

Effect of the new curriculum on the occupational awareness of the nursing students in Sri Lanka

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Abstract

According to the request made by the Sri Lanka Government, the Government of Japan constructed a Nursing School with the Grant Aid Scheme through Japan International Co-operation Agency (JICA). Project Type Technical Co-operation commenced in October 1996, aiming at the improvement and advancement of the nursing education in Sri Lanka. In August 1999, National School of Nursing Sri Jayawardenepura (Model School) was open in Columbia. The Ministry of Health in Sri Lanka revised the curriculum of the nursing schools with the participation of a consultant from the World Health Organisation (WHO), for the first time in 24 years. The new curriculum adopts a technique named "logical framework analysis", which is aimed at self-motivation, self-learning and life-long education using critical thinking. The objective of the research is to examine the impacts of the new curriculum on the occupational awareness of the First batch of the nursing students who entered on August 1999 and the Second batch students who entered on June 2000. At the time the survey was conducted, only 3 months had passed since the Second Batch students entered into the school, while the First batch students had been studying under the new curriculum for 13 months. Therefore, comparing the two batches of students would be considered an appropriate way of evaluating the impact of the new curriculum. The survey mainly clarified the following matters: 1, Negative images on nurses, such as fear and worry, which they might have at an earlier stage, was wiped out by correctly understanding the hardship of the nursing occupation; 2, More occupational awareness was created by understanding that nursing care should not be limited to assisting the doctors as was done traditionally. It is concluded that the basic nursing theory, which is an essential factor for self-motivation, has been firmly established among the First batch students, who had studied one year under the new curriculum.

Key words : occupational awareness, nursing student, new curriculum, Sri Lanka,

Introduction

As part of the National Development Plan, the Government of Sri Lanka attaches a great importance to the improvement of the Health Care, regarding it as one of the key issues in the

State Policies. However, the shortage of nurses will create serious problems considering the future demand and the number of nurses working at present. On the other hand, the existing nursing schools have several major problems,

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such as shortages in tutors and in teaching materials¹⁾. These schools are in a difficult situation to implement nursing education adequately.

According to the request made by the Sri Lanka Government, the Government of Japan constructed a Nursing School with the Grant Aid Scheme through Japan International Co-operation Agency (JICA). The new Nursing School is positioned in the area attached to the Sri Jayawardenepura General Hospital, and is regarded as the Model School for improving Basic Nursing Education. Following this, a Project Type Technical Co-operation commenced in October 1996, aiming at the improvement and advancement of the nursing education in Sri Lanka, not only in the Model School, but also in other 10 national nursing schools. It will be implemented for the period of five years.

In order to improve the quality of nursing education, the Ministry of Health in Sri Lanka revised the curriculum of the nursing schools with the participation of a consultant from the World Health Organisation (WHO), for the first time in 24 years. The new curriculum adopts a technique named "logical framework analysis", which clearly shows how each subject and course are likely to lead to the defined educational goals. In the new curriculum, the emphasis is placed on self-motivation, self-learning and life-long education using critical thinking. It is expected that through it, the professional nurses will be able to develop their ability to analyse and solve existing health problems appropriately in scientific viewpoints.

The new curriculum was introduced in August 1999, on the occasion of the opening of the National School of Nursing, Sri Jayawardenepura

(Model School) at Colombo. Sasaki, one of authors was dispatched to the above-mentioned Nursing Education Project, and worked as Team Leader for the period of five years.

This research was conducted as a part of the research and evaluation programmes for the new curriculum, with the co-operation of the principal and senior tutor of the Model School. The objective of the research is to examine the impacts of the new curriculum on the occupational awareness of the nursing students in Sri Lanka, using the students of the Model School as the informants.

Research Methods and informants

① Informants and time of the survey:

The survey was conducted in September 2000. The informants of the survey were the First batch students (94 students entered in the school in August 1999) and the Second batch students (93 students entered in the school in on June 2000). At the time the survey was conducted, only 3 months had passed since the Second Batch students entered into the school, while the First batch students had been studying under the new curriculum for 13 months. Therefore, comparing the two batches of students would be considered an appropriate way of evaluating the impact of the new curriculum. We used a questionnaire format to collect the information (refer to attachments). The Principal and senior tutor distributed them to the informants in the classrooms. The students were instructed to give a single answer to each question, by choosing it from 5 types of answers, i.e., "Yes", "Rather Yes", "Neutral", "Rather No", and "No".

② Questionnaire and categories of occupational awareness:

Table 1. Name of categories of questionnaire for occupational awareness of nursing profession

No.	Question	Factor	Category
q5	I think this is an occupation filled with the service mind.	1st-factor	Occupational awareness-devotion
q33	I think this is an occupation to become a good conversation partner of the patients.		
q9	I think this is a great occupation as a woman.		
q4	I think this is occupation to serve the patients.		
q28	I think this is a job which enables us to work for others.		
q37	I think this is an appropriate occupation for women.		
q18	I think the most important thing is the kindness.		
q11	I think this occupation requires various approaches to the patients.		
q24	I think this occupation is mentally stressful.	2nd-factor	Occupational awareness-professionalism
q29	I think this is a challenging occupation.		
q31	I think this occupation requires judgement.		
q2	I think this is an occupation with a skill that is useful all my life.		
q41	I become frightened of the nursing occupation considering the weight of a life.		
q17	I think this is a difficult job dealing with people.		
q27	I think this occupation involves difficult human relationships.		
q32	I think this is occupation requires agility.		
q45	I think I have the aptitude for becoming a nurse.	3rd-factor	Occupational awareness-adoration
q21	I think this is an occupation with a beautiful uniform.		
q13	This is an occupation that I admire.		
q40	I feel attracted to the clinical nurses.		
q1	I feel safe even if my family or someone close become ill.		
q23	Generally speaking, all nurses have the aptitude for becoming nurses.		
q34	I think this is an occupation to assist the doctors.		
q26	I think it delays our marriage.		
q46	Inconsistent life rhythm created by the three-shift system reduces the contacts with others to possibly narrow my views.	4th-factor	Occupational awareness-subordination
q38	Physical strength is more important than mental strength for the nurses.		
q19	I think this is an occupation to follow the instructions of the doctors.		
q12	I don't think we can call this a beautiful, romantic occupation.		
q20	Three-shifts system is harmful for the health.		
q25	I think this is a modest occupation.		
q15	I think this is an occupation that is socially recognized.		
q44	This is an occupation that I want to continue all my life.		
q22	Nurses should have the self awareness as a nurse even outside the work place.	5th-factor	Occupational awareness-consciousness
q3	I think I will be working with a pride in the nursing occupation.		
q39	I think this is an occupation which makes me economically independent.	6th-factor	Occupational awareness-independence
q36	I think this occupation is not well compensated for its work.		
q8	I think this occupation requires a great sense of responsibility.		
q7	I think this is an occupation to work in cooperation with the doctors, technicians, and case workers.	7th-factor	Occupational awareness-selfmotivation
q16	I think this occupation provides the knowledge and the skills on the patients.		
q14	I think this occupation requires patience.		
q6	I am going to read the nursing study journals every day as I start working.		
q30	I think this occupation is different from the doctors'.		
q35	I think this is an occupation that requires professional knowledge and		
q42	Theory is important in clinical nursing.		
q43	Practice is important in clinical nursing.		
q10	Doctors and nurses are treated as independent occupations.		

Table II. Comparison between two batches

Factor: Category	No.	First batch students					Score	Second batch students					Score	difference		
		1	2	3	4	5	mean ±SD	1	2	3	4	5	mean ±SD	Σ	t-value	p
	q5	73	1	0	0	0	1.01 ±0.11	77	0	5	0	3	1.26 ±0.85	-0.245	0.016	*
1st factor:	q33	36	2	29	0	7	2.19 ±1.30	30	0	32	0	23	2.84 ±1.57	-0.646	0.006	**
Occupational	q9	40	2	25	0	7	2.08 ±1.31	41	2	33	0	9	2.22 ±1.33	-0.142	0.502	
awareness-	q4	72	2	0	0	0	1.03 ±0.16	72	1	10	0	2	1.34 ±0.86	-0.314	0.003	**
devotion	q28	62	1	11	0	0	1.31 ±0.71	75	1	8	0	1	1.25 ±0.71	0.064	0.579	
	q37	69	3	2	0	0	1.09 ±0.37	75	0	9	0	1	1.26 ±0.73	-0.164	0.087	
	q18	36	0	16	0	22	2.62 ±1.72	54	0	10	0	21	2.22 ±1.71	0.398	0.150	
	q11	67	3	3	0	1	1.18 ±0.62	75	0	2	0	8	1.42 ±1.19	-0.248	0.112	
	total						1.56 ±0.42						1.73 ±0.49	-0.162	0.015	*
	q24	19	1	37	3	14	2.89 ±1.35	42	0	33	0	10	2.25 ±1.37	0.645	0.004	**
2nd factor:	q29	62	1	7	1	3	1.41 ±0.99	73	0	9	1	2	1.34 ±0.88	0.064	0.670	
Occupational	q31	53	1	13	0	7	1.74 ±1.29	63	0	16	0	6	1.66 ±1.20	0.084	0.673	
awareness-	q2	72	0	2	0	0	1.05 ±0.32	81	0	3	0	1	1.12 ±0.56	-0.064	0.396	
professionalism	q41	19	2	32	3	18	2.99 ±1.43	37	0	36	1	11	2.40 ±1.38	0.586	0.010	**
	q17	19	4	36	0	15	2.84 ±1.36	38	0	35	0	12	2.39 ±1.40	0.450	0.045	
	q27	22	3	35	1	13	2.73 ±1.36	50	0	27	1	7	2.00 ±1.30	0.730	0.001	***
	q32	29	2	40	0	1	2.19 ±1.02	75	2	8	0	0	1.21 ±0.59	0.983	0.000	***
	q45	63	1	9	0	1	1.31 ±0.78	69	0	13	0	3	1.45 ±0.98	-0.136	0.346	
	total						2.13 ±0.48						1.76 ±0.46	0.372	0.000	***
	q21	46	1	22	0	5	1.88 ±1.22	51	0	20	0	14	2.13 ±1.51	-0.251	0.261	
3rd factor:	q13	56	5	13	0	0	1.42 ±0.77	65	1	15	0	4	1.55 ±1.07	-0.134	0.378	
Occupational	q40	53	1	19	0	1	1.58 ±0.95	44	0	39	0	2	2.01 ±1.08	-0.431	0.010	**
awareness-	q1	63	0	11	0	0	1.30 ±0.71	62	0	19	0	4	1.64 ±1.11	-0.338	0.027	*
adoration	q23	65	1	7	0	1	1.26 ±0.73	65	1	17	0	2	1.51 ±0.96	-0.249	0.074	
	total						1.49 ±0.52						1.77 ±0.52	-0.281	0.001	***
	q34	20	0	36	3	15	2.91 ±1.38	36	0	28	1	20	2.64 ±1.58	0.270	0.261	
4th factor:	q26	34	0	24	2	13	2.45 ±1.51	64	1	12	0	8	1.67 ±1.27	0.781	0.001	***
Occupational	q46	29	4	32	0	9	2.41 ±1.32	44	1	30	3	7	2.15 ±1.31	0.252	0.234	
awareness-	q38	30	3	27	0	14	2.53 ±1.48	49	0	26	1	9	2.07 ±1.37	0.456	0.047	*
subordination	q19	5	1	32	1	35	3.81 ±1.23	6	0	23	1	55	4.16 ±1.23	-0.354	0.076	
	q12	3	3	42	1	25	3.57 ±1.11	15	1	40	0	29	3.32 ±1.40	0.250	0.224	
	q20	17	1	22	1	33	3.43 ±1.59	35	0	33	0	17	2.58 ±1.50	0.856	0.001	***
	q25	29	0	32	1	12	2.55 ±1.42	26	0	32	1	26	3.01 ±1.56	-0.458	0.059	
	total						2.96 ±0.47						2.70 ±0.55	0.258	0.001	***
5th factor:	q15	68	1	5	0	0	1.15 ±0.51	80	0	5	0	0	1.12 ±0.47	0.031	0.693	
Occupational	q44	46	2	19	0	7	1.92 ±1.31	43	0	24	1	17	2.40 ±1.57	-0.481	0.041	*
awareness-	q22	64	0	6	1	3	1.36 ±0.98	63	1	16	0	5	1.62 ±1.14	-0.259	0.134	
consciousness	q3	62	3	8	0	1	1.32 ±0.77	54	0	17	0	14	2.06 ±1.52	-0.744	0.000	***
	total						1.44 ±0.55						1.80 ±0.63	-0.364	0.001	***
6th factor:	q39	72	1	1	0	0	1.04 ±0.25	82	0	2	0	1	1.09 ±0.52	-0.054	0.427	
Occupational	q36	23	0	29	2	19	2.92 ±1.52	35	1	29	0	20	2.64 ±1.57	0.283	0.253	
awareness-	q8	69	2	3	0	0	1.11 ±0.42	84	0	1	0	0	1.02 ±0.21	0.085	0.109	
independence	q7	56	1	16	0	1	1.50 ±0.91	74	0	8	0	3	1.33 ±0.91	0.171	0.246	
	total						1.64 ±0.53						1.52 ±0.47	0.115	0.079	
	q16	71	0	2	0	1	1.11 ±0.55	77	0	6	0	2	1.24 ±0.77	-0.127	0.247	
7th factor:	q14	71	1	2	0	0	1.07 ±0.34	77	0	7	0	1	1.21 ±0.68	-0.144	0.106	
Occupational	q6	33	1	22	1	17	2.57 ±1.59	29	0	36	0	20	2.79 ±1.50	-0.221	0.374	
awareness-	q30	61	2	9	0	2	1.38 ±0.89	62	0	18	2	3	1.64 ±1.10	-0.257	0.115	
selfmotivation	q35	74	0	0	0	0	1.00 ±0	84	0	1	0	0	1.02 ±0.21	-0.024	0.352	
	q42	60	1	9	0	4	1.47 ±1.06	66	0	12	0	7	1.61 ±1.22	-0.139	0.454	
	q43	73	0	1	0	0	1.03 ±0.23	81	0	4	0	0	1.09 ±0.42	-0.067	0.229	
	q10	38	1	15	0	20	2.50 ±1.70	27	0	22	3	33	3.18 ±1.68	-0.676	0.013	
	total						1.52 ±0.38						1.72 ±0.45	-0.207	0.001	***

The questionnaire was prepared by utilising the questionnaire format- "Survey of the occupational awareness of the nursing students (revised by Tuchiya²⁾ and Kojima³⁾)", which consists of 46 questions and was formulated based on the "Q-classified cards designed by Hasegawa⁴⁾. The questionnaire format was translated into English for the convenience of the Sri Lanka students, since the original questionnaire format was written in Japanese.

The reliability and validity of the questionnaire format were evaluated and clarified by Ferrel⁵⁾. We reported that 46 questions could be classified into 7 categories of occupational awareness by conducting factor analysis of the data obtained by the survey (Table-1)⁶⁾. The classifications and categories are as follows:

1) 8 questions classified into the "first factor" were named "Occupational awareness - Devotion". These questions, such as "...an occupation filled with the service mind" (Question 4) and "...a job which enables us to work for others" (Q18), emphasise ideas like service-mind and devotion.

2) Similarly, 9 questions classified into the "second factor" were named "Occupational awareness - Professionalism". These questions, such as "...a difficult job dealing with people" (Q17) and "...an occupation with a skill that is useful all my life" (Q2), emphasise ideas like dignity, value and creativity.

3) 5 questions classified into the "third factor" were named "Occupational awareness - Adoration". These questions, such as "...an occupation with a beautiful uniform" (Q1) and "...attracted to the clinical nurses" (Q40), emphasise ideas like participation, selection, hope and dreams.

4) 8 questions classified into the "fourth factor" were named "Occupational awareness - subordination". These questions, such as "...an occupation to assist the doctors" (Q34) and "...a modest occupation" (Q25), emphasise ideas like subordination and compromise.

5) 4 questions classified into the "fifth factor" were named "Occupational awareness - Consciousness". These questions, such as "...an occupation that is socially recognized" (Q22) and "...working with a pride in the nursing occupation" (Q3), emphasis ideas like self-respect and recognition.

6) 4 questions classified into the "sixth factor" were named "Occupational awareness - Independence". These questions, such as "...an occupation which makes me economically independent" (Q7) and "...an occupation to work in co-operation with the doctors, technicians and caseworkers" (Q39), emphasise ideas like social consciousness and responsibility.

7) 8 questions classified into the "seventh factor" were named "Occupational awareness - Self-motivation". These questions, such as "...an occupation that requires professional knowledge and skills" (Q35) and "theory is important in clinical nursing" (Q42), emphasise ideas like study, career development and life-long learning.

The occupational awareness of each student was analysed by calculating the total points of the questions. As mentioned above, the students were instructed to give single answer to each question, selected from five choices; "Yes", "Rather Yes", "Neutral", "Rather No" and "No". Each answer was converted into scores of 1, 2, 3, 4 and 5 respectively. The total score of each factor was calculated and used for judging the occupational awareness. At the same time, the scores of the

Fig. 1 Distribution of students by age

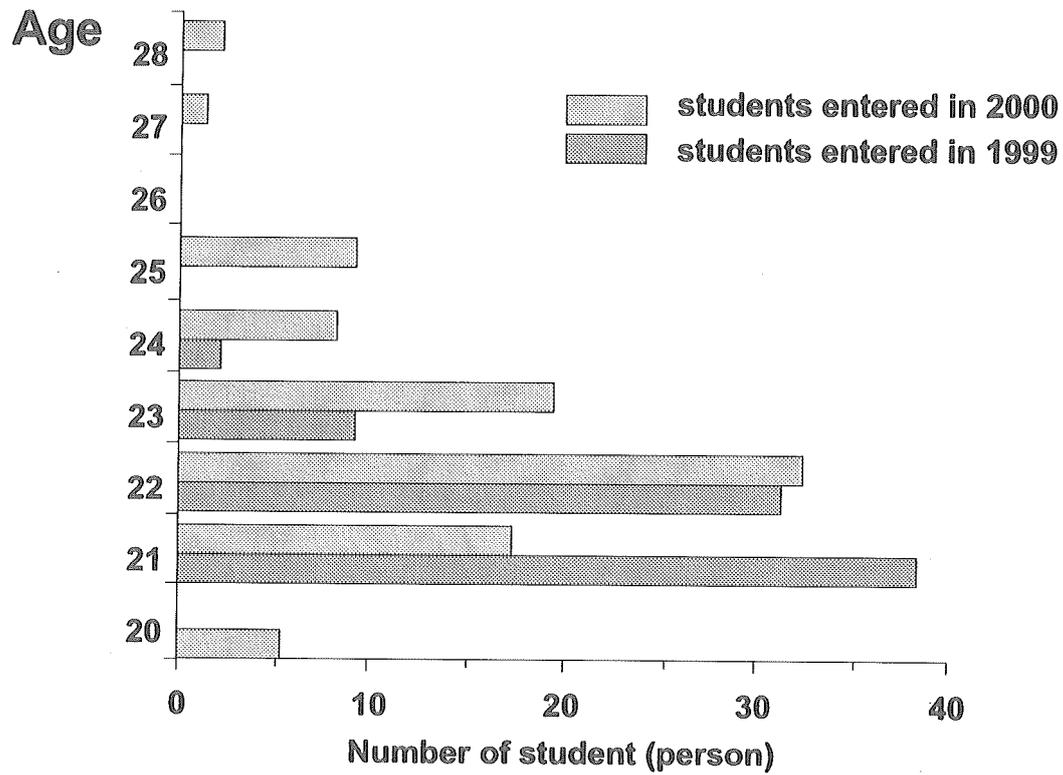
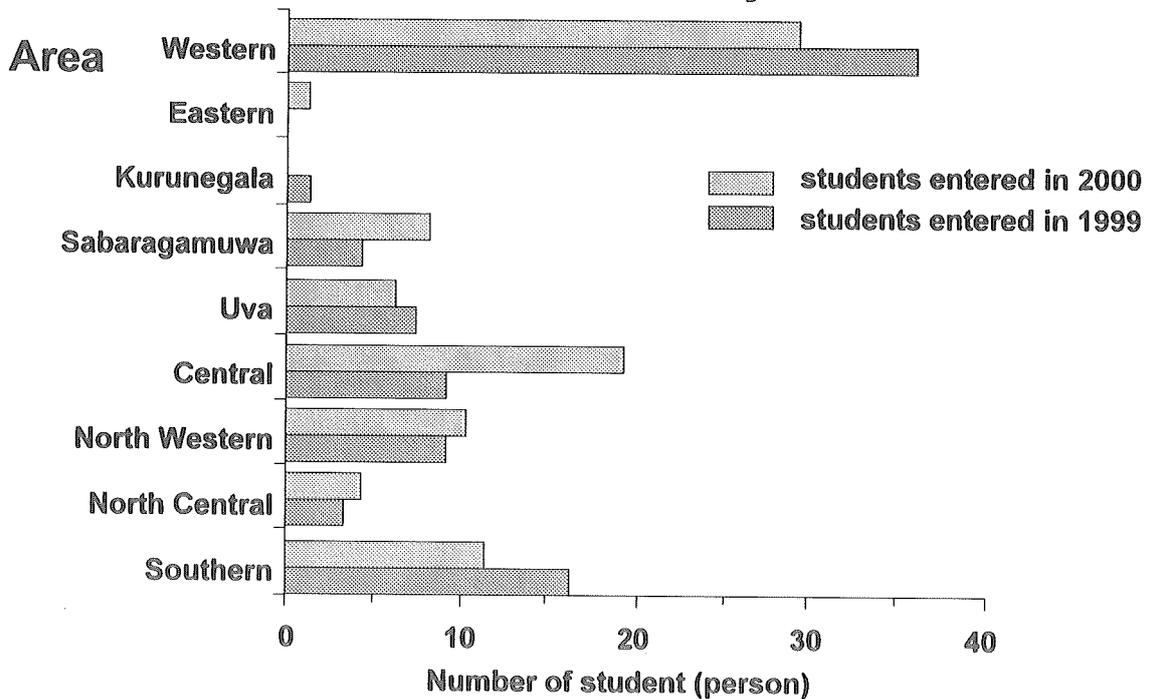


Figure 2. Distribution of students by area



First batch students and of the Second batch students were calculated separately. Validity of the difference between the two batches was analysed by conducting student t-test.

Result of the Survey

1) Attribution of the informants:

All the students, who were the informants of the survey was female. The valuable answers of the questionnaire given by the First batch students and the Second batch students were 74 (78.7%) and 85 (91.4%) respectively. The distribution of age is shown in (Figure-1). The distribution of ages for the First batch students, who entered the school in 1999, was 20 years old (6.9%), 21 (44.7%), 22 (36.5%), 23 (10.6%) and 24 years old (2.4%). The average age amongst them was 21.6 years old. The distribution of ages for the Second batch students, who entered the School in 2000, was 21 years old (19.3%), 22 (36.4%), 23 (21.6%), 24 (9.1%), 25 (10.2%), 27 (1.1%) and 28 (2.3%). The average age amongst them was 22.7 years old. The hometowns of the students were shown in (Figure-2). The number of students attending from the Western Province comprised the largest group in both batches. The students also came widely from the other provinces, such as Southern, North Central, Central, Uva, Sabaragamuwa, North Western and Eastern.

2) The common awareness for the nursing occupation:

As shown in (Table-2), more than 90% of the students, in both the First batch and the Second batch, answered "Yes" for the questions such as, "...an occupation to work in co-operation with the doctors, technicians and caseworkers" (Q39),

"this occupation requires a great sense of responsibility" (Q8), "...should have the self-awareness as a nurse even outside the work place (Q15)", "practice is important in clinical nursing" (Q43). It shows that they recognised the nursing occupation as one of the important factors of the social composition. Especially, it was significant that all the First batch students and 84 out of 85 informants of the Second batch students answered "Yes" to the question "the occupation that required professional knowledge and skills" (Q35).

On the other hand, many informants answered negatively to questions such as, "...an occupation to follow the instructions of the doctors" (Q12) and "...an occupation to assist the doctors" (Q34). It is clarified that they are highly conscious of that nursing is a professional job, as more than 90% of the informants answered "Yes" to questions such as, "...an occupation provides the knowledge and the skills on the patients" (Q14) and "...an occupation with a skill that is useful all my life" (Q2). In addition to that, it was obvious that a lot of informants were aware that nursing occupation requires kindness, as most of them answered positively to questions such as, "...an occupation filled with the service-mind" (Q4) and "the most important thing is kindness" (Q37).

3) Comparison between the two batches on general images of the nursing occupation:

There were statistically significant differences in 15 out of 46 questions when we compare the answers given by the two batches. It demonstrated the impact of the new curriculum upon the First batch students, who had studied for the period of one year, as they were comparatively positive in response to questions such as, "...an occupation

to become a good conversation partner of the patients" (Q5) and "...an occupation filled with the service mind" (Q4). These questions are asking about general images of the nursing occupation. In addition, there were a greater number of responses in the First batch students who consider the nursing occupation as "...appropriate occupation for women" (Q33). As well, there was a statistically significant difference ($p < 0.05$) between the two batches in the first factor, i.e. "Occupational awareness - Devotion". The First batch students, who had studied for one year, had more positive responses to questions such as, "...an occupation with a beautiful uniform" and "...feel attracted to the clinical nurses", which are categorised as "Occupational awareness - Adoration". In other words, they have more clear adoration to nursing occupation. As well, the First batch students were more negative in responses to the question "I don't think we can call this a beautiful, romantic occupation" (Q26), which denies adoration.

4) Appropriate understanding of the nursing occupation:

There could be a negative image among the people on "nursing" occupation, that it is painful and stressful as they care for sick persons. Further, they consider it requires hard work. These images remain strong among the newly entered students. However, it is wiped out gradually as they understand nursing appropriately by obtaining knowledge and experience through education and practical training on nursing. The survey proved the above tendency as there were less positive responses in the First batch students to questions such as, "I become frightened of the

nursing occupation considering the weight of a life" (Q41), "this occupation is mentally stressful" (Q24) and "this occupation involves difficult human relationships" (Q27). Similarly, there were less positive responses among the First batch students to questions such as, "inconsistent life rhythm created by the three-shift system reduces the contacts with others to possibly narrow my views" (Q46), "it delays our marriage" (Q38), "three-shift system is harmful for the health" (Q20) and "physical strength is more important than mental strength for the nurses" (Q19), which emphasise harmfulness and harshness of three-shift system.

5) Uplift of occupational awareness on professionalism:

In the new curriculum, emphasis is placed on self-motivation, self-learning and on developing an ability to analyse and solve the existing health problems appropriately by using scientific viewpoints. The comparison of the two batches in their score of the seventh factor could be one of the indicators for measuring the degree of awareness in self-motivation as an impact created by the new curriculum. There were a greater number of responses in the First batch students than in the Second batch students, which identifies that "...doctors and nurses are treated as independent occupations" (Q10), since they consider that "this occupation is different from the doctors'" (Q30). When we see the numbers of responses to the question such as "... an occupation that required professional knowledge and skills" (Q35), "theory is important in clinical nursing" (Q42) and "practice is important in clinical nursing" (Q43), it is clear that the First batch students have a better understanding of the

nursing profession as important not only in assisting doctors, but in playing independent role. As well, the First batch students have better understanding of the necessity to "•••read the nursing study journals every day" (Q6) and more numbers of them agree that "this occupation requires patience" (Q16), as they know they have to play the above independent role.

Discussion

In Sri Lanka, ensuring a satisfactory level of health of its population is a major state concern. As the provision of basic health care is regarded as one of the prime responsibilities of the Government, medical services as well as education have been provided free of charge. Maintaining and improving the quality of Nursing and Midwifery education is one of the key functions of all Managers in nursing education. However, the necessary human resources, physical and financial conditions had not been prepared in order to improve and develop nursing education. In order to overcome the above problems, the Nursing Education Project has commenced with the co-operation by the Government of Japan.

In order to bring up excellent nurses to lead nursing-care in the 21st century, the Ministry of Health raised the qualification for entering nursing schools from GCE (General Certificate of Education) Ordinary level to Advanced level (the same level as the qualification to sit on the entrance examination to universities). The First batch students of the National Nursing School at Sri Jayawardenepura (Model School), who are the informants of the above survey, are capable students who were selected from amongst a high number of applicants (one in 35 candidates was

selected). The curriculum of nursing schools was also revised for the first time in 24 years prior to the opening of the Model School. Consequently, we can say that the Ministry of Health in Sri Lanka has commenced the reformation process to fulfil the needs of the 21st century.

The nursing theory in the new curriculum has been well considered. First, the overall goal of the Nursing profession is broadly stated. It then explains how the nursing education should realise this goal, how the curriculum should function, and the expectations placed on the students - the recipients of the education - in order to become professional nurses. The most characteristic aspect of the new curriculum is in encouraging the students to self-development, self-learning and life-long education by using critical thinking. As well, the new curriculum identifies as one of its goals that nursing students should play multifold roles as Health Care Facilitator, Health Care Promoter and Health Care Giver. It also clearly states that nurses should play each role depending on the conditions of patients or beneficiaries. The Conceptual Framework of the curriculum is developed by using the three-dimensional method. The nursing theories of WHO and Western countries are likely to have had a strong influence on the revision of the curriculum. Therefore, it is expected that the new curriculum will facilitate individual-patient- care depending on the condition of each patient, by overcoming the traditional idea that nurses should mainly assist medical practices. It also expected to develop an ability to analyse health problems of patients using scientific ways of thinking and to carry out nursing process based on the nursing theory. (De Silva, D. M. M. "Reorientation of Nursing and Midwifery Education")

The actual evaluation of the new curriculum should be done when sufficient numbers of young nurses, educated under the new curriculum, reform the critical practices. In order to do so, we should wait until the basic nursing education and post-basic nursing education are systematically combined, life-long education is firmly established, and the said nurses are mature enough to become experts in health care. It will require many years and does not appear realistic. However, under the new curriculum, the students study Fundamentals of Nursing, which is said to be "a roof to integrate nursing studies". As well, from the first year of the school life, they experience exercises and clinical practices in addition to the classroom lessons, based on the correct nursing theory.

Therefore, if the new curriculum is functioning as expected, the First batch students, having studied one year under the new curriculum, should clearly understand the nursing theory, which is an essential factor to develop self-motivation. We carried out the research assuming that the new curriculum can be evaluated by investigating the change in their occupational awareness on nursing.

Critical thinking, one of the important factors for occupational awareness on nursing, can be evaluated by investigating the seventh factor (Occupational awareness - Self-motivation). The seventh factor consists of eight questions. There were no valid differences between the two batches when we compare the scores of each question. However, when we calculate the total score in the seventh factor, there was a valid difference (0.1%) between them, which shows that the First batch students have stronger occupational awareness. We can recognise their

awareness that nurses should not be merely assistants to doctors, even they conduct nursing-care according to their instructions. It can be observed that they are developing more awareness on the following matters: that nurses should respect the human rights of patients; they should have knowledge and skills to judge if doctors make incorrect instructions; they are in an independent position to care for patients legally as well as ethically; they are responsible to insist on the rights of the patients when something unprofitable to them could happen; they should have adequate technical knowledge so that they can be responsible.

People say that the meaning of work lies in social contribution and self-development. The nursing students study hard in order to achieve these aims. Positive images to the nursing occupation (for example, occupational awareness based on the beautified images of nurses) might encourage them to study effectively and become capable nurses. The survey conducted on the nursing students in Japan shows that the adoring images on nurses, which may be a motivation to be nurses, strongly remains among first year students, who have newly entered the nursing school^{6,7)}. However, it will gradually be reduced as they reach higher grades. Contrary to our expectations, the survey in Sri Lanka shows that more students in the First batch had adoring images of nurses, as there were more positive responses to questions such as, "I think this is an occupation with a beautiful uniform" and "I feel attracted to the clinical nurses"

Different from Japan, in Sri Lanka, the duties of nurses placed more emphasis on assistance work in medical practice. Further, it seems that close communications with patients, such as

personal contacts - like rubbing their painful parts, in addition to verbal communications, are not done adequately. The survey shows that there are improvements in the above areas, as we see a lot of informants responded positively to the questions such as "I think this is an occupation to become good conversation partner of the patients" (Q5) and "I think this is an occupation to serve the patients" (Q11). It is also expected that necessary verbal communication and personal contact with the patients will be done, as the students learn nursing with scientific viewpoint, and understand nursing care correctly.

It is concluded that the basic nursing theory, which is an essential factor for self-motivation, has been firmly established among the First batch students, who had studied one year under the new curriculum.

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スリランカ看護学生の看護職業意識とそれに及ぼす新看護教育カリキュラムの効果

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要 旨

日本政府はスリランカ国政府からの要請に基づき、国際協力事業団（JACA）を通してスリランカの看護教育の充実・向上を目的とし、国立スリジャワルデナプラ看護学校を1999年8月に開校した。開校と同時にスリランカ保健省は24年ぶりにカリキュラム改定を実施した。新カリキュラムは批判的思考方法による自己開発と自己学習、卒後教育につながる指導方針を特徴とする。本研究では、本カリキュラムの教育効果を看護の専門職意識の自己啓発的職業意識により評価できると考え、入学3ヶ月後の2回生に対し、新カリキュラム教育を13ヶ月受けすでに本カリキュラムの看護理念が定着しつつあると考えられる1回生を対象とし看護職意識の比較調査を実施した。調査結果から、看護職の困難性を正しく理解することにより、それまでの不安感や怖れなどのネガティブイメージが払拭され、また従来からの医師の診療補助的業務のみから脱却し、専門職としての看護職意識が高揚されていることを明らかにし、新カリキュラムの看護職意識に及ぼす効果を確認できた。

キーワード： 職業意識、 看護学生、 新カリキュラム、 スリランカ