RESEARCH ARTICLE

Academic experiences of undergraduate post-registered BS nursing students in Islamabad, Pakistan

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Abstract

Objective: To assess the academic experiences of undergraduate post-registered BS (Bachelor of Science) nursing students in Islamabad.

Methods: This multisite cross-sectional study was conducted from February to May 2018. It included undergraduate nursing students from one public and three private-sector institutes of Islamabad. A pre-validated Undergraduate Nursing Students' Academic Satisfaction Scale (UNSASS) was used to collect data. Descriptive and Inferential statistics were calculated using SPSS 21, $p< 0.05$ was considered as significant.

Results: Out of 220 nursing students, 198 responded. Nursing students from public-sector were significantly more satisfied than those in private. This satisfaction was significant for classroom teaching and clinical teaching. The students from private institutes reported significantly greater satisfaction towards institutional support and resources. Female students from private colleges were significantly more satisfied with the clinical education ($p<0.042$) and programme design and delivery ($p<0.018$) than their male counterparts. First year students from public-sector were significantly more satisfied from classroom teaching ($p<0.003$), support and resources ($p<0.036$), while those in private from clinical teaching ($p<0.002$). Students aged 31 years and above were generally more satisfied.

Conclusion: Post-registered BS nursing students are satisfied from their academic experiences during undergraduate training. Students in public-sector institutes are comparatively more satisfied.

Keywords: Satisfaction, Undergraduate students, Nurses, Academic, Islamabad. (JPMA 70: 1767; 2020)

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Introduction

Academic experiences of students refer to their subjective evaluation of the formal, informal and hidden curriculum, and academic satisfaction is the psychological state that results from fulfilment of expectations or needs from those academic experiences.[1,2] As consumers of institutional services, students are the most important stakeholder group in higher education. Institutions should constantly seek to improve services and develop its capacity to meet the needs and expectations of their students.[3] The students should be consulted, given certain rights and responsibilities in all academic matters that are of concern to them. Their satisfaction with the programme is not only the indicator of institutional effectiveness but also directly links with students' retention and success.[4]

Nurses form the largest professional group in any healthcare system and make significant contribution to patients' care. During the course of training, they experience a series of personal, cognitive, professional and social changes, resulting in anxiety, fear and doubts.[4] Students may develop sense of disappointment and pessimism when their academic needs are unmet. The degree of satisfaction from academic experiences can contribute towards identifying their unmet needs, thereby, bridging the gap between their expectations and what the programme actually delivers. A study conducted in Iran[5] reported the gap between students' expectations and experiences of the quality of educational services provided to them. This implicated that the quality of services in institute were less than what they anticipated. It also reflected the institutional commitment towards improving the academic experiences through pedagogical and psychological support, where needed.[4]

In Pakistan, Undergraduate Nursing programmes are offered after ten and twelve years of education, while Postgraduate programmes after sixteen years, respectively. Undergraduate programmes include Diploma in nursing (3 years), generic Bachelor of Science in nursing (4 years), Post-registered nurse Bachelor of Science in nursing (2 years). A Post-registered nurse has completed a three years Diploma in nursing and one-year post-basic specialty i.e. cardiac, intensive care, mental

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health, community health, anaesthesia, emergency and trauma nursing, after ten years of education in science subjects. These post-registered nurses get an equivalence of 12 years of education and become eligible to obtain admission in post-registered nurse Bachelor of Science in nursing (2 years) programmes.[6]

Few previous studies were single site and they only focused on four-year nursing degree programmes to examine students' experiences.[2,4,7] There is a dearth of literature on the experiences of undergraduate nursing students from public and private institutions of Pakistan. This is essential for planning and consequent improvement of nursing programmes to meet the healthcare needs of the country. The current study assessed the academic experiences of undergraduate post-registered nursing students from public and private institutes in Islamabad, one of the major cities of Pakistan.

Methods

This multisite descriptive cross-sectional study was carried out from February to May 2018. Universal sampling was used; all the students (n=220) enrolled in post-registered nursing Bachelor of Science programme from four institutes of Islamabad (one public and three private) were invited to participate in the study. The public institute was Pakistan Institute of Medical Science Nursing College (n=100) and private institutes were: Islamabad Nursing College (n=57), Rawal College of Nursing (n=40) and Isra College of Nursing (n=23).

Ethical Approval from institutional review board of Islamabad medical and dental college was taken. Post-registered nurse Bachelor of Science in Nursing (PRBSN) students with at least three months of educational experience at their respective institutes were invited to participate. There were 100 students from public and 120 students from private institutes, altogether 220 students enrolled. The participants gave informed consent by reading the information sheet and completing the questionnaire. Participation in the study was entirely voluntary, no financial or any other benefit was offered.

A structured pre-validated Undergraduate Nursing Students' Academic Satisfaction Scale (UNSASS)[8] in English language was used. UNSASS comprised of 48 items, divided into four subscales: in-class teaching, clinical teaching, programme design and delivery, support and resources. As the medium of instruction for the nursing course is English, so it was assumed that all should have sufficient command in English. It was piloted (n=10) and term 'secretaries' was changed to 'clerk/admin staff'. Demographic variables were also added.

The participants were asked to record their agreement on various items of UNSAAS using a five-point Likert scale; (5=Strongly Agree, 4=Agree, 3=Somewhat Agree, 2=Disagree and 1=Strongly Disagree). Data were entered in SPSS 21 for analysis. Descriptive statistics were calculated for demographic variables. As the data were not normally distributed (Shapiro-Wilk test p value 0.000), therefore, non-parametric Mann-Whitney U test was used to identify difference of satisfaction among nursing students in different subgroups.

Results

Out of 220 nursing students, 198 responded, making the response rate 90%, with majority (n=146) of them as females. However, they were almost equally distributed in both study years and age groups (Table-1).

A comparison of public and private institutes showed that students from the public-sector were significantly more satisfied from classroom (p=0.003) and clinical teaching (p=0.001). However, those in private reported having significantly better institutional support and resources (p=0.001). Female students from private colleges were significantly more satisfied with the clinical teaching, and programme design and delivery than their male counterparts. First year students from public-sector were significantly more satisfied from classroom teaching, support and resources, while those in private from clinical teaching. Students aged 31 years and above were significantly more satisfied of classroom teaching ($p<0.05$) (Table-2).

Table-1: Demographic characteristics of undergraduate nursing students.

Characteristics		Public (n=91)		Private (n=107)		Overall (n=198)	
		n	%	n	%	n	%
Gender	Male	22	11.1	30	15.2	52	26.3
	Female	77	38.9	69	34.8	146	73.7
Study Year	Year - I	46	23.2	55	27.8	101	51.0
	Year - II	45	22.7	52	26.3	97	49.0
Age	≤ 30 Years.	73	36.9	34	17.2	107	54.0
	≥ 31 Years.	26	13.1	65	32.8	91	46.0

Table-2: Comparison between institute type, study year, gender and age subgroups on UNSAAS subscales.

UNSAAS Subscale	Sub Groups	Public Mean (SD)	p-value	Private Mean (SD)	p-value
Classroom Teaching		4.08 (0.77)		3.81 (0.58)	0.003*
	Male	4.13 (0.67)	0.159	3.79 (0.48)	0.438
	Female	3.94 (0.70)		3.90 (0.59)	
	Year-I	4.20 (0.57)	0.003*	3.84 (0.58)	0.511
	Year-II	3.76 (0.74)		3.92 (0.55)	
	≤ 30 Years	3.92 (0.85)	0.032*	3.86 (0.51)	0.043*
	≥ 31 Years	4.01 (0.63)		3.94 (0.70)	
Clinical Teaching		3.78 (0.80)		3.36 (0.79)	0.001*
	Male	3.63 (0.61)	0.546	3.04 (0.68)	0.042*
	Female	3.55 (0.71)		3.42 (0.83)	
	Year-I	3.63 (0.71)	0.574	3.58 (0.74)	0.002*
	Year-II	3.52 (0.65)		3.07 (0.81)	
	≤ 30 Years	3.62 (0.67)	0.828	3.37 (0.78)	0.563
	≥ 31 Years	3.56 (0.69)		3.25 (0.90)	
Program Design & Delivery		4.04 (0.61)		4.16 (0.40)	0.310
	Male	4.12 (0.60)	0.661	3.64 (0.56)	0.018*
	Female	4.04 (0.62)		4.01 (0.71)	
	Year-I	4.15 (0.62)	0.101	3.81 (0.78)	0.145
	Year-II	3.96 (0.60)		4.06 (0.57)	
	≤ 30 Years	3.91 (0.72)	0.255	3.93 (0.64)	0.569
	≥ 31 Years	4.11 (0.56)		3.95 (0.85)	
Support and Resources		4.01 (0.67)		4.16 (0.40)	0.001*
	Male	3.51 (0.59)	0.920	3.99 (0.47)	0.895
	Female	3.52 (0.66)		3.91 (0.93)	
	Year-I	3.65 (0.55)	0.036*	3.80 (0.93)	0.142
	Year-II	3.38 (0.71)		4.06 (0.75)	
	≤ 30 Years	3.38 (0.75)	0.369	3.92 (0.79)	0.528
	≥ 31 Years	3.57 (0.60)		3.96 (0.03)	
Overall UNSAAS		3.82 (0.56)		3.62 (0.62)	0.006*

*p value <0.05.

The students in public-sector institutes felt that they had significantly more freedom to express their academic concerns. Their faculty members were easier to approach, and students considered them as good role models. The clinical instructors gave them sufficient learning guidance and feedback on clinical skills. On the other hand, students from private institutions reported significantly better facilitation of teamwork in their programme. They were able to experience intellectual growth in the programme as well. They were significantly more satisfied with the learning facilities (classroom, clinical, skills lab, computer lab) and support staff ($p<0.05$).

Female students reported that their faculty made every effort to assist them in their learning. Clinical instructors offered them significantly more guidance and opportunities for independent practice in the labs and clinical sites. Their male counterparts felt significantly more satisfied from the learning time and readily available channels for expressing complaints. They reported significantly more satisfaction from approachability of clinical instructor ($p<0.05$) (Table-3).

First year students expressed, they had higher freedom to express their concerns to faculty, which was also easily approachable and assisted them when needed. First year students reported significantly more satisfaction from provision of feedback in classrooms and clinical teaching. Their teachers acted as role models and created good overall impression. First year students also reported that clinical instructors viewed their mistakes as part of learning and assigned them patients appropriate to their competence level. They had significantly clearer expectations and experienced more intellectual growth from those in second year Bachelor of Science in Nursing programme ($p<0.05$).

They found faculty more approachable and viewed them as good role models. These students were also significantly more satisfied with appropriateness of

Table-3: UNSAAS items with significant differences within institute type and gender subgroups.

UNSAAS Items	Institute (Public/Private)			Gender (Male/Female)		
	Mean		P-Value	Mean		P-Value
Free expression of concerns to faculty	4.19	3.65	0.000*	3.94	3.88	.878
Faculty are approachable	4.24	3.91	0.007*	3.90	4.12	.124
Faculty assist students	4.08	3.97	0.216	3.81	4.10	.029*
Facilitation of faculty	4.05	3.97	0.653	3.98	4.02	.761
Faculty provide feedback	3.88	3.78	0.380	3.94	3.78	.228
Complaints channel readily available	3.88	3.73	0.236	4.08	3.70	.023*
Faculties are good role models	4.05	3.62	0.001*	3.79	3.83	.669
Faculty create a good overall impression	4.01	3.86	0.331	4.02	3.90	.640
I receive enough time	3.97	3.85	0.388	4.17	3.81	.011*
CI are approachable	3.63	3.50	0.749	3.92	3.42	.003*
CI provide feedback	3.36	3.27	0.720	3.31	3.32	.946
CI give me sufficient guidance	3.62	3.29	0.034*	3.15	3.54	.024*
CI view my mistakes as part of learning	3.71	3.47	0.148	3.48	3.62	.297
CI appropriately assign patients	3.51	3.24	0.120	3.12	3.45	.101
CI give verbal and written feedback	3.67	3.25	0.005*	3.35	3.48	.302
CI provide opportunities for practice	3.43	3.52	0.245	3.15	3.60	.022*
CI link theory to practice	3.48	3.37	0.687	3.27	3.48	.106
Clarity of expectation from program	4.04	4.10	0.340	4.13	4.05	.503
Program facilitates team work	4.07	4.19	0.041*	4.29	4.08	.087
Experience of intellectual growth	4.16	4.30	0.040*	4.23	4.24	.632
Clerks/Admin staff behave professionally	3.92	4.36	0.047*	4.31	4.10	.373
Well equipped, adequately staffed labs	4.02	4.24	0.041*	4.29	4.09	.361

CI: Clinical Instructors, *p value <0.05.

Table-4: UNSAAS items with significant differences within study year and age subgroups.

UNSAAS Items	Study Year (1st / 2nd)			Age (≤ 30 / ≥ 31 Years)		
	Mean		P-Value	Mean		P-Value
Free expression of concerns to faculty	4.20	3.59	.000*	3.79	4.01	.139
Faculty are approachable	4.30	3.82	.000*	3.86	4.26	.002*
Faculty assist students	4.20	3.84	.001*	3.96	4.08	.326
Facilitation of faculty	4.13	3.89	.022*	4.08	3.94	.126
Faculty provide feedback	3.97	3.67	.017*	3.82	3.83	.974
Complaints channel readily available	3.82	3.78	.531	3.63	3.97	.016*
Faculties are good role models	4.05	3.58	.000*	3.70	3.94	.050*
Faculty create a good overall impression	4.08	3.78	.041*	3.99	3.87	.411
I receive enough time	3.97	3.84	.297	3.91	3.90	.709
CI are approachable	3.65	3.46	.186	3.47	3.64	.241
CI provide feedback	3.52	3.10	.009*	3.35	3.27	.672
CI give me sufficient guidance	3.56	3.32	.160	3.34	3.56	.230
CI view my mistakes as part of learning	3.76	3.40	.019*	3.51	3.66	.392
CI appropriately assign patients	3.51	3.21	.030*	3.18	3.55	.020*
CI give verbal and written feedback	3.58	3.31	.073	3.30	3.59	.024*
CI provide opportunities for practice	3.62	3.34	.109	3.60	3.36	.142
CI link theory to practice	3.50	3.35	.375	3.56	3.29	.045*
Clarity of expectation from program	4.24	3.91	.008*	4.04	4.11	.788
Program facilitates team work	4.15	4.11	.759	4.04	4.22	.133
Experience of intellectual growth	4.34	4.13	.023*	4.34	4.13	.023*
Clerks/Admin staff behave professionally	4.21	4.10	.700	4.28	4.03	.313
Well equipped, adequately staffed labs	4.23	4.05	.294	4.25	4.03	.047*

CI: Clinical Instructors, *p value <0.05.

assigned patients for their competence level and feedback. The channels for expressing complaints were readily available to them as well. In contrast, students aged 30 years and under, experienced significant intellectual growth during the programme and they were more satisfied from resources at the labs and clinical instructors' ability of link theory to practice ($p<0.05$) (Table-4).

Discussion

To the best of authors' knowledge, this is the first multicentre cross-sectional survey to evaluate the academic satisfaction of undergraduate post-registered nursing students from public and private institutes in Islamabad using UNSAAS questionnaire. Post-registered nursing students were satisfied from their academic experiences during undergraduate training. The satisfaction was higher than Jordanian[2] and Brazilian[4 university nursing students. A clear perception of satisfaction with the academic experience suggested involvement in the institution's activities and course.[5]

Study participants were predominantly female nursing students. It is reflective of induction criteria applied nationally by nursing council of Pakistan as 9:1 females and male respectively.[9] Moreover, there are more female nurses worldwide in healthcare workforce.[10] This female domination on one hand is the reason for their significant satisfaction from clinical teaching, and programme design and delivery, while on the other hand it reflects the negative stigma that nursing is a female's profession as nurturing is thought to be a trait of female gender.[11] Our findings are in line with other studies from Pakistan, where perception of female nursing students was more positive.[12]

The undergraduate nursing students were significantly more satisfied from their classroom teaching in the public-sector institutes. Satisfaction with classroom teaching is determined with physical environment,[13] students' teaching preferences,[14] interaction and evaluation of subject teachers[7] and faculty satisfaction,[15] Faculty satisfaction has an impact on standards of teaching methods.[15] The public-sector institutes are funded by the government, offering courses at a subsidized cost for the benefit of the society rather than on commercial basis.[16] This might have also reflected in students having significantly more freedom to express their academic concerns in the public-sector institutions. The faculty in public-sector institutes is appointed by the government, which offers job security and pension. Therefore, seasoned teachers prefer public over private institutes, which might have resulted in them being role models and easier to approach. This is in contrast with the study on dental institutions, where the students from private institutions had higher satisfaction levels.[16] On the other hand, private institutes follow a business model and they rely heavily on tuition and private contributions.

Satisfaction with clinical teaching was predominantly higher among undergraduate nursing students of Public Sector College. Students perceive clinical teachers' important for making clinical learning environment conducive.[12] The students were satisfied from learning guidance and feedback on their performance. This is in contrast with the Iranian study, which reported inappropriate clinical teaching and negative behaviours.[7] Another important source of students' satisfaction is the availability of patients for clinical experience.[17] Generally, public institutes offer better access (central location) and hence ensure the availability of patients.[16] Patient encounters facilitate the translation of theory to the real life clinical practice,[17] which is reflected in students' satisfaction from clinical teaching. Strengthening clinical area and clinical education could improve the students' satisfaction.

Nursing students from both the public and private-sector felt satisfied from the programme design and delivery. This could be because all the institutes have to deliver a university approved curriculum, which also inspects and ensures appropriate delivery in these affiliated institutions. The students from the private institutions reported significantly better facilitation of teamwork in their programme. They were able to experience intellectual growth in the programme as well. Findings from a systematic review suggested that collaborative learning emerges from teamwork and enable students to learn variety of interpersonal skills.[18] The group work also facilitates thought process, as discussion and interaction foster thinking.

Resources in terms of learning facilities, like labs and related support play an important role in academic satisfaction.[8] Nursing students in private institutions were significantly more satisfied with the support and resources available for their learning. Students also reported that administration and support staff were helpful and professional. It is probably because there is a mechanism of hiring and firing, the private institutions reinforce good behaviors and punish for bad behaviors unlike in public-sector, which prefer status quo.[16] Also, there is less red-tapism in private-sector, whereas in public-sector, there is excessive regulation with rigid and redundant conformity to formal bureaucratic rules that hinders immediate action or decision-making.[16]

First year students showed significantly higher satisfaction; those going to public institutes were satisfied from classroom teaching, support and resources, while those in private institutes were more satisfied from clinical teaching. These findings are somewhat consistent with another study,[12] where senior nursing students reported that clinical environment was not appropriate for learning. The reduced student's satisfaction over the years might be related with their intellectual growth, as they would have developed better understating of nursing and the shortcomings in their course. Clinical courses have been cited as a significant source of anxiety.[19] As the complexity of courses and clinical work increases in the later years that might also lead to lower satisfaction among students in the later years. The study conducted in Sri Lanka found higher level of stress and depression among senior class students.[20] Studies have identified higher satisfaction and decreased anxiety using peer teaching for clinical skills.[21] It is important to point out that being in a certain year of the course does not reflect their age or experience as one can be admitted at any age in first year. In contrast to first year being more satisfied, we found higher satisfaction among students aged 31 years and above. The nursing students become more resilient with increasing years of experience,[22] which is positively associated with their learning experiences and academic performance.[23] For these reasons, students express greater satisfaction from academics with age.

Limitations

There is lack of published literature on satisfaction of undergraduate nursing students in general and post-registered nurses in particular, therefore, fewer comparisons were possible. The findings are self-reported and only participants from Islamabad region were invited to participate. However, this study highlighted areas of satisfaction and improvement in nursing programmes of the most resourceful capital city of the country with intake of nurses from all over Pakistan, therefore, findings are transferrable.

Recommendations

Based on our findings, we suggest that Pakistan Nursing Council should encourage policies and practices that minimise stereotyping and gender bias experienced by male nurses. There is also a need for cultural change, the focus should be on the provision of excellent care and not on having it from nurses of one particular gender. For improving academic satisfaction, we recommend employing peer-assisted learning strategies as well as the use of simulation in nursing education.[24] To improve patients' availability for teaching purposes, we suggest appropriate geographical distribution of new nursing institutions. The private institutes should cater for community areas away from public institutes, while ensuring access to subsidized services for the patients.

Conclusion

Post-registered nursing students are satisfied from their academic experiences during undergraduate training. Students are relatively more satisfied from classroom and clinical teaching in public-sector nursing institute. Private-sector offer better institutional support and resources. Teachers' professional development, collaboration among institutes and learning from experiences could result in better academic understanding. The institutes should also provide services to address their psychological, academic and/or career needs.

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References

1. Chen HC, Farmer S, Barber L, Wayman M. Development and psychometric testing of the nursing student satisfaction scale. Nurs Educ Perspect.2012; 33:369-73.
2. Jaradeen N, Jaradat R, Safi AA, Tarawneh F Al. Students Satisfaction with Nursing Program. Bahrain Med Bull. 2012; 34:1-6.
3. Yildirim Y, Kilic SP, Akyol AD. Relationship between life satisfaction and quality of life in Turkish nursing school students. Nurs Heal Sci. 2013; 15:415-22.
4. Ramos AM, Barlem JGT, Lunardi VL, Barlem ELD, Da Silveira RS, Bordignon SS. Satisfaction with academic experience among undergraduate nursing studetns. Text Context Nursing. Florianóp. 2015; 24:187-95.
5. Asefi F, Delaram M, Deris F. Gap between the Expectations and Perceptions of Students regarding the Educational Services Offered in a School of Nursing and Midwifery. J Clin Diagn Res. 2017; 11:JC01–4.
6. Pakistan Nursing Council. Admissioin criteria for nursing educational programs [Online] 2019 [Cited 2019 Mar 19]. Available from: URL: https://www.pnc.org.pk/Admission_Criteria.htm
7. Hakim A. Nursing students' satisfaction about their field of study. J Adv Med Educ Prof. 2014; 2:82-7.
8. Dennison S, El-Masri MM. Development and Psychometric Assessment of the Undergraduate Nursing Student Academic Satisfaction Scale (UNSASS). J Nurs Meas. 2012; 20:75-89.
9. Pakistan Nursing Council. PNC Acts and Regulations of PNC. [Online]. [Cited 2018 Jul 12]. Available from: URL: http://www.pnc.org.pk/PNC_Acts_-_Regulation.htm
10. Haddad LM, Toney Butler TJ. Nursing Shortage [Online] 2019 [Cited 2019 Jul 31]. Available from: URL: http://www.ncbi.nlm.nih.gov/pubmed/29630227
11. Barrett-Landau SS. Men in Nursing: Their Influence in a Female Dominated Career. J Leadersh Instr. 2014; 13:10-3.
12. Victor G, Ishtiaq M, Iqbal N. Perception of clinical environment among students of a private college of nursing in Pakistan. Med Channel. 2016; 22:33-40.

13. Han H, Kiatkawsin K, Kim W, Hong JH. Assessment & Evaluation in Higher Education Physical classroom environment and student satisfaction with courses. Assess Eval High Educ. 2017; 2938:1-16.
14. Young D, Seibenhener S. Preferred Teaching Strategies for Students in an Associate of Science Nursing Program. Teach Learn Nurs. 2017; 13:41-5.
15. Chin CC, Beauchamp A, Sellick K. Job Satisfaction of Nurse Lecturers in Malaysia. Malaysian J Nurs. 2012; 4:916.
16. Sethi A, Khan A. Is the dental clinical learning environment suitable? A survey of Khyber Pakhtunkhwa, Pakistan. J Pak Med Assoc. 2018; 68:359–63.
17. Suikkala A, Koskinen S, Leino-Kilpi H. Patients' involvement in nursing students' clinical education: A scoping review. Int J Nurs Stud. 2018; 84:40–51.
18. Qalehsari MQ, Khaghanizadeh M, Ebadi A. Lifelong learning strategies in nursing: A systematic review Mojtaba. Electron Physician. 2017; 9:5541-50.
19. Wedgeworth M. Anxiety and education: An examination of anxiety across a nursing program. J Nurs Educ Pract. 2016; 6:23–32.
20. Rathnayake S, Ekanayaka J. Depression, Anxiety and Stress among Undergraduate Nursing Students in a Public University in Sri Lanka. Int J Caring Sci. 2016; 9:1020-32.
21. Mills JKA, Dalleywater WJ, Tischler V. An assessment of student satisfaction with peer teaching of clinical communication skills. BMC Med Educ. 2014; 14:217–22.
22. Chow KM, Tang WKF, Chan WHC, Sit WHJ, Choi KC, Chan S. Resilience and well-being of university nursing students in Hong Kong: A cross-sectional study. BMC Med Educ. 2018; 18:1–8.
23. Kwek A, Bui HT, Rynne J, So KKF. The impacts of self-esteem and resilience on academic performance: An investigation of domestic and international hospitality and tourism undergraduate students. J Hosp Tour Educ. 2013; 25:110–22.
24. Motola I, Devine LA, Chung HS, Sullivan JE, Issenberg SB. Simulation in healthcare education: A best evidence practical guide. AMEE Guide No. 82. Med Teach. 2013; 35:e1511-30.