



The Development of an Evidence-Based Conceptual Framework for Undergraduate Nursing Curricula in Sri Lanka

Submitted by

Rasika Sirilal Jayasekara

**RN, BA (Sri Lanka), BScN (Hons) (Sri Lanka), PG Dip Ed (Sri Lanka),
MNSc (Adelaide)**

**Thesis submitted in fulfilment of the requirements for the degree of
Doctor of Philosophy**

**Discipline of Nursing
School of Population Health and Clinical Practice
Faculty of Health Sciences
The University of Adelaide**

March 2008

Table of contents

| | |
|---|----------|
| Thesis declaration..... | xiv |
| Publications..... | xv |
| Acknowledgements..... | xvi |
| Abstract..... | xvii |
| Chapter 1 Introduction..... | 1 |
| 1.1 Introduction..... | 1 |
| 1.2 Purpose of the study..... | 3 |
| 1.3 Aims..... | 3 |
| 1.4 The process..... | 3 |
| 1.5 Definitions..... | 4 |
| 1.5.1 Conceptual framework in nursing curricula..... | 4 |
| 1.5.2 Undergraduate nursing curricula..... | 4 |
| 1.6 Theoretical framework..... | 4 |
| 1.7 Summary of the thesis..... | 5 |
| 1.8 Conclusion..... | 7 |
| Chapter 2 Literature review..... | 8 |
| 2.1 Introduction..... | 8 |
| 2.2 Conceptual frameworks in nursing curricula..... | 9 |
| 2.2.1 Introduction..... | 9 |
| 2.2.2 Search strategies..... | 9 |
| 2.2.2.1 Bibliographic databases..... | 9 |
| 2.2.2.2 Books and reports..... | 10 |
| 2.2.2.3 Professional websites..... | 10 |
| 2.2.2.4 General internet search..... | 10 |
| 2.2.3 The nature of curriculum..... | 10 |
| 2.2.4 The nature of a conceptual framework..... | 12 |
| 2.2.5 The nature of philosophy..... | 13 |
| 2.2.6 Conceptual frameworks in nursing curricula..... | 14 |
| 2.2.7 Studies of conceptual frameworks in nursing curricula..... | 16 |
| 2.2.8 Issues and trends of conceptual frameworks..... | 19 |
| 2.2.9 Conclusion..... | 20 |
| 2.3 Global and regional trends and issues in nursing education..... | 22 |
| 2.3.1 Introduction..... | 22 |
| 2.3.2 Search strategies..... | 22 |
| 2.3.3 An overview of global health and nursing services..... | 22 |
| 2.3.3.1 Health service reforms..... | 22 |
| 2.3.3.2 Nursing services..... | 23 |
| 2.3.4 Global and regional trends and issues of nursing education..... | 26 |
| 2.3.4.1 Moving from a diploma to a baccalaureate-based nursing education..... | 26 |
| 2.3.4.1.1 International perspective..... | 26 |
| 2.3.4.1.2 Regional perspective..... | 28 |
| 2.3.4.1.2.1 African region..... | 28 |
| 2.3.4.1.2.2 Americas..... | 29 |
| 2.3.4.1.2.3 Eastern Mediterranean region..... | 29 |
| 2.3.4.1.2.4 European region..... | 29 |
| 2.3.4.1.2.5 Western Pacific region..... | 30 |
| 2.3.4.1.2.6 South-East Asia region..... | 30 |
| 2.3.4.1.3 Benefits of baccalaureate nursing education..... | 31 |

| | | |
|---------------------|--|-----------|
| 2.3.4.2 | Transforming nursing education: behaviourism to humanism | 33 |
| 2.3.4.2.1 | Behaviourism | 33 |
| 2.3.4.2.2 | Humanism | 34 |
| 2.3.4.3 | Movement of evidence- based practice in nursing | 35 |
| 2.3.4.3.1 | Evidence based practice in healthcare..... | 35 |
| 2.3.4.3.2 | Evidence based nursing..... | 36 |
| 2.3.4.3.3 | Evidence based nursing education | 37 |
| 2.3.5 | Conclusion | 39 |
| 2.4 | Healthcare in Sri Lanka..... | 40 |
| 2.4.1 | Introduction | 40 |
| 2.4.2 | Search strategies..... | 40 |
| 2.4.3 | Overview of Sri Lanka | 40 |
| 2.4.4 | The history of health services in Sri Lanka..... | 41 |
| 2.4.5 | Establishment of western medicine..... | 42 |
| 2.4.6 | Health service administration in Sri Lanka..... | 43 |
| 2.4.7 | Health status and trends in Sri Lanka..... | 44 |
| 2.4.7.1 | Demographic trends | 44 |
| 2.4.7.2 | Maternal and child health..... | 46 |
| 2.4.7.3 | Infectious and non-communicable diseases..... | 47 |
| 2.4.7.4 | Emergency preparedness | 50 |
| 2.4.7.4.1 | Civil conflict | 50 |
| 2.4.7.4.2 | Natural disasters | 51 |
| 2.4.8 | Health financing and resource allocation..... | 51 |
| 2.4.9 | Future policy directions in Sri Lanka..... | 53 |
| 2.4.10 | Conclusion | 54 |
| 2.5 | Nursing profession in Sri Lanka | 56 |
| 2.5.1 | Introduction | 56 |
| 2.5.2 | Search strategies..... | 56 |
| 2.5.3 | History of nursing services in Sri Lanka..... | 56 |
| 2.5.4 | Acute care nursing services..... | 57 |
| 2.5.5 | Community health nursing services | 58 |
| 2.5.6 | Regulation of nursing profession | 59 |
| 2.5.7 | Nursing administration..... | 60 |
| 2.5.8 | Nursing education in Sri Lanka..... | 61 |
| 2.5.8.1 | Pre-registration nursing education in schools of nursing..... | 61 |
| 2.5.8.2 | University nursing education | 62 |
| 2.5.8.2.1 | Pre-registration B.Sc. Nursing programs | 63 |
| 2.5.8.2.2 | Post RN BSc Nursing program | 64 |
| 2.5.8.3 | Post-registration nursing education..... | 65 |
| 2.5.8.4 | Postgraduate nursing education | 66 |
| 2.5.9 | Conclusion | 68 |
| Chapter 3 | Systematic reviews | 69 |
| 3.1 | Introduction | 69 |
| Systematic review 1 | ..... | 70 |
| 3.1.1 | Executive summary..... | 70 |
| 3.1.1.1 | Objectives | 70 |
| 3.1.1.2 | Inclusion criteria | 70 |
| 3.1.1.3 | Search strategy | 70 |
| 3.1.1.4 | Methodological quality | 71 |
| 3.1.1.5 | Results..... | 71 |
| 3.1.1.6 | Conclusion | 71 |

| | | |
|-------------|--|----|
| 3.1.1.7 | Keywords | 71 |
| 3.1.2 | The Comprehensive systematic review..... | 72 |
| 3.1.2.1 | Introduction..... | 72 |
| 3.1.2.2 | Background..... | 72 |
| 3.1.2.3 | Objectives | 73 |
| 3.1.2.4 | Review method | 73 |
| 3.1.2.4.1 | Inclusion criteria..... | 73 |
| 3.1.2.4.1.1 | Types of studies/papers..... | 73 |
| 3.1.2.4.1.2 | Types of participants..... | 74 |
| 3.1.2.4.1.3 | Types of interventions..... | 74 |
| 3.1.2.4.1.4 | Types of outcomes | 74 |
| 3.1.2.5 | Search strategy | 74 |
| 3.1.2.6 | Assessment of methodological quality | 75 |
| 3.1.2.7 | Data collection | 76 |
| 3.1.2.8 | Data analysis | 76 |
| 3.1.2.8.1 | Quantitative data analysis | 76 |
| 3.1.2.8.2 | Qualitative data synthesis..... | 76 |
| 3.1.2.9 | Results..... | 77 |
| 3.1.2.9.1 | Description of papers | 77 |
| 3.1.2.9.2 | Reviews of nursing curricula | 77 |
| 3.1.2.9.3 | Effectiveness of curriculum models..... | 79 |
| 3.1.2.9.3.1 | Integrated model vs. subject-centred model | 79 |
| 3.1.2.9.3.2 | Problem based learning curriculum model | 82 |
| 3.1.2.9.3.3 | Integrated critical thinking model..... | 83 |
| 3.1.2.9.4 | Perceptions of nursing curriculum models..... | 85 |
| 3.1.2.10 | Discussion | 87 |
| 3.1.2.11 | Conclusion | 90 |
| 3.1.2.12 | Implication for practice..... | 91 |
| 3.1.2.13 | Implication for research | 91 |
| 3.2 | Systematic review 2 | 93 |
| 3.2.1 | Executive summary..... | 93 |
| 3.2.1.1 | Objectives | 93 |
| 3.2.1.2 | Inclusion criteria | 93 |
| 3.2.1.3 | Search strategy | 93 |
| 3.2.1.4 | Methodological quality | 94 |
| 3.2.1.5 | Results..... | 94 |
| 3.2.1.6 | Conclusion | 94 |
| 3.2.1.7 | Keywords | 94 |
| 3.2.2 | The comprehensive systematic review..... | 95 |
| 3.2.2.1 | Introduction..... | 95 |
| 3.2.2.2 | Background..... | 95 |
| 3.2.2.3 | Objective | 96 |
| 3.2.2.4 | Review method | 97 |
| 3.2.2.4.1 | Inclusion criteria..... | 97 |
| 3.2.2.4.1.1 | Types of participants..... | 97 |
| 3.2.2.4.1.2 | Types of intervention(s)/phenomena of interest | 97 |
| 3.2.2.4.1.3 | Types of outcomes | 97 |
| 3.2.2.4.1.4 | Types of studies/publications..... | 97 |
| 3.2.2.5 | Search strategy | 97 |
| 3.2.2.6 | Assessment of methodological quality | 98 |
| 3.2.2.7 | Data collection | 99 |

| | | |
|------------------|---|------------|
| 3.2.2.8 | Data analysis | 99 |
| 3.2.2.8.1 | Quantitative data analysis | 99 |
| 3.2.2.8.2 | Qualitative and textual data synthesis | 99 |
| 3.2.2.9 | Results..... | 100 |
| 3.2.2.9.1 | Description of studies..... | 100 |
| 3.2.2.9.2 | Cultural relevancy of curriculum models..... | 100 |
| 3.2.2.9.3 | Adaptability of curriculum models | 102 |
| 3.2.2.10 | Discussion | 103 |
| 3.2.2.11 | Conclusion | 105 |
| 3.2.2.12 | Implication for practice..... | 106 |
| 3.2.2.13 | Implication for research | 106 |
| Chapter 4 | Developing a draft conceptual framework for undergraduate nursing curricula in Sri Lanka | 108 |
| 4.1 | Introduction | 108 |
| 4.2 | The process of developing a draft conceptual framework | 108 |
| 4.2.1 | The process of curriculum development..... | 108 |
| 4.2.2 | Approaches for developing a conceptual framework..... | 110 |
| 4.2.3 | Principles of developing a conceptual framework | 110 |
| 4.2.3.1 | Identifying the concepts | 110 |
| 4.2.3.2 | Defining the selected concepts..... | 111 |
| 4.2.3.3 | Explain the linkages between and among the concepts | 111 |
| 4.2.4 | The process of developing a draft conceptual framework | 111 |
| 4.3 | The draft conceptual framework | 112 |
| 4.3.1 | Description of the conceptual framework..... | 112 |
| 4.3.2 | Components of the draft conceptual framework..... | 113 |
| 4.3.2.1 | Professional nursing..... | 114 |
| 4.3.2.2 | Nursing competencies (skills, knowledge and attitudes)..... | 115 |
| 4.3.2.3 | Teaching and learning..... | 116 |
| 4.4 | Conclusion | 117 |
| Chapter 5 | Evaluating the feasibility and appropriateness of the draft conceptual framework: methodology and method | 118 |
| 5.1 | Introduction | 118 |
| 5.2 | Research methodology | 119 |
| 5.2.1 | Theoretical framework of the study | 119 |
| 5.2.2 | Focus group discussion | 120 |
| 5.2.2.1 | Definition | 120 |
| 5.2.2.2 | Rationale for using focus group discussion | 121 |
| 5.2.2.3 | History of focus group | 121 |
| 5.2.2.4 | Theoretical views of focus groups | 122 |
| 5.2.2.5 | Uses of focus groups in health and nursing | 124 |
| 5.2.2.6 | Design of the focus groups | 125 |
| 5.2.2.7 | Reliability and validity..... | 126 |
| 5.2.2.7.1 | Reliability/Dependability | 126 |
| 5.2.2.7.2 | Validity..... | 127 |
| 5.2.2.8 | Limitation of focus groups..... | 127 |
| 5.2.3 | Conclusion | 128 |
| 5.3 | Research method | 129 |
| 5.3.1 | Introduction | 129 |
| 5.3.2 | Planning for focus group discussions..... | 129 |
| 5.3.2.1 | Discussion guides..... | 129 |
| 5.3.2.2 | Selection of participants..... | 130 |

| | | |
|---|--|------------|
| 5.3.2.3 | Ethical considerations | 130 |
| 5.3.3 | Conducting focus groups | 132 |
| 5.3.3.1 | Recruitment of participants..... | 132 |
| 5.3.3.2 | Data collection | 132 |
| 5.3.3.2.1 | Setting | 132 |
| 5.3.3.2.2 | Choice of the moderator..... | 133 |
| 5.3.3.2.3 | Conducting the focus groups..... | 134 |
| 5.3.4 | Data analysing and reporting | 135 |
| 5.3.4.1 | Data analysis | 135 |
| 5.3.4.1.1 | Nature of focus group data..... | 136 |
| 5.3.4.1.2 | Approaches to data analysis..... | 136 |
| 5.3.4.1.3 | Stages of data analysis | 136 |
| 5.3.4.1.3.1 | Transcribing and translation | 137 |
| Stage 1: Familiarisation | 137 | |
| Stage 2: First level coding (Identifying thematic frameworks) | 138 | |
| Stage 3: Second level coding (Indexing) | 138 | |
| Stage 4: Charting..... | 138 | |
| Stage 5: Interpretation of data..... | 138 | |
| 5.3.4.2 | Reporting..... | 138 |
| 5.3.5 | Conclusion | 139 |
| Chapter 6 | Feasibility and appropriateness of the draft conceptual framework: findings of focus group discussions..... | 140 |
| Introduction | 140 | |
| Focus group findings..... | 140 | |
| 6.1 | Professional nursing | 143 |
| 6.1.1 | Meaning of professional nursing in Sri Lanka..... | 144 |
| 6.1.2 | Integration of theory, practice and research..... | 146 |
| 6.1.3 | Feasibility of evidence-based practice | 148 |
| 6.1.4 | Ethical and legal framework | 151 |
| 6.1.5 | Professional roles | 153 |
| 6.2 | Skills..... | 156 |
| 6.2.1 | Technical skills vs. clinical skills..... | 156 |
| 6.2.2 | Communication skills | 158 |
| 6.2.3 | Critical thinking skills..... | 158 |
| 6.2.4 | Leadership skills..... | 160 |
| 6.2.5 | Information literacy..... | 160 |
| 6.2.6 | Interpersonal skills | 161 |
| 6.3 | Knowledge | 162 |
| 6.3.1 | Physiological knowledge | 163 |
| 6.3.2 | Psychological knowledge..... | 163 |
| 6.3.3 | Socio-cultural knowledge..... | 164 |
| 6.3.4 | Politico-economic knowledge..... | 165 |
| 6.3.5 | Legal and ethical knowledge..... | 165 |
| 6.3.6 | Nursing knowledge | 166 |
| 6.4 | Values and beliefs (Attitudes)..... | 166 |
| 6.4.1 | Client | 167 |
| 6.4.1.1 | Holistic view of client care | 167 |
| 6.4.1.2 | Clients' rights..... | 169 |
| 6.4.2 | Student | 170 |
| 6.4.2.1 | Self-motivated /self-directed students..... | 170 |
| 6.4.3 | Health | 172 |

| | | |
|------------------|--|------------|
| 6.4.3.1 | Primary healthcare (PHC) and Holism | 172 |
| 6.4.3.2 | Community health nursing..... | 173 |
| 6.4.4 | Environment..... | 175 |
| 6.4.4.1 | Healthcare consumers' demands..... | 175 |
| 6.4.4.2 | Technology and medical sciences..... | 176 |
| 6.5 | Teaching and learning..... | 177 |
| 6.5.1 | Student-centred education..... | 177 |
| 6.5.2 | Self-directed/ discovery learning | 179 |
| 6.5.3 | Interdisciplinary education..... | 180 |
| 6.5.4 | Life-long learning..... | 182 |
| 6.5.5 | Flexible learning..... | 183 |
| 6.5.6 | Education technology..... | 184 |
| 6.6 | Nursing education in the future..... | 185 |
| | Conclusion | 186 |
| Chapter 7 | An evidence-based conceptual framework: discussion..... | 187 |
| 7.1 | Introduction..... | 187 |
| 7.2 | The key findings..... | 188 |
| 7.2.1 | Accepted and rejected concepts | 189 |
| 7.2.1.1 | Accepted concepts | 189 |
| 7.2.1.1.1 | Meaning of professional nursing in Sri Lanka..... | 189 |
| 7.2.1.1.2 | Clinical skills and technical skills..... | 189 |
| 7.2.1.1.3 | Interpersonal skills | 190 |
| 7.2.1.1.4 | Legal and ethical knowledge..... | 190 |
| 7.2.1.1.5 | Nursing knowledge | 190 |
| 7.2.1.1.6 | Holistic view of client care | 191 |
| 7.2.1.1.7 | Clients' rights..... | 191 |
| 7.2.1.1.8 | Community health nursing..... | 191 |
| 7.2.1.1.9 | Nursing education in the future..... | 192 |
| 7.2.1.2 | Rejected concepts..... | 193 |
| 7.2.1.2.1 | Environmental knowledge | 193 |
| 7.2.1.3 | Final conceptual framework | 194 |
| 7.2.2 | Overall conceptual framework..... | 195 |
| 7.2.2.1 | Cultural relevancy of concepts..... | 196 |
| 7.2.2.1.1 | Western countries' influence on nursing in Sri Lanka..... | 196 |
| 7.2.2.1.1.1 | Influence of international literature and guidelines | 196 |
| 7.2.2.1.1.2 | Influence of international funded projects | 197 |
| 7.2.2.1.1.3 | Influence of developed countries' nursing education | 197 |
| 7.2.2.1.2 | Integration of Western theories and concepts | 198 |
| 7.2.2.1.2.1 | Privacy | 198 |
| 7.2.2.1.2.2 | Autonomy | 198 |
| 7.2.2.1.3 | Influence of cultural values in nursing..... | 199 |
| 7.2.2.1.3.1 | Status of women..... | 199 |
| 7.2.2.1.3.2 | Medical dominance..... | 200 |
| 7.2.2.1.3.3 | Influence of language..... | 201 |
| 7.2.2.1.3.4 | Influence of Buddhism and indigenous medicine..... | 201 |
| 7.2.2.2 | Relevance of economic factors | 203 |
| 7.2.2.2.1 | Influence on healthcare services | 203 |
| 7.2.2.2.1.1 | Impact on healthcare consumers..... | 203 |
| 7.2.2.2.1.2 | Impact on healthcare workers | 205 |
| 7.2.2.2.2 | Influence on education and evidence-based practice..... | 206 |
| 7.2.2.2.2.1 | Impact on education..... | 206 |

| | | | |
|------------------|-----------|---|------------|
| | 7.2.2.2.2 | Impact on evidence-based practice | 208 |
| 7.3 | | Conclusion | 209 |
| Chapter 8 | | Towards a reconsideration of nursing curricula in a developing country: conclusion and recommendations | 211 |
| 8.1 | | Introduction | 211 |
| 8.2 | | Factors that shape nursing curricula in Sri Lanka..... | 211 |
| | 8.2.1 | Western influence..... | 212 |
| | 8.2.2 | Sri Lanka's cultural influence | 213 |
| | 8.2.3 | The healthcare system | 214 |
| | 8.2.4 | Sri Lankan nursing profession and regulation | 215 |
| | 8.2.5 | Medical professionals' influence | 215 |
| | 8.2.6 | Financial support..... | 216 |
| | 8.2.7 | Sri Lanka's education system..... | 217 |
| 8.3 | | Implementation of the conceptual framework | 217 |
| 8.4 | | Recommendations | 219 |
| | 8.4.1 | Recommendation: Consistency in scope of practice..... | 219 |
| | 8.4.2 | Recommendation: Pre-registration nursing education..... | 220 |
| | 8.4.3 | Recommendation: Teaching and learning..... | 220 |
| | 8.4.4 | Recommendation: Curricula content | 221 |
| | 8.4.5 | Recommendation: Evidence-based practice | 222 |
| | 8.4.6 | Recommendation: Resources allocation and funding..... | 222 |
| | 8.4.7 | Recommendation: Image of nursing | 223 |
| Appendix 1 |  | ..... | 224 |
| Appendix 2 |  | ..... | 230 |
| Appendix 3 |  | ..... | 234 |
| Appendix 4 |  | ..... | 235 |
| Appendix 5 |  | ..... | 236 |
| Appendix 6 |  | ..... | 239 |
| Appendix 7 |  | ..... | 241 |
| Appendix 8 |  | ..... | 242 |
| Appendix 9 |  | ..... | 245 |
| Appendix 10 |  | ..... | 249 |
| Appendix 11 |  | ..... | 251 |
| Appendix 12 |  | ..... | 252 |
| Appendix 13 |  | ..... | 253 |
| Appendix 14 |  | ..... | 257 |
| Appendix 15 |  | ..... | 258 |
| References: |  | ..... | 261 |
| Publications |  | ..... | 283 |

List of tables

| | |
|--|-----|
| Table 1: Commonly used conceptual frameworks in nursing curricula from five studies included in this review. | 19 |
| Table 2: Nursing programs offered in South-East Asia..... | 31 |
| Table 3: Expectation of life at birth and population aged 60 and over in South Asian countries..... | 45 |
| Table 4: Maternal and Infant Mortality Rate per 1000 live births (1970-2000) | 46 |
| Table 5: National health expenditure as % of GDP in selected countries | 52 |
| Table 6: Distribution of health personnel in curative and preventive services (2005) | 53 |
| Table 7: Distribution of Masters qualified nurse educators in nursing education institutions in Sri Lanka in 2006..... | 67 |
| Table 8: Participants' highest academic qualifications, experience and designations..... | 141 |
| Table 9: Composition of focus groups..... | 142 |

List of figures

| | |
|---|-----|
| Figure 1: The process of curriculum development | 109 |
| Figure 2: The process of developing a draft conceptual framework for undergraduate nursing curricula in Sri Lanka..... | 112 |
| Figure 3: Draft conceptual framework for nursing curricula in Sri Lanka | 113 |
| Figure 4: An evidence-based conceptual framework for undergraduate nursing curricula in Sri Lanka..... | 195 |
| Figure 5: Factors that shape nursing curricula in Sri Lanka | 212 |

Glossary

Associate degree: an academic degree awarded by community college, junior college, business college and some bachelor's degree-granting colleges and universities upon completion of a course of study usually lasting two years.

Baccalaureate/bachelor/undergraduate: an academic degree awarded for a course or major that generally lasts for three, four, or in some cases and countries, five or six years.

Concept: an abstract idea or a mental symbol, typically associated with a corresponding representation in and language or symbology, that denotes all of the objects in a given category or class of entities, interactions, phenomena or relationships between them.

Conceptual framework: a logical grouping of related concepts or theories usually created to draw together several different aspects that are relevant to a complex situation such as a practice setting or an educational program.

Curriculum: the formal plan of study that provides the philosophical underpinnings, goals, and guidelines for the delivery of a specific educational program.

Diploma: a certificate issued by an educational institution.

Faculty: a group of departments in a college/university.

faculty: the people who teach in a department in a college/university or academic staff

Focus groups: a research technique that collects data through group interaction on a topic determined by the researcher.

Health: a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Healthcare: services provided to individuals or communities to promote, maintain, monitor, or restore health through the services offered by the medical, nursing and allied health professions.

Healthcare outcomes/patient outcomes: the health status of an individual, a group of people or a population which is wholly or partially attributable to an action, agent or circumstance.

Medical model: set of procedures in which doctors are trained or the approach to find medical treatments for diagnosed symptoms and syndromes and treats the human body as a very complex mechanism.

Nursing model: a method of assessing a patient's individual needs and implementing appropriate patient care using nursing theories and concepts.

Nursing school: a type of educational institution or part thereof, where people undergo formal education and training to become a fully-qualified nurse.

Opinion: a person's ideas and thoughts towards something. It is an assessment, judgment or evaluation of something.

Stakeholders: those people and organisations who may affect, be affected by, or perceive themselves to be affected by, a decision or activity.

Theme: the main idea of the story, or the message the author is conveying.

List of abbreviations

| |
|---|
| AACN: American Association of Colleges of Nursing |
| ADIC: Alcohol and Drug Information Centre |
| ANMC: Australian Nursing and Midwifery Council |
| BScN: Bachelor of Science in Nursing |
| CIDA: Canadian International Development Agency |
| CNA: Canadian Nurses Association |
| CT: Critical thinking |
| EUSL: Eastern University, Sri Lanka |
| HDRO: Human Development Report Office |
| ICN: International Council of Nurses |
| ILO: International Labour Organisation |
| JBI: Joanna Briggs Institute |
| JBI-MAStARI: Joanna Briggs Institute Meta Analysis of Statistics: Assessment and Review Instrument |
| JBI-NOTARI: Joanna Briggs Institute Narrative, Opinion and Text Assessment and Review Instrument |
| JBI-QARI: Joanna Briggs Institute Qualitative Assessment and Review Instrument |
| JICA: Japan International Cooperation Agency |
| MNSc: Master of Nursing Science |
| MOH: Ministry of Health |
| NHMRC: National Health and Medical Research Council |
| NLN: National League for Nursing |
| OUSL: Open University of Sri Lanka |
| RCN: Royal College of Nursing |
| SUMARI: The System for the Unified Management, Assessment and Review of Information |
| UGC: University Grants Commission, Sri Lanka |
| UKCC: United Kingdom Central Council for Nursing, Midwifery and Health Visiting |
| WHO: World health Organisation |
| WHO-ROSEA: World Health Organisation- Regional Office for South-East Asia |

Dedication

“This thesis is dedicated to my dear parents, who provided me the opportunities, facilities and encouragement for a good education; and instilled into my mind a golden set of values”



THE UNIVERSITY OF ADELAIDE
Faculty of Health Sciences
School of Population Health and Clinical Practice
Discipline of Nursing
Thesis declaration

I certify that this thesis entitled:

The Development of an Evidence-Based Conceptual Framework for Undergraduate Nursing Curricula in Sri Lanka

and submitted for the degree of Doctor of Philosophy, is the result of my own research. This work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text.

I give consent to this copy of my thesis being made available in the University of Adelaide Library.

The author acknowledges that copy right of the published works contained within the thesis resides with the copy right holder/s of those works.

.....

Rasika S. Jayasekara

Date:

Publications

The following articles have been published during the period of my PhD candidature, and sections of these articles have been included in the present thesis.

Jayasekara, R.S. & Schultz, T. 2007, Health status, trends and issues in Sri Lanka, *Nursing and Health Sciences*, vol. 9, pp.228-233.

Jayasekara, R.S. & McCutcheon, H. 2006, The history of nursing services and education in Sri Lanka and the effects on developing professionalism, *Journal of Nursing Education*, vol.45, no.10, pp.391-395.

Jayasekara, R.S., Schultz, T. & McCutcheon, H. 2006, A comprehensive systematic review of evidence on the effectiveness and appropriateness of undergraduate nursing curricula, *International Journal of Evidence Based Healthcare*, vol.4, no.3, pp.191-207.

Jayasekara, R.S. & Schultz, T. 2006, The feasibility and appropriateness of introducing the nursing curricula from developed countries into developing countries: a comprehensive systematic review, *International Journal of Evidence Based Healthcare*, vol.4, no.3, pp.208-220.

Acknowledgements

Firstly, I am extremely grateful to The University of Adelaide for awarding me an international scholarship (ASI) in 2004 to enable me to pursue my PhD in Australia.

I would like to express my grateful appreciation and sincere thanks to my principal supervisor, Professor Alan Pearson, Executive Director, the Joanna Briggs Institute, Royal Adelaide Hospital, South Australia, and Professor of Nursing, University of Adelaide, for his excellent guidance, great understanding and encouragement during my PhD candidature.

I would equally like to express my sincere thank to my supervisor, Dr Tim Schultz, Research Fellow, Joanna Briggs Institute, for his kind guidance, excellent comments, great understanding and friendship. I would also like to acknowledge and thank Professor Helen McCutcheon, Head and Professor of Nursing, School of Nursing and Midwifery, University of South Australia for her invaluable contribution as my first principal supervisor during the first year of my study. I also appreciate the kind cooperation and friendship of all staff and doctoral colleagues of the Discipline of Nursing and the Joanna Briggs Institute, especially Dr Judy Magarey (Head of the Discipline) and Dr Rick Wiechula (Coordinator of Higher Degrees by Research). I also thank Mr Phillip Thomas for copy-editing chapter six and seven.

I would like to convey my sincere thanks to participants of the focus group discussions, my colleagues and friends in Sri Lanka for their valuable contribution and assistance for the study. I would like to thank Mrs S.G. Samaranayake, Director of Nursing (Education), and principals of Schools of Nursing and Heads of Nursing Degree programs for their kind assistance to conduct focus group discussions in Sri Lanka.

Last, but certainly not least, my sincere thank should go my wife, Subhashini, whose pride and pleasure, interest and encouragement, love and companionship mean everything to me. Finally, I must thank my son Rajith and my little daughter Thenumi for believing in me – You make my life so beautiful.

Abstract

The development of an evidence-based conceptual framework for undergraduate nursing curricula in Sri Lanka

Background

In Sri Lanka, nursing education is moving from a 3-year general nursing certificate to a 4-year university bachelor degree. In this transitional stage, the development of a conceptual framework that uses evidence to underpin undergraduate nursing education is a crucially important step to improve nursing education and nursing service in Sri Lanka. However, there is no evidence to support the contention that existing and proposed undergraduate nursing curricula in Sri Lankan universities are based on a common philosophy or an acceptable needs assessment.

Purpose

The overall purpose of this study was to develop an evidence-based conceptual framework for undergraduate nursing curricula in Sri Lanka.

Method

This study has involved conducting critical reviews of literature, two systematic reviews, developing a draft conceptual framework, testing its appropriateness and feasibility with key stakeholders (nursing academics, administrators, clinicians) via focus group discussions in Sri Lanka, and formulating the final conceptual framework for nursing curricula in Sri Lanka.

Findings

The systematic reviews revealed that the evidence regarding the effectiveness and appropriateness of undergraduate nursing curricula is notably weak and direct transfer of the curriculum model from one country to another is not appropriate without first assessing the cultural context of both countries. The conceptual framework, which was developed using the finding of systematic reviews and literature reviews, consists of widely recognised nursing concepts in international and local contexts. However, some concepts can not be directly applicable because of cultural and economic impediments.

Discussion

The cultural, social, political and economic contexts of a country have a direct impact on its health and education systems. This study identified several factors that shape the approach to nursing curricula in Sri Lanka. These factors include: Western influence; Sri Lanka's cultural influence; the current healthcare system and demand for healthcare; nursing systems and regulation; medical dominance; financial support; and Sri Lanka's education system. All of these factors influence the conceptualisation of nursing and educational strategies needed to effectively and appropriately prepare nurses in Sri Lanka. I propose seven recommendations to support the implementation of the study findings into practice in Sri Lanka.