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## **A Study to Compare the Teacher’s Perception on “Faculty Allocation Approach” to Bridge the Gap Between Theory and Practice at Oman Nursing Institute, Muscat**

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### **Abstract:**

**Back ground:** The Oman Nursing Institute (ONI)has planned to restructure and re organize the teaching responsibilities of the faculty members to enhance the quality of nursing education and to bridge the gap between the theory and practice. Therefore the perception of the faculty was assessed on “Faculty Allocation Approach” (FAA). Based on the initial findings, FAA was introduced in ONI for the period of one year and the perception of the faculty was reassessed. Hence the FAAresulted in forming an exclusive faculty team for theory, clinical and simulation labs.

**Methods:**The perception of ONI faculty on “Faculty Allocation Approach” was obtained before implementation. Furthermore FAA was implemented for the period of one year. After which the post survey was obtained to evaluate their opinion about FAA. The study was carried out through survey design considering total population. No sampling technique was adopted. The same questionnaire was given to the faculty before and after the FAA.

**Results:** The study findings revealed that FAA does not enhance the quality of nursing education or clinical practice. The satisfaction level of the faculty significantly reduced after the implementation of the new system, even though the majority was satisfied initially.

**Conclusion:** The view of the faculty shows that new FAA may not bridge the gap between theory and practice as it is not helpful for the students; however this is faculty’s opinion only. The study needs to be further probed from various contexts to authenticate this perception.

**Keywords:** Bridge the gap, Faculty Allocation Approach, Faculty’s perception, Oman Nursing Institution Theory and practice.

## Introduction

Nursing is considered as the noblest profession. Nursing includes caring for the individual, society and community. The comprehensive nursing care render quality care to the people. The nurses play a major role in improving standardized care. The teachers at the educational institutions need to prepare the students well in order to meet the growing needs of the public. There is always a gap exists between theory and practice in the nursing. To balance between the theory and practice, the nurse educators need to prepare the students with the current knowledge. This knowledge will prepare the students to bridge or close the gap between theory and practice.

Many research studies had mentioned that Block system is a better solution to bridge the gap between theory and practice in the nursing educational settings. “**Block scheduling**” has been defined as type of academic scheduling in which each student has fewer classes per day. Each class is scheduled for a longer period of time than normal like for 90 minutes. In one form of block scheduling, a single class will meet every day for a number of weeks, after which another class will take its place. In another form, daily classes rotate through a changing daily cycle (Trostil Robert, 2001).

Similarly, the reasons for implementing the “Faculty Allocation Approach” in Oman Nursing Institute to bridge the gap between theory and practice. This approach will restructure and reorganize the teaching responsibilities of the faculty members to enhance the quality of nursing education. The Faculty Allocation Approach is to form an exclusive faculty team for Theory, Lab sessions and clinical teaching and supervision. In addition theory and clinical will be allocated following a block system. This also will aid balancing the workload for all teachers.

## Background

According to the literature review, many articles have coined the new scheduling as “**alternative blocks**” or “**block scheduling**”. In this study, “**Faculty Allocation Approach**” is the term used to describe and explore the “block scheduling” in Oman Nursing Institute (ONI). Initially, the teaching system in Oman Nursing Institute was a modified traditional scheduling where students divided into two groups A and B. Group A students had 2 days theory classes and 3 days clinical practice whereas Group B students had 3 days theory and 2 days clinical posting. The practice of this scheduling was justified with the assumption that the students learn the theory aspect and practice the skill related to the learning in a controlled environment before being exposed to the clinical setting to deal with real life situation. However there was a big gap existing between theory and practice.

Henceforth the institute wanted to move toward Faculty Allocation Approach which is alternative block of teaching and practising. In this, Block (A) and (B) students had five days theory followed by five days clinical respectively. When FAA was decided to be implemented in the curriculum, it was thought the perception of the faculty members are so important. Thus the pre- test survey questionnaire was given to the faculty in the year of 2011. After that FAA was introduced in Oman Nursing Institute. The main focus of implementing the change was to make more time available for learning, provide extended hours for the same course during theory block, and help balance workload for both students and teachers. As a first step towards this the faculty was divided into 3 groups: Theory teachers, Clinical Teachers and lab/Simulation Teachers: the teachers in the theory block were responsible for classroom teaching, the teachers in the clinical block for clinical teaching and supervision and the teachers in the Simulation

block were responsible for laboratory preparation and teaching. After one year implementation of FAA, the post survey was done for the faculty. The main focus of study was to compare the faculty's perception before and after implementing the FAA.

The overall aim of the study is to assess the perception of faculty before and after the implementation of FAA at Oman Nursing Institute in order to bridge the gap between theory and practice.

### Objectives

1. Assessing the perception of the faculty on the "Faculty Allocation Approach" at ONI.
2. Implementing the "Faculty Allocation Approach" for a period of one year at ONI.
3. Reassessing the perception of the faculty on the FAA at ONI.
4. Comparing the perception of the faculty members before and after the FAA at ONI.

### Literature Review

Plethora of the literatures highlighted the "**alternative scheduling**" or "**block scheduling**" into schools, the system of scheduling which overshadowed the traditional scheduling Staunton (1997) and Hackmann (2004), however few studies of "block scheduling" have been found in nursing and allied health professional education. Supporting this view, the study of Hatton and Weitzel (2013) reported that few studies published for "Block Scheduling" or this kind of experiential learning. Block scheduling has become the schedule of choice for schools to run the system. As a result, longer block of instructional time that was altered on an odd-even basis (Staunton 1997). He further emphasized that, after adopting block scheduling, school climate was improved; teaching was more active; assessment became more accurate and teacher handled small numbers of students. Although these advantages were found in the high school, Edward (1995) and O'Neil (1995) argued that the plan for scheduling was conducive for class room innovation as well as postsecondary world. In another words, this scheduling is not only appropriate for the secondary school but also for post-secondary school. Oman Nursing Institute offers diploma programme in nursing for students and it is considered as a post-secondary institutions.

The study of Staunton (1997) reported, along with the movement toward block scheduling, the pedagogical practice needs to be modified. Supporting this view, the report of Hackmann (2004), in which he stated that many of literature review places a large emphasis on implementation of "block scheduling" at high schools and the pedagogy typically received less attention. Thus the greater need to adopt an innovative teaching methodology is crucial in order to implement block scheduling. He asserted on adopting constructivist theory along with implementing block scheduling. He further argued that a theoretical framework is needed and should be considered as one of component of the block scheduling. As far as Block scheduling is concerned, many advantages of this system have been found. First of all, surveys indicate that block scheduling improves the teacher's morale. Secondly, it increases student satisfaction and enhances the teacher and students relationship.

In a recent study done by Hatton and Weitzel (2013), describes a two year pilot program using complete-block scheduling for Advance Pharmacy Practice Experiences(APPE). The students would be involved in block learning experience which is consist of an eight-week ambulatory care, an eight-week advanced community, a four-week advanced hospital practice, and a four-week speciality practice care(geriatric, paediatric, oncology). The study found a number of potential benefits to students, preceptors and pharmacy school. Firstly, students housing expense reduced and they got an opportunity to engage in longer learning. Students also had an opportunity to build professional relationships with other students, pharmacy residents and preceptors. As a result of building a rapport relationships with others, their abilities to work effectively in the team had increased as well as their competencies improved. In addition to increased collaboration among preceptors, greater continuity and standardization of educational experience occurred.

As for as clinical practice is concerned, educating and supervising students in clinical practice in the UK is the responsibility of mentors, lecture practitioners and link tutors (Carnwell, et.al., 2007). The study addressed the perceptual difference between the three categories of nurse educators. The mentor's role is paramount in student assessment. For this purpose, the mentor should receive support in order to achieve the maximum learning of students (Wilkes, Z., 2006). This is in line with the study of Myall et al., (2008) where this study revealed that mentorship is pivotal to student's clinical experience and it was considered as an instrument for preparing students to their role as confident and competent practitioners.

The pivotal role of nurse educators is in the integration of theory with practice along with socialization, teaching and assessing nursing students (Gleeson, 2008). The main focus behind introducing Block Scheduling in Oman Nursing Institute was to give major portion of the teaching force for clinical teaching. Wilkes (2006) and Gleeson(2008) stressed on the role of clinical mentors in nursing education. A major advantage of having a ward based clinical education facilitator is the benefit of having access to someone who can concentrate solely on clinical education and support with attempts to narrow the theory-practice division (Lambert, &Glacken, 2005). This justifies why there should be a full time clinical instructors versus clinical based preceptors.

Over the last three decades, nursing education had developed rapidly alongside rapid economic expansion. This development led to the shortage of nurse educators in several countries such as Britain, United State, and China (Wu & et. al., 2013). Consequently, many experienced registered nurses in China, for example, have enrolled in nursing education and they become the first "Dual-qualification nursing teachers in 2005".

In the Indiana University in the USA, when nurse educator's shortage worsened, USA studied a new model of inculcating staff nurses for clinical mentorship programme. As such, it was found to be successful (Delunas, 2009). However, teaching in clinical and theory creates stress for the nurses. A study by Wu et. al., (2013) aimed at exploring the stressors of Dual-Qualification Nursing Teachers (DQNT) teaching and practising. Their main role is to bridge the gap between theory and practice. The study found that heavy workload, personal safety, inadequate pay, role overload, poor working environment is stressors of DQNT. These educators were also faced violence from patients and students.

Though Block scheduling does not have a theory of its own, the theory on which it is based is the constructivism theory. Constructivist theory is based on the fact that each individual must be actively involved in the learning process actively creating knowledge from their existing knowledge base, beliefs and personal experiences (Jacqueline, 1993). Constructivist advocates learners' participation in the learning, which involves hands on learning and active engagement of the learner. There are several reasons for implementing block scheduling as reported by faculty. These include providing course flexibility; enhancing the quality of students' educational experiences; improving instructional strategies and providing enhanced time for learning (Jodi, 1999). Similarly, the reasons for implementing the "Faculty Allocation Approach" in Oman Nursing Institute includes sparing more time for learning either in theory or practice in addition to balancing the workload for all teachers.

## **Materials and Methods**

The Oman Nursing Institute is a teaching institution which functions under Directorate General of Education and Training of Ministry of Health. The General Nursing Diploma programme is for 3 years. A survey was conducted in the month of December 2011. The survey design was adopted considering the total population. No sampling technique was adopted all the faculty members of ONI were included. The self-administered questionnaire was distributed to 50 faculty members and only 35 respondents returned the questionnaire. The same survey was repeated a year later in the month of December 2012. The same questionnaire was used, for same 50 faculty and only 30 respondents were interested to return the questionnaire to analyse the perceptual difference after the implementation of the block scheduling. Duration of data collection was 1 week each in December 2011 and 2012.

### **Instrument**

The tool was validated by the experts in the nursing field. In addition to the demographic data of participants, the questionnaire consisted of 9 open-ended questions on the following aspects:

1. Opinion of faculty on the minimum qualification and years of experience required for the two categories (lecturer/clinical teacher).
2. Opinion of faculty on the new approach's ability to enhance the quality of nursing education in ONI.
3. Opinion of the faculty on the effectiveness of the exclusive Teaching Faculty roles at ONI in enhancing the nursing care competence and whether it will facilitate a better learning for the students or not.
4. The satisfaction of faculty members with the existing system of teaching allocation in theory and clinical.
5. The advantages and disadvantages of the implementation of the Faculty Allocation Approach (Academic/Clinical) at ONI.
6. The perception of the faculty towards the block system of theory and clinical.
7. Aspects of concern regarding the approach and general comment.

## Implementation

The self-administered questionnaire was distributed to 50 faculty members and only 35 respondents returned the questionnaire. The same survey was repeated a year later in the month of December 2012 using the same questionnaire to same 50 faculty and only 30 respondents were interested to return the questionnaire. To analyse the perceptual difference after the implementation of the block scheduling.

## Exclusion criteria

The new staff who joined during the period of December 2011 to 2012 were not included.

## Data analysis

The data analysis was done using distribution table and percentage calculation for quantitative data whereas a descriptive analysis was used for open ended questions. The Chi square test was done for the comparing the data. Data analysis was done using SPSS 19<sup>th</sup> version.

## Results and Discussion

### 1. Education Qualification

Out of the 35 respondents 12 were qualified with BSc Nursing, 22 with Masters in Nursing, 1 with BA and none with PhD. Among the BSN faculty members, 4 were specialized with diploma (2 in Paediatric nursing, 1 in pharmaceutical sciences and 1 in Mental Health Nursing). Among MSC/MN faculty, 2 were having specialized diploma (1 in Operation theatre and 1 in Nursing Administration respectively)

**Table 1.1**Opinion of faculty on the minimum qualification and years of experience required for the two categories (Lecturer/Clinical Teacher) – **Pre Survey**

Lecturers	Ed. Qualification	No. of years of experiences						Total
		1-3	4-6	7-9	10-12	13-15	No ans.	
Teaching	Bsc	2	2					4
	Msc/MA	19	9	1		1		30
	PhD		1					1
								35
Clinical	Bsc	3						3

	Msc/MA	20	8					28
	PhD	1						1
	No answer						3	3
								35

**Table 1. 2Opinion of faculty on the minimum qualification and years of experience required for the two categories (Lecturer/Clinical Teacher) –Post survey**

Clinical Teachers	Ed. Qual.	No. of years of experiences						Total
		1-3	4-6	7-9	10-12	13-15	No ans.	
Teaching								
	Bsc	11	11	1	1			24
	Msc/MA	3	3					6
								30
Clinical	Bsc	7	1	1				9
	Msc/MA	11	10					21
								30

The table (1.1 and 1.2) shows the pre survey (before the implementation of FAA) and post survey (after the implementation of FAA). Most of the faculty's opinion 24, (80%) is that the educational qualification required for teaching Diploma Nursing student is BSN, Whereas 21 (70%) faculty's opinion is that Master degree should be the minimum for clinical teaching. This result is contradicted their opinion in pre-implementation phase, in which they reported that master degree is minimum degree for teaching students in both theory and practice is 30 (85%) and 28 (93%) respectively.

For this, many studies had been conducted on what constitute effective clinical teaching. The report of Kelly (2007) aimed at comparing two studies on the student's perception of effective clinical teachers over 14 years (1989-2003). The findings from both studies were remarkably consistent. Students in both studies rated teacher's knowledge both in theory and clinical as the

most important factor of effective clinical teacher followed by teacher's feedback and communication skills. The study raises question on the separation of academic and clinical role of nurse educators. One of the limitation of this study is that, further study need to be conducted on the effect of qualification on effective clinical teachers. However, the study which was conducted in Australia, found that the interpersonal relationship was the highly valued characteristic for effective clinical teacher rated by both Australian students and clinical educators followed by clinical competence (Lee, et.al., 2002).

To conclude, experience and expertise still is important in clinical teaching and the separation of clinical and practice is not valued because of the movement toward reducing gab between clinical and practice worldwide. Finally, further research needs to be conducted on the qualification of the effective clinical teacher.

**Table 2.1. Opinion of faculty on the New Allocation Approach's ability to enhance the quality of nursing education in ONI.**

Comments	No.of Response (Pre)	Percentage	Post Number	Post %	Pearson chi square	df	Asymp.sig. P value
YES	19	54%	10	33.3	4.296	3	0.231
NO	12	34%	17	56.7			
Not Sure	3	9%	3	10			
Disqualified	1	3%	0	0			
Total	35	100%	30	100%			

In the above table (2.1), the Chi-Square value 4.296 shows that the association between pre survey and post survey of new allocation approach's ability to enhance the quality of nursing education at ONI were not significant ( $p < 0.231$ ). It reveals that there is a marginal homogeneity between the pre and post survey. In other words the distribution of response of the pre survey does not differ significantly from the response of post survey in the same subject. It can be inferred that Faculty Allocation Approach doesn't enhance the quality of nursing education at ONI according to the perception of faculties. The opinion of faculty is contradicted the study of Hackmann (2004). One more study found that students got an opportunity to engage in longer learning. Their abilities to work effectively in a team increased as well as their competencies improved. In addition to increased collaboration among preceptors, greater continuity and standardization of educational experience occurred (Hatton & Weitzel., 2013).

**Table 3.1. Opinion of the faculty on the effectiveness of the exclusive Teaching Faculty roles at ONI in enhancing the nursing care competence and whether it will facilitate a better learning for the students or not.**

Comments	No. of Response(Pre)	Percentage %	Post	Post %	Chi square	df	P value
YES	17	49%	5	16.7%	7.344	1	0.007
NO	18	51%	19	63.3%			
Total	35	100%	30	100%			

In the above table (3.1), the Chi-Square value 7.344 is significant ( $P = 0.007$ ) shows that there is no marginal homogeneity between the pre and post survey. The distribution of response of the pre survey do differs significantly from the response of post - survey in the same subject. It can be inferred that the opinion of the faculty reveals that the exclusive faculty roles at ONI will not enhance the nursing care competence. The faculty's opinion in pre-test that there would be significance improvement in the quality of nursing care but in the post test their opinion contradicted their previous belief. This contradiction is based on their experience after the implementation of FAA.

The findings are in line with the movement toward bridging the gap between theory and practice through teaching in both clinical and practice, however, this movement encountered many challenges. As such, teaching in clinical without in depth experience may create challenges. For example, a qualitative study which was conducted by Brown (2006), aimed at the understanding the lived experience of lecturer practitioners in the clinical workplace. Two synthesized interpretation of experience of nursing practitioners were identified. Firstly, in terms of seeing and looking the practice differently and challenging practitioners to do the same. The second was of working in the middle of the practice theory gap rather than trying to reduce it. The second challenge is that it created stress because of the workload. For example, a study by Wu and et. al.,(2013) found that heavy workload, personal safety, inadequate pay, role overload, poor working environment are stressors of faculty who were teaching in both clinical and theory. It can be concluded that, whether to teach exclusively or teach in both clinical and theory is under debate.

**Table 4.1 The satisfaction of faculty members with the existing system of teaching allocation in theory and clinical (compared with post implementation perception).**

Comments	No. of Response(Pre)	Percentage %	Post No of response	%	Chi square	df	P value
YES	24	68.58%	9	30%	14.076	2	0.001
NO	8	22.86%	18	60%			
No comments	2	5.71%	3	10%			
Disqualified	1	2.85%	0	0%			
Total	35	100%	30	100%			

In the above table (4.1), the Chi-Square value 14.076 shows that the association between satisfaction of the faculty with the existing system of teaching allocation in theory and clinical in pre-test to post-test were significant 0.001 level ( $p < 0.001$ ). Therefore, this test reveals that there is an association between the satisfaction of the faculty and the FAA from pre-survey to post survey. It can be concluded that the faculty members are satisfied with the existing system of the present system not the FAA. The study below indicates the reason for faculty dissatisfaction.

According to Kanter, the work place behaviour and attitude are determined by social structures in the workplace not personal predispositions. She claims that workers are empowered when they perceive that their work environment provide opportunity for growth and access to power needed to carry out job demands. When these conditions are lacking employees feel powerlessness. This threatens the organizational productivity since powerless individuals are more susceptible to work burnout and reduced job satisfaction (Sarmiento, et. al., 2004). A study conducted in Riverside City College of Nursing, USA underlines the importance of having an orientation program and how a formalized orientation can prepare and socialize nurse educators for academic roles increasing job satisfaction and retention (Baker, 2010)

### **Advantages and disadvantages**

As far as the advantages and disadvantages are concerned the faculty highlighted many advantages and disadvantages of the FAA. In advantages, quality knowledge, skills, consistency uniformity and focus will be enhanced. However, the disadvantage of FAA highlights that there will be lack knowledge for clinical teacher, lack of skills for the theory teachers, increase of stress and more workload

**Table 5.1**The perception of the faculty towards the Benefit of block system of theory and clinical.

Comments	(Pre)No. of Response	Percentage	Post Number of response	Post Percentage	Chi-square value	df	P value
YES	29	82.87%	15	50%	12.109	2	0.002
NO	4	11.42%	10	33.3%			
No comments	2	5.71%	5	16.7%			
Total	35	100%	30	100%			

In the table (5.1), the Chi-Square value 12.109 is significant ( $P = 0.002$ ) shows that there is no marginal homogeneity between the pre and post survey. The distribution of response of the pre survey do differs significantly from the response of post - survey in the same subject. Therefore, majority of the faculty perceived that there was no significant benefit of FAA. However, this is only the faculty perceptions and opinions. Therefore, students' perception needs to be highlighted as well.

### Limitation

The study was limited only to ONI faculty. The study didn't include the student which is more important. As the learners their view will have more weightage. As the sample size is very small generalization of the findings is not possible.

### Recommendation

1. The pure qualitative study should be done for the faculty to probe in to the issue of FAA.
2. Another study should be conducted with a large number of participants using mixed methods.
3. Student's opinions and perceptions toward FAA need to be studied to explore the extent of students' learning alongside the implementation of FAA and exclusive teaching.

### Conclusion

The study throws light into the faculty perception on the new approach that was introduced during the administrative transition in 2010. In the opinion of the faculty it was revealed that minimum qualification required for clinical instructors to be Masters in Nursing but considerations can be given for those with Bachelors in nursing degree with experience and it should be higher than that of the theory teachers, it partially complies with the literature findings which states that the education and experience of the clinical faculty cannot be compromised.

The perception of the faculty revealed that the new approach does not enhance the quality of neither nursing education nor clinical practice. The satisfaction level of the faculty significantly reduced after the implementation of the new system, even though the majority were satisfied initially. Student's perception need to be explored in this regard as they are the pillars of educational system.

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