



Quality Assurance in Philippine Colleges of Nursing: Difference in Quality of Nursing Education Programme According to Profile of Institutions

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Author's contribution

The sole author designed, analyzed, interpreted and prepared the manuscript.

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ABSTRACT

Background:The quality of nursing education in the Philippines cannot be questioned, considering employment of their graduates globally. This has increased the number of both public and private owned higher educational institutions (HEI) offering nursing programme, however, the quality of existing programme might be inadequate or not up to standard, particularly, programmes offered by private owned HEI.

Aim: This study assessed the quality of nursing programme among private-owned institutions in the Philippines and also investigated whether quality of nursing education programme will differ with respect to profile of HEI.

Materials and Methods: A cross-sectional survey was employed using purposive sampling to enroll 185 faculty members from fifteen (15) HEI into the study. The research work was conducted within the duration of January, 1 – June, 30, 2015. Self-administered questionnaires based on the objectives of the study were given out to participants after their consent was sought. Descriptive statistics such as frequency and percentage were used to analyze characteristics of respondents

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and HEI. A one-way ANOVA was used to test for differences in quality of nursing programme according to profile of HEI.

Results: The quality in terms of curriculum and instruction, physical structure and equipment, and student services of nursing education programme differed significantly (p-value = 0.017), (p-value = 0.002) and (p-value = 0.034) with regards to years of existence of HEI. Similarly, curriculum and instruction, administration of nursing programmes, faculty development programme, physical structure and equipment, student services and quality assurance system differed significantly (p-value = 0.035), (p-value = 0.007) (p-value = 0.005), (p-value = 0.033), (p-value = 0.026) and (p-value = 0.005) with respect to Commission of Higher Education (CHED) status.

Conclusion: The years of existence of HEI and CHED status were significant contributors to quality of nursing programmes, particularly in the area of curriculum and instruction, administration of nursing education, faculty development programme, physical structure and equipment, students' services and quality assurance system.

Keywords: Quality assurance; nursing education; nursing programme; higher educational institution.

1. INTRODUCTION

Nursing education and commencement of a nursing programme by higher educational institutions (HEI) is a critical decision, for the reason that it is hinged on the main objective of producing professionally relevant individuals [1]. Besides, the prospects of nursing education lies in good preparation at the professional level [2]. This preparation is key to the achievement of safety of patients, which most likely leads to the good health of patients and the community as a whole [3].

There have been a global demand for nurses, however, the production of nursing professionals still continues to be on the low side [4]. In the developing world, the target for needed nurses has not been met [5]. Fifty-seven (57) countries, typically in sub-Saharan Africa, as well as Asian countries, were recognized as lacking behind this threshold. Although scarcity of health workforce has been recognized as a fundamental hindrance to the attainment of Sustainable Development Goals [2] and therefore calls for the production of nursing professionals, the quality of nursing education programmes cannot be left out [6]. The offering of higher-education programmes of good quality for nurses in third world countries is an answer to developing the capacity of the health care workers to solve the problem of shortage [7].

According to Chaatit et al., [8] emphasizing on quality in nursing education is routed in having a quality curriculum, a high quality faculty to deliver the curriculum, and the resources needed to support the faculty members in their delivery. A study by Latrach et al. [9] has underscored the essential of quality in nursing education, since

through nurses' training schools, highly skilled professionals are educated to react to national needs and safeguards the rights of inhabitants. This recognition has confirmed the necessity of making nursing programmes meet approved set of standards for quality education.

International criteria for quality remains the future of nursing education since it makes students appreciate the quality assurance in nursing education, irrespective of the HEI nursing programmes are offered [10]. All HEI in nursing education are expected to train and prepare nurses to the extent to which the profession desires and therefore, excellence of an educational programme is suggestive of its quality outcomes [3]. To ensure nurses trained in all HEI meets the work market, the concept of quality assurance comes into play. According to World Health Organization, [11] quality assurance in nursing education refers to the systems management of the daily practices in the nursing training schools in order to guarantee that the institution has the necessary quality to operate the programme and obtain the standards set by nursing authorities.

The execution of quality assurance procedures are usually done to meet a standard. The World Health Organization [12] enumerated reasons why there is a need for global standards in nursing education programmes. Some of these reasons included growing complexities in health care delivery, increasing number of health professionals at different levels, and the need to assure more equitable access to health care. In addition, the standards raised by World Health Organization (WHO) covers areas such as success of program graduates, program development and vision, program curriculum,

faculty and program admission, supporting infrastructure. These global standards are particularly significant considering the different approaches to nursing education in different countries including Philippine. The pursuit of these standards implies that all nursing programs would be operating on the same wavelength throughout the world.

A study conducted by Aziz [10] among nurse leaders in relation to quality and quality assurance in basic nursing education in Pakistan showed that respondents desired to establish an appropriate system to ensure quality of nurse education. The study activated discussions among the nurse leaders about the quality of nursing education. There was unanimous desire of the nurse leaders for quality in nurse education. Also, the nurse leaders were also yearning for efficient and effective quality assurance system. It was concluded that the findings of the study had provided understandings into the reality of the situation and the need for appropriate system in place to ensure quality of education. A similar study in Ghana revealed that internal quality assurance was only focused on students' admission, teaching and learning, examination moderation and student assessment leaving the others areas recommended by the World Health Organization.

The quality of nursing education in the Philippines cannot be questioned considering the high number of nursing graduates employed both locally and internationally [6, 13, 14, 15]. This has increased the number of both public and private owned HEI to offer the nursing programmes [16, 17], however, the quality of existing programmes might be inadequate especially with regards to those offered by private owned higher educational institutions. In Philippine, CHED was established over two decades ago to control the operations of higher educational system for both public and private institutions [18]. Also, other accrediting bodies; Philippine Accrediting Association of Schools, Colleges and Universities (PAASCU), Association of Christian Schools, Colleges and Universities Accrediting Agency (ACSU-AA), The Philippine Association of Colleges and Universities-Commission on Accreditation (PACU-COA) and Accrediting Association of Chartered Colleges and Universities in the Philippines (AACUP) are involved in monitoring quality of nursing programmes offered by HEIs [19], irrespective of these supervising agencies, some schools were closed down whilst others

submitted themselves for voluntary temporal or permanent closure of operation [20].

This study therefore assessed the quality of nursing education programmes offered by private higher educational institutions in Philippine and also established whether differences exist in the quality of nursing education according to profile of the higher educational institutions.

2. MATERIALS AND METHODS

2.1 Study Design

A cross-sectional survey was employed using purposive sampling to recruit 185 faculty members from 15 higher educational institutions (HEI) into the study. The research work was conducted within the duration of January, 1 – June, 30, 2015. Self-administered questionnaires based on the objectives of the study were given out to participants to complete after their consent was sought.

2.2 Study Area

The study was conducted in the National Capital Region (NCR) of Philippines. The National Capital Region is the seat of government and has the largest concentration of HEI including those offering nursing education programmes. The study was done among fifteen (15) higher educational institutions that were owned by private entities. These schools offered other health programmes apart from nursing programmes. The programmes offered by these institution included undergraduate, graduate and post-graduates degrees. These schools were either autonomous, regulated or deregulated by CHED or being regulated by a body under the Accrediting Association of Philippines (FAAP).

2.3 Population and Sampling Procedure

All twenty-two (22) accredited private owned higher educational institutions in the NCR of Philippine were contacted to partake in the study, however, only fifteen (15) schools gave their consent to participate in the study. A total of 185 respondents was enrolled into the study using purposive-census sampling. This total number (185) was distributed among the fifteen (15) HEI according to their staff strength. These respondents included deans, program coordinators, full-time and part time faculty members.

2.3.1 Inclusion criteria

All faculty members who had been in the educational institution for more than a year were recruited into the study.

2.3.2 Exclusion criteria

Faculty members who had not spent a maximum of one year in their educational institutions were excluded from the study.

2.4 Data Collection Instrument

Self-administered closed-ended structured questionnaire was designed based on the study objectives, policies and standards of nursing schools in the Philippines and the accreditation for colleges of nursing as well as the WHO guidelines on quality assurance and accreditation of nursing and midwifery educational institutions in the South-East Asian countries. The questionnaire was divided into sections; the first section focused on profile of respondents and higher educational institutions whilst the second part was made up of standard questions with a four (4) Likert's scale to assess the quality of nursing education program. The criteria for assessing the quality of nursing education programme was based on an 8 item quality matrix. These were mission/vision/goals/objectives, curriculum and instruction, administration of nursing programme, faculty development programme, physical structure and equipment, student services, admission of students and quality assurance system. The data collection instrument was finally pretested among similar respondents in the NCR to assess the reliability before it was used for the study.

2.5 Data Processing and Analysis

The data from completed questionnaire were entered into Microsoft Excel and imported into SPSS version 22 for editing and analysis. Descriptive statistics such as frequency and percentage were used to analyze and interpret the profile of respondents and higher educational institutions. Weighted mean based on the four point Likert's scale was also used to explain the degree of perceived quality of nursing education program by respondents. The scale was interpreted as follows; 1.00 – 1.49 as strongly disagree, 1.50 – 2.49 as disagree, 2.50 – 3.49 as agree and 3.50 – 4.00 as strongly agree. A one-

way ANOVA was used to test for significant differences in quality of nursing education in the 8 main areas (mission/vision/goals/objectives, curriculum and instruction, administration of nursing programme, faculty development programme, physical structure and equipment, student services, admission of students and quality assurance system) according to the profile of HEI.

3. RESULTS AND DISCUSSION

3.1 Results

3.1.1 Profile of respondents in higher educational institution

Out of 185 respondents that participated, majority, 73 (39.0%) of these participants had "1-5" years of clinical experience while the least, 15 (8.0%) had 16-20 years of clinical experience. With regards to teaching experience, the highest number of participants, 85 (46.0%) had taught for 6-10 years and few, 14 (8.0%) had 16-20 years' experience. Many of the respondents, 121 (65.0%) were in the classroom-clinical job category whilst the smallest number, 8 (4.0) were deans of the higher educational institutions. (Table 1).

3.1.2 Profile of higher educational institution

A greater number, 10 (67.0) out of the 15 higher educational institutions that were assessed for quality educational nursing program had existed for more than 45 years. Most HEI, 8 (53.0%) were being regulated by CHED whilst the others were granted autonomous status by same regulating body. Also, 12 (80.0%) of HEI were owned by private non-sectarian organization. (Table 2)

3.1.3 Quality of nursing education as perceived by respondents

The grand weighted mean that resulted out of the assessment of perceived quality of nursing programme by faculty ranged from 3.72 to 3.89 and the assessment by administrators ranged from 3.78 to 3.94. The average grand weighted mean of quality matrix ranged from a minimum of 3.76 with respect to admission of students whilst a maximum of 3.91 was reported for mission, vision, goals and objectives of nursing education programme. (Table 3)

Table 1. Profile of respondents in higher educational institutions (HEIs)

Profile of respondents	Frequency	Percentage (%)
Years of clinical experience		
1-5	73	39.0
6-10	47	25.0
11-15	22	12.0
16-20	15	8.0
≥ 21	28	15.0
Years of teaching experience		
≤ 5	16	9.0
6-10	85	46.0
11-15	46	25.0
16-20	14	8.0
≥ 21	24	13.0
Job category		
Classroom faculty	12	6.0
Classroom-clinical	121	65.0
Clinical instructor	22	12.0
Program Coordinator	22	12.0
Dean	8	4.0

Table 2. Profile of higher educational institutions (HEIs)

Profile of HEIs	Frequency (%)	Percentage (%)
Years of existence		
≤ 25	2	13.0
36-45	3	20.0
≥ 46	10	67.0
CHED status		
Autonomous	7	47.0
Regulated	8	53.0
Ownership of HEIs		
Non-sectarian	12	80.0
Sectarian	3	20.0

HEIs - Higher Educational Institutions, CHED - Commission on Higher Education

Table 3. Quality of nursing education programme perceived by respondents

Quality matrix	Faculty		Administrator		Average	
	GWM	QD	GWM	QD	GWM	QD
Mission/Vision/Goals/Objectives	3.89	SA	3.93	SA	3.91	SA
Curriculum and instruction	3.86	SA	3.94	SA	3.90	SA
Administration of nursing programme	3.81	SA	3.94	SA	3.88	SA
Faculty development program	3.84	SA	3.88	SA	3.86	SA
Physical structure and equipment	3.81	SA	3.80	SA	3.81	SA
Student services	3.81	SA	3.96	SA	3.88	SA
Admission of students	3.73	SA	3.78	SA	3.76	SA
Quality assurance system	3.72	SA	3.84	SA	3.78	SA

Legend: 1.00-1.49 Strongly Disagree (SD), 1.50-2.49 Disagree (D), 2.50-3.49 Agree (A), 3.50-4.00 Strongly Agree (SA), Grand Weighted Mean (GWM), Qualitative Description (QD)

Table 4. Difference in quality of nursing educational program according to profile of HEIs

Profile of HEIs	Quality matrix	F	p-value	Decision (Ho)	Interpretation
Years of existence	Mission/Vision/Goals/Objectives	0.428	0.652	Accept	Not significant
	Curriculum and instruction	4.157	0.017*	Reject	Significant
	Administration of nursing programme	0.966	0.382	Accept	Not significant
	Faculty development program	2.045	0.132	Accept	Not significant
	Physical structure and equipment	6.450	0.002*	Reject	Significant
	Student services	3.435	0.034*	Reject	Significant
	Admission of students	2.206	0.113	Accept	Not significant
	Quality assurance system	1.083	0.341	Accept	Not significant
CHED Status	Mission/Vision/Goals/Objectives	0.604	0.547	Accept	Not significant
	Curriculum and instruction	3.421	0.035*	Reject	Significant
	Administration of nursing programme	5.136	0.007*	Reject	Significant
	Faculty development program	5.494	0.005*	Reject	Significant
	Physical structure and equipment	3.466	0.033*	Reject	Significant
	Student services	0.330	0.026*	Reject	Significant
	Admission of students	0.292	0.175	Accept	Not significant
	Quality assurance system	5.406	0.005*	Reject	Significant
Ownership	Mission/Vision/Goals/Objectives	1.408	0.161	Accept	Not significant
	Curriculum and instruction	-0.221	0.825	Accept	Not significant
	Administration of nursing programme	0.611	0.542	Accept	Not significant
	Faculty development program	0.803	0.432	Accept	Not significant
	Physical structure and equipment	-0.411	0.682	Accept	Not significant
	Student services	0.512	0.609	Accept	Not significant
	Admission of students	0.755	0.451	Accept	Not significant
	Quality assurance system	0.421	0.674	Accept	Not significant

*The p-values denoted by ** are significant at a level of $p < 0.05$, Ho – denotes null hypothesis*

3.1.4 Difference in quality of nursing educational program according to profile of HEI

The quality in terms of curriculum and instruction, physical structure and equipment, and student services of nursing education programme differed significantly (p-value = 0.017), (p-value = 0.002) and (p-value = 0.034) with regards to years of existence of higher educational institution. Also, quality of curriculum and instruction, administration of nursing programmes, faculty development programme, physical structure and equipment, student services and quality assurance system differed significantly (p-value = 0.035), (p-value = 0.007) (p-value = 0.005), (p-value = 0.033), (p-value = 0.026) and (p-value = 0.005) with respect to CHED status. However, all the other quality matrix of nursing education programme did not differ significantly according to ownership status. (Table 4)

3.2 Discussion

Quality assurance of nursing education is necessary to keep the standard of training given to nurses at all levels and countries. Also, inconsistencies in nursing training in private owned HEI prompted the need to conduct this research work. The discussion of the findings of the study therefore sought to unveil the quality of nursing education programme, as well as how quality of nursing education programme with regards to mission/vision/goals/objectives, curriculum and instruction, administration of nursing programme, faculty development programme, physical structure and equipment, student services, admission of students and quality assurance system may differ according to the profile of HEI.

The study found that majority, 39% of faculty members had 1-5 years of clinical experience and only 8.0% had 16-20 years of clinical experience. Although, clinical experience is necessary to bridge the gap between theory and practice in nursing education, the study showed less clinical experience among majority of faculty members. However, the findings was congruent with requirement that faculty in a college of nursing should have at least a year of clinical experience [21, 22].

Additionally, the study revealed that greater part, 46% of faculty members had 6-10 years teaching experience and 8.0% had 16-20 years' experience in teaching. This finding among most

faculty members having more than a year teaching experience was also in compliance with directives of CHED which emphasizes that faculty members should have at least a year of teaching experience [21]. Besides, more years of teaching promote quality in instruction and subsequently affect quality of nursing education.

Again, 65% of instructors fell within the job category of classroom-clinical while the least number were deans. This finding among majority of faculty members classified as classroom-clinical instructors is appropriate since students learn to appreciate the practical aspect of curriculum if it happened that same faculty members took them through the theory aspect of a course work. This vividly brings out the linkages between theory and practice of nursing education curriculum and instruction. This result is coherent with a study that found that quality in nursing education depended on high quality faculty to deliver the curriculum of program [8].

In terms of existence, 67% of higher educational institutions were established more than 45 years ago and almost half, 47% of HEI were autonomous. This result implies that HEI had been in existence for long and for that matter, the school authorities were aware of the measures to undertake to ensure quality in the nursing programmes been offered. In addition, due to the long years of existence, the HEIs might have undergone series of accreditation procedures and so had become conversant with the requirement for an institution to continue to exist making majority autonomous at the time of this study. Further, autonomous status confirmed that that institutions have higher reputation over the years and were therefore fewer tendencies for them to compromise on the standards set by themselves. With regards to ownership, 80% of HEI were owned by private non-sectarian entities. Most HEI not under religious organizations allowed the state to freely regulate them when it comes to issue of quality adherence without any hindrance like allegiance to religious beliefs. This might have resulted in respondents rating quality of nursing education high in this study.

Although, faculty and administrators strongly agreed that quality of nursing education programme was high in the Philippines. However, weight of assessment of administrators was higher compared to that of the faculty. The highest score for quality assessment was reported for mission, vision, goals and objectives of nursing education programme compared to

the other criteria for quality assessment. This finding is true because a programme cannot achieve what it intends to do unless its clear sense of direction and purpose has been stated. Therefore, this might be the reason why HEI were rated high in terms of mission, vision, goals and objectives of the program in Philippines by respondents since HEI noticed that the quality of the program could not be attained unless mission, vision, goals and objectives of the program are well indicated. This was confirmed in a previous studies where mission, vision, goals and objectives was mentioned as one of the driving force of quality education [8]. The World Health Organization also enumerated vision as the requirement for quality nursing education programme [12].

The quality of curriculum and instruction, physical structure and equipment, and students' services of nursing education programme differed significantly with regards to years of existence of HEI. These are factors that seems to change with time. The older the educational institution the better the quality and improvement in curriculum and instruction, physical structure and equipment, and students services. For instance, the continuous revision of curriculum and instruction comes with years of existence and it was not surprising that these factors differed with respect to the years of existence of HEI.

Also, quality of curriculum and instruction, faculty development programme, physical structure and equipment, student services and quality assurance system differed significantly with respect to CHED status. The CHED status requires one to continuously improve the quality of nursing programmes that is why quality assurance system and faculty development are among the quality criteria that differed. Faculty development in particular has become progressively significant factor in nursing education in recent times [8]. Curriculum and instruction, physical structure and equipment also forms part of the basic requirement of CHED in accrediting educational institutions that is why these quality criteria have differed with regards to CHED status. Students' services are consequently improved when all these parameters required by CHED are at their peak in the education of nursing professionals [8].

4. CONCLUSION AND RECOMMENDATIONS

Quality of nursing education programme was perceived to be good by both faculty and

administrators. There was significant difference in quality in the area of curriculum and instruction, physical structure and equipment, and student services of nursing education programme with regards to years of existence of higher educational institution. In addition, the quality of curriculum and instruction, administration of nursing education programmes, faculty development programme, physical structure and equipment, student services and quality assurance system differed significantly with respect to CHED status. The number of years higher educational institutions have existed and their CHED status is significant in the quality of nursing education programmes. The study recommends continuous and effective monitoring by regulating bodies since their role is key in the quality of nursing programmes. Additionally, it is important to note that assessing quality of nursing programmes can also be looked from the angle of years of existence of HEI. As a way of policy formulation, assessing the quality of nursing education programmes can be considered based on the profile of HEI rather than placing all institutions on the same scale.

5. LIMITATION

Although, the perceived quality of nursing education programme of an institution was assessed by its own faculty and administrators through scales and a variety of standard questions, there might still be a contribution of some form of bias where respondents may have accorded high score for their institutions which consequently may have alter findings of this study to some extent. However, a study with similar respondents is possible to come out with conclusion harmonious with this study.

CONSENT

Respondents, who were mainly administrators and faculty members also gave their written consent before asked to complete the questionnaire of the survey.

ETHICAL APPROVAL

Ethical review and clearance was given by the Research Development and Innovation Center of Our Lady of Fatima University the study under number 2015-IERC1-20009. Approval was also obtained from the Ethics Committees of the HEIs before the commencement of the study. Respondents also gave their consent before asked to complete the questionnaire of the survey.

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COMPETING INTERESTS

Author has declared that no competing interests exist.

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APPENDIX 1

Table 5. Quality of nursing education programme assessment tool

Quality matrix		4	3	2	1
Mission/Vision/Goals/Objectives of the program					
1.	Mission, vision, goals, objectives and Philosophy of the nursing program is congruent with those of the University.				
2.	The mission, vision, goals and objectives of the nursing program is clearly stated.				
3.	The administrative and academic staff and students understand the mission, vision, goals and objectives of the nursing program.				
4.	Faculty, administrators and students participate in governance as defined by nursing program.				
5.	Nursing program is administered by a nurse who is academically qualified and has experience.				
6.	The authority and responsibility of the nursing program is administered by a qualified nurse administrator.				
7.	Policies of the nursing program are consistent with those of the Commission on Higher Education (CHED).				
Curriculum and instruction of the Program					
1.	Curriculum developed flows from the philosophy/mission, vision, goals and objectives of the nursing program through an organizational framework into a logical progression of course outcomes and learning activities to achieve desired program objectives/outcomes.				
2.	The nursing program conforms to the CHED standards of nursing curriculum.				
3.	The program designed provides opportunities for students to achieve program objectives, skills, values and competencies necessary for the practice of nursing.				
4.	The faculty use appropriate and updated course syllabi, instructional or teaching methodology.				
5.	Practice learning environments are selected and monitored by the HEI.				
6.	There is a provision for opportunities of exposure in a variety of related learning experiences appropriate for contemporary nursing.				
7.	The nursing program maintains high level of instruction.				
8.	The teaching learning process is composed of theoretical and experiential.				
Administration of the nursing program					
1.	The composition, responsibilities and function of the general administrative body are defined in writing.				
2.	The nursing program is administered by a qualified administrator as specified in the CHED CMO.				
3.	The nursing program administrator is a registered nurse with leadership competencies.				
4.	The level coordinator, program coordinator and deans are top-level decision makers and are leaders of the nursing program.				
5.	The general administrative body holds regular meetings.				
6.	Minutes of administrative meetings and pertinent information are communicated to staff.				
7.	The organization is in compliance with all applicable legislation, including the provisions of CHED.				
8.	The organizational structure is outlined in an organizational chart.				
9.	The organizational structure and organizational chart is regularly reviewed and recorded.				
Faculty development program					
1.	Nursing program faculty members (fulltime and part-time) are academically qualified and have experience.				

2. Nursing program faculty members maintain expertise in their areas of responsibility and teaching skills.
3. Adequate number of full-time and part-time staff meets the needs of the nursing program to ensure competency.
4. Faculty performance is periodically evaluated to ensure ongoing development and competence.
5. The faculty who teach nursing core courses has an educational background in nursing.
6. Teaching load is appropriate. (Suggested load is 36 hours per week for lectures and Related Learning Experience (RLE) for full time faculty and 9 hours for part time faculty).
7. The collective talents of the nursing program faculty reflect scholarship through teaching, application, and the integration and discovery of knowledge as defined by the institution and the nursing program.
8. Faculty is evaluated on their performance regularly.
9. The HEI has a five year faculty development plan.

Physical structure and equipment **4 3 2 1**

1. Classroom for regular lecture contains maximum of 50 students.
2. Science laboratory class size has a maximum of 25 students.
3. Special classes can accommodate up to 45 students when made available by the facilities.
4. Nursing laboratory room is well-ventilated and lighted for students to have enough space for practice and return demonstration.
5. The laboratory is equipped with basic instruments for learning purposes.
6. Physical facilities including information technology (IT) and environment are safe, clean and appropriate to support the purposes of the nursing program.
7. Clinical resources including hospital and community personnel, patient–student ratio are appropriate.
8. Nursing equipment are adequate to support the purpose of the nursing program
9. Students are provided opportunities to practice in a variety of essential areas.
10. The library has adequate and up to date textbooks for faculty and students use. (Suggested 5 copies per title and not more than 5 years old).
11. The library has journals and other resources for faculty and students use.

Student services **4 3 2 1**

1. Student policies of the nursing program are congruent with those of the university.
2. Student policies of the nursing program are publicly accessible, non-discriminatory and consistently applied.
3. Students have access to support services provided by qualified individuals which include, but are not limited to: Health, counseling, academic advancement, career, library, placement and financial aid.
4. Policies concerned with educational and financial records are established and followed
5. Plans for student activity and development are indicated.
6. Students are supported to develop a student club and engage in extracurricular activities.
7. The academic adviser arranges time for students to meet her/him and advise them at least once a term.
8. There is availability of internal, external rewards/scholarships for excellent students and Dean’s list of excellence.

Admission of students **4 3 2 1**

1. Admission criteria and policy are clearly stated.
2. Recruitment methods of student well indicated
3. Number of students enrolled is adequate.
4. Students are recruited based on a written test

5. Qualified students are not discriminated against on the bases of colour, race, religion etc.

Quality assurance system	4	3	2	1
1. There is a written plan for a systematic quality assurance programme for nursing program, which is used for continuous programme improvement.				
2. There is a written plan for systematic evaluation of the program's purposes and product outcomes				
3. There is an appointed QA committee personnel unit, and internal auditing and monitoring control				
4. There is documentation of the implementation plan of QAS.				
5. There are available methods for monitoring and evaluating the programme.				

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