EXPLORING CONCEPTIONS OF CURRICULUM REFORM ON WORK PERFORMANCE: THE CASE OF NURSING TRAINERS AND TRAINEES IN KILIMANJARO TANZANIA

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CERTIFICATION

The undersigned certifies that she has read and hereby recommends for acceptance by the Open University of Tanzania a dissertation entitled, **Exploring Conceptions of Curriculum Reform on Work Performance: The Case of Nurse Trainers and Trainees in Kilimanjaro Tanzania**. In partial fulfillment of the requirements for the award of Degree of Master of Education in Curriculum Development and Design.

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DECLARATION

I **Clara Telesphory Mushi (Sister)** declare that, the work presented in this Dissertation is original. It has never been presented to any other University or Institution. Where other people's works have been used, references have been provided. It is in this regard that I declare this work as originally mine. It is hereby presented in partial fulfillment of the requirement for the Degree of Master of Education in Curriculum Development and Design.

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Signature

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Date

DEDICATION

I dedicate to all Tutors at Huruma Institute of Health and Allied Sciences (HIHAS) for their tireless encouragement and for their prayers and sacrifices, which enabled me to pursue my Masters of Education in Curriculum Development and Design. I also dedicate this work to my family members and the Sisters of Our Lady of Kilimanjaro who have been always supportive. My students and faculty members have surrounded me and watched me through. Thank you all and may God bless you.

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ABSTRACT

This study aimed at exploring the conceptions of curriculum reform from nursing trainers and trainees and how those conceptions shaped their work interaction and performance in Kilimanjaro. Specifically, the study examined the views of nurse trainers on the curriculum reform from four years to three; assessed the similarities and differences of these views and determined their effects on work interaction and job performance. Framed within constructivist theories of learning, it is argued that while our experiences shape the perception of others it can negatively affect the way we interact with them and impact on their job performance. Interviews and focused group discussions with five nurse trainers and twenty newly employed nurses working in two health-training centres in Kilimanjaro Tanzania were conducted. The findings reveal that majority of nurse trainers used their prior experiences of the length of curriculum to determine the effectiveness of the changed curriculum on newly employed nurses. At the same time, the majority of newly trained nurses used their self-achievements and future possibilities to determine the effectiveness of curriculum change on their job performance. Interestingly, the same changed curriculum was used by most to justify their conceptions both in favour and against the change. This raises further questions about the role of curriculum change in developing competent professionals. The two varying views of curriculum change and their effect on curriculum implementation and assessment of job performance are presented.

Keyword: Curriculum reform, Nursing, Midwifery, Education, Phenomegrapgy.

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ABBREVIATIONS

CBET	Competency-Based Education and Training
FGD	Focus Group Discussion
HCDH	Huruma Council Designated Hospital
HIHAS	Huruma Institute of Health and Allied Sciences
KBET	Knowledge-Based Education and Training
KCMC	Kilimanjaro Christian Medical Centre
MOHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
NACTE	National Council for Technical Education
TNMC	Tanzania Nursing and Midwifery Council
WHO	World Health Organization

CHAPTER ONE

BACKGROUND OF THE STUDY

1.1   Introduction

Curriculum is the foundation of any education system, and thus, in need of frequent revising. In most cases, curriculum reform is done for the improvement of prescribed standards (Peter 2005). In many situations such reviews are requirement by the policy makers and other educational collaborators to improve teaching and learning for quality performance after graduation. In clinical setting, curriculum reform follows classical model, where Government authorities or their representative institutions author these reforms in order to transmit policy prescriptions to educational settings. In most cases, it is taken for granted that whatever goes down there would be accepted and will bring the needed change (Peter 2005).

As Ellisworth (2001) commented on Fullan's (2011) theory with the same meaning which had suggested that curriculum reform is not always an innovation, though in most cases, it is expected to bring change. Curriculum reform can range from superficial to comprehensive. Superficial changes can be in single subject, for example, a change in the textbook, or of duration, for example, from four years of training to three or the vice versa. Comprehensive changes can be in terms of merging or separating subjects in a programme. This implies that curriculum reform has unique qualities to the implementers, who are the teachers (Halpin, Dickson, Power, Whitty & Gewritz, 2004).

Curriculum reform is defined as any change in a curriculum such as philosophy, learning objectives,   content, teaching and learning strategies, mode of assessment

and learning outcomes (Fullan 2011). Sometimes a curriculum may involve the restructuring of the whole school system, such as shortening of program as the case in this study.

As Rosen (2004) suggested, quality curriculum reform is that which seeks to enhance the learners' proficiency both academically and in practical settings. With the current public's insistence on educational accountability, curriculum must aim at developing competency and accountability. Unfortunately, many curriculum experts and implementers are obsessed with years of study than the effects of curriculum in developing the expected competencies and this calls for a broader perspective on understanding curriculum reform J.B Pett (2000). In this context, this study focuses on the discourse surrounding curriculum reform in nursing and midwifery education from four year to three years in Tanzania. As Mashra (2014) observed, this reform aimed at preparing nurses and midwives to offer quality health care and services to serve lives. Schools et al. (2016) also suggested that nursing and midwifery curriculum reform had a goal to solve the problem of shortage of staff in the health setting.

1.2   The context and the Background of the Study

Babyegeya, (2006) assert that many graduates are not well prepared, leading to lack of competency in the world of work. In the context of this study, there is a discourse that nurse graduates who underwent through a three year curriculum of study instead of four complete their training without the necessary health care and provision skills. It can, of course, be argued that individual competencies may not always be developed during training, other competencies develop as one engage in a real life

situation For instance, Kennedy (2012) suggests that consideration should be taken of the effects of factors operating in the contexts in which the new nurses and midwives are operating, and not relying only on their training. However, Elliott and Morris (2001) stress that a relevant curriculum is that which helps the graduates to learn in life time as they work in particular contexts of action. From this standpoint, the relevant curriculum is that which provides the learners with the appropriate knowledge base they will need to make sense of their professions (Campbell, McNamara & Gilroy, 2004; Bjarnadóttir, 2007; Wenestam, 2007). Professionals in this study are nurses and midwives who are expected to professionally provide health care to patients who depend on them for health and lives (Björklund, 2008).

Nurses' professional identity is also connected with the adaption to their roles, responsibilities and new environments, particularly when switching from a protected environment of college to an authentic world where they need to take care of the afflicted (Philips, Kenny, & Esterman 2014). According to Philips et al. (2014), this situation has contributed to the process of changing from one state or condition to another, which necessitates the qualitative preparation for a change. Researchers in the fields of education and health have long acknowledged the importance of social context in learning, knowing and construction of identity (Swai, 2010). These researchers have begun to configure curriculum and learning within situated perspectives, which emphasize the socially constructed and distributed nature of learning and knowledge construction. Within this framework, learning involves processes of identity formation, where learners not only acquire the prescribed knowledge but become a particular learner in a professional community (Lave &

Wenger, 1991).

Several studies show that many graduates fail to negotiate transitional challenges from learning as a process of acquiring knowledge to learning as a process of becoming a particular professional. This has led to stress, work dissatisfaction, thereby resulting in a high turnover rate (see for example Duchscher,(2008; Parker, Giles, & Lantry 2014; Salt, Cummings, & Profetto-McGrath 2008). This means that curriculum should not only expose the learners to theories, but what they imply in a real working environment (Tsui & Law, 2007) state that,within social learning theory, nursing education has the role of assisting the learners to learn from others and adapt to health values and norms so as to meet the local and global realities (Cheng, 2001). It is worth pointing out that the question of curriculum change for nursing and midwifery must aim at meeting the needs of the graduates in a changing society, and this is not peculiar to Tanzania alone, as many countries are also involved in the same, such as the Nordic countries (Lindgren, 2007), and the United Stateof America. (Darling-Hammond & Bransford, 2005).

The notion of professionalism could also be challenged because what is learnt in college plays a minor role in promoting the vitality in the world of work. In addition, the education offered in health centres and colleges in Tanzania is dominated by political control in which decisions about what should be learnt, who and how to teach are centrally made (meena 2009). Because of this situation, it can be argued that it is not easy for health trainers to educate nurses to become health professionals who can transform the sector, but rather, mechanical implementers of the curriculum (Sjöholm & Hansén, 2007) that they were not involved in developing.

For these reasons, there is a need to explore the nursing trainers and nurses' conceptions of curriculum reform in relation to nursing professionalism in the local context.

Curriculum change is a dynamic process that involves many people, often with different priorities, interests and needs UNESCO (2020). A reason for the involvement of stakeholders as UNESCO suggests, is to ensure the curriculum is relevant to the learner;   to the national objectives;   from the point of view of global tendencies; for educational institutions and employers. This is because the priorities of the learners and the national objectives may differ from those of global, of educational institutions and even of employers. Still the interests   are not homogenous within these groups. Arguably, each of these groups has a legitimate interest in what should be included, deleted and changed in the curriculum and, most significantly, in defining its outputs (UNESCO 2020).

In practice, however, curriculum change is often effected without inputs from other actors such as teachers and learners who the change impacts their daily routines. This implies that, inputs from teachers and learners are seldom integrated into the curriculum development process, which in most cases can impact on the quality of its implementation and outputs.

According to Giroux and McLaren (1987), there is a need to reverse the traditional practice of considering teachers primarily as technicians and learners as consumers without the mandate to make important curriculum decisions according to the contexts and particularities of its implementation. Although there has been some changes in curriculum development to give more autonomy to curriculum

implementers in Tanzania from the mid- 1990s, still not much has been done towards that ambition despite the fact that health education has experienced a number of curriculum reforms since 2000.

The notion of curriculum reform is used as ideas or practices that are new in colleges of education and in nursing training centres in particular, where a reform to shortening the duration of nursing and midwifery education is the context of this study. From this point of view, it is vitally important to increase our knowledge of how nursing and midwifery curriculum reform, whose goal was to solve the problem of shortage of staff in the health setting, but also to transform it to cater for the global trends in the provision of education (Schools et al. (2016) has been perceived by nursing trainers and the nurses in Northern zone of Tanzania.

Thus, the background and general motives for conducting this study is my attempt to position nursing curriculum reform in Tanzania within a broad national and international perspective. Internationally, curriculum reform is understood as a global and policy but also a technical document that stipulates the expected learning outcomes through teaching and learning processes (UNESCO 2020).

It is important to point out that internationally, curriculum reform is recognised as important in bringing expected improvements into classrooms and in the world of work. For example, curriculum reform is expected to responds to the expectations and needs of all students in diverse learning environments as well as meeting the needs of a society by increasing visibility of cross-cutting issues, including citizenship, human rights, gender equity and sustainable development (UNESCO 2020). Hence global curriculum reforms are questioned on how change eventually

will happen and only a few of those who initiate and authorize can provide answers as on why some stakeholders such as trainers are not happy with the changes (Sahlberg 2005)**.**

This study analyses the form of ideas and types of discourses surrounding nursing and midwifery curriculum reform in relation to day to day practical performance in Kilimanjaro Tanzania, While nursing and midwifery curriculum reform has been   to find a balance between the theory (what is learnt in the classroom) and practice (how the knowledge transferred to day to day activities of nurses and midwives), not all agree with the wisdom that the length of training is not the key to bring about the needed competencies on one hand, and on the other, meet the needs of a society. As UNESCO suggested, curriculum reform must consider the needs of individual students as well as those of the society. In other words, what is taught in the classroom should enhance the performance after graduation.

In health system, where professional capacities are limited and whose resources are scarce, such a balance gains greater importance, indicating the need for more years of study. According to (David & Amey 2012), life serving training demands high investments in study duration and specialized fields in order to meet rising skill requirements. However, the numbers of years of study should not be viewed as solely static, but needs to be assigned a new meaning regarding what it is and should be placed at the service of reform implementation by recognising the importance of critical reflection when reforming the curriculum.

1.3   Statement of the Problem

The ways the curriculum implementers perceive curriculum reform in health sector is a neglected area the literature. First, most literature is concerned with curriculum reform generally. It is taken for granted curriculum reform in education has the same impact to teachers, to nurses and to all the learners in all professions. Second, much of the literature on curriculum reform does not include the views of implementers. To the best of the researchers' knowledge, no study has previously analysed the outcome of curriculum reform of nursing and midwifery from four to three years in Tanzania in terms of the views of nurse trainers and the nurse trainees; the effects of those views of on the newly employed nurses' job performance. Hence, in order to bridge the research gap, this study aimed at examining such issues related to nursing and midwifery curriculum reform from four to three years in Kilimanjaro Tanzania.

1.4   General Objective

To explore the conceptions among nurse trainers and nurse trainees on curriculum reform from four to three years and its effects on nursing and midwifery performance in Kilimanjaro Tanzania.

1.4.1   Specific Objectives

i)   To examine the views of nurse trainers on the curriculum reform from four to three   years of   training

ii)   To assess the effects of curriculum reform on newly employed nurses' job performance in   Kilimanjaro Tanzania

iii)   To assess the similarities and differences about the curriculum reform from four to three years of training among nurse trainers and trainees

1.5   Research Questions

i)   What are the views of nurse trainers on the curriculum reform from four to three years of training?

ii) What are the effects of curriculum reform on newly employed nurses' job performance in Kilimanjaro Tanzania?

iii) Are there similarities and differences about the curriculum reform from four to three years of training among nurse trainers and trainees?

1.6   Significance of the study

The significance of this study is to bring to view the effects of curriculum reform in health sector to the mainstream of curriculum literature. The goal is to position nursing and midwifery curriculum reform in Tanzania within a broad international perspective. Thus, the findings of this study are expected to guide the policy maker in amendment of curriculum.

1.7   Limitations of the study

Much of the literature used in this study is from the field of education, as there was scanty literature on curriculum reform from health sector.

1.8   Delimitations of the study

This study focuses on curriculum reform from four to three years training in nursing in health sector in Tanzania. It did not touch on curriculum reform in health sector generally or in other sectors. Further, the study focused on the effects of this reform on nurse trainers and nurse trainees in Kilimanjaro Tanzania. It did not touch on other parts of Tanzania. Despite these delimitations, the study can be effect on the

led to other parts of Tanzania.

1.9   Operational Definitions of Terms

Curriculum: This is defined as specifically to a planned sequence of instruction or to view student experiences which based in three domains that outline the knowledge, skills and attitudes of the new graduate.(Oliver et al. 2008)

Curriculum Reform: is a major change in educational setting aimed at addressing a specific issue of the country. In light of curriculum reform from four to three years in nursing and midwifery in Tanzania, the issue was to fill a gap of nurses and midwives that was rampant in all health centres in Tanzania.

Nursing: This is in relation to the nursing curriculum as "the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations. (Landeen et al. 2016)

Nursing curriculum: This is an essential document for the existing programme followed by an planned progressive mode so that nursing graduate will be able to provide effective preventive, curative, and rehabilitative care to individuals, families, and groups within the community

Performance: This is a competence or skill that nurse and novice nurse acquire during their training period purposefully for improved nursing and midwifery in health services,

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents the theoretical and empirical literature. The first part presents the theory of Social Constructivism as developed by this is followed by empirical literature that focuses on the views on the curriculum reform; the effects of belief about curriculum reform on job performance.

2.2 Social constructivism theory

Social constructivism theory is based on the assumptions that reality, knowledge, and learning are the products of culture in the context of human relationships as they interact in day to day in social activity (Kumar and Teotia 2017). This theory, which has been extensively used by scholars such as Brown, Greeno, (1997); Lave & Wenger, (1991), Wenger, (1998) and others was a challenge to cognitive theories of learning. These scholars viewed learning as a fundamentally social process and believed that reality, knowledge and learning are human products and are culturally and socially situated (Kafai & Resnick, 1996). Social constructivists also believe that learning is a process and occurs when individuals are engaged in social activities (Leeds-Hurwitz, 2009).

Critiques of cognitive theory such as Lave & Wenger, (1991); Vygotsky, (1978) believed that, people do not learn in isolation from social context. They also believed that, learning and knowledge were culturally bound (see Wenger, 1999). These theorists hold a belief that learning, leading to knowledge involves meaning-making as people engage in social and cultural discussions within their environment

(Salomon & Perkins, 1998).

Further, social constructivists consider language as a key component in the process of learning and meaning making, allowing for the construction of knowledge (Leeds-Hurwitz 2009). In such a premise, social and cultural engagement such as in nursing becomes an avenue through which both nurse trainers and newly employed nurses learn, make meaning and construct knowledge about curriculum change and its effects on newly employed nurses. Social constructivism theory was chosen because it enhances an understanding of the views of nurse trainers and trainees on the curriculum reform and the effects of those views on newly employed nurses' competency in Kilimanjaro Tanzania.

2.3 Socio-Cultural Theory of Identity

Socio-cultural theory of identity is based on the assumptions that identities are mediated by cultural artefacts as people interact and make meaning of what others identify them with. According to Holland et al., (1998), artefacts play salient roles for human higher mental functioning, and action. Artefacts here connote forms of knowledge (real or constructed), physical material such as social position or social dimensions such as social practice treatment. All these differing artefacts provide means to evoke and figured world or identity. Socio-cultural theorists believe that the meanings that people learn to ascribe to these artefacts "are part of collectively formed systems of meaning, products of social history" (Holland et al., 1998, p. 36). By way of example, Holland and colleagues analyze how telling personal stories helped alcoholics to self-identify as alcoholics of a particular kind within the figured world of Alcoholics Anonymous self-help groups (AA). Likewise through listening

to the nurse trainers about the effects of curriculum change on job performance within social interactions in health sector, newly employed nurses learn to tell their own story and think of themselves in new ways, thereby construct their identity. Hence, learning to tell the stories can work as mediating devices or artefacts for their new learning of who they are as persons always liable to continue learning.

The newly employed nurses discursive positioned is constantly framed within what is considered as undergone faulty curriculum that was shortened and which is perceived as not covering all the needed content in the health sector.. But as this conception also suggest, ineffective curriculum is not just conceptual. It is a reality as it is socially constructed through people's participation in everyday nursing life. Holland and colleagues also underscored that figured worlds, in this case, curriculum change and its effect on newly nurses' performance are always embedded in systems of social relations and this may go to the extent of denying them social positions of rank, status, and influence. A narrative from newly employed nurses will elucidate a positioning perspective to accentuate material aspects of their living of figured worlds. It helps us understand identity formation processes—the way in which the newly nurses comprehend and enact their socially constructed identity and positions.

2.4   Empirical Literature

This section presents empirical literature on curriculum reform and its effects on job performance.

2.5   Curriculum Reform

In the literature, curriculum reform involves a change in practices which sometimes creates complexity and may not guarantee successful implementation (Carlson,

1971). In their study, Teachers' perceptions on development and implementation of History syllabus in Zimbabwe, Sengai and Mokhele (2021) examined the perceptions of teachers on the History curriculum reform in Zimbabwe. Sengai and colleague used in-depth interviews with five purposively sampled history teachers from five secondary schools in the Glen. View/ Mufakose District in Harare. They found that the success of curriculum change largely rested on the shoulders of teachers because they were the key implementers. They concluded that in order for curriculum change to succeed, there is a need for harmony between the policy-makers and teachers, and I would add, the employers. These scholars recommended that teachers should actively be involved in curriculum change from the very beginning. They should also be given the power to influence the decisions about what to change and how to implement the curriculum.

In his study on curriculum innovation in teacher education, Meena (2009) explored the teacher educators' conceptions of curriculum innovation of 2000 in relation to deterioration of quality of education in Tanzania. He interviewed thirty teacher educators from eight teachers' colleges in various parts of Tanzania using a phenomenographic approach. Meena found that there were a lot of variations in teacher educators' conceptions of curriculum innovation. Some teacher educators based their conceptions on the subject matter; textbooks; the modules; and the future curriculum approaches of curriculum innovation. Meena suggested that the findings of his study could be used as a framework for planning successful curriculum innovations in teachers' colleges in Tanzania and elsewhere. Like Meena's study, this study aimed at understanding the varied conceptions of nurse trainers and newly

nurses on curriculum change from four years to three. Unlike him, however, the study used socio-cultural approach to understand how curriculum change developed nurses' identity.

Manaseh (2016) investigated the curriculum reform and its implications on teacher performance in secondary schools in Iringa. He focused on the teachers' understanding of curriculum reform and the role they played in that reform. Manaseh used qualitative approach and interviewed heads of schools, teachers and students on what they considered as curriculum change, and their role in that change. Manaseh found that teachers and students were not familiar with the concept of curriculum change as they were not consulted thus, did not understand their role in it.

In their critical review of curriculum reforms in basic education in Kenya, Inyega, Arshad-Ayaz, Naseem, Mahaya, and Elsayed (2021) used literature review to present a philosophical and pragmatic basis for the curriculum reform in Kenya. These scholars used several curriculum reform documents. They found that, over the years, there had been minimal changes in the basic education curriculum in terms of content, scope, sequence, and way of teaching and assessment. They recommended for the involvement of the widest education stakeholders in curriculum reform They also recommended for well-planned curriculum change that involves the majority of the teachers who are the most important change agent in education. Inyega and colleagues also recommended that curriculum change should target the expected learning outcomes, which are congruent with the needs of the workplace. These scholars also suggested that resistance to reforms should be viewed as critical to improving education.

In Ethiopia, Tesema, (2014) focused on the extent to which teachers understood about curriculum change in secondary schools of Kamashi Zone. He used the descriptive survey research design and interviewed in the heads of schools, on the extent to which the change enhance their discharge of their responsibilities and the challenges existing in the implementation of curriculum. Tesema found that teachers lacked a clear understanding of the concept of curriculum change. Tesema recommended the inclusion of teachers in curriculum change and relevant in-service trainings for secondary school teachers on the same.

In their comparative study of curriculum change in Tanzania and Ghana, Oduro and Dachi, (2008) aimed at understanding the challenges of quality basic education in the context of curriculum change. The aim was to identify major similarities and differences in the effects of curriculum change on basic education in Ghana and Tanzania and how educators perceived and conceptualized this effect. They found that there were varied understanding of the challenges that teachers in basic education faced and many could not relate them with the curriculum change. Oduro and Dachi concluded that when there is any curriculum change, greater attention should be given to what happens in the classroom, with specific reference to teaching and learning and the time allocated to complete a particular topic. They also suggested that what matters most in curriculum change is the teachers and pupils and that, teachers should be trained on the change in curriculum so that they can help their students accordingly. What Oduro and Dachi missed in their analysis is that, curriculum change should consider both the needs of the students and those of the society and that these needs keep changing.

2.6   Effects of Curriculum Reform on Job Performance

Lawal (2012) did a study on the effects of curriculum change on parents, teachers and students' perception of teaching profession in South-West Nigeria. He used descriptive research design to collect data through structured questionnaire from a sample of 170 respondents. He found that, there is a significant difference in the way parents, teachers and students perceive teaching as profession even though all three categories of respondents generally had common perception of teacher performance. Further, Lawal found that teacher performance was very much influenced by low esteem given to teaching profession compare to other professions like law, engineering, and medical professions. Lawal suggested that, the perception of teachers should be geared towards individual professionalism and not the misconception of the field of study. The importance of this study is the understanding of how perception can influence performance.

In their study, Chávez , Gámiz-Sánchez, and Vargas (2020) analysed the impact of curriculum change from content to problem-based learning (PBL) on learning and perceptions. They used mixed methods and interviewed first-year students undertaking Engineering in Computer Sciences on their perception on the efficacy of PBL curriculum compare to traditional content based curriculum. These scholars found that there were significant differences in aspects such as academic performance. They also found that many participants were in favour of teamwork, oral communication, written communication and priotizing students' perceptions of the learning experience in PBL curriculum. Chávez et.al recommended that there is a need for the teachers to change from conservative approaches, to embrace

students-centred and team teaching.

Shaikh, Abro and Devi (2012) carried a study on job satisfaction level of female school teachers at Primary level in Pakistan. They investigated the degree of job satisfaction of female primary school teachers and reasons that motivated them to join the teaching profession as well as problems facing them in their career. Shaikh, Abro and Devi used survey-mix approach and data collected through questionnaire and interview and sampled 100 female primary teachers from Taluka city and Hyderabad district. Shaikh et al. found that, one factor that motivated female teachers in Pakistan was a chance to join under graduation level of education which allowed them to become primary teachers. However, these teachers were dissatisfied because of low pay scales and low social status that they found themselves in by being primary school teachers. Besides these, the teachers were demotivated by the fact that they were working in hardship situations in remote areas and there were low cooperation from students and parents. Likewise, this study assesses the perception nurse trainers on curriculum change for newly employed nurses and its effects on their performance.

Simatwa et al. (2011) carried a study on curriculum change and job satisfaction and dissatisfaction among female principals in public secondary school in Kenya. The goal was to assess the effects of curriculum change on job satisfaction among female principals in Rachuonyo North and South districts. Simatwa et al. used descriptive survey and correlation designs. Questionnaires, interviews schedule observation and document analysis guides were used in collected data from sample of 302. Simatwa et al. revealed that, curriculum change provided more autonomy and good

relationship between teachers and the learners, which later influenced job satisfaction and performance among female principals. Simatwa et al. suggested that, not all curriculum change have negative effects on job performance.

In their study, Rena and Suleman (2010) focused on perception of pre- service teachers towards teaching in Eritrea. Data were collected using both primary and secondary sources. To collect primary data, questionnaire instrument was used to collect data from 155 pre-service teachers. Secondary data was collected from different reports of MOE, books, articles and newspapers. Rena and Suleman found that, the majority of teachers accepted the teaching profession primarily because they found teaching intrinsically rewarding in society; others indicated that they enjoyed working with children. Rena and Suleman Suggested that, Eritreans should recognize that, teacher performance does not only rely on the training, but on individual inner motivation and interest.

It represents how the variables interact with relation to each other.(Van Graan and Williams 2017) The conceptual framework was constructed as shown below

2.7 Conceptual Framework
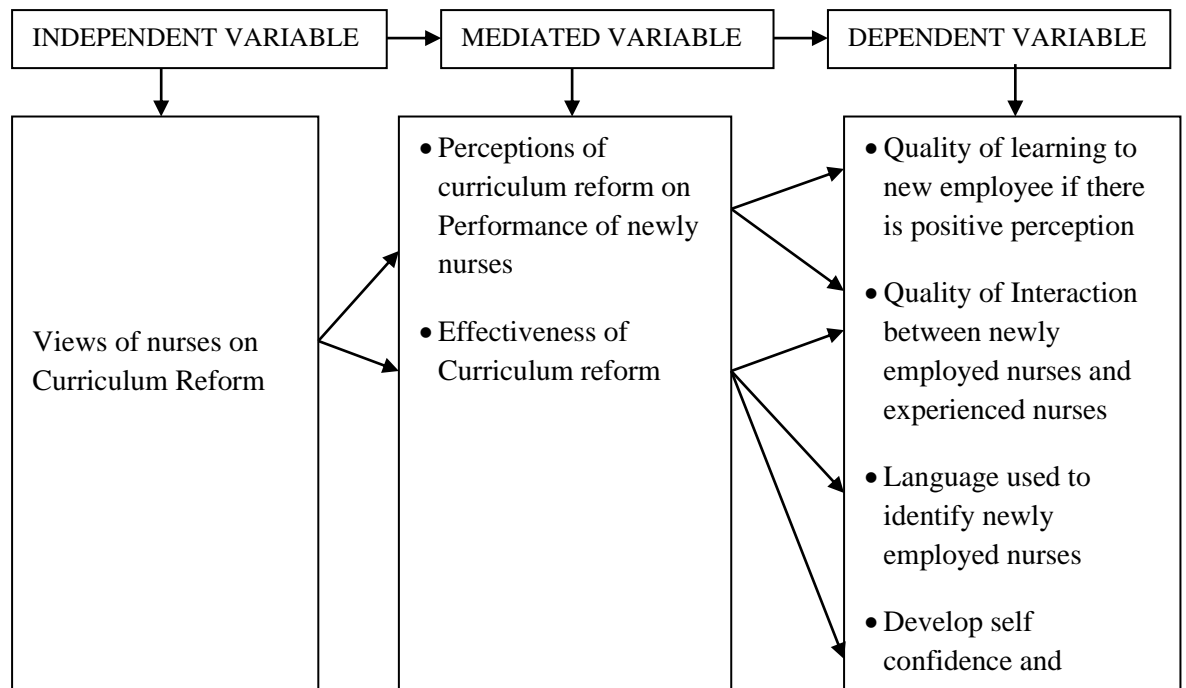
Figure 2.1: Conceptual framework

Curriculum reform is mediated by perceptions on its effectiveness in bringing about better performance.

These perceptions mediate interactions between the newly graduates and the experienced nursing trainers. If there are positive perceptions, the the nurse trainers will appreciate the performance of the newly recruited nurses and encourage them to perform better, likewise, the nurse trainees will develop self-confidence, learn from their experienced colleagues, and perform their job better. But if there are negative perception, tension occurs and there is no learning taking place, no self confidence among the newly employees and job performance suffers.

2.8 Research Gap

Despite the fact that some studies have documented much on challenges in curriculum change, not much have been discussed on the effects of curriculum

perception on job performance. This warrants further investigation to determine explicitly the perceptions of curriculum changes and their effects on nursing identity and performance.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

Chapter three presents research methodology which comprises the study area, research approach, research design, study population, sample size and sampling techniques. All of mentioned process enabled to adhere to the guidelines of research methodology. As Igwenagu 2016) stated, all researchers must adhere to research methodology guidelines if they want to become the best in research.

3.2 Study Area

The study was conducted in two training institutions located in Kilimanjaro Region Tanzania. These were Huruma Institute of Health and Allied Sciences and Kilimanjaro Christian Medical Centre (KCMC). These two health-training institutions were selected due to the fact that they contained all the research participants needed for this study. These were junior nurses/staff nurses and nurse teachers/trainers. The two health institutions, Huruma and KCMC are among the largest Nursing institutes in Tanzania, and thus, have very experienced nursing practitioners and tutors.

3.3 Research Approach

This phenomenology study used qualitative approach, guided by sociocultural framework of identity formation (Holland, Lachicotte, Skinner, & Cain 1998), Phenomenological approach emphasizes the discovery of meaning from the point of view of research participants (Dooley 1995). Phenomenology approach was used

because I was concerned with the understanding of the point of view, opinions, thoughts and ideas of both the nurse trainers and newly employed nurses concerning the phenomenon of curriculum change from four years to three years and on newly nurses' job performance.

For successful investigation, I tried to suspend all my preconceived ideas, beliefs and mode of thinking (Letshufi 1998) in order to allow the respondents to speak for themselves.

Qualitative approach emphasizes understanding the subject's point of view (Bogdan & Biklen, 2003). This approach enabled to gather data in the form of words from the nurses in their actual settings. In this study I gathered information from nurse trainers who had implemented the reformed curriculum, and newly employed nurses who had undergone the training within reformed curriculum from four years to three. Interview schedule enabled to talk to the individual participants and get to know their thoughts and feelings about the issue. According to Hung et al. (2019), the qualitative approach is more appropriate since it emphasizes on trust, transparency, verifiability, and legibility to gather depth information from the research participants.

3.4   Research Design

Research design is a set of guidelines to be followed in order to appropriately address the research problems (Mouton 2002). Descriptive study design was employed to enables a deep understanding of the perception of nurses regarding curriculum reform from four years to three years of training and its effects on newly employed nurses' work performance. This design also enabled me to purposively chose the sample (Babbie, 2008), and the sampling bias (Leedy & Ormrod, 2005) focusing on

"fitness of purpose" (Cohen, Manion & Morrison, 2007:262). Thus, descriptive design enabled me to get the most appropriate participants to provide required information. Interview, which is considered a process of ensuring qualitative validity (McCabe & Holmes, 2009) proved to be the central method in this design. As Leedy & Ormrod (2001) suggested, phenomenological research depends almost exclusively on interviews with a carefully selected sample of participant. Interviews were conducted over a period of three months from June to August of 2021.

3.5   Study Population

The main participants for this study were   nurses Trained by using curriculum of Nursing in Tanzania who represented by nurse trainers and novice nurses at Huruma Hospital and Kilimanjaro Christian Medical Centre (KCMC).   These teaching health settings facilitated the report on their clinical experience in relation to reviewed curriculum. Hospital managements and senior nurses with managerial positions, who were involved, gave reports on the clinical activities of novice nurses during practice.

3.6   Sampling Techniques

The sampling technique for this study was non-random, purposeful. This is because of the approach of this study, which was qualitative. Purposive sampling technique was employed to get appropriate people who were aware of curriculum reform (Leedy & Ormrod 2001). In this research,25 participants were purposefully selected including, 5 senior nurses tutors at health training center and 20 new employed nurses at health facilities. Participants were obtained through snow ball technique where heads of Institutions were contacted to suggest possible individual who would

be in a position to provide the needed information.

One group of senior nurses was involved in focused group discussion, while four groups for newly employed nurses were involved whereby each groups involving five (5) members. All members who were selected to participate in the study were aware of everything on curriculum reform.

3.7   Data analysis

After collection of field data, all recorded interviews were transcribed verbatim. NVivo computer program was used in analysis where by opening coding followed by axial coding was used to categorize data according to codebook developed. The content analysis was used to analyze data following the principle by (Graneheim & Lundman, 2004) whereby interview data was analyzed for identification of patterns related to Curriculum reform and its effects in nursing and midwifery performance. The patterns identified were highlighted as meaningful units and contained statements that relate to themes under study. From the meaningful units codes were extracted and similar codes sorted out to form categories reflecting the manifest context of the text. Similar categories were organized in to themes reflecting the context of the text. Finally, the synthesis of all the information that came out from experiences and perceptions of participants was regarded as results of this study.

3.8   Instruments for Data Collection

Introduction

Instrument for data collection used to collect information on substantially identical items in small number of respondents. This can be questionnaire, Interview or Focus

Group Discussion.(FGD) L Canal, (2017).

3.8.1 Interviews

In this study interviews, comprised of open response questions, which were used to obtain data pertaining to the views of nurses and the meanings they attached to how they conceived curriculum change from four years to three and its effect on nurse performance. I used interviews because I wanted to obtain facts, beliefs, feelings and intentions of my research participants. I also employed an interview because of its flexibility and greater completion rate (Ary, Jacobs & Razavich 1990) compared to questionnaire. Appendix I

3.8.2 Focus group discussion

In this study, few participants were invited to discuss their views and opinions concerning curriculum change and its effects on performance. De Vos et al, (1998). According to Krueger (1994) focus group discussions must be carefully planned to obtain information in a permissive nonthreatening environment. In this regard, I grouped my research participants accordingly, where nurse trainers were in separate groups from newly employed nurses. I took great care to encourage all participants to talk freely and to monitor dominant individuals and those who could sway the discussion leading their colleagues astray (Creswell 1998). Focus group discussion allowed me to get deeper information from both the nurse trainers and trainees, which may have been lost in one to one interviews.

3.9 Ethical considerations

Ethical clearance was sought from Open University of Tanzania Department of

education. The permission to conduct research was requested from Northern zone Director of nursing and midwifery training and Region Medical Officer to District Medical Officer. Whereby a research permit was granted and directed to the Health facilities and Health training centres where interviews and FGDs were conducted. However, all participants were informed about the purpose of the study and informed consent to participate was obtained from all participants before being interviewed. All measures to maintain the rights of human subjects in social research including right to privacy, confidentiality and prevention from any harm. In addition, Participation was voluntary for participates of the study. (Appendix II)

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS OF FINDINGS

4.1 Introduction

This chapter presents study findings in accordance with the research objectives. The first section presents the demographic characteristics of the research participants. Respondents were Nurse Trainers, Senior nurses and junior nurses in the clinical areas. The second section presents the findings, that are structured under the following main sections: the views of nursing trainers and the trainees on the curriculum reform from four to three years of training; the activities of the junior nurses during practical training;; and the challenges that these novice nurses encounter in their new profession.   The third section analyse the findings in relation to the literature presented in chapter two.

4.2 Demographic Characteristics of Respondents

Background information of respondents from two nursing training centres in Kilimanjaro   Region Tanzania is presented in this section. The results shown in the Table 4.1

Table 4.1: Personal Information of Respondents

Category		Centres	Frequency	Percentage
Nurse Trainers		HURUMA	2	20
		KCMC	3	
Nurse Trainees		HURUMA	10	80
		KCMC	10	
Total (N)			25	100
Gender				
Males	Nurse Trainers	HURUMA	0	
		KCMC	1	
	Nurse Trainees	HURUMA	2	
		KCMC	3	
Females	Nurse Trainers	HURUMA	2	
		KCMC	2	
	Nurse Trainees	HURUMA	7	
		KCMC	8	
Age				
20 –30	Nursing trainers	HURUMA	**0**	
		KCMC	**0**	
	Nursing trainees	HURUMA	**8**	
		KCMC	**7**	
31 – 40	Nursing trainers	HURUMA	**0**	
		KCMC	**1**	
	Nursing trainees	HURUMA	**3**	
		KCMC	**2**	
41-50	Nursing trainers	HURUMA	2	
		KCMC	2	
	Nursing trainees	HURUMA	0	
		KCMC	0	

The participants of this study were from two nursing training centres in Kilimanjaro Tanzania. Nursing traners 5(20%) and nursing trainees were 20 (80%) and the males were 24%. The ages of the respondents were between 20-50 and the nurse trainers were older than the nursing trainees. These data were depicted in Table 4.1. The

similar picture would be obtained if a larger sample will be studied in any area of Tanzania.

4.3 Views on Changing of nursing curriculum from four years to three years

This section presents the data that were gathered from nurse trainers and newly employed nurses on the curriculum reform. The key research question was for them to explain their views on changing of nursing curriculum from four years to three years in relation to health provision context. The question was: *What are your views concerning curriculum change from four to three years?* This key question was followed by other questions for more clarifications. The following were some of the responses and clarifications from the nurse trainers:

Nurse trainer 1: *My views are, while the change might look good to some people, the consultation of senior nurses like me was very limited. If the experienced nurse trainers were consulted, the old curriculum, which provided a wide coverage, would not be narrowed and very important topics to be left out. Just imagine teaching midwifery clinical practices for only one semester. I think it would be more profitable to get the views of experienced nurses, especially the trainers.*

Nurse trainer 2: *I don't believe three-years Nurse training curriculum is adequate time to training nurses. For example, the four year curriculum had four modules in which each module was taught for the whole year, thus making a four year nursing program. In the current nursing curriculum, there are only two modules -- Medical and Surgical Nursing and Midwifery and Mental health to be covered within three years. In the current curriculum, Medical and Surgical Nursing is taught for only one semester and it has 43 credits, which is equal to 430 hours. The four year programme, the same subject was taught for the whole year during second year and it carried 71 credits = 712 hours. Midwifery and Mental health*

was a specialty subject. Also was taught for one semester, while in the older curriculum it was taught separately and was studied for the whole year. So my views are, these changes will not bring good results.

Nurse trainer 3   *I really think the change was not for good results. The new curriculum focuses more on CBET, which is basically a theory of learning and not the content that one is supposed to master to be competent in practising nursing and midwifery. The new curriculum has less practical hours. Further, in the new curriculum, psychology and sociology are missing and because of this, many new employees lack good communication skills with their patients and supervisors. Therefore new curriculum requires more supervision and follow ups during practical, in clinical and midwifery areas, which are crucial in the health sector.*

The same question was asked to the newly employed nurses. The question was: *What are your views concerning curriculum change from four to three years?*

Nurse trainee 1:   *I think the new curriculum is better than the old curriculum because this new one containe more practical activities than theoretical and abstract ideas and facts about nursing. Unlike the old curriculum, the major part of the training was actively researching, reflecting and sharing our experiences. We were encouraged to research on different types of diseases and how they affect people. We also learnt that nursing is an art.*

Nurse trainee 2:   *I think the new curriculum is very different from the old one. First, there was a change in the way teaching was done. We were in constant dialogue and discussion with the peers and patients, investigating, and brainstorming on how to solve a particular problem. Our instructors encouraged us to lead the discussions. It was fun, but we were able cover a lot of materials within the shortest time. I think the shortened training will allow more trainees for a short time so we can settle the issue of uneven distribution of nurses in health sector.*

> *Nurse trainee 3: I think the new curriculum focused on exposing the students more to what it means to be a nurse and a midwife than what to learn to become a nurse and a midwife. I believe the two are different in that, the first will continuously learn to become a nurse or a midwife, while the second will depend on the knowledge he or she learnt in college to perform nursing and midwifery.*

Table 4.2: Summary of Findings on View on curriculum change from four to three years of training

Theme	Sub Themes	
	Nurse Trainers	**Nurse Trainees**
Views on curriculum change	No consultations with experienced people Inadequate time for learning Narrow coverage of the content Less practical hours leading a need for more supervision and follow ups	Active researching Knowledge of different types of diseases Dialogue and discussion Learning motivation Train more nurses Narrow the uneven distribution of nurses. Development of personal and professional identity

The categories are considered to have similar focus, but vary in meaning. Similarity of the views statements from the fact that nurses independently responded to the same question. Variations in meaning were derived from differences in understanding the importance of curriculum change. The group of nursing trainers were not happy about the shortening of the curriculum from four years to three. They were pessimistic about the change and did not see any value in the shortening of the curriculum. As can be observed in these statements, the big reason was their understanding of knowledge as emanating from the books and classroom.   They believe that, the new curriculum was shallow and too short to cover all the contents that were needed for one to be a competent nurses or midwives.

These findings support Social constructivism theory that explains that reality is socially constructed knowledge, and a product of culture.   As the older generation

of the nurses constructed their reality about the effectiveness of the curriculum change based on the duration it takes, the newly employed nurses considered the effectiveness of the curriculum from the quality of the experiences that they went through. Further, these findings support the ideas of Lave & Wenger, (1991), who challenged the notion that reality is objective and consider it as   fundamentally a social process, human product is culturally and socially situated. View on curriculum change from four to three years of training differed between the nurse trainers and nurse trainees because of the social positions that they embodied. And both the groups constructed their reality of the effectiveness of the curriculum change within their work environment.

On the other hand, the group of nurse trainees considered their training as a course of life long learning and not merely as a one time course of study. Such an approach shifts focus on the coverage of the contents to development of critical skills, including, life skills, and how effectively they can deal with patients to get the root cause of their ailments, rather than reading from the books to understand certain ailments. This group was also of the opinion that the shortening of the curriculum brought effectiveness and efficiency; improved teaching and learning and allowed for quality education. They also pointed on the issue of addressing the inadequate number of nurses and midwives in health sector.   The varied ideas about curriculum change was also observed in Meena's (2009) study of teacher perceptions of curriculum innovations, where teacher educators had variations in the conceptions of curriculum innovation.

4.4 Effects of Curriculum Reform on Job Performance

In this section, I present the data on second research objective. These data were gathered from nurse trainers and newly employed nurses. The key research question was for them to explain what they believe to be the effects of the change from four to three years on job performance. The question was:

What do you consider to be the effects of curriculum reform from four to three years on the job performance of newly employed nurses?

This key question was followed by other questions for more clarifications.

The following were some of the responses from both groups:

Nurse trainer 1: *I think the new curriculum did not produce well trained nurses The new nurses face a lot of problem in clinical area and this is a result of what they were taught during the training. Majority of the newly employed nurses lack a lot of skills about nursing and midwifery. Lack of knowledge on the basics of nursing and midwifery impede their job performance*

Nurse trainer 2: *For me, I don't really think there is a big difference. New nurses are trying to navigate the field and in my section, they are doing quite fine. Being new to the field, they just need guidance and they will be just fine.*

Nurse trainer 3: *I would not link job performance with the training because each individual is different. I believe individual performance depends much on the situation one finds in the field and not solely on the training that one received.*

On the part of the nurse trainees, the question was:

In what ways do you think the curriculum reform from four to three years may have an effect on your job performance?

The following were some of the responses:

Nurse trainee 1: *I think the training helped me to understand what was required to be a successful nurse. For example, in the training I learnt what I was supposed to do to help a patient and not make a lot of mistakes. From this I learnt to be kind and a good listener, ask probing questions so I can rule out a disease on the basis of what the patient is experiencing. Although we were taught by our teachers, you would hardly find such behaviour among them. Though the training seems to be shorter than what many think, I believe I can perform better in my profession. This is because the training transformed me and now I have a totally different way of thinking and approaching my patients as a nurse. Besides, it helped me discover myself and many things in my profession.*

Nurse trainee 2: *In three-year nurse training Curriculum, we were encouraged to read extensively, attend classes and make presentations. So I learnt a lot from reading, from the teachers and from my colleagues. In a short time, I felt I was ready to tackle many health challenges. Although the content had been changed to small parts, this enabled the students to understand the material better, linking them with real life in health care.*

Nurse trainee 3: *The module of three years is simplified and has more practical than theory. Each model enables student to gain skills from simple to complex. The insistency of classroom participation forced me to read but also reflect on what I could do in my career. So, the shortening of the curriculum affected me positively, not negatively.*

Table 4.3: Summary of Findings on the Effect of curriculum change on Job Performance

Theme	Sub Themes	
	Nurse Trainers	**Nurse Trainees**
Effect of curriculum change on job performance	It was ineffective in producing competent nurses and midwives. It was effective and should be supplemented by lifelong learning. Job performance is situational and does not solely depend on the training that one received.	Was effective in producing reflective, practical, competent and successful nurses.

As can be deduced from the above responses, with the exception of few, the

participants viewed the change in curriculum as affecting nursing job performance positively. These findings are in line with Peter (2005) that curriculum reform is done for the improvement of prescribed standards; with the findings of Chávez , Gámiz-Sánchez, and Vargas (2020) that participants believed the change of curriculum enhanced teamwork and better communication, and recommended a change from conservative   view to modern approaches of students-centred and team teaching.

4.5   Similarities and differences about the curriculum reform

This section presents the results of the third research objective, which sought to determine the similarities and differences about curriculum reform and its effect on job performance as identified in nursing trainers and nursing trainees. The analysis shows that the traditional and modern thinking about curriculum reform were interwoven in the participants' responses.   Therefore, as it was with questions one and two, the responses were guided by question was posed and the position of the respondents. Based on the responses from the two groups, the researcher noted some similarities and differences as identified in the sub themes in the two questions. The following section provides the similarities and differences on curriculum change as deduced from the participants.

4.6   The process of curriculum reform

The process that was used in curriculum reform from four to three years was supposed to be accompanied by tools and mechanisms to effect the changes. As Social constructivists believe, for any change to occur, the learners, in this context, the teachers (nurse trainers) and the students (nurse trainees) must be engaged in

social activities (process of curriculum change) (Leeds-Hurwitz, 2009).However, it seems that the nurse trainers were not involved in the whole process of curriculum change. By analysing their responses, we came to realise that our questions relating to their views on curriculum change was not the easiest for the nurse trainers as it was for the nurse trainees. The nurse trainers did not seem particularly familiar with reform objectives such as changing from content based to competency based learning; changing from teacher centred to learner centred teaching; changing from theory to experiential learning; and the implementation of quality assessment through projects, portifolio and demonstration of skills and competencies that realistically represent problems and situations likely to be encountered in daily work life. As far as the first objective goes, it is perhaps understandable that the curriculum change did not sit very well with the nurse trainers' cognitive repertoire.

On the part of the nurse trainers, curriculum change was viewed from the process of change perspective, but from the process of implementation. This is understandable given the fact that this group of participants were a part and parcel of the reform, and thus, a product of that culture. As believed by Social constructivists, reality is the products of culture in the context in which human relationships are formed (Kumar and Teotia 2017). To them, the question of curriculum change appeared to be the most accessible and preoccupied them the most. The nurse trainers' views on curriculum change allows us to identify the practical manifestations of the reform objectives, such as active researching, multiple knowledge perspectives and the effects of dialogue and discussion in learning motivation.

4.7   Process of curriculum implementation

While the majority of nursing trainers focused on the process of curriculum change, the issue of inclusion and exclusion of the length of the program, the nurse trainees focused on the implementation of curriculum change on teaching, learning and assessment. It can be argued that, the nursing trainers focused on theory, while the trainees focused on the practical, the implementation part. The reason for these divergent understanding of the question was their priorities and positions in the curriculum. As UNESCO (2020) observed, and discussed in the background, different curriculum stakeholders have different priorities and interests and within them, those priorities and interests are not homogenous and keep changing.

4.8   How the curriculum change affected job performance

Both groups of nurses commented positively on the effect of curriculum reform on job performance. Here, except a few in a group of nurse trainers who were sulking on not being included in the process of change and believed that the new curriculum did not produce well trained nurses, the rest thought it was effective   but guidance and acceptance in the job was necessary. Commenting on this, the group of nurse trainers expressed their excitement that they were more reflective, practical, competent and successful nurses. In the same line of arguing, the nurse trainers seemed to have developed into a nursing profession as they have pointed out that they were reflective on what they were doing.   The nurse trainers expressed the same sentiments that nurse trainees should always observe the situation and learn from their colleagues and seniors.

CHAPTER FIVE

SUMMARY, DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents important issues as discussed in the study. It focuses on summary and conclusion of the study. Furthermore, it gives recommendations of what have been discussed as well as areas of further study.

5.2 Summary

This study aimed at exploring the conceptions among nurse trainers and nurse trainees on curriculum reform from four to three years and its effects on nursing and midwifery performance in Kilimanjaro Tanzania. Chapter 1 presents the background of the study where the discourse of change of curriculum is presented. The study focused on the views of nurse trainers on the curriculum reform; the effects of curriculum reform on job performance and the similarities and differences concerning the curriculum reform in health sector. The review of the literature showed that there are two worldviews on curriculum change: the traditional and liberal view that consider curriculum change as not necessary and modern and constructivist view that consider change as necessary. Therefore, it was vital to understand how these differing worldviews were conceived by the nursing trainers and nursing trainees and how they affected their work interactions and job performance.

The study employed a descriptive study design and mixed method approach to investigate the conceptions of nursing trainers and trainees from two nursing centres

in Kilimanjaro on curriculum change and how those conceptions affected their work interaction and job performance.

5.3   Discussion of the Findings

The findings of the study demonstrated that the nursing trainers held the traditional worldview of curriculum change and thus, were conservative (Meena, 2012). They used this conservative view and considered the nursing trainees who went through that curriculum as incompetent as they lacked necessary content to become effective nurses. On their side, nursing trainees held a modern view of curriculum change as necessary, and thus, were connected to constructivist thinking, where knowledge is considered as socially constructed and situated (Kafai & Resnick, 1996). They also considered themsevels as competent and ready to meet the challenges and solve them as they come. These group also considered workplace as a learning context and learning is a lifelong endeavoras (Lave & Wenger, 1991).

The fact that the two groups -- older and new possessed different conceptions of curriculum change has led to the conclusion that curriculum change, in whatever form, is still a contextual and contested field in health sector. Interestingly, however, most of the conceptions have focused on the effectiveness of the curriculum change on job performance. Further, while curriculum reform requires that it should be accepted by all the stakeholders in order to be effectively implemented, the conceptions of the effectiveness or ineffectiveness of the curriculum change were not associated with inclusion or exclusion in the process of curriculum reform. As Giroux and McLaren (1987) suggested, health trainers have the mandate to make important curriculum decisions because of the contexts and particularities of their

work. Implicitly, while the nurse trainers were of the opinion that the new curriculum provided inadequate time for learning and practical and the content is narrow it meant that if they were consulted they would advice that the duration should not be change, thus offsetting the national plans for increasing a number of nurses in the helth sector. The nurse trainees on the other hand, considered the curriculum as adequate and exposed them to new knowledge which they attained through active researching, dialogue and discussion. This implies that, even if they were consulted, they would go along with the idea of change as the believed it enhanced the development of their personal and professional identity. This group of participants considered the societal need of even the ides of scarcity in the distribution of nurses.

5.4   Contribution of the Study

The contribution of this study has two major strands. Firstly, it contributes in narrowing the existed gaps in curriculum change literature, in terms of theory, development and implementation.   The study is likely to motivate other scholars in the health sector to investigate in curriculum change. This means that future studies in this area need to find new gaps to fill in order to make further contributions to knowledge about curriculum change. In this way, the frontiers of knowledge of curriculum change in health sector will continue to expand. In filling the gaps that existed in the literature, it was noted that the aim of curriculum change   from four to three years in health sector was focused on national goals to produce more nurses to fill the gap in many health sections. This means that many of the practitioners such as nursing trainees were not involved in the whole process of curriculum change. This important aspect was touched by Sengai and colleague () who discussed that the

success of curriculum change largely rested on the shoulders of teachers because they were the key implementers. However, while studies of this nature are common in the developed countries, they are scarce in the developing countries- and Tanzania in particular. This study attempted to fill this gap by exploring and documenting the conceptions of nursing trainers and trainees on curriculum change from four to three years in Tanzania.

In addition, this study contributes to the literature by extending the definitions of curriculum change. As discussed in Chapter Two, curriculum change is a contested and complex term which defies a single definition. A consensus on what it means, and how to deal with the change has not been reached. Its complexity rests not only in the conceptions of the practitioners in the attempts to implement it but also because of its dynamic nature. In other words, curriculum change is a concept that has continued to evolve in meaning. Therefore, by exploring the different conceptions held by different practitioners may develop new conceptions, which this study and previous ones would have not touched.

With regard to theoretical contributions, this study was based on two complementary theories: Social constructivism theory and Socio-Cultural theory of Identity. It extended these theories by specifying the roles of contextual and individual factors in the conception of curriculum change in health sector. Using Social constructivism theory, the study emphasised the importance of social and cultural contexts in the construction of knowledge. This implies that, curriculum, whether changed or not, will always be conceived differently. Using Socio-Cultural theory of identity, the study emphasised how knowledge (as an artifact and constructed) mediate the

construction of identities. This implies that, the newly recruited nurses, whether competent or not, would always be identified by the seniors as incompetent. As Holland et al., (1998) suggested, artefacts play salient roles for human higher mental functioning, and action. Likewise, the knowledge that was constructed about the effectiveness of curriculum change on job performance played salient role in how the two groups of nurses perceived and treated each other.

Furthermore, this study contributes to the conceptual understanding of curriculum change in the health sector. The research reveals that conceptions of curriculum change and its effectiveness on kob performance varied, which suggested that inhealth sector, the concept of curriculum change is contextual and contested field. The theoretical implication of this result is that there is need for the health sector and other training institutions to adopt a broad conception of curriculum change and to map out the sustainability challenges of relevance to their context. This could be done in conjunction with facilitating a better understanding of change among training staff and students, which, besides capacitating them to implementing curriculum, it may also help them improve teaching, learning and practice.

5.5   Recommendations

There is a need to reconcile nurse trainers managers, ordinary nurse trainers and nurse trainees curriculum change perspective. It is recommended that Ministry of health should ensure the inclusion of various stakeholders in the process of curriculum development. This will clear the varied conceptions of the change and allow positive vibe in the workplace and job performance. It is also recommended to the health sector should be transformed to be learning centres in order to facilitate

pratitioners' lifelong learning.

5.5.1   Recommendations for Further Studies

More studies should be done on curriculum change to bring new perspectives on this issue.

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APPENDICES

Appendix 1: Interview Schedule for Nurse Trainers and Trainees

Date of interview =07June 2021

Name of Institute/ hospital=Huruma Hospital and KCMC

Objective of this study is to understand the views of nursing trainers and the nurse's workers on the curriculum reform from four to three years of training and its possible effects on performance.

Social-demographic characteristics.

1. Age   in years

- 20-30

- 31-40

- 41-50

- 51 and above

2. Sex

- Male

- Female

Are you aware of curriculum change in nursing and midwifery programme?

- What are the changes?

- What do you consider the reason for these changes?

- What are your view on the curriculum reform from four to three years of training?

- What do you consider to be the effects of curriculum reform on newly employed nurses' job performance in your institution?

- How do these effects affect the nurses personally?

- What effects do you think this change will affect nurses' career path?

Appendix II

DIRECTORATE OF RESEARCH, PUBLICATIONS, AND POSTGRADUATE STUDIES

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Fax: 255-22-2668759,
E-mail: drpc@out.ac.tz

P.O. Box 23409,
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Dar es Salaam, Tanzania,
http://www.out.ac.tz

12/10/2019

TO WHOM IT MAY CONCERN

RE: RESEARCH CLEARANCE fulfilled

The Open University of Tanzania was established by an act of Parliament no. 17 of 1992. The act became operational on the 1ᵉ March 1993 by public notes No. 55 in the official Gazette. Act number 7 of 1992 has now been replaced by the Open University of Tanzania charter which is in line the university act of 2005. The charter became operational on 1ᵉ January 2007. One of the mission objectives of the university is to generate and apply knowledge through research. For this reason staff and students undertake research activities from time to time.

To facilitate the research function, the vice chancellor of the Open University of Tanzania was empowered to issue a research clearance to both staff and students of the university on behalf of the government of Tanzania and the Tanzania Commission of Science and Technology.

The purpose of this letter is to introduce to you **CLARA TELESPHORY SR MUSHI, REG NUMBER: PG 2017 992427** who is a Masters student at the Open University of Tanzania. By this letter, Sr. Mushi has been granted clearance to conduct research in the country. The title of his research is **"CURRICULUM CHANGE AND ITS EFFECTS IN NURSING AND MIDWIFERY PERFORMANCE IN NORTHERN ZONE TANZANIA"**. The research will be conducted in Kilimanjaro. The period which this permission has been granted is from 14**/10/ 2019 to 13/11/2019**.

In case you need any further information, please contact:
The Deputy Vice Chancellor (Academic); The Open University of Tanzania; P.O. Box 23409; Dar Es Salaam. Tel: 022-2-2668820

Yours sincerely,

Prof. Hossen Rwegoshora
For: VICE CHANCELLOR
THE OPEN UNIVERSITY OF TANZANIA

Appendix III: Research permit letter

CATHOLIC DIOCESE OF MOSHI

HURUMA V.A. HOSPITAL

P.O. BOX 470
MKUU – ROMBO

TEL.- 0686 696 755
Email – info@hurumahospital.co.tz

15/10/2019

Clara Telephony Sr.Mushi

P.O.BOX 394

Mkuu -Rombo.

REF: PERMISSION TO COLLECT DATA AT HURUMA HOSPITAL ON REASERCH TITLE : CURRICULUM CHANGES AND ITS EFFECTS IN NURSING AND MIDWIFERY PERFORMANCE IN KILIMANJARO.

Refer the above Subject.

Kindly be informed that, you have been allowed to conduct data collection activities in our institute as per research title narrated in letter and research clearance dated 12/10/2019.The institution insist to ensure all required ethical issues are well monitored and taken care. Be assured of support during this data collection time.

Thanks

Dr. Jonathan Mona
Medical officer in charge.