction of the Basic Nursing theory into practice at the clinical field.

Beliefs about the Basic Nursing Curriculum

The fourth objective of this study was to identify the beliefs that tutor and student respondents held about the Basic Nursing curriculum. Both tutor and student respondents overwhelmingly held the belief that objectives of the Basic Nursing curriculum are clearly stated and the content of the Basic Nursing curriculum is adequate to equip the trainee with essential basic skills to practice nursing. However, majority of the tutor and student respondents disagreed with

the following beliefs about the basic nursing curriculum which include: the content of the curriculum being too bulk, well sequenced topics of the curriculum, precisely spell out teaching methodology in the curriculum and curriculum being more theoretical than practical. Woods (1996) also argued that what teachers do in their classroom practices is shaped by what they think, and that teachers' perceptions and beliefs serve as filters through which instructional judgments and decisions are made. Woods again stated the importance of the teachers' beliefs on their practice of teaching, saying, the teacher's beliefs, assumptions and knowledge play an important role in how the teacher interprets events related to teaching (both in preparation for the teaching and in the classroom), and thus affect the teaching decisions that are ultimately made. Woods found that the decisions made in planning and carrying out the course were consistent with deeper underlying assumptions and beliefs about teaching and learning, yet each teacher's decisions and beliefs differed dramatically from the other along a number of specifiable dimensions.

The above arguments, opinions and positions points to the fact that there is a positive correlation between positive beliefs about the curriculum and fidelity of implementation. This means that if the nursing tutors have faith in the content of the Basic Nursing curriculum, they will implement it religiously as it is. However, if they do not have confidence or positive beliefs about the curriculum, the level of fidelity of implementation will be low because, they will either add or subtract some of the topics, import teaching methods that are not prescribed, use assessment guidelines that are not prescribed or alter the credit hours allocated to

the course. This assertion is clearly shown in the findings of this present study in which both tutor and student respondents demonstrated negative beliefs about most aspects of the Basic Nursing curriculum through their responses. Deducing from this result, it appears, the level of fidelity of implementation of the Basic Nursing curriculum by nursing tutors will be low.

Degree of Adherence to the Prescribed Approach in Implementing Basic Nursing Curriculum

Concerning the adherence of nursing tutors to the prescribed approach in implementing Basic Nursing curriculum, it was evident that majority of both tutor and student respondents never or rarely adhere to the use of relevant TLRs, teaching methods, assessment guidelines, scheduled time and table of specification stated in the Basic Nursing curriculum. They also sometimes use other textbooks not contained in the curriculum and also recommend same for use by the students. In essence, aside the non-use of other TLRs and teaching methods not prescribed in the curriculum, the tutors have either always, frequently, sometimes, or rarely skidded away from the prescribed curriculum at one point in time. Based on this finding, it is clear that nursing tutors do not adhere to the prescribed approaches stated in the Basic Nursing curriculum most of the time.

This finding is concurred by Kwarteng (2013) who found that the degree of fidelity of implementation of the 2007 Education Reform was not impressive. This could be same with the Basic Nursing curriculum at the Nursing and Midwifery Training Colleges since fidelity principles and assumptions are same everywhere. This finding also conforms with a study by: Arthur (as cited by

Ogah, 2017) which revealed that majority of teachers in Ashanti Region did not always plan their lessons within the framework of the syllabus; Owusu (2012), which revealed that French teachers from the Takoradi Metropolis in the Western Region did not prepare lesson notes from the syllabus but contrarily concluded that the level of fidelity was moderate; Ogah (2017), who revealed that there was low fidelity in the implementation of History curriculum in Asuogyaman District of Eastern Region.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Overview

This chapter presents a summary of the discussion of the research findings, the conclusions and recommendations. The study sought to examine whether and to what extent nursing tutors at the Nursing and Midwifery Training Colleges in northern Ghana are implementing the Basic Nursing curriculum using the fidelity approach of curriculum implementation. The study espoused a descriptive cross-sectional design to investigate the issues. Respondents were drawn from selected nine Nursing and Midwifery Training Colleges in the Northern Ghana, using census for tutors, and simple random for the selection of the colleges while systematic random sampling technique was adopted to select the student respondents. A closed-ended type of questionnaire developed by the researcher was used and it comprised five sections for the tutors and four sections for the students. Out of the 310 students and 204 tutors sampled and took part in the survey, all 310 and 204 students and tutors respectively completed and submitted the questionnaires, representing a return or retrieval rate of 100.0%.

Five research questions were formulated to examine the issues. The research questions are as follows:

1. What background characteristics (qualification and teaching experiences) do tutors of Basic Nursing in the Nursing and Midwifery Training Colleges in Northern Ghana have to be able to effectively implement the curriculum as prescribed?

2. What prescribed teaching methods do Nursing Tutors use in implementing the Basic Nursing curriculum at the Nursing and Midwifery Training Colleges in northern Ghana?
3. What prescribed teaching and learning resources do tutors have access to for the implementation of the Basic Nursing curriculum as prescribed in the Nursing and Midwifery Training Colleges in Ghana?
4. What are the beliefs of Nursing Tutors in the Nursing and Midwifery Training College in northern Ghana about the Basic Nursing curriculum content?
5. To what degree are Basic Nursing Tutors in the Nursing and Midwifery Training Colleges in Northern Ghana strictly implementing the Basic Nursing curriculum as prescribed by the Nursing and Midwifery Council of Ghana?

Summary of Findings

The first research question in this study sought to find out the background characteristics (qualification and experience) of basic nursing tutors. Concerning the highest academic qualification, majority of the nursing tutors teaching Basic Nursing had bachelor's degree certificate as well as basic professional qualification in Registered General Nursing. In terms of nursing tutors having professional teaching certificate, majority of them teaching basic nursing were not having professional teaching certificate in the various selected Nursing and Midwifery Training Colleges in Northern Ghana.

With regards to the second research question which sought to identify the teaching methods used in teaching Basic Nursing by the Tutors, the most frequently used teaching methods for Basic Nursing were lecture and discussion method out of the 20 teaching methods outlined by the Nursing and Midwifery Council of Ghana. Field trip, simulation, demonstration, case studies, and problem-based learning method of teaching were never used by tutors to teach Basic Nursing. The rest of the teaching methods outlined by the Council were either rarely or sometimes used.

The focus of the third research question was the teaching and learning materials used by tutors in teaching Basic Nursing. The most frequently used teaching and learning materials for Basic Nursing lessons were non-projected materials (white board and flipchart), still-projected materials (LCD projectors) and printed materials (books and handouts). Audios (recorded tapes) and computer-based materials (e-learning and internet) were never used during Basic Nursing lessons.

Furthermore, with regards to the beliefs held about Basic Nursing curriculum, both tutor and student respondents demonstrated largely negative beliefs about the Basic Nursing curriculum through their responses.

Finally, the fifth research question focused on the degree of adherence to prescribed approaches for implementing Basic Nursing curriculum. It was established that nursing tutors hardly adhered to the prescribed approaches stated in the Basic Nursing curriculum leading to low degree of fidelity in curriculum implementation.

Conclusions

The following conclusions can be drawn based on the findings of the study:

Firstly, it emerged that majority of nursing tutors were having first degree (Bachelor's degree) as their highest academic certificate. Even though this considered appropriate because Diploma programmes are the highest programmes ran in the Colleges, the possession of higher certificates such as Masters and Doctorate would have been more appropriate. It has been demonstrated and established that tutors with higher degree have demonstrated higher effectiveness in teaching than those with lower degree and can therefore understand and appreciate the curriculum better to implement it as prescribed.

It was also revealed that majority of the tutors had Registered General Nursing as their professional category. This is appropriate for a better understanding of the Basic Nursing curriculum and subsequent implementation as prescribed. It was however established from the findings that majority of the tutors were not having professional teaching certificate. This could affect the choice of pedagogical strategy used by nursing tutors to transact the Basic Nursing curriculum. This could even be the justification why most tutors were using only lecture and discussion methods as well as non-projected materials (white board and flipchart), still-projected materials (LCD projectors) and printed materials (books and handouts), among others, in the implementation of the Basic Nursing curriculum

Secondly, the most frequently used teaching methods among nursing tutors in their schools to transact the Basic Nursing curriculum were lecture and discussion methods. However, the least method of teaching used by tutors to teach

Basic Nursing in their schools were the fieldtrip, simulation, demonstration and problem-based learning method. This seems to suggest that majority of the tutors are only conversant, comfortable and/or have knowledge in the use of traditional method of teaching Basic Nursing which could be boring and monotonous and may not also be appropriate all the time and that will not engender prescribed implementation of the curriculum.

Thirdly, the most frequently used teaching and learning materials during Basic Nursing lessons in the Nursing and Midwifery Training Colleges in Northern Ghana were non-projected materials (white board and flipchart), still-projected materials (LCD projectors) and printed materials (books and handouts). This can be attributed to the fact that they are easy to use, readily available and tutors/teachers feel comfortable using them. Audios (recorded tapes) and computer-based materials (e-learning and internet) were never used during Basic Nursing lessons. This could be attributed to their inability to use them, time wasting, non-availability, nature of the topic being treated and the time of teaching. This can negatively influence the implementation of the curriculum as prescribed and therefore lower the degree of fidelity of implementation of the curriculum.

Furthermore, this study also found that both tutor and student respondents demonstrated negative beliefs about the Basic Nursing curriculum through their responses. This means that if the nursing tutors have faith in the content of the Basic Nursing curriculum, they will implement it religiously as it is. However, if they do not have confidence or positive beliefs about the curriculum, the level of

fidelity of implementation will be low because, they will either add or subtract some of the topics, refuse to use some teaching methods and TLMs that are prescribed, use assessment guidelines that are not prescribed or alter the credit hours allocated to the course.

Finally, it was established that nursing tutors hardly adhere to the prescribed approaches stated in the basic nursing curriculum leading to low degree of fidelity in curriculum implementation. This low level of fidelity could be attributed to factors such as their tutor's belief about the usefulness of the curriculum, the availability of TLMs, their knowledge in the subject matter, level of understanding of the various instructional methods, workload and time.

Recommendations

Based on the findings and conclusions drawn from this study, the following recommendations were made. It is aimed at improving the degree of fidelity in implementing the Basic Nursing curriculum in selected Nursing and Midwifery Colleges in Northern Ghana especially in the area of capacity building of teaching staff for improved academic work.

Firstly, health tutors should be given the opportunity to upgrade themselves, sponsored by MOH, Principals of the various institutions or personally to enhance their professional competencies for effective teaching and academic excellence. In addition, selection of tutors to teach Basic Nursing should be based on the acquisition of minimum professional nursing qualification, which is Registered General Nursing and the person should have practiced in the ward for at least three continuous years. Also, the interest of the

tutor in the course should be considered because research has shown that if you like what you are doing, you are more likely to do it better as prescribed.

Secondly, as part of improving the pedagogical practices of tutors to increase fidelity, the HTIS should make it mandatory for all tutors without professional teaching background to do postgraduate diploma or certificate in education. At worst, the HTIs must organize capacity building workshops in the area of teaching methods and efficient use of TLMs for tutors to enhance the use of the various teaching methods and TLMs to increase the degree of fidelity in teaching of Basic Nursing among tutors.

Thirdly, management of the various health training institutions should provide more realia dummies, specimens and models and equip their various skills laboratories. All skills laboratories should have stationary instructors and there should be a schedule for the use the skills laboratory.

Furthermore, the authorities of Health Training Institutions (HTIs) and the Ministry of Health should organize periodic orientation programmes to update tutors on the various approaches of curriculum implementation. This will let them understand and appreciate the principles and assumptions of the various approaches to curriculum implementation.

In addition, the HTIs and MoH should take steps to ensure in each college, there is a curriculum unit/department headed by a tutor specialised in the area of curriculum development to deal with the issues around curriculum implementation and carryout formative evaluation of the implementation process

and the report submitted to the N&MC and HTIs, so that the peculiar situation of each college is identified for appropriate intervention.

Finally, the Nursing and Midwifery Council of Ghana should employ the services of research institutions such as the universities and the Curriculum Research and Development Division (CRDD) of the Ghana Education Service, as mandated by the Ministry of Education to conduct periodic training needs assessment on tutors in the nursing and midwifery training colleges to identify existing gaps and design relevant training programmes in collaboration with nursing professionals. At best, the MoH, this and N&MC should encourage tutors and staff of the N&MC to read curriculum development courses or programmes to enhance their capacities in the area of curriculum implementation.

Suggestion for Further Research

The researcher suggests that inferential studies to be done to see the relationship between the demographic variables of Basic Nursing tutors and their ability to implement the curriculum as prescribed. Againg, it is suggested that this study be replicated in the southern part of the country to see if there will be any significant difference in findings between the respondents in northern Ghana and that of southern Ghana. The researcher further suggests that similar study be done to in the other courses to see if tutors are implementing those courses as prescribed by the Nursing and Midwifery Council of Ghana.

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APPENDIX A
QUESTIONNAIRE FOR BASIC NURSING TUTORS
UNIVERSITY OF CAPE COAST
COLLEGE OF EDUCATION STUDIES
FACULTY OF HUMANITIES AND SOCIAL SCIENCES EDUCATION
DEPARTMENT OF BUSINESS AND SOCIAL SCIENCES EDUCATION

Dear Respondent,

This study is being conducted on the topic *Fidelity Approach to Implementing Basic Nursing Curriculum in Selected Nursing and Midwifery Training Colleges in Northern Ghana.* You are kindly requested to respond to the various items contained in this instrument. This study is purely academic; therefore, your views and responses will contribute immensely towards the success of the entire exercise. Again, your anonymity is guaranteed, as such, your views, responses and comments with respect to this study would be treated with utmost confidentiality. Please, try as much as possible to be frank with your responses provided to the items.

Instruction: Tick [√] or Circle any one of the options that is applicable to you or that reflects your opinion in respect of the item concerned. You may also write in the space provided where necessary.

SECTION A
BACKGROUND INFORMATION OF TUTORS

1. Sex:
   A. Male [ ]
   B. Female [ ]
2. Highest Academic Qualification:
   A. Certificate [ ]
   B. Diploma [ ]
   C. Advanced Diploma [ ]
   D. Bachelor's Degree [ ]
   E. Master's Degree [ ]
   F. PhD [ ]
3. Basic Professional Qualification:
   A. NAC/HAC [ ]
   B. NAP/CHN [ ]
   C. EN [ ]
   D. SRN [ ]
   E. RGN [ ]
   F. RMN [ ]
   G. RM [ ]
   H. RCN [ ]
4. Do you have a professional teaching certificate?
   A. Yes [ ]
   B. No [ ]

5. If your response to item 4 is in the affirmative, which of the following professional teaching certificates do you have? (You can choose more than one if applicable to you)
   A. Certificate in Education (Direct) [ ]
   B. Postgraduate Certificate in Education (PGCE/PCE) [ ]
   C. Diploma in Education (Direct) [ ]
   D. Postgraduate Diploma in Education (PGDE) [ ]
   E. Bachelor of Education (B.Ed) [ ]
   F. Master of Education (M.Ed) [ ]
6. How many years have you worked in the field before teaching as a Nursing Tutor?
   A. Less than 3 [ ]
   B. 3 years and above [ ]
7. How many years have you been teaching as a Nursing Tutor?
   A. Less than 3 [ ]
   B. 3 years and above [ ]
8. Have you ever participated in a curriculum review workshop for Basic Nursing organized by the Nursing and Midwifery Council of Ghana?
   A. Yes [ ]
   B. No [ ]
9. Have you ever participated in any workshop or meeting organized by your College to discuss the Basic Nursing curriculum?
   A. Yes [ ]
   B. No [ ]
10. Have you ever attended any workshop organized by the Nursing and Midwifery Council of Ghana on how to teach Basic Nursing?
    A. Yes [ ]
    B. No [ ]
11. Do you go to the ward at least 3 times in every semester to carry out Basic Nursing tasks?
    A. Yes [ ]
    B. No [ ]
12. Does your understanding of the course description enable you implement the curriculum as prescribed?
    A. Yes [ ]
    B. No. [ ]
13. Does your understanding of the course objectives help you implement the curriculum as prescribed?
    A. Yes [ ]
    B. No [ ]
14. Do you adequately understand the curriculum content, to enable you teach what is required of the students?
    A. Yes [ ]
    B. No [ ]

SECTION B
TEACHING METHODS NURSING TUTORS USE IN TEACHING BASIC NURSING

Below is a list of teaching methods prescribed by the Nursing and Midwifery Council (2015) for implementing the curriculum. Indicate how frequent you use each method in the implementation of the Basic Nursing Curriculum by **Circling 1, 2, 3,4 or 5** as per the keys below:

Never Use (NU)……..…...1

Rarely Use (NU)…….……..2

Sometimes Use (SU)…..……..3

Frequently Use (FU)…….……..4

Always Use (AU)……5

TEACHING METHOD	FREQUENCY OF USAGE				
15. Lecture	1	2	3	4	5
16. Discussion	1	2	3	4	5
17. Seminar/ workshops	1	2	3	4	5
18. Clinical conference	1	2	3	4	5
19. Research projects	1	2	3	4	5
20. Ward clinical practice	1	2	3	4	5
21. Brainstorming	1	2	3	4	5
22. Study groups	1	2	3	4	5
23. Tutorials	1	2	3	4	5
24. Role play	1	2	3	4	5
25. Field trips	1	2	3	4	5
26. Reflective practice	1	2	3	4	5
27. Demonstrations	1	2	3	4	5
28. Simulations	1	2	3	4	5
29. Computed assisted learning	1	2	3	4	5
30. Problem Based Learning (PBL)	1	2	3	4	5
31. Use of computerized training tools	1	2	3	4	5
32. Case studies	1	2	3	4	5

33. If you circled **"1",** which means **"NEVER USE",** for any teaching method(s) above, please indicate your reason. **(Note: You can tick more than one option).**
    A. I don't know how to use that method [ ]
    B. It is not suitable for any of the topics [ ]
    C. It is not suitable for the time allotted for the course [ ]
    D. It will waist time [ ]
    E. There are no TLR(s) and facilities to use that method [ ]
    F. Others (Specify) ……

Below is a list of Teaching and Learning Resources (TLRs) prescribed by the Nursing and Midwifery Council (2015) for implementing the curriculum. Indicate how frequent you use each TLM in the implementation of the Basic Nursing Curriculum by **Circling 1, 2, 3, 4 or 5** as per the keys below:

Never Use (NU)……1

Rarely Use (RU)……...2

Sometimes Use (SU)…..……...3

Frequently Use (FU)…….……..4

Always Use (AU)……5

SECTION C
TEACHING AND LEARNING RESOURCES (TLRs) NURSING TUTORS USE IN TEACHING BASIC NURSING

TEACHING AND LEARNING RESOURCES	FREQUENCY OF USAGE				
34. Printed materials e.g. books, handouts	1	2	3	4	5
35. Non-projected materials e.g. white board, Flipcharts	1	2	3	4	5
36. Still-projected materials e.g. photographs, LCD projectors.	1	2	3	4	5
37. Audios e.g. recorded tapes	1	2	3	4	5
38. Films and videos	1	2	3	4	5
39. Computer based materials e.g. e-learning materials, internet, computers	1	2	3	4	5
40. "Realia" e.g. specimens, models, dummies	1	2	3	4	5

41. If you circled **"1",** which means **"NEVER USE",** for any TLR(s) above, please indicate your reason. **(Note: you can tick more than one option).**
    A. Not available [ ]
    B. Inadequate [ ]
    C. Time wasting [ ]
    D. Don't know how to use it [ ]
    E. No internet [ ]
    F. No electricity [ ]
    G. No computer (desktop or laptop) [ ]
    H. Others (Specify)……...
42. Is your college skills laboratory (demonstration) room well equipped to enhance effective hands-on practicals?
    A. Yes [ ]
    B. No [ ]

SECTION D

TUTORS' BELIEFS ABOUT THE BASIC NURSING CURRICULUM

Indicate your level of agreement or disagreement to the following statements by **Circling** the number that corresponds to your level of agreement as in the keys below:

Strongly Disagree (SD)….……..…1

Disagree (D)….……..…..…2

Undecided (UND……..…..…..3

Agree (A)……...…4

Strongly Agree (SA)..……..…..…5

STATEMENT	LEVEL OF AGREEMENT OR DISAGREEMENT				
43. The objectives of the curriculum are clearly stated	1	2	3	4	5
44. The content of the curriculum is adequate to equip the trainee with essential basic skills	1	2	3	4	5
45. The content of the curriculum is too bulky to enhance effective teaching and learning	1	2	3	4	5
46. The topics of the curriculum are well sequenced to facilitate higher order learning	1	2	3	4	5
47. The curriculum spells out precisely what to teach	1	2	3	4	5
48. The curriculum is more theoretical than practical	1	2	3	4	5
49. The time allotted for Basic Nursing on the time table is adequate	1	2	3	4	5
50. The curriculum specifies the books/literature that are standard to effectively teach and learn the course	1	2	3	4	5

SECTION E

ADHERENCE TO THE PRESCRIBED APPROACH IN IMPLEMENTING BASIC NURSING CURRICULUM

Below is a table of list of items in relation to your level of adherence to the prescribed approach to implementing the Basic Nursing curriculum. Indicate your level of adherence by **ticking [√]** against **1, 2, 3, 4 and 5** where these numbers stand for:

Never ……...1

Rarely ……2

Sometimes……..3

Frequently…….……...4

Always…….……5

ITEM	LEVEL OF ADHERENCE				
	1	**2**	**3**	**4**	**5**
51. You strictly go by the time schedule allotted for Basic Nursing on the time table.					
52. You exhaust the entire course content by the end of the semester.					
53. You teach other topics you feel are relevant to nursing practice but are not contained in the course outline.					
54. You ignore other topics in the course outline which you feel are not relevant or outmoded.					
55. You use the textbooks or sources of literature listed in the course outline.					
56. You use other textbooks or useful sources of literature aside those listed in the curriculum.					
57. You recommend the use of other relevant textbooks or sources of literature to your students, either than those listed in the curriculum.					
58. You employ any useful methods of teaching to enhance teaching which are not listed in the curriculum.					
59. You employ the use of other relevant TLRs in teaching that are not listed in the curriculum.					
60. You include other means of student assessment that are not in the curriculum.					
61. You strictly follow the assessment guidelines for assessing students as prescribed in the curriculum.					
62. You draw a table of specification to cover the dimensions of knowledge according to the *Taxonomy of Educational Objectives* when constructing test for your students.					

63. Which of these constitutes your assessment procedures for your students? **(Note: Indicate as many as are applicable to you).**
    A. Class test [ ]
    B. Group presentation [ ]
    C. In-house practical assessment [ ]
    D. Oral test or interview [ ]
    E. Classroom participation [ ]
    F. Class attendance [ ]
    G. End of Semester Exam [ ]
    H. Others (Specify) …….
64. Do you have adequate knowledge on all the topics in the curriculum?
    A. Yes [ ]
    B. No [ ]
65. How many hours do you teach Basic Nursing to a class or each class in a week?
    A. Below 2 hours [ ]
    B. 2 hours [ ]
    C. 3 hours [ ]
    D. Above 3 hours [ ]
66. Do the students go for hands-on practicals in the ward or skills laboratory every week?
    A. Yes [ ]
    B. No [ ]
67. Do your students go for compulsory intra-semester clinicals?
    A. Yes [ ]
    B. No [ ]
68. Do your students go for compulsory vacation practicum?
    A. Yes [ ]
    B. No [ ]
69. Do you face any challenge(s) in teaching Basic Nursing as prescribed?
    A. Yes [ ]
    B. No [ ]
70. If your response to item 69 is in the affirmative, specify the problem **(You can tick as many as are applicable to you)**.
    A. I am very loaded with other subjects [ ]
    B. I am loaded with other co-curricular activities [ ]
    C. Curriculum does not indicate the length and breadth of what to teach (how deep and how broad) [ ]
    D. No TLRs to facilitate teaching [ ]
    E. Inadequate TLRs for effective teaching [ ]
    F. Poorly equipped Skills Laboratory [ ]
    G. Inadequate textbooks [ ]
    H. Difficult subject matter (content) [ ]
    I. Content is very loaded [ ]
    J. Lack mastery of some topics [ ]
    K. Time allotted for it on the time table is not conducive [ ]

L. I don't have interest in that course [ ]
M. No extrinsic motivation/incentives [ ]

Thanks for your cooperation

APPENDIX B
QUESTIONNAIRE FOR NURSING STUDENTS
UNIVERSITY OF CAPE COAST
COLLEGE OF EDUCATION STUDIES
FACULTY OF HUMANITIES AND SOCIAL SCIENCES EDUCATION
DEPARTMENT OF BUSINESS AND SOCIAL SCIENCES EDUCATION

Dear Respondent,

This study is being conducted on the topic *Fidelity Approach to Implementing Basic Nursing Curriculum in Selected Nursing and Midwifery Training Colleges in Northern Ghana.* You are kindly requested to respond to the various items contained in this instrument. This study is purely academic; therefore, your views and responses will contribute immensely towards the success of the entire exercise. Again, your anonymity is guaranteed, as such, your views, responses and comments with respect to this study would be treated with utmost confidentiality. Please, try as much as possible to be frank with your responses provided to the items.

Instruction: Tick [√] or Circle any one of the options that is applicable to you or that reflects your opinion in respect of the item concerned. You may also write in the space provided where necessary.

SECTION A

BACKGROUND INFORMATION OF STUDENTS

1. Sex
   A. Male [ ]
   B. Female [ ]
2. Professional training category:
   A. RGN [ ]
   B. RM [ ]
   C. RCN [ ]
   D. RMN [ ]
   E. Post NAC/NAP Midwifery [ ]

SECTION B

TEACHING METHODS NURSING TUTORS USE IN TEACHING BASIC NURSING

Below is a list of teaching methods prescribed by the Nursing and Midwifery Council (2015) for implementing the curriculum. Indicate how frequent your Nursing Tutor(s) use each method in the implementation of the Basic Nursing Curriculum by **Circling 1, 2, 3, 4 or 5** as per the keys below:

Never Use (NU)……..…...1

Rarely Use (RU)…….……..2

Sometimes Use (SU)…….……..3

Frequently Use (FU)……..……4

Always Use (AU)……5

TEACHING METHOD	FREQUENCY OF USAGE				
3. Lecture	1	2	3	4	5
4. Discussion	1	2	3	4	5
5. Seminar/ workshops	1	2	3	4	5
6. Clinical conference	1	2	3	4	5
7. Research projects	1	2	3	4	5
8. Ward clinical practice	1	2	3	4	5
9. Brainstorming	1	2	3	4	5
10. Study groups	1	2	3	4	5
11. Tutorials	1	2	3	4	5
12. Role play	1	2	3	4	5
13. Field trips	1	2	3	4	5
14. Reflective practice	1	2	3	4	5
15. Demonstrations	1	2	3	4	5
16. Simulations	1	2	3	4	5
17. Computed assisted learning	1	2	3	4	5
18. Problem Based Learning (PBL)	1	2	3	4	5
19. Use of computerized training tools	1	2	3	4	5
20. Case studies	1	2	3	4	5

Below is a list of TLRs prescribed by the Nursing and Midwifery Council (2015) for implementing the curriculum. Indicate how frequent your Nursing Tutor(s) use each TLR in the implementation of the Basic Nursing curriculum by **Circling 1, 2, 3, 4 or 5** as per the keys below:

Never Use (NU)……1

Rarely Use (RU)…….…..2

Sometimes Use (SU)…..……..3

Frequently Use (FU)…….……..4

Always Use (AU)……5

SECTION C
TEACHING AND LEARNING RESOURCES (TLRs) NURSING TUTORS USE IN TEACHING BASIC NURSING

TEACHING AND LEARNING RESOURCES	FREQUENCY OF USAGE				
21. Printed materials e.g. books, handouts	1	2	3	4	5
22. Non-projected materials e.g. white board, Flipcharts	1	2	3	4	5
23. Still-projected materials e.g. photographs, LCD projectors.	1	2	3	4	5
24. Audios e.g. recorded tapes	1	2	3	4	5
25. Films and videos	1	2	3	4	5
26. Computer based materials e.g. e-learning materials, internet, computers	1	2	3	4	5
27. "Realia" e.g. specimens, models, dummies	1	2	3	4	5

28. Is your college skills laboratory or demonstration room well equipped to enhance effective hands-on practicals?
    A. Yes [ ]
    B. No [ ]

SECTION D
STUDENTS' BELIEFS ABOUT THE BASIC NURSING CURRICULUM

Indicate your level of agreement or disagreement to the following statements by **Circling** the number that corresponds to your level of agreement or disagreement as in the keys below:

Strongly Disagree (SD)….……1

Disagree (D)……..2

Undecided (UND)……..…..……3

Agree (A)……..4

Strongly Agree (SA)……..……5

STATEMENT	RATING				
29. The objectives of the curriculum are clearly stated	1	2	3	4	5
30. The content of the curriculum is adequate to equip the trainee with essential basic skills required for practice	1	2	3	4	5
31. The content of the curriculum is too bulky for effective learning	1	2	3	4	5
32. The topics of the curriculum are well sequenced to facilitate higher order learning	1	2	3	4	5

33. The curriculum spells out precisely what is to be taught and learnt	1	2	3	4	5
34. The curriculum is more theoretical than practical	1	2	3	4	5
35. The time allotted for Basic Nursing on the time table is adequate	1	2	3	4	5
36. The curriculum specifies the books/literature that are standard to effectively teach and learn the course	1	2	3	4	5

SECTION D

ADHERENCE TO PRESCRIBED APPROACH IN IMPLEMENTING BASIC NURSING CURRICULUM

Below is a table of list of items in relation to your tutor's level of adherence to the prescribed approach to implementing the Basic Nursing curriculum. Indicate your tutor's level of adherence by **ticking [√]** against 1, 2, 3, 4 and 5, where these numbers stand for:

Never ……...1

Rarely ……2

Sometimes……..3

Frequently…….……...4

Always…….…….5

ITEM	LEVEL OF ADHERENCE				
	1	2	3	4	5
37. Your tutor(s) goes strictly by the time schedule allotted for Basic Nursing on the time table.					
38. Your tutor(s) is able exhaust the entire course content by the end of the semester.					
39. Your tutor(s) teaches other topics that he/she deems relevant to nursing practice but are not contained in the course outline.					
40. Your tutor(s) ignores other topics in the course outline which he/she feel are not relevant or outmoded.					
41. Your tutor(s) uses the textbooks or sources of literature listed in the course outline.					
42. Your tutor(s) uses other textbooks or					

useful sources of literature aside those listed in the curriculum.					
43. Your tutor(s) recommends the use of other relevant textbooks or sources of literature to you, either than those listed in the curriculum.					
44. Your tutor(s) employs other useful TLRs in teaching that are not listed in the curriculum.					
45. Your tutor(s) employs other relevant methods of teaching which are not listed in the curriculum.					
46. Your tutor(s) include other means of student assessment that are not in the curriculum.					
47. Your tutor(s) includes other means of student assessment that are not in the curriculum.					
48. Your tutor(s) strictly follows the assessment guidelines for assessing students as prescribed in the curriculum					

49. Which of these does your tutor use to assess you? **(Note: Indicate as many as are applicable to you).**
    A. Class test [ ]
    B. Group presentation [ ]
    C. In-house practical assessment [ ]
    D. Oral test or interview [ ]
    E. Classroom participation [ ]
    F. Class attendance [ ]
    G. End of Semester Exam [ ]
    H. Others (Specify) ……..
50. Do you think your tutor has adequate knowledge in all the topics in the curriculum?
    A. Yes [ ]
    B. No [ ]
51. How many hours are you taught Basic Nursing by your tutor(s) in a week?
    A. Below 2 hours [ ]
    B. 2 hours [ ]
    C. 3 hours [ ]
    D. Above 3 hours [ ]
52. Do you go for hands-on practicals in the ward or skills laboratory every week?
    A. Yes [ ]
    B. No [ ]

53. Do you go for compulsory intra-semester clinicals?
    A. Yes [ ]
    B. No [ ]
54. Do you go for compulsory vacation practicum?
    A. Yes [ ]
    B. No [ ]
55. Do your tutor(s) face any challenge in teaching Basic Nursing?
    A. Yes [ ]
    B. No [ ]
56. If your response to item 55 is in the affirmative, specify the problem(s) **(Note: You can choose as many as are applicable to you).**
    A. They are very loaded with other subjects [ ]
    B. They are loaded with other co-curricular activities [ ]
    C. Curriculum does not indicate the length and breadth of what to teach (how deep and how broad) [ ]
    D. No TLRs to facilitate teaching [ ]
    E. Inadequate TLRs for effective teaching [ ]
    F. Poorly equipped Skills Laboratory [ ]
    G. Inadequate textbooks [ ]
    H. Difficult subject matter (content) [ ]
    I. Content is very loaded [ ]
    J. Lack mastery of some topics [ ]
    K. Time allotted for it on the time table is not conducive [ ]
    L. They don't have interest in that course [ ]
    M. No extrinsic motivation/incentives for them [ ]

Thanks for your cooperation.

APPENDIX C

APPLICATION FOR ETHICAL CLEARANCE

University of Cape Coast,

College of Education Studies,

Faculty Humanities and Social Sciences Education,

Department of Business and Social Sciences Education,

17th April, 2019.

The Chairman

Institutional Review Board

University of Cape Coast

Thro:

The Head

Department of Business and Social Sciences Education

University of Cape Coast

Dear Sir,

APPLICATION FOR ETHICAL CLEARANCE TO CONDUCT RESEARCH AS PARTIAL FULFILMENT FOR THE AWARD OF CERTIFICATE IN MASTER OF PHILOSOPHY IN CURRICULUM AND TEACHING

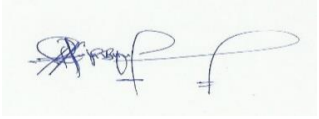
ALOYSIUS ALI ANGLIENGMENE, EH/PCT/17/0005

I would be very grateful if you could grant me ethical clearance to conduct a research on the topic "**Fidelity Approach to Implementing Basic Nursing Curriculum in Selected Nursing and Midwifery Training Colleges in Northern Ghana".** This research is conducted to write a thesis in partial fulfilment for the award of a Mater of Philosophy in Curriculum and Teaching certificate by the University of Cape Coast.

Kindly find attached all relevant information and documents required for this purpose for your consideration. It is my fervent hope that my request would be given the necessary attention and approval.

Thank you

Yours faithfully



Aloysius Ali Angliengmene

(EH/PCT/17/0005)

APPENDIX D

HEAD OF DEPARTMENT APPROVAL LETTER FOR ETHICAL CLEARANCE APPLICATION

UNIVERSITY OF CAPE COAST
COLLEGE OF EDUCATION STUDIES
FACULTY OF HUMANITIES & SOCIAL SCIENCES EDUCATION
DEPARTMENT OF BUSINESS & SOCIAL SCIENCES EDUCATION

Telephone: +233 03321 35411/ +233 03321 32480/3,
EXT. (268), Direct: 35411.
Telegrams & Cables: University, Cape Coast.
Email: dbase@ucc.edu.gh
Our Ref: DoBSSE/37/V.2/61
Your Ref:

UNIVERSITY POST OFFICE
CAPE COAST, GHANA

DATE: 29th April, 2019

The Chairperson
Institutional Review Board
University of Cape Coast
Cape Coast

Dear Sir,

LETTER OF CONFIRMATION ON PROPOSAL

We write to you to formally bring to your notice that the Department is satisfied with the research proposal of Mr. Aloysius Ali Angliengmene and has consequently given the said candidate the permission to apply clearance from IRB in order to enable him to undertake data collection.

We count on your usual cooperation.

Thank you.

Yours faithfully,

DR. JOSEPH TUFUOR KWARTENG
HEAD

APPENDIX E

SUPERVISOR'S APPROVAL LETTER FOR ETHICAL CLEARANCE APPLICATION

UNIVERSITY OF CAPE COAST
COLLEGE OF EDUCATION STUDIES
FACULTY OF HUMANITIES & SOCIAL SCIENCES EDUCATION
Department of Business & Social Sciences Education

TELEPHONE: +233 0209408788
EXT. (268), Direct: 35411.
Telegrams & Cables: University, Cape Coast.

OUR REF: DOBSSE/
YOUR REF:

University Post Office,
Cape Coast, Ghana.

Date: 2nd May, 2019

The Chairman
Institutional Review Board
University of Cape Coast

Dear Sir,

LETTER OF APPROVAL FOR THESIS IRB CLEARANCE

Mr. Angliengmene Ali Aloysius is a Master of Philosophy (Curriculum and Teaching) student of the Department of Business and Social Sciences Education, University of Cape Coast.

He has successfully defended his thesis proposal at the Department and has considered the suggestions made in consultation with his supervisors.

The supervisors approve of Mr. Angliengmene Ali Aloysius's application for University of Cape Coast IRB clearance. We would be grateful if you could review his thesis proposal entitled **"Fidelity Approach to Implementing Basic Nursing Curriculum in Selected Nursing and Midwifery Training Colleges in Northern Ghana"** accordingly.

Thank you.

Yours faithfully,

Dr. M. B. Yidana
(Principal Supervisor)

APPENDIX F

INTRODUCTORY LETTER FROM SUPERVISOR

UNIVERSITY OF CAPE COAST
COLLEGE OF EDUCATION STUDIES
FACULTY OF HUMANITIES & SOCIAL SCIENCES EDUCATION
Department of Business & Social Sciences Education

TELEPHONE: +233 0209408788
EXT. (268), Direct: 35411.
Telegrams & Cables: University, Cape Coast.

University Post Office,
Cape Coast, Ghana.

OUR REF: DOBSSE/
YOUR REF:

Date: 7th May, 2019

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

LETTER OF INTRODUCTION (ALOYSIUS ALI ANGLIENGMENE)

The bearer of this letter is Mr. Aloysius Ali Angliengmene. He is a graduate student currently pursuing a Master of Philosophy degree programme in Curriculum and Teaching in the Department of Business and Social Science Education, University of Cape Coast.

His topic is; "*Fidelity Approach to Implementing Basic Nursing Curriculum in Selected Nursing and Midwifery Training Colleges in Northern Ghana*". Students and Tutors of your institution have been selected as participants for his study. I humbly and passionately request that this student is given the needed assistance to enable him accomplish the task.

Thanks in advance for your patience and cooperation.

Yours faithfully,

Dr. M. B. Yidana

(*Principal Supervisor*)

APPENDIX G

ETHICAL CLEARANCE LETTER

UNIVERSITY OF CAPE COAST

INSTITUTIONAL REVIEW BOARD SECRETARIAT

TEL: 0558093143 / 0508878309/ 0244207814
E-MAIL: irb@ucc.edu.gh
OUR REF: UCC/IRB/A/2016/458
YOUR REF:
OMB NO: 0990-0279
IORG #: IORG0009096

C/O Directorate of Research, Innovation and Consultancy

18TH JUNE, 2019

Mr. Aloysius Ali Angliengmene
Department of Business and Social sciences Education
University of Cape Coast

Dear Mr. Angliengmene,

ETHICAL CLEARANCE – ID: (UCCIRB/CES/2019/13)

The University of Cape Coast Institutional Review Board (UCCIRB) has granted **Provisional Approval** for the implementation of your research protocol titled **Fidelity approach to implementing basic curriculum in selected Nursing and Midwifery Training Colleges in Northern Ghana. This approval** requires that you submit periodic review of the protocol to the Board and a final full review to the UCCIRB on completion of the research. The UCCIRB may observe or cause to be observed procedures and records of the research during and after implementation.

Please note that any modification of the project must be submitted to the UCCIRB for review and approval before its implementation.

You are also required to report all serious adverse events related to this study to the UCCIRB within seven days verbally and fourteen days in writing.

Always quote the protocol identification number in all future correspondence with us in relation to this protocol.

Yours faithfully,

Samuel Asiedu Owusu, PhD
UCCIRB Administrator

ADMINISTRATOR
INSTITUTIONAL REVIEW BOARD
UNIVERSITY OF CAPE COAST
Date: 18/06/19

APPENDIX H

INTRODUCTORY LETTER FROM HEAD OF DEPARTMENT

UNIVERSITY OF CAPE COAST
COLLEGE OF EDUCATION STUDIES
FACULTY OF HUMANITIES & SOCIAL SCIENCES EDUCATION
DEPARTMENT OF BUSINESS & SOCIAL SCIENCES EDUCATION

Telephone: +233-(0)3321 35411 / +233-(0)3321 32480 /3
EXT: (268), Direct: 35411
Telegrams & Cables: University, Cape Coast
E-mail.: dbase@ucc.edu.gh

UNIVERSITY OF CAPE COST
PRIVATE MAIL BAG

Date: 8th July, 2019

Our Ref: DoBSSE/59/V.1

Your Ref:

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

INTRODUCTORY LETTER

Mr. Aloysius Ali Angliengmene is an MPhil Curriculum & Teaching student of this Department. As part of his education, he is supposed to design and execute research of acceptable standard. With this, he is working on the research topic: "Fidelity Approach to implementing basic nursing curriculum in selected nursing and midwifery training colleges in Northern Ghana".

His study seeks to measure the extent to which the nursing tutors in the colleges are implementing the basic Nursing curriculum religiously. The study also seeks to find out how students and graduates in the programme are prepared for work. He would, therefore, need data from nursing students and tutors in the Northern Ghana.

In case he flouts any ethical requirement as the study may necessitate, kindly get in touch with his supervisors, Dr. (Alhaji) M. B. Yidana, the Principal Supervisor, on 0542638860 or through e-mail myidana@ucc.edu.gh; or Dr. (Mrs.) Nancy I. Ebu Enyan, the Co- Supervisor, on 0503270088 or through email nebu@ucc.edu.gh. You may also get in touch with the Department on 0209408788 or through dbsse@ucc.edu.gh.

We would be grateful if you could give him the necessary assistance to enable him complete the research.

Thank you.

Yours faithfully,

DR. JOSEPH TUFUOR KWARTENG
HEAD

APPENDIX I

COMMUNITY HEALTH NURSING TRAINING COLLEGE, TAMALE ACCEPTANCE FOR DATA COLLECTION

UNIVERSITY OF CAPE COAST
COLLEGE OF EDUCATION STUDIES
FACULTY OF HUMANITIES & SOCIAL SCIENCES EDUCATION
Department of Business & Social Sciences Education

TELEPHONE: +233 0209408788
EXT. (268), Direct: 35411.
Telegrams & Cables: University, Cape Coast.

University Post Office,
Cape Coast, Ghana.

OUR REF: DOBSSE/
YOUR REF:

Date: 7th May, 2019

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

LETTER OF INTRODUCTION (ALOYSIUS ALI ANGLIENGMENE)

The bearer of this letter is Mr. Aloysius Ali Angliengmene. He is a graduate student currently pursuing a Master of Philosophy degree programme in Curriculum and Teaching in the Department of Business and Social Science Education, University of Cape Coast.

His topic is; "*Fidelity Approach to Implementing Basic Nursing Curriculum in Selected Nursing and Midwifery Training Colleges in Northern Ghana*". Students and Tutors of your institution have been selected as participants for his study. I humbly and passionately request that this student is given the needed assistance to enable him accomplish the task.

Thanks in advance for your patience and cooperation.

Yours faithfully,

Dr. M. B. Yidana

(*Principal Supervisor*)

Aff. - Vice Principal - take note -

APPENDIX J

NURSING AND MIDWIFERY TRAINING COLLEGE, TAMALE ACCEPTANCE FOR DATA COLLECTION

NURSES` AND MIDWIVES` TRAINING COLLEGE, TAMALE

RESEARCH, QA, & ETHICS COMMITTEE

In case of the reply the number and the date of this letter should be quoted.

P.O. BOX 565
TAMALE, N/R
GHANA.

TEL: 03720 - 22515
:EMAIL:tnmtcrethics17@gmail.com

Our Ref.: *NMTC/REQEC/29/19*

DATE: May 21, 2019

Your Ref.....

To whom it may concern

Dear Sir,

LETTER OF AUTHORIZATION

I write to introduce to you **Mr. Aloysius Ali Anglienmene,** a graduate student at the Department of Business and Social Science Education, University of Cape Coast. He has been duly authorized to conduct a study titled "**Fidelity Approach to Implementing Basic Nursing Curriculum in Selected Nursing and Midwifery Training Colleges in Northern Ghana.**

Please offer him all the necessary support to enable him complete the study. Do not hesitate to contact the Research, Quality Assurance & Ethics Committee on phone number 0540582988 in case of doubt or misconduct of the researcher.

Please note that this authorization is given for a period of three months beginning from the 21st of May 2019 to 21st August 2019.

Thank you

.....

Letitia Chanayireh

(Secretary Research, QA & Ethics Committee)