



Research Article

# A Comparative Study to Assess Knowledge and Perception Regarding Dual Role among Nurses and Nurse Educators

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DOI: <https://doi.org/10.24321/2455.9318.201912>

## I N F O

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### How to cite this article:

Preeti, Bhardwaj UD, Kaushik A. A Comparative Study to Assess Knowledge and Perception Regarding Dual Role among Nurses and Nurse Educators. *Int J Nurs Midwif Res* 2019; 6(2&3): 2-8.

Date of Submission: 2019-07-20

Date of Acceptance: 2019-09-26

## A B S T R A C T

The concept of dual role (Faculty supervisor position) in nursing has evolved since a decade. But the practice has not been implemented in a wide range. Only very few institutions are practicing it today. Faculty of an educational institution in nursing has to work as a supervisor in the parent hospital or affiliated hospital and vice versa. The aim of the study was to compare the knowledge and perception regarding dual role among nurses and nurse educators. Quantitative research approach and descriptive comparative research design was used. The study setting was Safdarjung hospital & College of Nursing, Loknayakan Hospital & College of Nursing and Rufaida College of Nursing, Jamia Hamdard. The data was collected from 01/10/18 to 09/11/18. Tools used for data collection comprised of a structured knowledge questionnaire and structured perception rating scale to assess knowledge and perception of nurses and nurse educators. Convenient sampling was adopted to select the 30 nurses and 30 nurse educators. Findings revealed that 100% of nurses had favorable perception towards dual role in nursing while 86.66% nurse educators had favorable perception towards dual role in nursing. The nurses and nurse educators did not differ from each other in terms of their knowledge regarding dual role in nursing. The study concluded that both nurses and nurse educators had adequate knowledge regarding dual role. All nurses and majority of nurse educators had favorable perception regarding dual role. Hence, the dual role should be implemented as a policy.

**Keywords:** Dual role, Knowledge, Perception, Nurses, Nurse Educators

## Introduction

The concept of faculty supervisor position (Dual Role) in nursing has evolved since a decade. But the practice has not been implemented in a wide range. Only very few institutions are practicing it today. It's been widely seen in the Indian setting that highly competent faculty members are confined only to academic aspects only thus ignoring

their clinical competencies. So, it has been suggested that the faculty of an educational institution in nursing has to work as a supervisor in the parent hospital or affiliated hospital.<sup>1</sup>

In the era of quality orientation, human rights and consumer driven society, the quest is for the best quality of education and service. The nursing education in India is expected to



provide quality education and perform their roles effectively in producing qualified graduates who will meet the needs and expectations of the society.<sup>1</sup>

Separation between nursing education and service has once been beneficial for the advancement of nursing education but it also had its adverse effects because the nurse educators where no longer practicing in the patient bedside, were neither directly involved in delivering nursing service, nor were they responsible for the type of care provided in the clinical setting. As the gap has been widened, there is now a significant difference as to what is being taught in the institution and what has been practiced in the service setting.<sup>2</sup>

There has been a considerable progress in nursing over the past several decades, especially in the area of education. The already existing nursing educational programme have been strengthened and re-oriented in order to ensure that the graduates have the essential competence to make effective contributions in improving people's health and quality of life. As a result, nursing education has made rapid qualitative advances. However, the expected comparable improvements in the quality of nursing service have not taken place as rapidly and this is because, though we are producing quality graduates they are moving from bedside service to the education or teaching side of nursing profession, because of which the quality care that would have been given, is left out.<sup>3</sup>

A study conducted by Gupta S & Vatsa M on "Collaboration between nursing services and nursing education to improve quality of nursing services and nursing education in South East Asian Countries" at College of Nursing, AIIMS, found that the integration process is effective for improving the quality of nursing care as perceived by doctors, nurse practitioners and undergraduate nursing students. Quality of nursing care perceived by doctors improved from 26.06% to 30.68%, nurse practitioners perceived an increase of 7% and quality of nursing perceived by students improved from 18.10% to 33.36%. There was an improvement in patient satisfaction from 40.29% to 70%. Job satisfaction of nursing personnel increased from 9% to 86%. Utilization of nursing time showed an increase of 20% in patient care complex, a reduction in non-productive work from 32% to 15% and off station time from 24% to 9% percentages. This shows that integration between nursing services and nursing education is feasible to implement, provided suitable measures are adopted to maintain high level of job satisfaction among nurse practitioners.<sup>4</sup>

It is high time to realize that the academics and services cannot go separate. There should be a collaboration of academics and services leading to the dual role of nurses as faculty and supervisor. So, there is a need to assess knowledge and perception of nurses and nurse educators

regarding dual role, as they are the personnel's involved in the change or on whom the change would occur.

The objectives of the study were: 1) To assess the knowledge and perception of nurse educators regarding dual role. 2) To assess the knowledge and perception of nurses regarding dual role. 3) To compare the knowledge and perception of nurses and nurse educators regarding dual role. 4) To determine the relationship of knowledge and perception of nurses and nurse educators regarding dual role. 5) To determine the association of knowledge and perception of nurses and nurse educators with selected demographic variables i.e. age, professional qualification, total experience and designation.

## Materials and Methods

A quantitative approach and comparative descriptive research design were used. The data was collected from 01/10/18 to 09/11/18. After taking permission for conducting final study from Safdarjung hospital & College of Nursing, Lok Nayak Hospital & College of Nursing and Rufaida College of Nursing, Jamia Hamdard, final data was collected using convenient sampling. A total of 30 nurses and 30 nurse educators were selected.

**Inclusion Criteria:** The study was confined to nursing personnel with minimum graduation in Nursing and at least one year of experience.

Those who met the inclusion criteria were taken as study subjects after taking informed consent. The researcher used structured knowledge questionnaire based on Definition, Objectives, Background, Need, Benefits & Barriers of dual role in nursing and structured perception rating scale for data collection to assess the knowledge and perception of nurses and nurse educators regarding dual role. Reliability of knowledge questionnaire was established by using Kuder-Richardson formula 20 and it was 0.70, and reliability of perception scale was established by using Cronbach's alpha formula, it was 0.90 and both the tools were found reliable. Ethical permission to conduct the study was taken from Institution Review Board Jamia Hamdard.

Data collected, was organized, tabulated, analyzed and interpreted using descriptive and inferential statistics.

## Result

The findings revealed that 100% of nurses had favorable perception towards dual role in nursing while 86.66% nurse educators had favorable perception towards dual role in nursing. The nurses and nurse educators did not differ from each other in terms of their knowledge regarding dual role in nursing. Majority of nurses (80%) and nurse educators (96.66%) had adequate knowledge about dual role in nursing. The nurses had more favorable perception than nurse educators regarding dual role in nursing. The

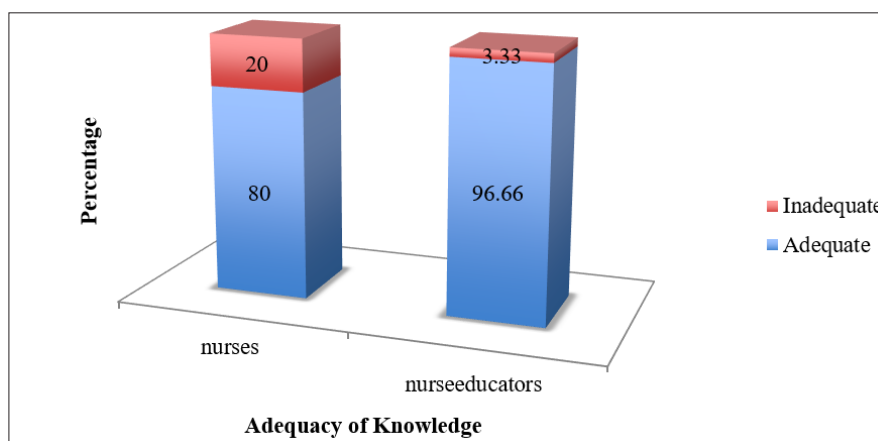
level of knowledge influenced the favorable perception regarding dual role among nurses. The perception among nurse educators was contrary to that of the nurses. Nurse educators had unfavorable perception regarding dual role. There was no significant association between knowledge

and perception scores of nurses with selected demographic variables. There was no significant association between knowledge and perception of nurse educators with selected demographic variables except their age.

**Table I. Frequency and percentage distribution of nurses and nurse educators by their age, professional qualification, total experience and designation**

(n<sub>1</sub>+n<sub>2</sub>=60)

S. No.	Sample characteristics	Nurses (n <sub>1</sub> =30)		Nurse educators (n <sub>2</sub> =30)	
		Frequency	Percentage	Frequency	Percentage
<b>Age in years</b>					
1.	21-30	21	70	2	6.66
	31-40	7	23.33	13	43.33
	41-50	2	6.66	13	43.33
	Above 50	-	-	2	6.66
<b>Professional qualification</b>					
2.	B.Sc. Nursing	17	56.66	5	16.66
	Post-basic nursing	11	36.66	0	-
	M.Sc. nursing	2	6.66	20	66.66
	PhD	-	-	4	13.33
	Any other	-	-	1	3.33
<b>Total experience in years</b>					
3.	1-5	20	66.66	-	-
	6-10	8	26.66	10	33.33
	11-15	-	-	7	23.33
	Above 15	2	6.66	13	43.33
<b>Designation</b>					
4.	Nursing Officer	28	93.33		
	Senior nursing officer	2	6.66		
	Clinical instructor			-	-
	Tutor			30	100



**Figure 1.3-D Bar showing percentage distribution of nurses and nurse educators according to their knowledge scores regarding dual role**

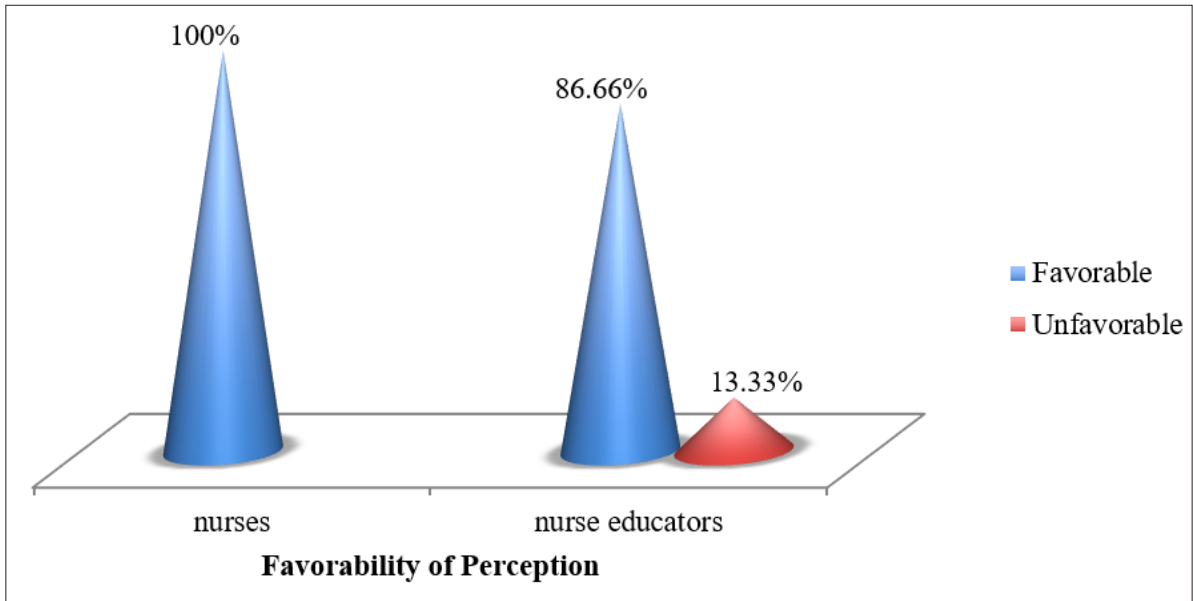


Figure 2. Cone diagram showing percentage distribution of nurses and nurse educators according to their perception scores regarding dual role

Table 2. Mean, mean difference and standard errors of mean differences and "t" value of knowledge scores of nurses and nurse educators

(n<sub>1</sub>+n<sub>2</sub>=60)

Sample	Knowledge Scores				
	Mean	Mean <sub>D</sub>	SE <sub>MD</sub>	d.f.	t
Nurses n <sub>1</sub> =30	14.53	0.74	0.57	58	1.30
Nurse educators n <sub>2</sub> =30	15.17				

"t" (58) at 0.05 level of significance = 2.02.

Table 3. Mean, mean difference and standard errors of mean differences and "t" value of perception scores of nurses and nurse educators

(n<sub>1</sub>+n<sub>2</sub>=60)

Sample	Perception scores				
	Mean	Mean <sub>D</sub>	SE <sub>MD</sub>	d.f.	t
Nurses n <sub>1</sub> =30	126.07	12.4	2.89	58	4.29*
Nurse educators n <sub>2</sub> =30	113.67				

t(58) at 0.05 level of significance = 2.02, \*-Significant.

Table 4. Coefficient of correlation "r" between knowledge and perception scores of nurses and nurse educators regarding dual role

(n<sub>1</sub>+n<sub>2</sub>=60)

Sample	Mean of knowledge scores	Mean of perception scores	'r'
Nurses n <sub>1</sub> =30	14.53	126.07	0.85
Nurse educators n <sub>2</sub> =30	15.17	113.67	-0.13

**Table 5.**The association between knowledge scores of nurses regarding dual role and selected demographic variables viz. age, professional qualification, total experience and designation

(n<sub>1</sub>=30)

Demographic variables		Knowledge scores		Test applied	p value
		Below median	Above median		
Age	Below 40	17	11	Fisher's exact test	0.18
	Above 40	0	2		
Professional qualification	Graduates	15	13		0.49
	Postgraduates	2	0		
Total experience (years)	<10	17	11		0.18
	>10	0	2		
Designation	Nursing Officer	17	11		0.18
	Senior Nursing Officer	0	2		

Not Significant

**Table 6.**The association between perception scores of nurses regarding dual role and selected demographic variables viz. age, professional qualification, total experience and designation

(n<sub>1</sub>=30)

Demographic variables		Perception scores		Test applied	p value
		Below median	Above median		
Age	Below 40	20	8	Fisher's exact test	0.52
	Above 40	1	1		
Professional qualification	Graduates	20	9		1
	Postgraduates	2	0		
Total experience (years)	<10	20	8		0.52
	>10	1	1		
Designation	Nursing Officer	20	8		0.52
	Senior Nursing Officer	1	1		

Not significant

**Table 7.**The association between knowledge scores of nurse educators regarding dual role and selected demographic variables viz. age, professional qualification and total experience

(n<sub>2</sub>=30)

Demographic variables		Knowledge scores		Test applied	p value
		Below median	Above median		
Age	Below 40	9	6	Fisher's exact test	1
	Above 40	10	5		
Professional qualification	Graduates	6	0		0.06
	Postgraduates	13	11		
Total experience (years)	<10	6	4		1
	>10	13	7		

Not significant

**Table 8. The association between perception scores of nurse educators regarding dual role and selected demographic variables viz. age, professional qualification and total experience**

(n<sub>2</sub>=30)

Demographic variables		Perception scores		Test applied	p value
		Below median	Above median		
Age	Below 40	0	15	Fisher's exact test	0.006*
	Above 40	7	8		
Professional qualification	Graduates	0	6		0.29
	Postgraduates	7	17		
Total experience (years)	<10	0	10		0.063
	>10	7	13		

\*The result is significant at  $p < 0.05$

## Discussion

It is a fact that the students must have a role model, whom they can respect and follow. These role models must be an expert clinician, educator and research scholars. The faculty members are usually not responsible for service and nurses in clinical setting are not responsible for mentoring the students and have lack of updated researches. This has led to the problem of getting best learning experience in the clinical field.

100% of nurses had favorable perception towards dual role in nursing while 86.66% nurse educators had favorable perception towards dual role in nursing. The nurses and nurse educators did not differ from each other in terms of their knowledge regarding dual role in nursing. The nurses had more favorable perception than nurse educators regarding dual role in nursing. The level of knowledge influenced the favorable perception regarding dual role among nurses. Nurse educators had unfavorable perception in relation to adequate knowledge regarding dual role. There is no significant association between knowledge and perception scores of nurses with the selected demographic variables. There is no significant association between knowledge of nurse educators and the selected demographic variables. The perception of nurse educators regarding dual role in nursing is significantly associated with age and not associated with professional qualification and experience.

A study conducted by Balachandran R, to ascertain the opinion of nursing personnel towards dual role in nursing, concluded that there was no significant difference in opinion of nurse educators and nurse practitioners towards dual role and no nursing personnel disagreed with dual role. The findings of the present study are in contrast with the above study, that there is a significant difference in the perception of nurses and nurse educators regarding dual

role. 13.33% nurse educators had unfavorable perception regarding dual role.<sup>5</sup>

It was subjective feeling of the researcher that the difference in the perception of nurses and nurse educators might be due to difference in professional qualification as most of nurses had B.Sc. Nursing as their qualification while most of nurse educators had M.Sc. Nursing as their qualification. Experience also might be the cause as most of the nurses were with experience from 1-5 years while most of educators had experience of more than 15 years.

## Conclusion

Integration of education with service can raise the quality of patient care and also improve the quality of learning experiences for nursing students, under the close supervision of teachers who are also practitioners. This can enable the practicing nurse to share her practical knowledge to the student nurse who is practicing in the concerned wards. So, Nurse administrator should work with the concerned authorities towards the acceptance and implementation of the dual role as a policy. Appropriate policies may be framed so the pay, benefits, status and promotional avenues match their responsibilities.

**Conflict of Interest:** None

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