AKENTEN APPIAH-MENKA UNIVERSITY OF SKILLS TRAINING AND ENTREPRENEURIAL DEVELOPMENT, KUMASI

TUTORS' INVOLVEMENT IN CURRICULUM DEVELOPMENT IN NURSING AND MIDWIFERY TRAINING COLLEGES IN THE ASHANTI REGION OF GHANA

JAMILATU BARBARA AMADU

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DECEMBER, 2023

DECLARATION

STUDENT'S DECLARATION

I, JAMILATU BARBARA AMADU, declare that this dissertation, with the exception of quotations and references contained in published works which have all been identified and duly acknowledged, is entirely my own original work., and it has not been submitted either in part or whole, for another degree elsewhere.

SIGNATURE: …….……

DATE: ……

SUPERVISOR'S DECLARATION

I hereby declare that the preparation and presentation of this work was supervised in accordance with the guidelines for supervision of dissertation as laid down by Akenten Appiah-Menka University of Skills Training and Entrepreneurial Development.

NAME: DR. PHILIP OTI-AGYEN

SIGNATURE: …….……

DATE: ……

DEDICATION

In memory of Salifu Amadu, my father.

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ABBREVIATIONS

HTIU	Health Training Institutions Unit
MOH	Ministry of Health
N&MC	Nursing and Midwifery Council
NMTC	Nursing and Midwifery Training College
OD	Organisational Development
ORC	Overcoming Resistance to Change
RCN	Registered Community Nursing
RGN	Registered General Nursing
RM	Registered Midwifery
RMN	Registered Mental Nursing

ABSTRACT

This study sought to find out tutor involvement in curriculum development in Nursing and Midwifery Training Colleges (NMTCs) in the Ashanti region of Ghana. It sought to specifically discuss the extent of tutor involvement in curriculum development, to find out the curriculum implementation challenges of tutors in NMTCs, and to identify potential roles tutors can play in the development of NMTC curricula. A descriptive survey design using a quantitative approach, was employed for the study. A structured questionnaire was used to collect data from Nursing and Midwifery tutors in the 10 accredited public NMTCs offering basic programmes in the Ashanti region. Census technique was used, and data was collected from all three hundred and seven (307) tutors who met the inclusion criteria for the study. Data was processed with SPSS version 26 and analysed descriptively and inferentially. Findings of the study revealed a low tutor involvement in curriculum development in the Ashanti region; and a litany of implementation challenges such as inadequate teaching and learning resources, high student-tutor ratio, and inadequate in-service training on revised curriculum. The findings further revealed that tutors could assume roles such as needs assessment, provision of expert information in subject areas, in curriculum development. Based on the study's findings, it is recommended among others, that the N&MC takes the necessary steps to broaden its engagement with tutors, principals, Ministry of Health (MOH), and all other relevant stakeholders; and to provide curriculum development training and retraining for tutors; to enhance tutor involvement in curriculum development.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Curriculum development is a multifaceted process that combines scholarly and innovative approaches to create curricular materials as well as allocate resources (Adentwi & Sarfo, 2011; Iwasiw et al., 2020; Ornstein & Hunkins, 2018). It encompasses a variety of activities, ranging from the initial conceptualisation and planning to the design, development, and implementation of the curriculum, culminating in an evaluation and revision phase (Kobiah, 2015). In this text, curriculum development will be used to refer to the curricular activities of planning, design, and evaluation. Curriculum development activities could range from refinement of classroom practices, to the complete overhaul and re-conceptualisation of the curriculum (Adentwi & Sarfo, 2011; Iwasiw et al., 2020).

A curriculum is a systematic and comprehensive plan that directs the provision of educational experiences to students by the educational institution, with the ultimate objective of attaining the intended purpose(s) of education (Adentwi & Sarfo, 2011; Keating, 2015; Marsh, 2009). It is considered to be the heart and soul of any learning institution, which means that academic institutions cannot exist without a curriculum (Ornstein & Hunkins, 2018; Priestley & Philippou, 2019).

Nursing education serves as the foundational bedrock of the Nursing profession. It aims at producing well-rounded professional Nurses and Midwives with the requisite knowledge, expertise, and competencies, to responsibly and effectively serve the health needs of the country. However, to achieve the aims of nursing education, the nursing educational system must run on a purpose driven curriculum that defines the objectives

in terms of skills, knowledge, attitudes, values, experiences or exposure that the profession seeks to imbibe in her younger generation. More so, the quality of the healthcare of any nation, is typically determined by the quality of Nurses and Midwives (Chhugani, 2018) the quality of whom is dependent on the quality of curricula that are run in the schools (Nzeri, 2009, as cited in Aneke & Nnabuike, 2015).

Furthermore, it is imperative to acknowledge that the ever-changing nature of society also extends to the Nursing profession, leading to a transformation in perspectives and needs. This, in turn, fosters the emergence of novel concepts and technological breakthroughs. As a result, Nursing education must conform to these changes, to enable practitioners acquire the intricate skill set necessary for efficient and competent functioning in the dynamic healthcare landscape (Poindexter, 2022). Curriculum development is thus, necessitated to ensure relevance and adequacy of curricula (Alsubaie, 2016).

The curricula for Nursing and Midwifery education in Ghana have undergone a notable transformation from their rudimentary state in the late 1780s to a contemporary standardised form that aim at addressing key and emerging challenges in Nursing and Midwifery education, research, and practice (Zutah, 2017). The goal of a successful nursing educational program and thus effective curriculum development, should be the production of an evidence-informed, context-relevant, and unified curriculum (Iwasiw et al., 2020). Such a curriculum is anchored on evidence about nursing education, nursing practice, students, and society, and is appropriate for the setting in which it is used. In addition, it is futuristic and organised in a coherent fashion with clear relationships among the curricular elements so that its unified nature is visible.

Nursing and Midwifery tutors are tasked with the responsibility of implementing developed curricula. They are expected to adapt to curricular changes (Ornstein & Hunkins, 2018) by developing the capacity needed to invent, understand, and develop new teaching approaches in line with curricula changes (Alsubaie, 2016). They are also expected to implement the curriculum with fidelity (Hakutumbulwa, 2021). Ornstein and Hunkins (2018) however suggest that teachers may view curricular change as burdensome, and may be unable or unwilling to embrace it owing to a lack of requisite knowledge. As such, the adoption of newly developed curricula should not come as a surprise to them (Iwasiw et al., 2020).

Many scholars (Adentwi & Sarfo, 2011; Aneke & Nnabuike, 2015; Apau, 2021) have proposed that the success or failure of an educational innovation depends on the degree of acceptance and usage by teachers in the classroom. Consequently, even meticulously developed curricula may not achieve their desired outcomes if they are not properly implemented (Fofana & Fortune, 2020). Therefore, teachers have a crucial role to play in curriculum development (Adentwi & Sarfo, 2011; Baş & Şentürk, 2019; Fullan, 2015; Kelly, 2004; Ornstein & Hunkins, 2018). This is because, involving tutors in curriculum development, fosters a sense of ownership over the curriculum; and a motivation that can pave the way for a seamless implementation (Iwasiw et al., 2020; Ornstein & Hunkins, 2018).

Research shows that tutor involvement in is essential for a successful and meaningful curriculum development and implementation (Alsubaie, 2016; Baş & Şentürk, 2019; Cincioğlu, 2014; Nieveen et al., 2022; Ripamonti, 2017). There is evidence to suggest that when teachers participate in curriculum decisions, curriculum implementation is enhanced (Berman & McLaughlin, 1977; Kobiah, 2020; Ornstein &

Hunkins, 2018). However, it has been emphasised that the active participation of tutors in curriculum development is limited and tutors are regarded as curriculum implementers whose role is to adapt the official curriculum to their classroom (Chale, 2018; Gherzouli, 2019; Marsh, 2009; Saracaloğlu et al., 2010).

However, it is not clear if Nursing and Midwifery tutors in the Ashanti region of Ghana are provided with enough opportunities to contribute or to fully participate in the curriculum development process because curriculum development for the Nursing and Midwifery Training Colleges (NMTCs) in Ghana is highly centralised with Nursing and Midwifery Council (N&MC) being the main body charged with the responsibility of developing the curriculum. Since a lack of tutor involvement in curriculum development decisions may lead to lack of ownership and commitment thereby hindering the success of developed curricula and attainment of educational aims, it is necessary to assess Nursing and Midwifery tutors' involvement in curriculum development in NMTCs in the Ashanti region of Ghana. It is anticipated that findings will help to provide targeted recommendations that could contribute to policy direction and practices aimed at enhancing attainment of the aims and purposes of Nursing education.

1.2. Statement of the Problem

In Ghana, curricula for all NMTCs are centrally developed by the N&MC which undertakes this task in collaboration with its partners such as the MOH. The curricular materials they produce, are supposedly tailored to the needs of the NMTCs. Once these materials are developed, Nursing and Midwifery tutors are mandated to implement them in the various NMTCs across Ghana.

Existing empirical literature (Baş & Şentürk, 2019; Cincioğlu, 2014; Gherzouli, 2019; Kobiah, 2020; Luo & Muyunda, 2021; Saracaloğlu et al., 2010) strongly suggest that for a curriculum to achieve its intended goal(s), teachers should be involved in its development. The truism is that for Nursing and Midwifery curricula to make any meaningful impact in the classroom, they must be promulgated based on the support of Nursing and Midwifery tutors who will develop a sense of ownership and commitment through their inclusion in the curriculum development process. However, to the knowledge of the researcher, little or no studies seem to have been conducted on the level of Nursing and Midwifery tutors' involvement in the prevailing centralised curriculum development process.

A close review of literature on tutor involvement in curriculum development revealed a study by Baş and Şentürk (2019) who sought to understand high school teacher participation in curriculum development in Niğde, province of Turkey. Furthermore, Chale (2018) examined teacher participation in curriculum development process in Mwanza City, Tanzania. Luo and Muyunda (2021), and Mwanza (2017) also investigated the phenomenon of teachers' involvement in curriculum development in Zambia. Gherzouli (2019) further looked at secondary school teachers' involvement in curriculum development in Algeria. Kobbiah (2020) examined the teachers' role in the development and implementation of curriculum support materials in secondary school curricula in Kenya. Likewise, Oloruntegbe (2011) investigated Nigerian Science teachers' involvement, commitment and innovativeness in curriculum development. Voogt et al (2016) also explored the phenomenon of teacher collaboration in curriculum design teams, and Lewis et al (2019) analysed teachers' involvement in designing curriculum within K-6 schools in Illinois, USA. There is thus, a dearth of knowledge with regards to Nursing and Midwifery tutors' involvement in development of curricula

for the NMTCs. More so, the few studies that have looked at the Ghanaian NMTC curricula (Achampong, 2017; Asiedu & Boahen, 2020), have primarily focused on issues of implementation as against development. For instance, Achampong (2017) assessed the curriculum on the Nursing and Midwifery informatics course at all nursing and midwifery institutions in Ghana. Asiedu and Boahen (2020) looked at the challenges of learning and implementing the nursing process among students of psychiatry NMTC at Ankaful in the Cental region of Ghana. Angliengmene (2020) examined the fidelity approach to implementing the Basic Nursing curriculum in selected NMTCs in northern Ghana. Therefore, this project sought to find out Nursing and Midwifery tutors' involvement in curriculum development in NMTCs in the Ashanti region of Ghana. Thus, a modest attempt was made in this work to fill the gap in the literature about Nursing and Midwifery tutors' involvement in curriculum development in Ghana.

1.3 Purpose of the Study

The purpose of this study was to find out the involvement of Nursing and Midwifery tutors in curriculum development in NMTCs in the Ashanti region of Ghana.

1.4 Objectives

The objectives of the study are to:

1. explore the level of involvement of tutors of NMTCs in the Ashanti region in the development of Nursing and Midwifery curricula.
2. identify potential roles that tutors of NMTCs in the Ashanti region can play in the development of Nursing and Midwifery curricula.
3. identify the challenges that tutors of NMTCs in the Ashanti region encounter when implementing the curricula that were created either with or without their contribution to the development process.

1.5 Research Questions

This study sought to have the following questions answered:

1. to what extent are Tutors in NMTCs in the Ashanti region involved in the development of Nursing and Midwifery curricula?
2. what are the potential roles that tutors of NMTCs in the Ashanti region can play in the development of Nursing and Midwifery curricula?
3. what challenges do tutors of NMTCs in the Ashanti region encounter when implementing the Nursing and Midwifery curricula?

1.6 Significance of the Study

This study has the potential to offer the N&MC a set of strategies for engaging tutors in the process of formulating educational programs. The Health Training Institutions Unit (HTIU) of the Ministry of Health (MoH) may equally be provided with researched data on tutors' potential role(s) in curriculum development, thus facilitating their genuine inclusion in curriculum development teams. In addition, this study may prompt tutors in Ashanti region to recognise that the quality of any curriculum is contingent upon the competence of its tutors. As a result, they may feel compelled to prioritise teacher education, enabling tutors to graduate not only as nurse educators but also as curriculum developers.

Moreover, this study is expected to raise awareness among Nursing and Midwifery tutors that their responsibilities extend beyond the mere implementation of developed curricula, to active participation in other stages of the curriculum development process as well. Additionally, this study has the potential to contribute to the existing literature on curriculum development, particularly with regard to Nursing and Midwifery tutors' participation therein.

1.7 Delimitations

The study was delimited to tutors of public NMTCs that offer basic Nursing and Midwifery programmes in the Ashanti region of Ghana. The study focused on finding out Nursing and Midwifery tutors' involvement in curriculum development in NMTCs in the Ashanti region of Ghana. The focus was solely on examining three key areas, namely: degree of tutor involvement, curriculum implementation challenge, and potential roles that tutors in curriculum development.

1.8 Limitations

Due to the quantitative approach of the study, and the use of structured questionnaire as the research instrument, the study may fall short of providing in-depth and comprehensive view of nursing and midwifery tutors' involvement in curriculum development. Therefore, it is recommended that researchers conducting similar studies in the future, should consider using a mixed method approach.

Additionally, the study did not delve into finding out if the views of tutors who were opportune to be involved in the development of nursing and midwifery curricula, were taken into account. As such, it is suggested that future researches on curriculum development, should focus on filling this gap.

1.9 Organisation of the Study

`The work is structured into six chapters. Chapter one has provided a comprehensive explanation of the background to the study, including the statement of the problem, purpose, research objectives, and questions. Furthermore, it has also presented the significance of the study, delimitation or scope of the study, and the operational definitions that will be utilized in the study. Chapter two delves into the relevant literature of the study. It thoroughly reviews literature from both foreign and

local studies, which serve to support and bridge the gap of the study. In chapter three, the methodology of the study is discussed, specifically focusing on the research design, study area, study population, study sample, sampling techniques, instruments for data collection, procedures for data collection, and data analysis. Chapter four presents the findings of the study based on the themes derived from the research questions. The discussion of these findings is then further explored in chapter five. Lastly, chapter six concludes the work by providing a summary, drawing conclusions, and offering recommendations based on the study.

1.10 Operational Definition of Terms

Curriculum Development: This refers to the preparation of the learning plan to be implemented in the NMTCs. For the purpose of this study, it solely involves the curricular activities of planning, design, and evaluation.

Nursing and Midwifery Tutors*:* These are teachers of NMTCs. It includes professional Nurses and Midwives as well as non-Nurses and Midwives. It also includes all principals of the NMTCs.

Tutor Involvement: This refers to the inclusion of tutors in curriculum development.

Tutor Participation: In this study, it refers to tutors actively engaging in all phases of curriculum development.

1.11 Summary

This chapter has provided a comprehensive introduction to the context of the study, a clear articulation of the problem, the overarching goal of the study, the specific objectives, the research inquiries, significance of the study, as well as the operational definitions of key terms. In the subsequent chapter, an extensive review of relevant literature pertaining to the study will be presented.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.0 Introduction

This chapter provides a review of related literature deemed relevant to the study. A literature search of the PubMed and SAGE, Research Gate, Academia, and Science Direct databases was conducted using the google search engine. Key words that were used in the search include curriculum, curriculum development, challenges, teachers' roles, nursing tutors, and nursing education. Additional relevant resources were obtained through traditional searches in institutional repositories, Google, and Google Scholar. Literature has been reviewed both conceptually and empirically. Specifically, the literature examines the concept of curriculum development; the extent of involvement of teachers (tutors) in curriculum development; curriculum implementation challenges of teachers; the role of tutors in curriculum development.

2.1 Curriculum Development

The concept of curriculum development has had a preliminary definition in chapter one. Curriculum development is a multifaceted and intricate process that entails the collaboration of diverse specialists and stakeholders, either for the creation of a completely novel curriculum package or for the modification of an already established curriculum intended for a school or school system (Adentwi & Sarfo, 2011; C.Thanavathi & Vimaleswari, 2017).

According to Iwasiw et al. (2020), curriculum development in nursing education is a scholarly and innovative process aimed at generating a unified curriculum that is evidence-informed and relevant to the context. They are further of the notion that curriculum development is a continuous undertaking whose scope varies from regular refinement of classroom activities, to the creation of an entirely novel and re-

conceptualised curriculum. In the view of, Carl (2017) curriculum development is an umbrella and continuing process in which structure and systematic planning methods feature strongly from design to evaluation activities. Furthermore, curriculum development is viewed as an iterative process with some activities occurring concurrently, and each new decision having the potential to impact previous ones (Iwasiw et al., 2020; Ornstein & Hunkins, 2018). However, the following phases can be delineated; curriculum planning, design, dissemination, implementation and evaluation (Adentwi & Sarfo, 2011; Carl, 2017).

Thanavathi and Vimaleswari (2017) have suggested that teachers are required to be actively engaged in the development of curricula. In line with this, they add that teachers must possess the requisite proficiency and expertise to effectively contribute to curriculum development. Carl (2017) further argues that by demonstrating that tutor participation is genuinely sought; and by assuring tutors that the results of their efforts will be implemented in the classrooms, administrators can obtain strong tutor support for and participation in curriculum development.

2.1.1 Phases of Curriculum Development

Adentwi and Sarfo (2011), and Carl (2017) maintain that curriculum development comprises a number of phases, namely: curriculum planning, design, dissemination, implementation and evaluation. This review will however focus on curriculum planning, curriculum design, and curriculum evaluation which have been conceptualised to mean to be the phases of curriculum development in this study. The review will also entail an examination of the roles played by teachers in curriculum development.

2.1.2 Curriculum Planning

To realise the purposes and objectives of teaching and learning, the curriculum needs to be carefully planned (Adentwi & Sarfo, 2011; Iwasiw et al., 2020). To plan

is to engage in a process of developing a means for achieving an end. In this regard, curriculum planning is associated with decision-making with regard to the formulation of curricula aims, goals and objectives (Ornstein & Hunkins, 2018). It is also about selecting appropriate subject matter content and learning experiences that will best lead to the realization of the aims, goals and objectives (Adentwi & Sarfo, 2011; Thanavathi & Vimaleswari, 2017).

Curriculum planning obviously has to do with decision-making concerning the orchestration of the right learning environment to facilitate implementation. This, of course, implies deciding on how to organise, sequence, and integrate the components or elements of the curriculum development process for the optimum realisation of the curriculum or educational aims, goals and objectives (Adentwi & Sarfo, 2011; Uys & Gwele, 2005). Curriculum planning, as already stated, is the preliminary phase of the curriculum development process. It is largely concerned with the pre-specification of actions to produce the curriculum plan, package, or frameworks guidelines and materials that tutors will eventually implement or put into effect (Adentwi & Sarfo, 2011; Thanavathi & Vimaleswari, 2017). Thanavathi and Vimaleswari (2017) are of the notion that the process of curriculum planning typically involves five distinct phases. These phases include framing the context, planning the lessons, implementing the said lessons, monitoring progress, and evaluating learning outcomes.

Curriculum planning takes place at many different levels of the education system of a nation (Adentwi & Sarfo, 2011; Iwasiw et al., 2020; Keating, 2015). Typically, curriculum planning takes place at the national, regional, institutional/school, faculty/department, subject/course and lecture levels (Adentwi & Sarfo, 2011; Keating, 2015). Carl (2017) states that there is interdependency and

interaction between various levels, which determine the success of curriculum development.

Curriculum decision-making in a centralised system such as we have in Ghana, is often said to be a lay political activity designed to ensure adequate representation of the opinions of all important stakeholders in the educational decision-making process (Adentwi & Sarfo, 2011; Ornstein & Hunkins, 2018). Scholars have however maintained that, curriculum planning is in reality, a multi-disciplinary affair which should be addressed by a large team of curriculum experts, subject specialists, educational psychologists and those involved in teaching (Adentwi & Sarfo, 2011; Iwasiw et al., 2020; Ornstein & Hunkins, 2018). Mention is further made that tutor involvement is at the heart of successful curriculum development; and for this reason, they must be maximally involved in the planning of curricula (Carl, 2017). Hereunder is a description of design as the next phase of curriculum development.

2.1.3 Curriculum Design

Curriculum design pertains to the conceptualisation and arrangement of significant components of the curriculum (Adentwi & Sarfo, 2011; Iwasiw et al., 2020; Ornstein & Hunkins, 2018). It encompasses the contemplation of objectives, expected educational outcomes, subject matter or content, teaching and learning approaches, and evaluation (Adentwi & Sarfo, 2011; C.Thanavathi & Vimaleswari, 2017; Ornstein & Hunkins, 2018). Additionally, it entails guaranteeing that the curriculum is easily accessible and equitable, thereby enabling students with disabilities and from all socioeconomic backgrounds to partake in it with equivalent opportunities for achievement (C.Thanavathi & Vimaleswari, 2017). Curriculum design is intricately linked with the meticulous delineation of the curriculum plans necessary for optimal implementation (Adentwi & Sarfo, 2011).

Ornstein and Hunkins (2018) contend that curriculum design should serve as a fundamental frame of reference or template for outlining the curriculum that is being developed. They further opine that most curriculum developers do not strictly adhere to a single design for curriculum, but rather draw from various designs and approaches. They add that the design of a curriculum reflects the developer's perception of curriculum; emphasising that individuals who view curriculum in behaviourist terms create different designs from those who view it as a system of managing people and organizing procedures.

Adentwi and Sarfo (2011) argue that a centralised curriculum development system such as we have in Ghana, inherently places curriculum design after the planning stage. They further assert that the process of curriculum design is a complex technical undertaking that involves making technical determinations in relation to the educational institution's instructional programs. In a similar vein, Ornstein and Hunkins (2018) contend that while curriculum development is typically technical and scientific, curriculum design is diverse because it reflects curricularists' values and beliefs about education. According to them, Curricularists prioritise academic knowledge, emphasising disciplined knowledge in their design. They however add that if overall student growth is central, then social and psychological considerations are included in the design.

In Ghana, the N&MC is the main institution responsible for developing curricula for all NMTCs. The N&MC undertakes this task in conjunction with the Health Training Institutions Unit (HTIU) of the Ministry of Health. Iwasiw et al. (2020) advocate for Nursing and Midwifery curricula design to yield evidence-informed, context-relevant, and unified curricula. Such a curriculum is anchored on evidence

about nursing education, nursing practice, students, and society, and is appropriate for the setting in which it is used. In addition, it is future-focused and set out in a way in which its cohesive nature is made explicit by the relatedness of its various components. The involvement of tutors in this particular form of curriculum design is of utmost importance (Iwasiw et al., 2020).

2.1.4 Curriculum Evaluation

In an attempt to define evaluation, Ornstein and Hunkins (2018) view it as a process or cluster of processes that people perform in order to gather data that will enable them to decide whether to accept, change or eliminate something. It is further maintained that in evaluation, people are concerned with determining the relative values of whatever they are judging (Adentwi & Sarfo, 2011; Iwasiw et al., 2020; Keating, 2015; Ornstein & Hunkins, 2018). They determine whether what they expected or planned for has occurred or is occurring in relation to the intended (Adentwi & Sarfo, 2011; Kelly, 2004). For Ornstein and Hunkins (2018), evaluation serves to identify the strengths and weaknesses of the curriculum before implementation; and the effectiveness of its delivery after implementation.

Curriculum evaluation can be distinguished into formative and summative evaluation (Adentwi & Sarfo, 2011; C.Thanavathi & Vimaleswari, 2017; Iwasiw et al., 2020; Ornstein & Hunkins, 2018). In curriculum-development, formative evaluation is essential as it furnishes evidence that directs decisions about how to revise a program while it is being developed (Adentwi & Sarfo, 2011; Ornstein & Hunkins, 2018). Formative evaluators focus on specific subunits of the curriculum being developed and test them in brief trial situations (Ornstein & Hunkins, 2018). Teachers can use formative evaluation to gauge the effectiveness of their pedagogical approaches (Adentwi & Sarfo, 2011; Ornstein & Hunkins, 2018). On the other hand, summative

evaluation aims to assess the overall quality of a produced and taught curriculum (Adentwi & Sarfo, 2011; Ornstein & Hunkins, 2018).

Priorities for tutors in curriculum evaluation might include information about learners, enthusiasm for the programme, ease of management of instructional materials and records, and out of class preparation time (Adentwi & Sarfo, 2011; Iwasiw et al., 2020; Ornstein & Hunkins, 2018). It is emphasised that for a successful curriculum evaluation, an interactive process is imperative, whereby tutors collaborate and function as a cohesive team (Iwasiw et al., 2020; Ornstein & Hunkins, 2018). The involvement of tutors in the curriculum planning phase serves to facilitate their roles in this particular stage. In summary, the researcher confined herself only to discussion of the three phases of curriculum development namely: planning, design, and evaluation.

2.1.5 Participants in Curriculum Development

Participants involved in curriculum development are among others, parents, curriculum specialists, principals, students and tutors (Adentwi & Sarfo, 2011; Ornstein & Hunkins, 2018). The researcher regards this as so important that the role of the mentioned participants namely; shall be briefly discussed. On the other hand, the role of the tutor in curriculum development shall be discussed in detail, since this is focus of the study.

2.1.6 Participants excluding the tutor

This group comprises of participants like parents, curriculum specialists, representatives of governmental and regulatory bodies such as N&MC and HTIU who are generally people with expertise in their individual responsibilities in curriculum development (Adentwi & Sarfo, 2011; Ornstein & Hunkins, 2018). These people may be chairpersons, supervisors, coordinators or directors (Ornstein & Hunkins, 2018). Ornstein and Hunkins (2018), suggest that students' involvement in curriculum development is crucial.

Students have the right to participate in decision making that impacts their education because the curriculum is created and implemented for them (Adentwi & Sarfo, 2011; Ornstein & Hunkins, 2018). Furthermore, with the prevalence of technology, many students are more proficient than their teachers (Ornstein & Hunkins, 2018) and thus, could contribute meaningfully and beneficially especially in this 21st century where technology-driven curricula have become the prevailing standard (C.Thanavathi & Vimaleswari, 2017). More so, engaging in curriculum design and development provides students with opportunities to engage in collaborative decision making and inquiry, and enables them to implicitly learn that their opinions and choices are valuable (C.Thanavathi & Vimaleswari, 2017; Ornstein & Hunkins, 2018).

When students are involved in creating their curriculum, they become motivated to learn not only explicit content but also to assume responsibility for matters that concern them and feel empowered (Ornstein & Hunkins, 2018). Although tutors and learners remain the two core beneficiaries of the curriculum development process (Adentwi & Sarfo, 2011; C.Thanavathi & Vimaleswari, 2017), the study's focus will only be on tutors.

2.1.7 Teachers (tutors)

One of the teacher's numerous responsibilities to actively engage students in order to foster greater independence and independent thought (Ornstein & Hunkins, 2018). To successfully accomplish this, teachers are required to be committed to their students' academic success, to have subject matter competence, and to use effective teaching methods. In addition, they are expected to manage and supervise the academic development of their students through guidance, counselling, assessment and feedback (Adentwi & Sarfo, 2011; Fullan, 2007).

Teachers have a crucial role to play in curriculum development (Adentwi & Sarfo, 2011; Fullan, 2007; Ornstein & Hunkins, 2018). This role is important because teachers are knowledgeable about the characteristics of the school, and of the learners; and are the primary information source throughout the duration of curriculum change (Adentwi & Sarfo, 2011). Ornstein and Hunkins (2018) are concerned with the tutor's role in planning and implementing the curriculum at three levels: classroom, school and district. In their opinion, the tutor should be involved in every phase of curriculum making, including the planning of specific goals, materials, content and methods.

Principals, as tutors with administrative duties, also play a crucial role in curriculum development and implementation (Fullan, 2007; Ornstein & Hunkins, 2018). Principals who provide the requisite resources, psychological and training support to teachers, get them to implement changes with much sincerity and dedication (Adentwi & Sarfo, 2011; Fullan, 2007). Thus, the success of implementation directly depends on how aggressively school principals encourage innovations (Adentwi & Sarfo, 2011).

Furthermore, there is evidence to suggest that when teachers participate in curriculum decisions, curriculum implementation is enhanced (Berman & McLaughlin, 1977; Ornstein & Hunkins, 2018). Iwasiw et al. (2020) further contend that participating in the redesign of the curriculum fosters a sense of ownership over the curriculum and a motivation to see it through to completion. This can allow teachers establish themselves as regular and efficient representatives of the revised curriculum; informing others of impending changes and their justification, thus, paving the way for a seamless changeover across curricula (Iwasiw et al., 2020).

2.2 Theoretical Framework

This study is directed by the fundamental concept underpinning the model for overcoming resistance to change (ORC). The ORC model is founded on the premise that the success or failure of a planned change, largely depends on the ability of the leader(s) to overcome staff resistance to change (Gross & Bernstein, 1968; Ornstein & Hunkins, 2018). Ornstein and Hunkins (2018) argue that involving teachers in discussions and decision-making on program reform makes them more inclined to support change. Ornstein and Hunkins (2018) further suggest that curriculum managers who employ the ORC model understand that people must change before organisations can change. Additionally, change must take into account the uniqueness and specific needs of the people it affects. The ORC model, when utilised by educational leaders, demands the cultivation of inventive approaches to problem resolution and teamwork in the pursuit of developing the curriculum. These efforts require active involvement of teachers as well as a shared commitment to effective change management. (Brown & Berger, 2014; Ornstein & Hunkins, 2018).

2.3 Conceptual Framework

An underlying assumption of this framework is that participation of tutors in the development of curriculum will ensure that the curriculum reflects their philosophical outlook, aspirations, and objectives, thereby making it more efficient and successful (Hung, 2019). Another assumption is that tutor involvement in the curriculum development process enables the creation of practical curricula that can assist tutors in developing individualised strategies and methodologies for successful implementation (Alsubaie, 2016). It is further assumed that tutors' perspectives on curriculum changes play a critical role in their acceptance and commitment to implementation. Therefore, it is essential to actively involve and engage tutors in the curriculum development

process. Doing so is likely to result in greater tutor ownership of the curriculum and, in turn, more effective curriculum implementation (Mwanza, 2017).

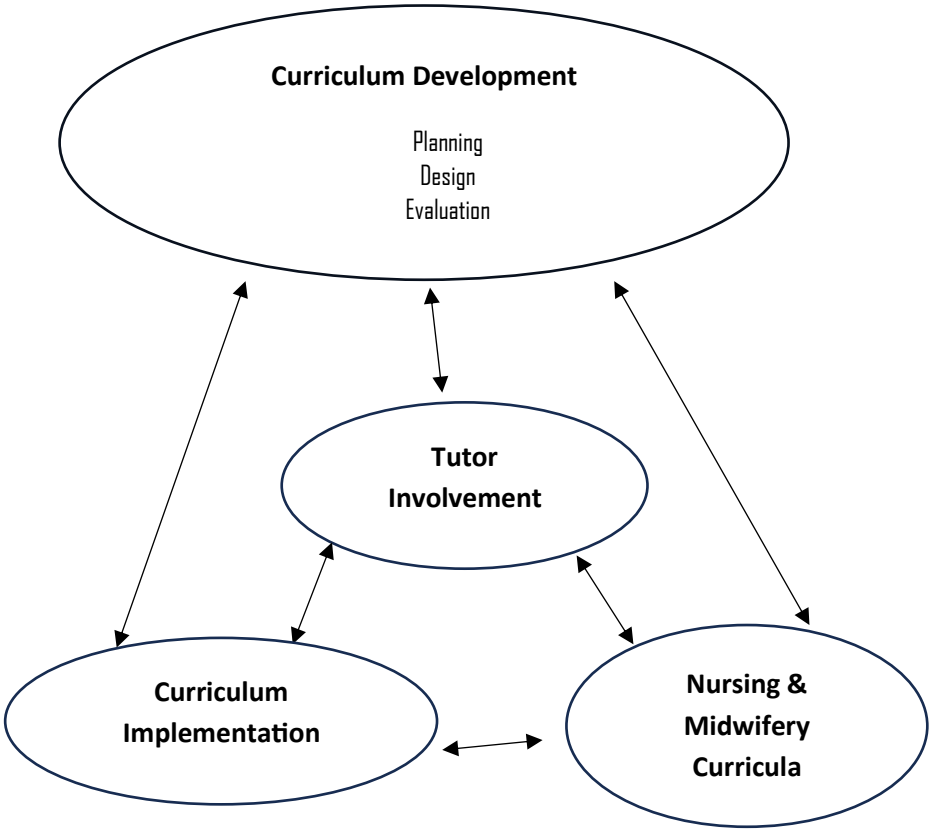

Figure 2.1: Conceptual Framework: Adapted from Mwanza (2017).

2.4 Teacher (tutor) involvement in curriculum development

Positing that the caliber of tutors determines a curriculum's quality, Bishop (1985) underscores the importance of tutors in shaping and executing a curriculum. It is, therefore, vital to involve tutors in educational innovation and development. Carl (2017) further contends that whenever there is a need of curriculum development, the tutor's role and involvement come to the fore of necessity. Thus, the tutor without a doubt, holds a position of utmost significance. The advancement of any curriculum development undertaking necessitates the complete collaboration of tutors and other stakeholders (Adentwi & Sarfo, 2011; Iwasiw et al., 2020; Ornstein & Hunkins, 2018).

Inarguably, tutors represent the most crucial assets in the provision of any structured education globally.

In an empirical study by Mwanza (2017) on teacher involvement in curriculum development in Zambia, it was discovered that teachers were not adequately involved in curriculum development. The researcher however found that despite not being involved, teachers considered themselves central to the curriculum development process, and held the view that active involvement of teachers in the curriculum development, fosters successful curriculum implementation. Furthermore, in an Algerian study assessing teacher involvement in curriculum development, Gherzouli (2019) found that teachers were never involved in curriculum development; and their non-involvement in curriculum development coupled a lack of communication between they and educational leaders, were key factors to their resistance of change.

In a qualitative study, Luo and Muyunda (2021) investigated the phenomenon of teachers' involvement in curriculum development in Zambia. Findings pointed to teachers' dissatisfaction with the curriculum development process, which in their view, did not adequately involve them as most of them had never been privileged to take part in any curriculum development activity. Thus, the teacher's voice in the curriculum development process, was "silent". Conversely, the study found that teachers were fully involved in curriculum implementation. In another study, Letshwene and du Plessis (2021) also discovered that teachers were only regarded as implementers who were not involved in designing new curricula. Chale (2018), in a similar study, concluded that teachers are uninvolved in curriculum development and are solely involved in curriculum implementation. The study's recommendation was for broader stakeholder involvement, particularly, teacher involvement; in the curriculum development process.

A Kenyan study that sought to examine the relationship between teachers' perceptions on their role in choosing and developing curriculum support materials, and implementation of the school curriculum, found that teachers were minimally involved; and thus, had little say in the development of these curriculum support materials (Kobiah, 2020). The study also established a significant relationship between teachers' involvement and curriculum implementation (Kobiah, 2020). There was a strong consensus that participation of teachers increases their ability to relate curriculum content with the developed curriculum materials, and that their effectiveness was affected by lack of involvement in the development process (Kobiah, 2020). Participants were further of the view that involving teachers leads to ownership of curricular materials, enhanced understanding of their application, and improved professional development of teachers (Kobiah, 2020). In a similar study involving 630 secondary school teachers in Nigeria, the empirical findings were that teachers are rarely involved in curriculum development and decisions on how best to implement such reforms. The author concluded that this leads to resistance and lack of commitment to implementation of curriculum reforms (Oloruntegbe, 2011).

Baş and Şentürk (2019), in their qualitative study of 27 teachers of five Turkish public schools that was aimed at understanding teacher participation in curriculum development through the lens of teachers, found a high rate of teacher involvement in both central and local levels of curriculum development. While participants reported a 100% involvement and direct participation in local level curriculum development, participation in central level curriculum development was largely indirect. Only few teachers reported not having had the chance of being involved in central level curriculum development. With regards to local level curriculum implementation, the teachers expressed satisfaction with their involvement in the process; and implied that

it had positively impacted their implementation of the curriculum, and improved their job satisfaction. Although teachers involved in central level curriculum development were reportedly satisfied with their participation in the process, they were dissatisfied on the basis that their views were not taken into account.

2.5 The role(s) of teachers (tutors) in curriculum development.

Curriculum decisions are made by teachers at various levels, including the classroom, team, department, and school. It is important to note that the decisions made by classroom tutors may differ significantly from those made at other levels (Adentwi & Sarfo, 2011; Ornstein & Hunkins, 2018). This disparity can be attributed to the fact that tutors are more familiar with the specific conditions under which the decisions will be implemented. Additionally, it is worth mentioning that on occasion, decisions made at a higher level may be deemed unreasonable.

A number of scholars have posited that because teachers responsible for implementing curricula in the classroom, they should play a part in designing them; and such, should be included in curriculum development teams (Adentwi & Sarfo, 2011; Iwasiw et al., 2020; Keating, 2015; Ornstein & Hunkins, 2018). Doll (1989) postulates that if tutors do not engage in proactive planning of their own teaching and learning programs, individuals without appropriate knowledge or expertise may take on the responsibility of such planning.

On the basis of the aforementioned arguments, it is imperative to acknowledge the fact that the role of the tutor should not solely be perceived solely in terms of curriculum implementation. It should be acknowledged right from the initial stage of curriculum planning, owing to the fact that tutors possess a deep understanding of the needs of the students they cater to. Consequently, their contribution to the curriculum

development process is likely to yield an applicable curriculum that can readily address the needs of the learners and society.

Makunja (2016) established in a study, that to ensure effective curriculum implementation, teachers should be involved in curriculum formulation and/or review. An Algerian study further found that although teachers were aware of the benefits of the teacher's role in curriculum development such as having a sense of ownership, commitment, and professional development; their actual role solely entailed the application or implementation of the developed curriculum Gherzouli (2019). Similarly, a Nigerian study found that teachers are mostly relegated to curriculum implementation in the classroom (Oloruntegbe, 2011).

In another study, participants suggested that as a role, teachers should be directly involved in the development of the curriculum (Mwanza, 2017). They further suggested that curriculum development should be decentralised to allow teachers make input at the school level, and that the involvement of teachers should cut across all stages in the curriculum development process (Mwanza, 2017). Likewise, Kobiah (2020) recommends that for effective curriculum implementation, teachers should be involved in all stages of curriculum development. Again, the provision of materials and information was one of the roles that surfaced as a possible role teachers could play. It was also said that teachers could identify and suggest gaps to provide links between topics, and development of instructional materials (Mwanza, 2017). Other roles that the study identified include roles in piloting and improving the new programme, and providing checks and balances for the curriculum being developed (Mwanza, 2017).

Lewis (2019) delineates curriculum design to be one of the roles of teachers. In his study, findings were that teachers did not have the opportunity to deeply engage and

create clarity of curricular content. Further findings were that teachers were not afforded the needed guidance, time, avenue, or authority to source vital information for crucial curricular decision-making. Voogt (2016) found that teachers' involvement in curriculum design positively impacts their knowledge and practice, and their implementation of the curriculum.

One other role of the teacher is curriculum construction (Kobiah, 2020). Thus, there is the need for retraining of teachers to enable them acquire the necessary skills for curriculum development. In their study, Luo and Muyunda (2021) arrive at the conclusion that due to the in-depth knowledge teachers have about learners, teachers can play a vital role in curriculum development if they are fully involved. They add that as implementers of the developed curriculum, teachers are better suited to provide valuable contributions that could improve the curriculum and its implementation.

Baş and Şentürk (2019) found in their study, that teachers involved in central level curriculum development reported having unclear roles and responsibilities in the process. More so, some teachers felt that their role was to communicate the opinions or views they had about the curriculum, despite reportedly having no impact on curriculum decisions, and not being made to assume any responsibility in the development process.

2.6 Curriculum implementation challenges of teachers (tutors)

Cobbold (2017) suggests that implementation is saddled with challenges, and a lack of fidelity in putting the curriculum to use in accordance with the standards established by its developers. Several empirical studies (Hakutumbulwa, 2021; Kwarteng, 2019; Ogar & Opoh, 2015; Sabola, 2017; Vumilia et al., 2020; Zar, 2015; Zhuwau & Shumba, 2018) have cited complex and difficult to use curricula, resource constraints, heavy workload, and inadequate supervisory and advisory support as

challenges that hamper curriculum implementation. Others include teachers' lack of experience, teachers' limited knowledge, lack of training/information, and teachers' concerns about the curriculum or package and/or the implementation process (Hakutumbulwa, 2021; Nevenglosky & Cale, n.d.; Ogar & Opoh, 2015).

In an empirical study by Gherzouli (2019), the researcher found that scarcity of resources (computer labs and the internet) and school supplies; short teaching time and large class size; lack of support for teachers' initiatives; and lack of parental support were challenges to curriculum implementation. Other challenges were inexplicit pedagogical goals, difficult to use methodological guidelines, unsuited curriculum to the schools' context, restricted autonomy of teachers in decision-making, overloaded textbooks whose contents were inappropriately graded, unsuitable to learners, and did not match curriculum objectives (Gherzouli, 2019). Classroom research, supervisory training practices, e-Learning resources, and teachers' participation in professional development networks, positively impacted implementation (Gherzouli, 2019). Similarly, another study Mogashoa (2021) established that teachers encountered challenges with regards to inadequate resources, training, resistance to changes, classroom sizes, inadequate allocated time, and excessive workload.

Luo and Muyunda (2021), in their qualitative study, established that many teachers encountered implementation challenges; including lack of teaching and learning resources, and teachers' lack of training and understanding of the curriculum. Another finding was that many of the implementation challenges the teachers faced, stemmed from a lack of teacher consultation; and could be eliminated through active and adequate involvement of teachers in the curriculum development process (Luo & Muyunda, 2021). In assessing teachers' perceived challenges in curriculum implementation, Vashisth and colleagues (2021) identified several challenges such as

overcrowded classrooms, teacher's preparedness, inadequate resources, lack of parental involvement, lack of resting time, lack of continuing professional development, and lack of motivation and support from school leaders, that teachers faced during the process of curriculum implementation.

Furthermore, in a study by Mwanza (2017), the researcher sought to establish the challenges teachers encountered in implementing a developed curriculum. Lack of teaching and learning resources, and teachers' lack of training and understanding of the curriculum were some key challenges identified. It was also found that some publishers were in charge of developing teaching material such as some textbooks to be used in schools; and were thus, responsible for deciding the extent of teacher involvement in textbook writing. In the author's assertion, these challenges emanated from a lack of broad consultations involving teachers.

The findings of a South African study into curriculum implementation challenges indicate as a key challenge, the lack of teacher involvement in developing the curriculum (Letshwene & du Plessis, 2021). Lack of subject matter competence was another identified challenge (Letshwene & du Plessis, 2021). In this regard, workshops and refresher courses in subject content areas, were suggested as a means of enhancing teachers' subject matter competence (Letshwene & du Plessis, 2021). The researchers further recommended the constitution of local (provincial) task teams comprising of current teachers, many of whom should have master's degree as the basic requirement, and over 20 years of teaching experience; to scrutinise all curricula and to select the best examples in relation to curriculum implementation (Letshwene & du Plessis, 2021).

Keogh et al. (2018) conducted a qualitative study in which they examined the challenges of implementing national comprehensive sex education (CSE) curricula in

Ghana, Kenya, Peru and Guatemala. The study's participants included principals, teachers who teach CSE topics, and secondary school students aged 15–17. The researchers identified inadequate curricular adaptation to local contexts, and limited stakeholder involvement in curriculum development as the challenges to curriculum implementation. In their study titled "barriers to effective curriculum implementation", Nevenglosky and Cale, (n.d.) also found that, to promote curriculum implementation, teachers needed access to curricular resources, additional information, and knowledge about the demands on their personal time, prior to implementing the change.

2.5 The research gap addressed and directions from literature review

Views expressed by various authors point to the fact that classroom teachers should be involved in the development of the curriculum. It has been established from literature that there has been a significant advocacy for tutor participation in curriculum development. Authors (Alsubaie, 2016; Baş & Şentürk, 2019; Cincioğlu, 2014; Fullan, 2015; Iwasiw et al., 2020; Nieveen et al., 2022; Ornstein & Hunkins, 2018; Ripamonti, 2017) maintained that since tutors are the educators in the field, their feedback on curriculum should be respected by the curriculum developers. However, much as tutors are perceived to be very essential in the curriculum development process; from various literatures, to the knowledge of the researcher, little or no studies seems to have been done in Ghana to establish Nursing and Midwifery tutors' perception of their involvement in curriculum development. In addition, little or no information is known on the prevailing situation in the Ashanti region of Ghana as far as Nursing and Midwifery tutor involvement in NMTC curriculum development is concerned. Therefore, this study sought to fill this gap.

2.6 Summary

This chapter has highlighted the existing related literature deemed relevant to the study. The various literatures examined the concept of curriculum development, the extent of involvement of teachers (tutors) in curriculum development, curriculum implementation challenges encountered by teachers, and the role of teachers (tutors) in curriculum development. This was done with a view of putting the problem into the context of similar works done so far, thereby providing justification for this study. In the next chapter, the methodology that was employed in this study is presented.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter details the materials and procedures that guided the conduct of the study. It describes precisely, the research design; which is the blueprint for the study. It further describes the study area, population under study, the procedure used in sampling, the instrument for data collection, the procedures used in data collection, and the techniques for data processing and analysis.

3.1 Research Design

The research design a study adopts, has great bearing on the reliability of the findings that are obtained (Kothari & Garg, 2019). In this study, the researcher adopted a quantitative approach; and employed a cross-sectional survey design. A survey design provides a quantitative or numerical portrayal of the trends, attitudes, or opinions of a population by looking at a sample of that population (Fraenkel et al., 2012; Polit & Beck, 2018). According to Walliman (2021), the descriptive research design relies heavily on careful observation as a primary means of collecting data More so, the variety of observation techniques employed is dependent on the nature and extent of the information sought, and may encompass such methods as conducting interviews, administering questionnaires, utilizing visual records, and documenting sounds and scents (Walliman, 2021). The employment of cross-sectional survey design offers benefits in the collection of data at a particular moment, thereby offering glimpses into the outcome and its correlated attributes (Polit & Beck, 2018; Setia, 2016; Vandenbroucke et al., 2014).

One other key advantage of this research design is that it is versatile and broad in scope. This is because, surveys can be conducted with a variety of populations

including principals, tutors, and students; and can be tailored to encompass a variety of topics and objectives (Polit & Beck, 2018). Conversely, this research design presents certain limitations, including its incapacity to provide compelling evidence for causal inferences and its inability to discern between emerging and well-established variables or circumstances (Asiedu, 2017).

The cross-sectional survey design was chosen for this study because the researcher collected data through questionnaires, and extrapolated findings from the study's sample to the entire study population. Additionally, this research design was ideal since the researcher only collected data at one point in time with no follow-ups on participants.

3.2 Population of the study

A population is a group of individuals, objects or items from which samples are taken for measurement (Fraenkel et al., 2012; Polit & Beck, 2018). Kothari and Garg (2019) maintain that in a descriptive study such as this, it is critical for the researcher to have a precise and concise delineation of the specific population under study. The target population for the study consists of tutors of all 10 accredited public Nursing and Midwifery Training Colleges (NMTCs) that offer basic programs in the Ashanti region. The Ashanti region has a higher number of public NMTCs that provide basic Nursing and Midwifery programs in comparison to the other regions of the country. As a result, this will allow for the ease of accessibility to the targeted sample (Asiedu, 2017), which will enable the collection of a substantial and representative sample of tutors for the study. The population distribution of tutors is presented in Table 3. 1.

Table 3.1: Population Distribution of Principals and Tutors in Selected NMTCs

Name of College	Tutors
Community Health Nursing Training College, Fomena	39
St. Michael's Nursing and Midwifery Training College, Pramso	34
Presbyterian Nursing Midwifery Training College, Agogo	33
St Patrick's Nursing and Midwifery Training College, Offinso	38
Nursing and Midwifery Training College, Kumasi	31
Nursing and Midwifery Training College, Kokofu	22
SDA Midwifery Training College, Asaman	27
SDA Nursing Training College, Kwadaso	52
Nursing and Midwifery Training College, Ashanti Mampong	25
Nursing and Midwifery Training College, Tepa	16
Total	**317**

Source: Field Survey, 2023

3.2.1 Inclusion Criteria

All tutors of accredited public NMTCs offering basic Nursing and Midwifery programmes in the Ashanti region; who are currently in active service, and teaching with the revised curricula were included in the study. This included tutors with or without the RGN, RMN, RM, and RCN professional certificates.

3.2.2 Exclusion Criteria

Principals and tutors who were on study leave, were excluded. Newly employed tutors who had not taught with the curriculum for at least one full semester, were also excluded.

3.3 Sample size and sampling techniques

Sampling constitutes a pivotal facet of the research process, exerting a significant influence on the veracity of a study's findings (Fraenkel et al., 2012; Kothari & Garg, 2019). In this study, a census of all tutors of the 10 NMTCs in the Ashanti region that satisfy the inclusion criteria, was used. A census tries to look at the entire

population by conducting a comprehensive enumeration of all elements within the population (Fraenkel et al., 2012; Kothari & Garg, 2019). Thus, the researcher collects data from each and every individual or item within the population. This form of inquiry requires a significant amount of time, money, and energy (Kothari & Garg, 2019). Nonetheless, it is typically the preferred method when dealing with a small population size, or a population that exhibits a wide range of diversity (Geeksforgeeks, 2023) such as pertains to this study. Census inquiry is also preferred when the research necessitates a thorough analysis of various variables or a high level of dependability and precision (Geeksforgeeks, 2023).

The census method was used to ensure an exhaustive count of all the constituents of the population, with the presumption of ensuring accuracy and eliminating chance factors (Fraenkel et al., 2012; Kothari & Garg, 2019). In all, 307 of the 317 tutors in the 10 NMTCs, satisfied the criteria for inclusion and were thus, used for the study.

3.4 Data collection Instrument

For a descriptive study such as this, a questionnaire is a suitable data collection tool (Walliman, 2021). Therefore, in order to achieve the objectives of this study, the researcher adopted a structured self-administered questionnaire in obtaining data from the tutors. The questionnaire consisted of four parts; the first part elicited demographic information of the respondents such as gender, age, educational background and years in the school. The second part elicited information on the extent of Nursing and Midwifery tutor involvement in curriculum development; while the third and fourth parts elicited information on curriculum implementation challenges of Nursing and Midwifery tutors, and potential roles of Nursing and Midwifery tutors in curriculum development respectively.

3.4.1 Pilot test of Instrument

The questionnaire was piloted at Cape Cost NMTC which has similar characteristics with the actual study area; to increase the validity and reliability. According to Kothari and Garg (2019), it is a desirable practice to pretest data collection instruments before their intended use in research. A pilot test provides a trial run of the research instrument (Creswell, 2009; Creswell & Creswell, 2018). It involves testing the wording of the questions; identify ambiguous questions, testing the technique which is used to collect the data, and measuring the effectiveness of the standard invitation to respondents. A pilot test will therefore be conducted to identify the strengths or possible weaknesses in the questionnaire and interview guide.

In all, the questionnaire was administered to fifteen tutors during piloting of the instruments. After the pilot test, the necessary corrections and modifications will be made before the final instruments are administered to the selected participants. The researcher will check the questions for their general content, validity and thoroughness. The Supervisor will further check the instruments to ensure that the questions are not ambiguous but answerable before they would be finally administered. The noteworthy advice and comments from the Supervisor would be incorporated in the final survey instruments.

3.4.2 Validity and Reliability of the Instrument

Validity refers to the capacity of an instrument to effectively measure the intended outcome(s) (Fraenkel et al., 2012; Kothari & Garg, 2019). It is the extent to which variances identified by a measuring device accurately represent genuine variations among the test subjects (Kothari & Garg, 2019). According to Fraenkel et al. (2012), a more precise definition of validity is the ability of researchers to substantiate

the inferences drawn from data collected using an instrument. There are various types of validity, including face validity and content validity.

Face validity involves a subjective evaluation of whether the instrument appears to measure the relevant items in a clear and unambiguous manner (Polit & Beck, 2018). Content validity, on the other hand, can be established by evaluating the judgement of experts and is a measure of the instrument's capability to sufficiently cover the subject of investigation, ensuring a representative sample and decision-making based on intuition and judgement (Kothari & Garg, 2019). In order to ensure the validity of the research instrument, the questionnaire was designed to align with the study's objectives. Additionally, the research supervisor reviewed the questionnaire and necessary modifications were made to ensure clarity and relevance of the instrument to the study.

Reliability refers to the property of an instrument having accuracy and consistency (Polit & Beck, 2018). Inter-item Reliability refers to the degree to which responses from different individuals on the dataset conform or correlate with each other. This means that a reliable instrument is one that consistently produces accurate outcomes (Fraenkel et al., 2012). To ensure reliability, the questionnaire was pilot-tested at Cape Coast NMTC, which shares similar characteristics with the colleges under study. The data obtained from the piloted questionnaire was subjected to Cronbach's Alpha reliability analysis. The results showed that the Cronbach Alpha coefficient was 0.85, indicating strong consistency of responses between respondents.

3.5 Data Collection Procedure

Prior to commencing data collection, five (5) research assistants were given a week of training on the instrument to administer both face-to-face and online procedures. The purpose of the study was explained to respondents in clear and unambiguous terms. They were assured of anonymity, and their right to withdraw from

the study without any repercussions, was emphasized. As per Gerrish and Lathlean (2015), an information sheet that outlines the study's objectives, significance, intended application, and rationale for selection, was provided to participants. The information sheet also emphasised ethical considerations related to non-maleficence, informed consent, confidentiality, and anonymity, and provided contact details for participants in case of queries. Participants were then given the consent form to read and sign.

Questionnaires were self-completed by respondents in their own offices or preferred locations within the campuses, to ensure privacy and confidentiality. Data was collected between 8:00am and 4:00pm from Monday to Friday, and spanned over a period of eight (8) weeks; between October and December, 2023.

3.6 Data Analysis

All returned questionnaires were cross-checked for errors and completeness. Data was coded (labeled) and entered into a spreadsheet (Microsoft Excel). Data cleaning was done by visual inspection and by running descriptive analyses to identify and correct or eliminate outliers, errors, and duplicated data; to ensure that the information given is relevant and appropriate. Data was then processed with IBM-SPSS (version 26) and analysed by means of both descriptive statistics (means, standard deviation, frequencies, percentages), and inferential statistical methods (Chi square, independent t test).

3.7 Ethical Considerations

In conducting research involving human subjects, it is crucial for researchers to give careful thought to ethical considerations (Polit & Beck, 2018). Research involving human subjects requires heightened sensitivity to ethical conduct, ensuring respect of subjects' rights and adherence to essential standards (Walliman, 2021). Ethical research

thus, aims to prevent harm and benefit participants and society if possible (Walliman, 2021). This study was governed by the fundamental tenets of confidentiality, informed consent, and anonymity.

To achieve informed consent, the aim of the study was clearly and unambiguously explained to respondents, and their right to leave the study at any time without penalty, was emphasised. The consent form was supplied to participants who verbally agreed to participate in the study so they could read and sign it. To preserve privacy and confidentiality, respondents were also allowed to fill out the questionnaires in their offices and other convenient places of their choice on the campuses. All paper documents were kept in a locked filing cabinet, and all digital documents were kept on a password-protected computer in an encrypted electronic file. Identifying information such as respondents' names, were excluded from the data obtained, to guarantee the anonymity of respondents. With the exception to the primary investigator and research supervisor, no one else in the study had access to the completed questionnaires.

3.8 Summary

This chapter outlined the materials and methods for the conduct of the study. The study looked at tutor involvement in curriculum development in Nursing and Midwifery Training Colleges in the Ashanti Region of Ghana by employing a descriptive survey design and a quantitative approach. A structured questionnaire was used to collect data from Nursing and Midwifery tutors. Data was processed with SPSS version 26 and analysed descriptively and inferentially.

CHAPTER FOUR

RESULTS

4.0 Introduction

This chapter is devoted to the presentation and analysis of the results of the study. Responses from the 307 study respondents, have been analysed by means of descriptive and inferential statistics, and findings displayed in tables and graphs. The results are presented in line with the study's objectives. They cover the socio-demographic/background characteristics of respondents, the extent/degree of tutor involvement in curriculum development, the curriculum implementation challenges, and possible roles of tutors in curriculum development.

4.1 Sociodemographic Characteristics of Tutors

Table 4.1 shows the general and socio-demographic characteristics of respondents i.e. 307 tutors of NMTCs. The mean age of respondents was 38.5 years (38.5±6.64) with a minimum of 27 years and a maximum age of 58 years. In categories, most respondents [173 (57.3%)] were within the age cohort 30 – 39 years. This was followed by those in their 40s [81 (26.8%)]. However, less than a tenth of respondents were in their 20s and 50s; accounting for six percent (20) and nine percent (28) respectively.

Majority of respondents were female [165 (53.7%)] relative to those that were male [142 (46.3%)]. In addition, majority of respondents [185 (60.3%)] have attained second degree/masters' education. The remaining 39.7% (122) had bachelor's degrees at the time of data collection. With respect to basic professional qualification in nursing and midwifery, fifty percent of respondents [154 (50.2%)] were RGNs, 21.2% (65) were RM and a tenth were RMN and SRN. About four percent of respondents had

quasi-clinical care qualifications relevant for certain courses such as nutrition and dietetics, Introductory sign language, and French language among others.

The average working experience of respondents was 6.9 years (6.9 ± 4.05), with a minimum of one (1) year working experience and a maximum of 21 years. Most respondents [167 (56.6%)] have worked in the NMTCs for 5 – 10 years. Also, 27.1% (80) of respondents have worked for less than five years and 16.3% (48) worked for over 11 years and above.

Further, 59.3% (182) of respondents have professional teaching (teacher's) certification as against the remaining 36.8% (113) who do not have professional teaching certification. 3.9% (12) of respondents did not respond to this item.

Table 4.1: Background Information of respondents

	Responses	**Frequency (n)**	**Percentage (%)**
Age (yrs)	M±SD : Min-Max	38.5±6.64 : 27 – 58	
Age Categories	25-29 yrs	20	6.6
	30-39 yrs	173	57.3
	40-49 yrs	81	26.8
	50-59 yrs	28	9.3
Sex	Female	165	53.7
	Male	142	46.3
Highest Educational Qualification	Bachelors	122	39.7
	Masters	185	60.3

Table 4.1: Cont'd

Basic Professional Qualification	Others	12	3.9
	NAC/HAC	4	1.3
	RCN	8	2.6
	RGN	154	50.2
	RM	65	21.2
	RMN	32	10.4
	SRN	32	10.4
Years of working experiences (yrs)	M±SD:Min-Max	6.9 ± 4.05: 1 – 21	
Work experience categories	Less than 5 yrs	80	27.1
	5 – 10 yrs	167	56.6
	11 yrs & above	48	16.3
Possession of Teacher's certificate	Yes	113	36.8
	No	182	59.3

Figure 4.1 as shown below, illustrates the distribution of courses taught in NMTCs and the proportion of tutors per course. 28 tutors teach reproductive anatomy, 97 teach abnormal puerperium, 73 teach first aid and disaster management, 69 teach basic nursing, 69 teach paediatric nursing, 61 teach medical nursing, and 57 teach Pharmacology. The label "other" refers to other nusing and quasi-clinical care courses handled in NMTCs i.e. advanced nursing, nutrition and dietetics, research methods, introductory sign language, French language, among others.

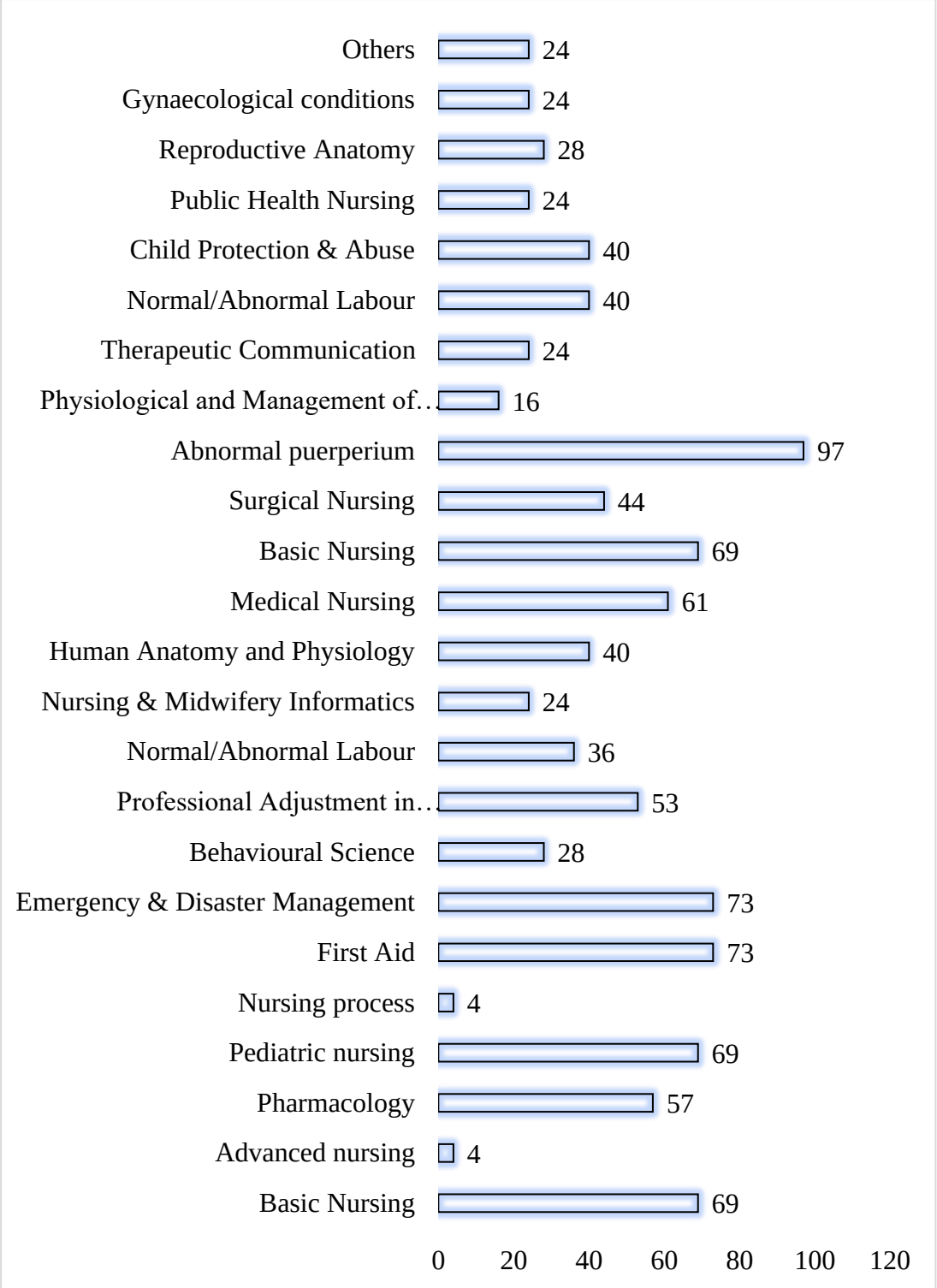

Figure 4.1: Distribution of courses taught by Respondents

*Other, Represents other Nursing and Quasi Nursing Courses such as; French, Advanced nursing, Microbiology, Research methods, Obstetric nursing, Family planning, Mental health nursing, Supply Chain Management, Introductory Sign Language, Basic statistics, Traditional medicine, Health promotion, Nutrition and Dietetics.

4.2 Degree of NMTC tutor Involvement in Development of Nursing and Midwifery Curricula

Objective 1 sought to explore the degree of involvement of tutors of NMTCs in the Ashanti region in the development of Nursing and Midwifery curricula.

Curriculum development for NMTCs was assessed and juxtaposed with the level of tutor involvement in the process in the developmental process. An assay of NMTC tutors' perception of the entity that bears responsibility for curricular development revealed that; majority of tutors [265 (86.3%)] were aware that N&MC bears the overarching responsibility. However, close to nine percent [26 (8.5 %)] attributed curriculum development to MOH [18 (5.9 %)] and NMTCs [8 (2.6 %)] respectively. About five percent [16 (5.2 %)] were unsure about the entity responsible for developing the curriculum, as shown in Figure 4.2.

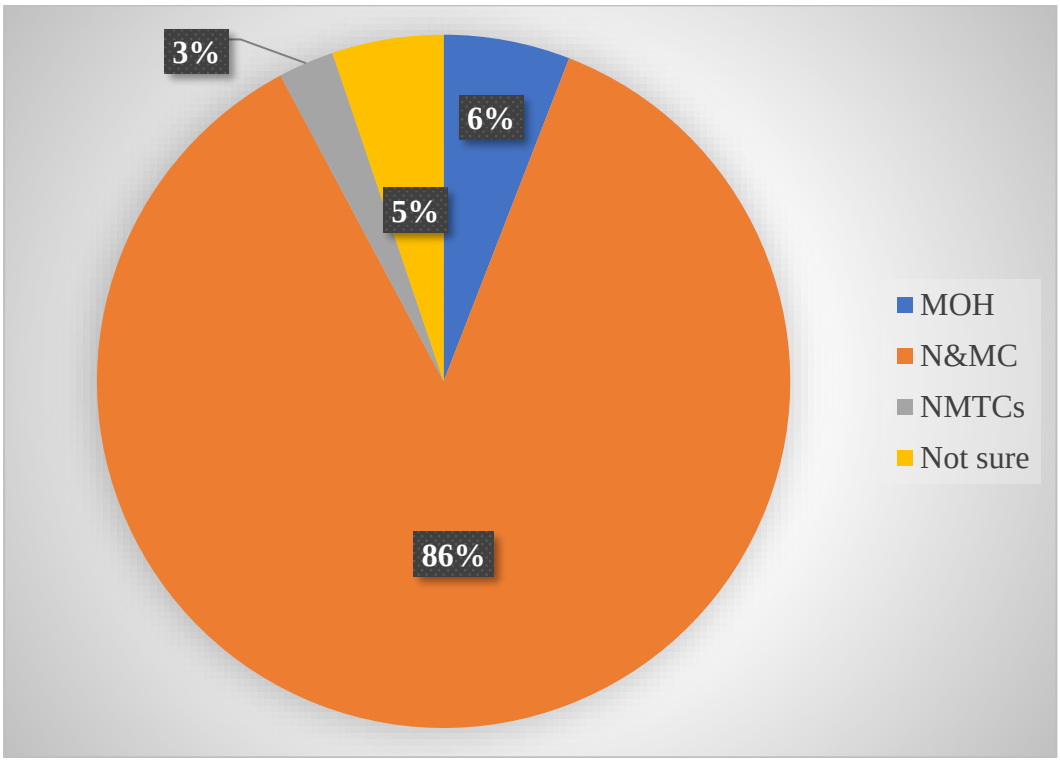

Figure 4.2: Perceived Entity that bears the responsibility for curriculum development

On actual involvement of tutors in a given NMTC curriculum development process, majority of respondents [287 (93.5%)] have never participated in the said exercise. However, six percent of respondents [20 (6.5%)] purported that they ever took part in a curriculum development process. Of those who have ever been involved in curriculum development, forty percent [8 (40.0%)] reportedly took part in improving or revision of the new programme. Further, a selfsame proportion of them [8 (40.0%)] partook in setting up the curriculum project and building the programme. The remaining twenty percent [4 (20.0)] were involved in situational analysis and formulation of educational objectives. With regards to which curriculum materials respondents participated in creating, half [10 (50.0)] of the respondents were found to have participated in creation of textbooks and other learning resources. Forty percent of respondents [8 (40.0)] were involved in development of programmes and syllabi, and the remainder [2 (10.0)] had taken part in development of tutors' and learners' guide books.

According to most respondents [259 (84.4%)], the current level of tutor involvement in NMTC curricular development is woefully unsatisfactory. Comparatively, 15.6% [48 (15.6%)] of respondents see it to be satisfactory. Majority of respondents accounting for 97.4% [299 (97.4%)] opine that they have never been contacted and opportune to take part in the curriculum development process. A measurement of the intent to participate or get involved, revealed that most NMTC tutors [291 (94.8%)] would willingly participate in curriculum development if given the chance. However, a few of them [16 (5.2%)] would not.

Suggested ways to ensure optimum tutor representation included; making the process more open such that there is fair presentation from each school [259 (84.4%)], and carrying out curricula development at the school level [36 (11.7%)].

Table 4.2: Involvement of Tutors of NMTCs in Curriculum Development

NMTC Tutor Involvement Variable	*Responses*	*n(%)*
Ever been involved in curriculum development	No	287 (93.5)
	Yes	20 (6.5)
Stage of curriculum development [Named] tutor was involved		n=20
	Improving the new program	8 (40.0)
	Setting up the curriculum project and building the programme	8 (40.0)
	Situational analysis and formulation of educational objectives	4 (20.0)
Which curriculum materials did you participate in creating		n=20
	Programmes and syllabi	8 (40.0)
	Text books and other learning resources	10 (50.0)
	Tutors and learners' guide books	2 (10.0)
Do you think the current level of involvement of tutors is satisfactory	No	259 (84.4)
	Yes	48 (15.6)
Does the criterion ensure enough tutor representation	No	121 (39.4)
	No Idea	162 (52.8)
	Yes	24 (7.8)
Have you ever been contacted to participate in curriculum development	No	299 (97.4)
	Yes	8 (2.6)
Would you participate in curriculum development if given the chance	No	16 (5.2)
	Yes	291 (94.8)

Table 4.2: Cont'd

Is it possible to increase the number of NMTC tutors in curriculum development	No	12 (3.9)
	Yes	295 (96.1)
Ways to involve more tutors in curriculum development	By allowing curricula to be developed at school level	36 (11.7)
	By making the process more open such that each school is fairly represented	259 (84.4)
	By random selection of tutors from colleges	4 (1.3)

NMTC tutor involvement in curriculum development would hinge on the sort of criteria used for selection of potential participants including tutors. On selection criteria; most respondents [190 (61.9%)] had no idea what criterion or criteria that should be used for tutor representation in curriculum development. However, 28.0% (86) of respondents indicated competence/qualification, 19.9% (61) pin-pointed position/rank of tutors and eight percent stipulated that selection is through favoritism. The preferred mode of selection of tutors for curriculum development should be random selection but only a few tutors [25 (8.0%)] considered it the selection criterion.

On the portfolios and persons that should be involved in curriculum development; most respondents [299 (97.4%)] indicated that NMTC tutors must be involved. This was followed by involvement of Principals of NMTCs [234 (76.2%)], curriculum development experts [210 (68.4%)], GTEC officials [189 (61.6%)] and Employers (MOH, GHS, CHAG) [164 (53.4%)].

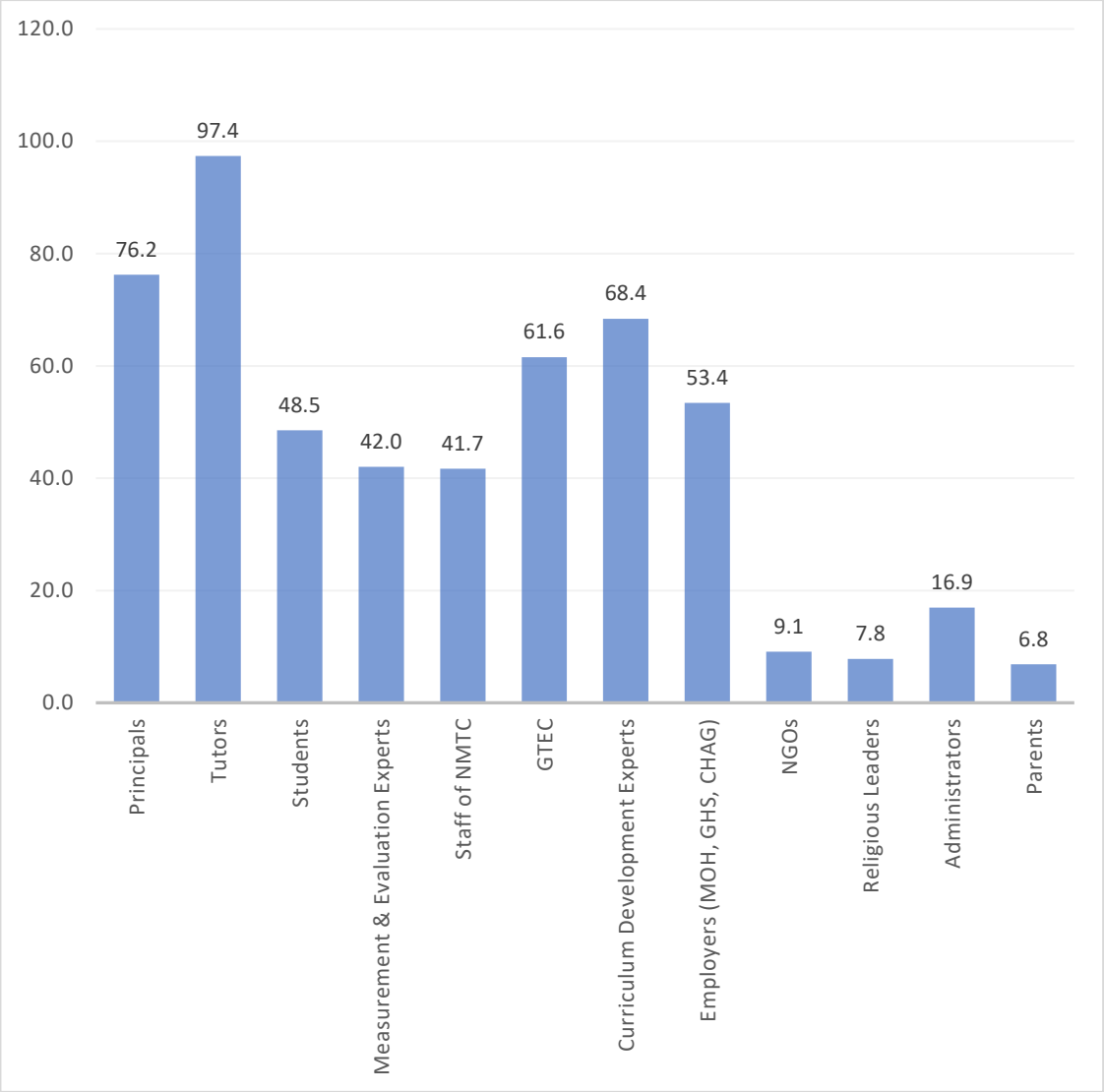

Figure 4.3: Tutors Perception of Actors that should be involved in curriculum development

4.2.1 Association between actual tutor participation in curriculum development and tutors background and context-related factors

Employing Chi-Squared test of significance in SPSS with "odds ratio" (OR), Chi-square (χ^2) and 2-tailed significance (pegged at $p < .05$) as measures of strength of relationship. NMTC tutor participation in curriculum development was used as the dependent variable. This variable was measured using the question "Have you ever participated in any nursing/midwifery curriculum development process" and the responses were binary i.e. ('Yes' *versus* 'No'). the independent variables included sex

(F/M), Age (<38 yrs/ ≥ 38 yrs), years of work as tutor (< 7 yrs/ ≥7 yrs), Highest educational qualification (Bachelors/masters), tutor has teaching certificate (Y/N), Tutor has ever been contacted to take part in curriculum development (Y/N) and tutors encountered challenges in current curriculum implementation in schools (Y/N).

The results of the test revealed that out of all the variables entered into the model, highest educational qualification, basic professional qualification, possession of teachers' certification, challenges encountered by tutors in curriculum implementation and the willingness to participate if given the chance were significantly correlated with NMTC tutor involvement in curriculum development process as shown in Table 4.3.

NMTC tutors with bachelor's degrees were less opportune to be involved in curriculum development that those with masters (MSc/MPH/MPhil) qualification [Odds Ratio OR = 0.2, 95% CI: 0.07-0.67, significance level p = .004]. In addition, Chi-square test shows basic professional qualification to be a significant determinant of NMTC tutor involvement in curriculum development [Chi-squared χ^2(degrees of freedom df 1, sample size n 307) = 40.4, significance level p = .000]. From the data, 'others', NAC/HAC, RCN and RMN had no one that was ever involved in curriculum development. On the contrary, RGN, RM and SRN had persons that were ever involved. The major representation was SRN with over 37.5% (12 out of 32) having ever participated in nursing/midwifery curriculum development process.

Furthermore, NMTC tutors that concurrently possess professional teachers' certification were less likely [OR=0.4, 95% CI: 0.19-0.94, p = .040] to have participated in nursing/midwifery curriculum development process.

Also, NMTC tutors that are privy to challenges associated with implementation of existing curricular were observed to be less likely [OR = 0.3, 95% CI: 0.14-0.82, p

= .035] to have participated in a nursing/midwifery curriculum development process. Moreso, tutors with the intent to participate and are willing to be involved if given the opportunity, were less likely [OR = 0.3, 95% CI: 0.081-0.90, p = .047] to have participated in curriculum development.

Table 4.3: Association between tutor involvement in curriculum development and background characteristics

		Have you ever participated in NMTC curriculum development process		**Inferential statistics**
		Yes	No	OR (95% CI) p-value
Sex	Female	12 (7.3)	153 (92.7)	0.6 (0.28-1.35) .239
	Male	16 (11.3)	126 (88.7)	
Age	< 38 yrs	12 (7.6)	145 (92.4)	0.7 (0.30-1.46) .328
	> = 38 yrs	16 (11.0)	129 (89.0)	
Highest educational qualification	Bachelors	4 (3.3)	118 (96.7)	0.2 (0.07-0.67) .004**
	Masters	24 (13.0)	161 (87.0)	
Basic Professional Qualification	+Others	0 (0.0)	12 (100)	χ^2(df 1, n 307) 40.4, .000***
	NAC/HAC	0 (0.0)	4 (100)	
	RCN	0 (0.0)	8 (100)	
	RGN	8 (5.2)	146 (94.8)	
	RM	8 (12.3)	57 (87.7)	
	RMN	0 (0.0)	32 (100)	
	SRN	12 (37.5)	20 (62.5)	
Possesses a teaching certificate	Yes	12 (6.9)	170 (93.4)	0.4 (0.19-0.94) .040*
	No	16 (14.2)	97 (85.8)	

Table 4.3: Cont'd

Ever contacted to participate in	Yes	0 (0.0)	8 (100)	1.1 (1.06-1.14) .461
	No	28 (9.4)	271 (90.6)	

curriculum development				
Challenges encountered in curriculum implementation	Yes	20 (7.5)	246 (92.5)	0.3 (0.14-0.82) .035*
	No	8 (19.5)	33 (80.5)	
Would you participate if contacted	Yes	24 (8.2)	267 (91.8)	0.3 (0.081-0.90) .047*
	No	4 (25.0)	12 (75.0)	

+others; quasi-nursing qualification, @basic professional qualification was not binary thus OR could not be calculated hence the use of χ^2. *2-tailed significance at p< .05, ***2-tailed significance at p< .001. Equal variances unassumed.

4.2.2 Degree/Level of Tutors' involvement In Curriculum Development

The level of tutor involvement was assessed using a 10-item 5-Likert questionnaire containing statements pertaining to participation of tutors in various forms. The degree of acquiescence with each statement was rated using 5-Likert responses namely: strongly agree "1", agree "2", Not Sure "3", disagree "4" and strongly disagree "5". Composite scores were computed for each respondent showing their level of involvement on a continuum of scores from one (1) to 50. The average score on tutor involvement and participation in curriculum development was 29.4 [29.4 ± 8.64] out of a maximum 50 score. On a continuum of potential scores between 0 and 50, the mean score portrays doubt or uncertainty of tutor involvement in curriculum development.

Using SPSS "Rank Cases" feature the scores were converted into tertiles i.e. lower tertile (T1), Median tertile (T2) and Highest tertile of tutor involvement (T3). The results showed that majority [110 (35.8%)] were in the lowest and first tertile [T1] of tutor involvement in curriculum development. Also, 31% (96) of tutors were in the median tertile of tutor involvement with potential to either upscale and be involved or

downscale and not be involved. About a third of tutors [101 (32.9%)] were in realms of high tutor involvement [T3].

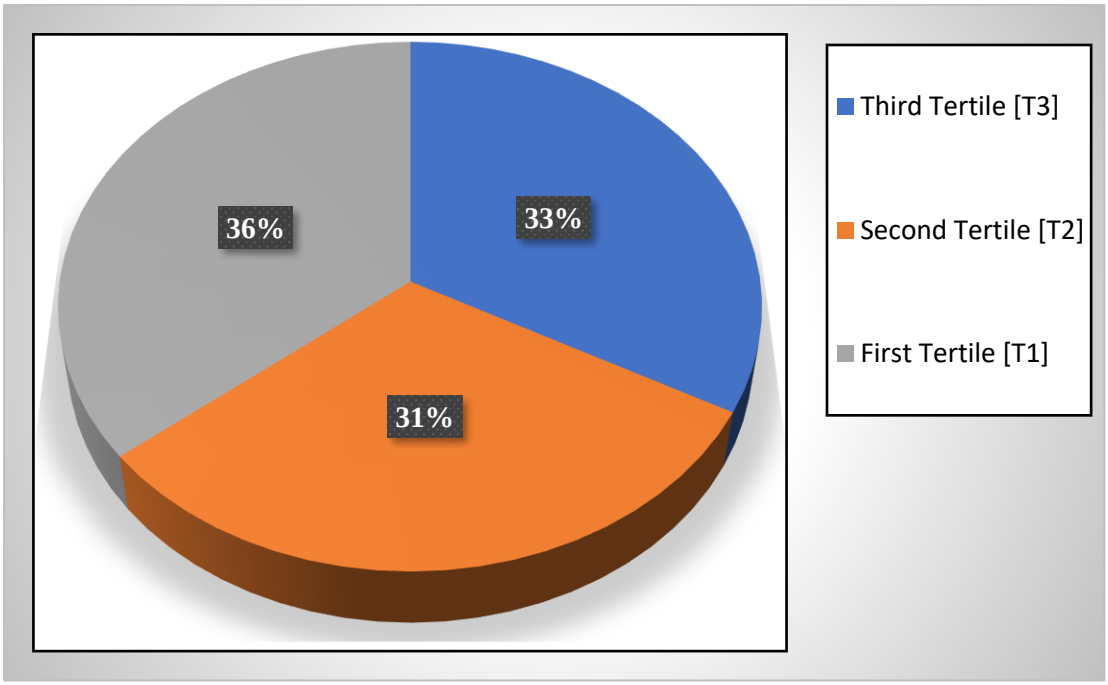

Figure 4.4: Level/Degree of Tutors involvement in curriculum development organized into tertiles

As shown in Table 4.4 below, an itemized or domain-based analysis of tutor involvement was carried out by determining the mean 5-Likert scores for each item and presented as M ± SD**.** The results showed that there was lack of certainty [Not sure "3"] concerning the adequacy of NMTC tutor involvement in curriculum development (mean score 3.3 ± standard deviation 1.37), adequacy of tutor involvement in development of curriculum materials (3.4 ± 1.27), adequacy of inter-communication between N&MC and NMTCs on the subject (3.3 ± 1.28) and consultation of tutors on issues related to curriculum development (3.3 ± 1.21) among others. Beside this, respondents were also in doubt (Not Sure "3") that tutors have understood the new/revised curriculum (3.3 ± 1.20) or that they had wholly accepted it (3.03 ± 1.18).

Further, respondents agreed (Agree "2") that, tutors were put in a position that forces them to implement whole or aspects of the reviewed curricula even if they do

not agree with the changes made (2.4 ± 1.10). Also, respondents agreed that tutors are in better position to understand what should be reviewed and changed in the curriculum related to their area of specialty (2.4 ± 1.21).

Table 4.4: Itemized analysis of NMTC Tutor Involvement in Curriculum Development

Variables	**M**	**SD**
NMTC tutors are adequately involved in curriculum development Selection of NMTC tutors is very representative	3.3	1.37
Tutors are adequately involved in the development of curriculum materials	3.4	1.27
There are adequate channels of communication between NMTCs and NMC on curriculum development	3.3	1.28
Tutors are well consulted on any issues related to NMTC curriculum development	3.3	1.21
Tutors have understood the new/revised curricular	3.3	1.20
Tutors have accepted the new/revised curricular	3.03	1.18
NMC and HTIU officials view Tutors as curriculum implementors who do not understand how a curriculum should be developed	2.6	1.16
Tutors are forced to implement aspects of the reviewed curricular even if they do not agree with the changes made	2.4	1.10
Tutors are in better position to understand what should be reviewed and changed in the curriculum related to their area of specialty	2.4	1.21

The proportion of respondents that strongly agree, agree, disagree or are in doubt of tutor's involvement items was calculated using simple descriptive statistics i.e. frequencies and counts. A picturesque view of such findings is as shown in Figure 4.5 below.

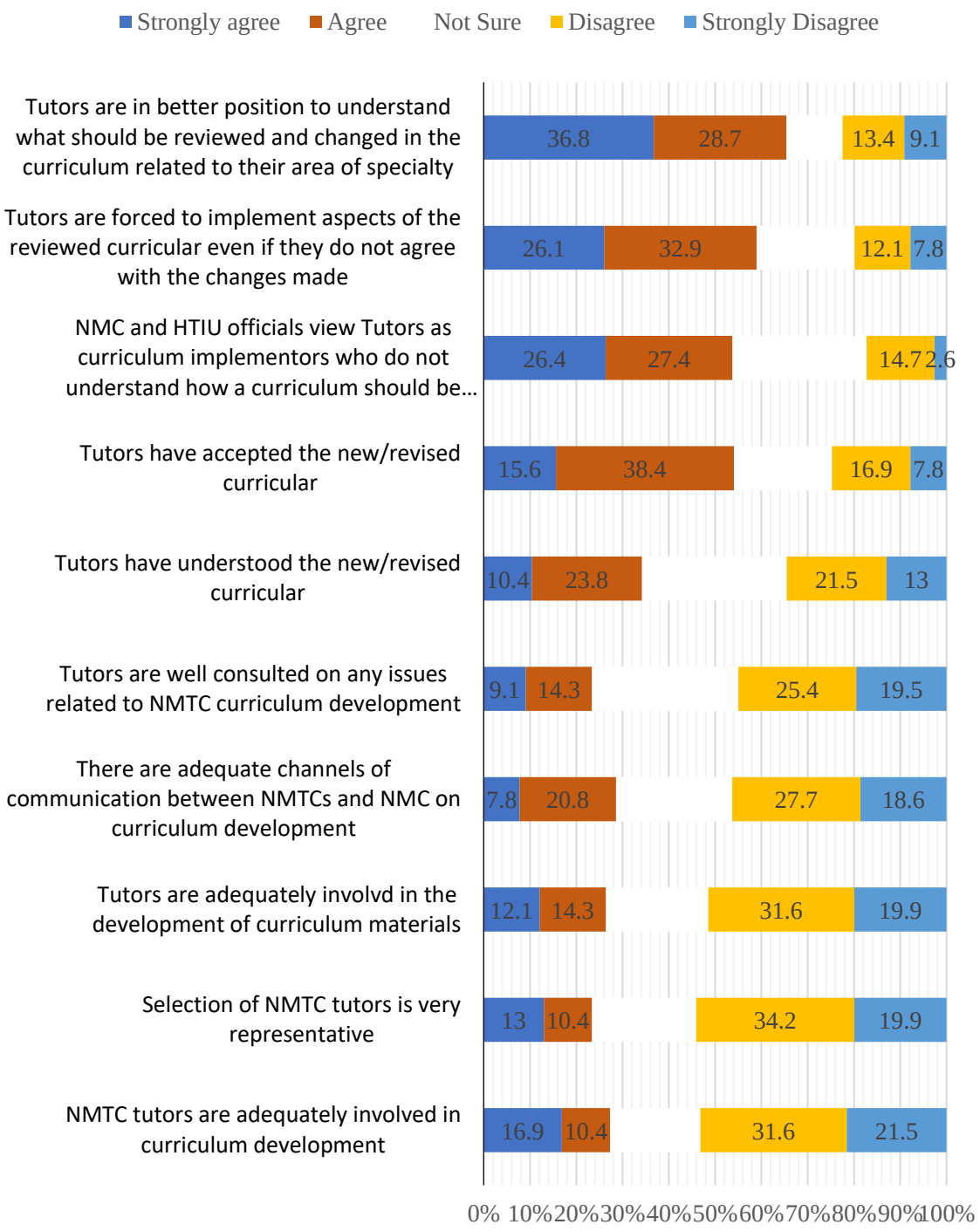

Figure 4.5: Illustration of Tutor involvement in curriculum development

4.2.3 Potential predictors of NMTC Tutors' involvement in Curriculum

Using independent sample t-test for equality of means (equal variances not assumed) in SPSS, the degree/level of tutor involvement in curriculum development (scores) was compared with various background and relevant context-related factors to

surmise potential significant predictors. The independent factors entered into the model include sex (F/M), Age (<38 yrs/ ≥ 38 yrs), years of work as tutor (< 7 yrs/ ≥7 yrs), Highest educational qualification (Bachelors/masters), tutor has teaching certificate (Y/N), Tutor has ever been contacted to take part in curriculum development (Y/N) and tutors encountered challenges in current curriculum implementation in schools (Y/N). Differences in mean tutor involvement between groups was presented as M ± SD. P-values < 0.05 were used to adjudge statistical significance between exposure and outcome variables. The results as shown in Table 4.5 revealed that out of the seven variables considered, three were significantly correlated with NMTC tutors' involvement in curriculum development. These include sex of the tutor [t (degrees of freedom 1, sample size 3017) =2.27, significance level p = .021)], highest educational qualification [t (1, 307) = 2.51, p = .013] and tutors encounter with challenges whiles implementing the nursing curriculum [t (1, 307) = 5.50, p = .000].

Table 4.5: Independent Sample t-test comparing composite scores for NMTC tutor involvement with background and context-specific variables

		Mean Difference	**t-value (t)**	**Sig. (2-tailed) p-value**	**95% Confidence Interval**	
		M ± SD			**Lower**	**Upper**
Sex	Female	30.4 ± 7.71	2.27	.021*	.36	4.09
	Male	28.2 ± 9.47				
Age	30 – 39 yrs	28.7 ± 9.19	-1.17	.252	-3.08	0.812
	Others	29.8 ± 7.64				
Work Experience	< 7 yrs	30.0 ± 8.83	0.78	.432	-1.11	2.59
	> = 7yrs	29.3 ± 7.31				

Table 4.5: Cont'd

Highest Educational qualification	Bachelors	30.9 ± 9.41	2.51	.013*	0.56	4.63
	Masters	28.3 ± 7.94				
Have teachers' certificate	Yes	29.7 ± 8.49	0.06	.947	-1.82	1.96
	No	29.6 ± 7.68				
Ever been contacted to take part in curriculum development	Yes	28.5 ± 5.87	-0.42	.683	-5.85	4.04
	No	29.4 ± 8.70				
Are challenges encountered by tutors in curriculum implementation	Yes	30.4 ± 8.18	5.50	.000***	4.75	10.54
	No	22.7 ± 8.65				

*2-tailed significance at p< .05, ***2-tailed significance at p< .001. Equal variances unassumed.

4.3 Potential Roles of NMTC Tutors in Curriculum Development

Objective 2 sought to identify potential roles that tutors of NMTCs in the Ashanti region can play in the development of Nursing and Midwifery curricula.

In most instances [162 (52.8%)], respondents reported that NMTC tutors can participate in needs assessment and provision of information on learner needs. Also, 22.5% of respondents [69 (22.5%)] opined that tutors could provide expert information in subject areas. In addition, 16.9% (52) of respondents said tutors could help identify loopholes and challenges through curriculum implementation.

Table 4.6: Roles that NMTC Tutors Could Play in Curriculum Development

Potential Role	Frequency	Percent [%]
Designing teaching and learning aids	20	6.5
Identification of loopholes and challenges	52	16.9
Needs assessment & providing information on learner needs	162	52.8
Piloting the curriculum in the classroom for refinement	4	1.3
Providing expert information in subject areas	69	22.5

4.3.1 Guaranteeing Effective Tutor Participation in Curriculum Development

The researcher is of the view that effective tutor participation is necessary to maximise tutor performance in all identified roles. An assay of respondents view on effective tutor participation in curriculum development portrays that respondents are of the opinion that effective tutor participation can be guaranteed through involving experienced staff from each school [126 (41.0%)], having compulsory slots for tutors on the curriculum development team [104 (33.9%)], training those involved [65 (21.2%)], and inviting them ahead of time [12 (3.9%)].

That notwithstanding, most respondents [242 (78.8%)] were of the notion that there are potential hindrances to effective tutor participation in curriculum development. In order of magnitude, these include lack of knowledge in curriculum development [93 (30.3%)], followed by lack of tutor engagement [85 (27.7%)]. Others include resource and time constraints [48 (15.6%)], and lack of interest /motivation [12 (3.9%)] as shown in Table 4.7. On overcoming such hindrances, majority of respondents [178 (58.0%)] suggested an initial curriculum development training for NMTC tutors by industry experts. This was followed by a suggestion of broader consultation and engagement of stakeholders [93 (30.3%)], as well as timely and adequate allocation of resources [36 (11.7%)].

Table 4.7: Guaranteeing Effective Tutor Participation

Variable	Responses	Frequency	Percent [%]
How can effective tutor participation in Nursing/Midwifery curriculum development be guaranteed?	Involving experienced staff from each school	126	41.0
	Having compulsory slots for tutors on the curriculum development team	104	33.9
	Training those involved	65	21.2
	Inviting them ahead of time	12	3.9
Are there hindrances to effective tutor participation?	No	65	21.2
	Yes	242	78.8
Challenges/hindrances to effective tutor participation	Lack of engagement	85	27.7
	Lack of interest /motivation	12	3.9
	Lack of knowledge in curriculum development	93	30.3
	Resource and time constraints	48	15.6
Suggested ways to overcome hindrances to effective participation	An initial training on curriculum development by experts	178	58.0
	Broader consultation and engagement	93	30.3
	Timely and adequate allocation of resources	36	11.7

4.4 Challenges encountered by NMTC tutors in curriculum implementation

Objective 3 sought to identify the challenges that tutors of NMTCs in the Ashanti region encounter when implementing the curricula that were created either with or without their contribution to the development process.

Curriculum implementation is centered around the NMTCs and tutors are an integral part of the implementation process. Majority of respondents [266 (86.6%)]

opine that NMTC tutors encounter dire challenges during implementation of curriculum materials. Only a few tutors [41 (13.4)] stipulated that there were no such challenges. Also, most respondents [291 (94.8%)] were of the view that tutors are not given enough awareness and motivation to participate in curriculum development. A litany of challenges of tutor's concerning curriculum implementation were unearthed. In order of preeminence, these included: inadequate teaching and learning resources [237 (77.2%)], lack of clarity about curriculum goals and its intended use [173 (56.4%)], inability to complete course work [166 (54.1%)], excessive workload and perceived ineffectiveness of newly developed curricula among others as shown in Table 4.8.

Table 4.8: Challenges Faced by NMTC Tutors in Implementation of Curriculum

Challenges of tutors in curriculum implementation	**Frequency**	**Percent**
Inadequate Teaching and Learning Resources	237	77.2
High complexity of curricula (difficult to use)	97	31.6
Difficulty in teaching students new topics and courses	130	42.3
Lack of clarity about curricula goals and intended use	173	56.4
inability to complete courses	166	54.1
Perceived ineffectiveness of curriculum/curricula	101	32.9
Excessive workload	150	48.9

Underlying the challenges NMTC tutors face in curriculum implementation are certain salient basic challenges and these were surmised as follows: high student-tutor ratio [226 (86.6%)], inadequate in-service training on revised curriculum [226 (86.6%)], inadequate time allotment for course delivery [182 (59.3%)], lack of motivation and support from school authorities [176 (57.3%)] and bulky course load among others as shown in Table 4.9.

Table 4.9: Basic Factors that Underlie Curriculum Implementation Challenges

Causes of Challenges to tutor participation	Frequency	Percent
Inadequate financial support for colleges	144	46.9
Inadequate training on the revised curricula	266	86.6
Lack of motivation/support from school authorities	176	57.3
Time allocated, inadequate to teach course(s)	182	59.3
High student-teacher ratio	226	86.6
Non-involvement in curriculum decision-making	4	1.3
Course is too bulky/loaded	158	51.5

On strategic redress to challenges encountered by tutors in curriculum implementation, tutors' responses are shown in Table 4.10. Respondents indicated such measures as provision of training and resources [246 (80.1%)]; adequate involvement of tutors in curriculum development [242 (78.8%)]; motivation & support of tutors [230 (74.9%)] and provision of financial support [177 (57.7%)].

Table 4.10: Redress Measures to counter challenges to curriculum implementation

Redress measures for Challenges	Frequency	Percent
Financial support by government, civil society & NGOs	177	57.7
Provision of training and teaching & learning resources	246	80.1
Principals and other school leaders should motivate & support tutors	230	74.9
Adequate involvement of tutors in curriculum development	242	78.8

4.5 Summary

This chapter presented the study's findings. Respondents' responses were analysed by means of descriptive and inferential statistics, and findings displayed in tables and graphs.

CHAPTER FIVE

DISCUSSION

5.0 Introduction

This chapter is dedicated to the discussion of the study's findings. The discussion is done with particular emphasis on findings presented in chapter four and relevant literature in chapter two. The objectives of the study serve as the overarching themes that guide the examination of the findings. Findings are contrasted with findings from comparable research studies; and thorough interpretations are discussed in order to validate or contest the findings of previous studies, and to expand upon the existing knowledge regarding Nursing and Midwifery tutors' involvement in curriculum development in Ghana.

5.1 Sociodemographic Characteristics of Tutors

Findings of the study show that the mean age of respondents was 38.5 years (38.5±6.64), indicating a generally young tutor population. The analysis clearly shows that there is a higher proportion of female tutors relative to male tutors. This could be due to the fact that Nursing and Midwifery in Ghana, have largely been predominantly female dominated professions. Furthermore, the results show that majority of tutors have a masters' degree. This finding, although encouraging, is equally worrying considering the fact that none of the tutors have a PhD; and more than a third have just a bachelor's degree. This finding thus, informs a need for tutors to pursue further studies against the backdrop of plans to convert all NMTCs in Ghana to degree-awarding institutions. In addition, the findings indicate that most of the tutors are professional nurses and midwives comprising predominantly of Registered General Nurses. With regards to years of working experience, the results indicate a fairly experienced tutor population with a mean working experience of approximately seven years (6.9 ± 4.05).

Further, although majority (59.3%) of tutors reported having a professional teaching certificate, it is worrying to note that more than a third of them (36.8%) reported not having professional teaching certificates. According to Thanavathi and Vimaleswari (2017), teachers must possess the requisite expertise to effectively contribute to curriculum development. Thus, it would have been ideal for all tutors to have obtained professional teaching certificates, through professional teacher education which would invariably confer on them, a fundamental understanding of, and requisite expertise in curriculum development.

5.2 Extent of Tutor Involvement in Curriculum Development

Tutors possess a wealth of knowledge regarding the characteristics of the school, and of the learners. They are the primary information source throughout the duration of curriculum change (Adentwi & Sarfo, 2011). Tutors thus, hold a position of utmost significance in shaping and executing the curriculum; making their involvement in all facets of curriculum development, a necessity (Adentwi & Sarfo, 2011; Bishop, 1985; Carl, 2017; Iwasiw et al., 2020; Ornstein & Hunkins, 2018). It has been established that tutors consider themselves central to the curriculum development process (Mwanza, 2017). Again, the involvement of tutors in curriculum development, has been shown to exert a significant influence on the success or otherwise of curriculum implementation (Kobiah, 2020). This is because when tutors are involved, it fosters a sense of ownership over the curriculum, and makes them more inclined to support change; paving way for a seamless curriculum development and implementation (Berman & McLaughlin, 1977; Iwasiw et al., 2020; Mwanza, 2017; Ornstein & Hunkins, 2018). Conversely, tutor non-involvement in curriculum development has been demonstrated to lead to resistance and lack of commitment to implementation of curricular reforms (Gherzouli, 2019; Oloruntegbe, 2011).

In this study, the researcher looked at the degree of tutor involvement in the development of Nursing and Midwifery curricula. The study found that majority of the tutors under study (93.5%) have never participated in the development of Nursing and Midwifery curricula and curricular support materials such as tutors' and learners' guides, and textbooks. On a rather worrying note, only a minimal number of tutors (6.5%) had reportedly ever taken part in curriculum development activities such as situational analysis and formulation of educational objectives. Even more worrying, is the fact that much fewer tutors (2.6%) were found to have ever been contacted and privileged to take part in the curriculum development process by the N&MC, the main institution responsible for developing curricula for all NMTCs. Considering the fact that the curricula for the NMTCs in Ghana are centrally developed, one would expect the number of tutors who had reportedly ever taken part in curriculum development, to correspond with the number of tutors who were reportedly contacted and privileged to take part in the curriculum development process by the N&MC. This is however, not so, although it is not clear what is responsible for the obvious discrepancy.

Nonetheless, these findings conform with those of previous authors who found that tutors were either never involved in curriculum development (Chale, 2018; Gherzouli, 2019) or were only minimally involved in the process (Kobiah, 2020; Luo & Muyunda, 2021; Mwanza, 2017; Oloruntegbe, 2011). Furthermore, the findings are similar to findings of Letshwene and du Plessis (2021) that tutors were only regarded as implementers who were not involved in designing new curricula. Conversely, the findings contradict those of Baş and Şentürk (2019) who found a high rate of teacher involvement in both central and local levels of curriculum development. The researchers (Baş & Şentürk, 2019) further found that despite the high tutor involvement, tutors' views were not taken into account. Thus, the teacher's voice in the curriculum

development process, was “silent”. This study however, did not delve into exploring if tutors’ views were taken into account or not, although one is left wondering. It is suggested that future researches on curriculum development, should look into the matter. Further, it is reasonable to assume from the above findings, that much of the curriculum development that NMTC tutors have been involved in, has been at the school/local level where such activities as writing of textbooks, and making modifications to the taught curriculum (what teachers actually teach to students), are a common occurrence.

This study also revealed that variables such as sex of the tutor, highest educational qualification, basic professional qualification, possession of teachers’ certification, having encountered a curriculum implementation challenge, and tutor’s willingness to participate in curriculum development, were significantly correlated with NMTC tutor involvement in curriculum development. Notably, female tutors were more opportune to be involved in curriculum development. This could be a reflection of the predominance of females in the fields of nursing and midwifery; which has arguably been demonstrated in the sample distribution of this study. Similarly, tutors with masters’ degrees were more opportune to be involved in curriculum development than those with bachelor’s degrees. In addition, tutors with RGN, RM and SRN as their basic professional qualifications, were more likely to be involved. Conversely, the study found tutors with professional teachers’ certification, to be less likely involved in nursing/midwifery curriculum development process. Also, tutors who are privy to the challenges associated with implementation of existing curricula were observed to be less likely to have participated in a nursing/midwifery curriculum development process. Moreso, tutors with the intent to participate and are willing to be involved if given the opportunity, were less likely to have participated in curriculum development.

Furthermore, the study found that majority of tutors (84.4%) consider the current level of tutor involvement in NMTC curricula development, to be woefully unsatisfactory despite most tutors (94.8%) being willing to participate in curriculum development if afforded the opportunity. This is similar to findings of Luo and Muyunda (2021) that tutors viewed their involvement in curriculum development as inadequate; and were thus, dissatisfied. It however contradicts Baş and Şentürk's (2019) finding which showed that tutors were satisfied with their involvement in central level curriculum development. Additionally, most respondents (61.9%) were found to have no idea as to the criteria used by the N&MC for selecting tutors to participate in curriculum development. That notwithstanding, it was unanimously suggested by respondents (84.4%) that, to ensure optimum tutor involvement in curriculum development, the tutor selection process by the N&MC should be made more open such that there is fair representation from each NMTC.

The study further found that respondents were in doubt that tutors have understood the new/revised curriculum or that they have wholly accepted it. In addition, respondents were of the opinion that tutors were put in a position that forces them to implement whole or aspects of the revised curricula even if they do not agree with the changes made. This seems to correspond with findings of previous studies (Chale, 2018; Letshwene & du Plessis, 2021; Oloruntegbe, 2011) which indicate that, tutors are only regarded as curriculum implementers who are uninvolved in curriculum development and decisions on how best to implement new curricula. Participants further agreed that nursing and midwifery tutors are in better position to understand what should be reviewed and changed in the nursing and midwifery curricula.

5.3 Potential Roles of Tutors in the Development of Nursing and Midwifery Curricula

Tutors are the key agents responsible for implementing developed curricula in the classroom. Studies (Gherzouli, 2019; Oloruntegbe, 2011) have shown that tutors are mostly relegated to the implementation of developed curricula. However, the tutor's role should not only be seen when it comes to curriculum implementation. In this regard, scholars (Adentwi & Sarfo, 2011; Iwasiw et al., 2020; Keating, 2015; Ornstein & Hunkins, 2018) have suggested that tutors should have a role to play in curriculum development. Kobiah (2020) and Mwanza (2017) have further suggested that tutors should be involved in all stages of curriculum development; to promote a sense of ownership, commitment, and professional development (Gherzouli, 2019). That notwithstanding, evidence indicates that some tutors involved in central level curriculum development such as we have in Ghana, reportedly had unclear roles and responsibilities in the process (Baş & Şentürk, 2019). This study thus, sought to identify the potential roles that tutors of NMTCs in the Ashanti region could play in the development of Nursing and Midwifery curricula.

Findings were that, most respondents were of the opinion that NMTC tutors could participate in needs assessment and provision of information on learners' needs. This finding validates that of Mwanza (2017) which found the provision of materials and information to be a possible role teachers could play. Also, some respondents opined that tutors could provide expert information in subject areas. Similarly, Baş and Şentürk (2019) found in their study that, tutors were of the view that they have a role in communicating their opinions about the curriculum. In addition, a role tutors could assume, would be to identify gaps, suggest and provide links between topics, and development of instructional materials (Mwanza, 2017). In concordance with this,

respondents were of the view that tutors could help identify loopholes and challenges in the curriculum, during implementation.

The study also found "designing teaching and learning aids" to be a role tutors could play. Likewise, Lewis (2019) delineates curriculum design to be one of the roles of teachers. Similarly, a study (Kobiah, 2020) identified curriculum construction to be one other role of the teacher. Tutor involvement in curriculum design positively impacts their knowledge and practice, and their implementation of the curriculum Voogt (2016). Furthermore, the study found that as a role, tutors could pilot the curriculum in the classroom for refinement. This finding supports the assertion of Makunja (2016) teachers should take part in curriculum formulation and/or review, ensure effective curriculum implementation. The finding further conforms with that of Mwanza (2017) to the effect that tutors could assume roles in piloting and improving the new programme, and providing checks and balances for the curriculum being developed.

Tutor participation in curriculum development ensures more efficient and practical curricula (Alsubaie, 2016; Hung, 2019). Thanavathi and Vimaleswari (2017) have suggested that teachers are required to be actively engaged in the development of curricula. Moreover, for successful curriculum development, tutors must be maximally involved in the planning of curricula (Carl, 2017). The participation of tutors in curriculum development is however, possibly bound to be meaningless and unproductive if tutors themselves are ineffective in their assigned or chosen roles. Thus, effective tutor participation is deemed necessary to maximise tutor performance in all identified roles. An assay of respondents' views on effective tutor participation in curriculum development shows that respondents are of the notion that effective tutor participation can be guaranteed through involving experienced staff from each school,

having compulsory slots for tutors on the curriculum development team, providing training to those involved, and extending invitations to selected tutors ahead of the time scheduled for curriculum development.

Nevertheless, most respondents opined that there are factors that could potentially hinder the effectiveness of tutors participating in curriculum development. Such factors could potentially be responsible for previous findings (Chale, 2018; Gherzouli, 2019; Marsh, 2009; Saracaloğlu et al., 2010) which showed that active tutor participation in curriculum development is limited. They include tutors' lack of knowledge in curriculum development, lack of engagement of tutors, resource and time constraints, and lack of interest /motivation. In consonance with this, Lewis (2019) found that tutors did not have the opportunity to deeply engage and create clarity of curricular content; and were not afforded the needed guidance, time, avenue, or authority to source vital information for crucial curricular decision-making.

It was further suggested by majority of respondents that, to overcome the aforementioned hindrances in order to ensure effective tutor participation in the various curriculum development roles, there is the need for an initial curriculum development training for NMTC tutors by industry experts. Thus, there is the need for retraining of teachers to enable them acquire the necessary skills for curriculum development; more specifically, evidence-informed, context-relevant, and unified curricula as advocated for by Iwasiw et al. (2020); which could easily respond to the needs of learners, and of society. Such curricula would also assist tutors in developing individualised strategies and methodologies for successful implementation. More so, respondents suggested a broader consultation and engagement of stakeholders. Respondents also suggested that there should be adequate allocation of resources in a timely manner. The ORC model which guides this study, demands teamwork in the pursuit of developing the

curriculum. Thus, the call for broader consultation and stakeholder engagement, is in the right direction. Principals as stakeholders, for example, could be engaged to assist in providing tutors with the requisite resources, as well as psychological and training support, in order to pique their interests, and build their capacities for effective tutor participation (Adentwi & Sarfo, 2011; Fullan, 2007). It is therefore expected that the N&MC as the primary entity responsible for developing the nursing and midwifery curricula, will spearhead any such consultations and engagements, and will take the necessary steps to broaden their engagement with tutors, principals, MOH, and all other relevant stakeholders.

5.4 Curriculum Implementation Challenges of Tutors in NMTCs

Curriculum implementation is intertwined with the curriculum development process. Nursing/midwifery curriculum implementation is centered around the NMTCs; and tutors are an integral part of the process. Evidence suggests that when tutors participate in curriculum decisions, curriculum implementation is enhanced (Berman & McLaughlin, 1977; Ornstein & Hunkins, 2018). Curriculum implementation is however, saddled with challenges (Cobbold, 2017). The study sought to identify the challenges that tutors of NMTCs in the Ashanti region encounter when implementing the curricula that were created either with or without their contribution to the development process.

The findings show that majority of respondents (86.6%) are of the opinion that NMTC tutors encounter dire challenges during implementation of curriculum materials with only a few tutors being of the notion that there are no such challenges. Also, most respondents were of the view that tutors are not given enough awareness and motivation to participate in curriculum development. A litany of challenges of tutors concerning curriculum implementation were unearthed. In order of preeminence, these included:

inadequate teaching and learning resources, lack of clarity about curriculum goals and its intended use, inability to complete course work, excessive workload, difficulty in teaching new topics and courses, perceived ineffectiveness of newly developed curricula, and high complexity of curricula. Underlying the challenges NMTC tutors face in curriculum implementation are certain salient basic challenges such as high student-tutor ratio, inadequate in-service training on revised curriculum, inadequate time allotment for course delivery, lack of motivation and support from school authorities, bulky course load, inadequate financial support for colleges, and non-involvement in curriculum decision-making. Tutors are major stakeholders in curriculum development. In this vein, Keogh et al., (2018) found limited stakeholder involvement in curriculum development, to be a challenge bedeviling curriculum implementation.

Additionally, similar to this study's findings, several studies (Hakutumbulwa, 2021; Kwarteng, 2019; Mogashoa, 2021; Ogar & Opoh, 2015; Sabola, 2017; Vumilia et al., 2020; Zar, 2015; Zhuwau & Shumba, 2018) have found complex and difficult to use curricula, resource constraints, heavy workload, tutors' lack of experience, tutors' limited knowledge, and lack of training, to be issues that hamper curriculum implementation. More so, curriculum implementation is affected by either the inadequacy of teaching and learning resources (Gherzouli, 2019; Mogashoa, 2021; Vashisth et al., 2021), or the lack thereof (Luo & Muyunda, 2021; Mwanza, 2017). Also, a lack of tutor involvement in developing the curriculum (Letshwene & du Plessis, 2021), lack of continuing professional development (Gherzouli, 2019), and tutors' lack of training and understanding of the curriculum, hinder its implementation (Luo & Muyunda, 2021; Mwanza, 2017). Similarly, overcrowded classrooms, short teaching time, large class size, overloaded textbooks, lack of subject matter

competence, inexplicit pedagogical goals, and lack of motivation and support from school heads, have been identified as challenges to curriculum implementation (Gherzouli, 2019; Letshwene & du Plessis, 2021; Mogashoa, 2021; Vashisth et al., 2021).

Many of the implementation challenges tutors face, stem from a lack of broad consultations involving tutors; and could be eliminated through active and adequate involvement of tutors in the curriculum development process (Luo & Muyunda, 2021). On strategic redress to challenges encountered by tutors in curriculum implementation, respondents indicated the provision of training, and teaching and learning resources as a measure. In this regard, workshops and refresher courses in curriculum development and in subject content areas, are suggested (Letshwene & du Plessis, 2021). Other measures indicated by respondents include: adequately involving tutors in curriculum development; motivation and support of tutors by principals and other school leaders; and provision of financial support by government, civil society, and NGOs.

5.5 Summary

This chapter was dedicated to the discussion of the study's findings. Findings have been discussed in relation to findings from comparable studies; and thorough interpretations discussed in order to validate or contest those findings. The discussion has been presented in accordance with the objectives of the study.

CHAPTER SIX

SUMMARY OF FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

6.0 Introduction

This chapter presents a summary of the study's findings. It also draws conclusions based on the findings, and makes targeted recommendations that could contribute towards enhancing tutor involvement in Nursing and Midwifery curricula development.

6.1 Summary of Findings

This study sought to assess tutor involvement in curriculum development in NMTCs in the Ashanti region of Ghana. It sought to specifically determine the extent of tutor involvement in curriculum development, to find out the curriculum implementation challenges of tutors in NMTCs, and to identify potential roles tutors can play in the development of NMTC curricula. The study revealed that nursing and midwifery tutors were mostly female professional nurses and midwives, having a masters' degree, with a mean working experience of approximately seven years; more than a third of whom do not possess professional teaching certificates.

In determining the extent of tutor involvement in curriculum development, the study found a low level of tutor involvement in curriculum development. In addition, the study found that tutors with RGN, RM and SRN basic professional qualifications, were more likely to be involved in curriculum development. Conversely, tutors with professional teachers' certificates, those privy to the challenges associated with curriculum implementation, and those with the intent and willingness to participate in curriculum development, were less likely to be involved in nursing/midwifery curriculum development process. The study further revealed that tutors consider the current level of tutor involvement in NMTC curricula development to be unsatisfactory,

and that, tutors were willing to participate in curriculum development if given the opportunity. Additionally, tutors did not have an idea as to the criteria used by the N&MC for selecting tutors to participate in curriculum development. They suggested that the selection process by the N&MC should be made more open such that there is fair representation from each NMTC.

With regards to identifying potential roles of tutors in the development of NMTC curricula, the study revealed that tutors could assume diverse roles when involved in curriculum development. These roles include needs assessment and provision of information on learners' needs; provision of expert information in subject areas, identification of loopholes and challenges in the curriculum, designing teaching and learning aids, and piloting curricula for refinement. Thus, the tutor's role is manifest in all three stages/phases of curriculum development process. To ensure maximal tutor performance in all identified roles, effective tutor participation is necessary. In this regard, the study revealed that effective tutor participation could be guaranteed through involving experienced staff from each school, having compulsory slots for tutors on the curriculum development team, providing training, and timely invitation of selected tutors. It however showed that, effective tutor participation could be hindered by tutors' lack of knowledge in curriculum development, lack of engagement of tutors, resource and time constraints, and lack of interest /motivation. It was therefore revealed that there is a need for curriculum development training for tutors, a broader consultation and engagement of stakeholders, and adequate allocation of resources in a timely to overcome the aforementioned hindrances

On finding out the curriculum implementation challenges of tutors in NMTCs, it was revealed that tutors encounter a litany of challenges during implementation of developed curricula. They include inadequate teaching and learning resources, lack of

clarity about curriculum goals and its intended use, inability to complete course work, excessive workload, difficulty in teaching new topics and courses, perceived ineffectiveness of newly developed curricula, and high complexity of curricula. Underlying these challenges were salient basic challenges such as high student-tutor ratio, inadequate in-service training on revised curriculum, and tutor non-involvement in curriculum decision-making; to mention but a few. Identified actions that could go a long way to help mitigate these challenges include the provision of teaching and learning resources, training tutors, adequately involving tutors in curriculum development, motivating and supporting tutors, and providing the NMTCs with financial support.

6.2 Conclusion

The following conclusions were made based on the findings of the study:

It is concluded based on the findings of the study that nursing and midwifery tutors in the Ashanti region of Ghana are not provided with enough opportunities to contribute or to fully participate in the curriculum development process. This may lead to lack of ownership and commitment thereby hindering the success of developed curricula and attainment of educational aims.

Again, it is concluded that there are numerous curriculum implementation challenges, many of which appear to stem from a lack of broad consultations and engagements involving tutors. These challenges could be mitigated through active and adequate involvement of tutors in the curriculum development process; coupled with provision of teaching and learning resources, training tutors, motivating and supporting tutors, and provision of financial support for the NMTCs.

It is further concluded that tutors have roles to play throughout the curriculum development process, and effective tutor participation could be guaranteed through involving experienced staff from each school, having compulsory slots for tutors on the curriculum development team, providing training on curriculum development, timely invitation of selected tutors, broader consultation and engagement of stakeholders, and adequate and timely allocation of resources.

Conclusively, multifaceted interventions bordering on possible policy review by the N&MC, tutor consultation and engagement, training and re-training, motivation, and resource provision, need to be implemented if tutor involvement and effective participation in curriculum development are to be improved and guaranteed thereof.

6.3 Recommendations

Based on the study's findings, the researcher purposes the following recommendations:

1. The HTIU should encourage all tutors of NMTCs in the Ashanti region, to undergo professional teacher education which would invariably confer on them, a fundamental understanding of, and requisite expertise in curriculum development. This is based on the finding that more than a third of tutors (36.8%) have no professional teaching certificates
2. Based on the finding that most respondents (61.9%) have no idea about the criteria used by the N&MC for selecting tutors to participate in curriculum development, the N&MC should as a policy, clearly spell out the selection criteria; and widely communicate same to tutors across all NMTCs.
3. The N&MC should again, take the necessary steps to broaden its engagement with tutors, principals, MOH, and all other relevant stakeholders; to enhance tutor involvement and ensure effective participation in curriculum development.

This is based on the study's finding of a low level of tutor involvement in curriculum development, and also based on suggestions by respondents, for broader stakeholder consultation and engagement.

4. Based on the finding that tutors' lack of knowledge in curriculum development is a hindrance to their effective participation in the process, the N&MC should liaise with the HTIU of MOH to engage nursing curricular experts, to provide initial curriculum development training for NMTC tutors without professional teacher certification. Based on suggestions by respondents, they should further organise periodic workshops and refresher courses in curriculum development and in subject content areas, as a way of retraining tutors; to enable them effectively participate in curriculum development.
5. Principals and other school leaders should provide motivation and support in the form of resources and professional guidance to tutors; to enable them develop capacity for effective participation in curriculum development and subsequent implementation. This is based on the finding that lack motivation and resource constraints could potentially hinder the effectiveness of tutor participation in curriculum development.
6. Government, civil society, and NGOs should endeavour to provide financial support to the NMTCs to enable principals to make adequate resource allocation to tutors. This is based on suggestions by respondents on how to ensure effective tutor participation in curriculum development.
7. Researchers conducting similar studies in the future, should consider using a mixed method approach to obtain an in-depth and comprehensive view of nursing and midwifery tutors' involvement in curriculum development. Also, it is suggested for such researches to focus on finding out if the views of tutors

who are involved in the development of nursing and midwifery curricula, are taken into account.

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APPENDIX A

QUESTIONNAIRE FOR TUTORS

Dear Respondent,

I am a post-graduate student of Akenten Appiah-Menka University of Skills Training and Entrepreneurial Development, conducting a study titled *"**Tutors' Involvement in Curriculum Development in Nursing and Midwifery Training Colleges in the Ashanti Region of Ghana**"*. This study is an academic exercise. You are kindly requested to provide honest responses to the various items contained in this questionnaire. Your responses will be of invaluable contribution to the success of the study. You are assured of anonymity and utmost confidentiality in handling your responses.

Instruction: For each question, please **tick [√]** the option that is applicable to you, or write your response in the space provided.

SECTION ONE

BACKGROUND INFORMATION

1. Age……
2. Sex: Male [ ] Female [ ]
3. Highest Academic Qualification: Diploma [ ] Advanced Diploma [ ]

   Bachelor's Degree [ ] Master's Degree [ ] PhD [ ]

4. Basic Professional Qualification: NAC/HAC [ ] NAP/CHN [ ] EN [ ] SRN [ ] RGN [ ] RMN [ ] RM [ ] RCN [ ] Other (specify)…….……
5. Do you have a professional teaching certificate? Yes [ ] No [ ]
6. For how long (in years) have you taught? ……..……..……
7. What course(s) do you teach? ……..……
8. Name of your College: St Michael's NMTC [ ] Presbyterian NMTC, Agogo [ ] NMTC, Kokofu [ ] NMTC, Fomena [ ] NMTC, Kumasi [ ] SDA MTC, Asaman [ ] SDA NTC, Kwadaso [ ] St Patrick's NMTC, Offinso [ ] NMTC, Ashanti Mampong [ ] NMTC, Tepa [ ]

SECTION TWO

A. Extent of teacher involvement in curriculum development

9. Who develops the curricula used in Nursing and Midwifery Training Colleges (NMTCs) in Ghana? NMTCs [ ] MOH [ ] N&MC [ ] Not sure [ ]
10. Have you ever been involved in the development of any curriculum materials used in NMTCs in Ghana? Yes [ ] No [ ]
11. If yes in (2) above, at what stages / levels?
    a) Situational analysis and formulation of educational objectives [ ]
    b) Setting up the curriculum project and building the programme [ ]
    c) Piloting the new programme in selected schools [ ]
    d) Improving the new programme [ ]
    e) Other (specify) ……..……
12. Which materials were you involved in developing?
    a) Programmes and syllabi (curriculum document) [ ]
    b) Tutors' and learners' guide books [ ]
    c) Text books and other learning resources [ ]
    d) Other (specify)……
13. Do you think the current level of involvement of tutors of NMTCs in curriculum development in Ghana is satisfactory? Yes [ ] No [ ]
14. What is the criterion used in selecting the tutors (if any) who participate in the development of the NMTC curricula in Ghana? Competence/Qualification [ ] Position [ ] Favouritism [ ] Random selection [ ] No Idea [ ] Other [ ]
15. Does the selection criterion used ensure enough tutor representation in curriculum development? Yes [ ] No [ ] Not Sure [ ]
16. Have you ever been contacted by the N&MC to participate in any aspect of curriculumdevelopment process? Yes [ ] No [ ]
17. In your view, who should be involved in the development of the NMTC curricula used in Ghana? (tick all that apply) Principals [ ] Tutors [ ] Students [ ] Measurement & Evaluation Experts [ ] Administrators [ ] Staff of N&MC [ ] GTEC [ ] Curriculum design Experts [ ] Employers (MOH, GHS, CHAG) [ ] Parents [ ] NGOs [ ] Religious Leaders [ ]
18. In your view, is it possible and necessary to increase the number of NMTC

tutors in the development of curriculum materials in Ghana? Yes [ ] No [ ]

If yes, in which ways can more tutors be involved in curriculum development?

a) By random selection of tutors from colleges [ ]
b) By making the process more open such that each school is represented [ ]
c) By allowing curricula to be developed at the school level [ ]
d) Other (specify)……

If no, what are the constraints?

a) Lack of interest of tutors [ ]
b) Lack of expertise on the part of tutors [ ]
c) Financial challenges [ ]
d) Other (specify)……

19. Would you participate in the development of the Nursing and Midwifery curricula if you were given a chance and opportunity? Yes [ ] No [ ]

Please indicate the extent to which you agree with the following statements on the extent of tutor involvement in curriculum development by **ticking [√]** against 1, 2, 3, 4, or 5 where these numbers stand for:

Strongly Agree……1
Agree ……...……..….2
Undecided ……..….3
Disagree ……..4
Strongly Disagree……...….5

Statements on extent of teacher involvement incurriculum development process	**1**	**2**	**3**	**4**	**5**
20. Nursing and Midwifery Tutors are adequately involved in the NMTC curricula development process.					
21. The selection of Nursing and Midwifery Tutors who are involved in curriculum development isvery representative.					
22. Nursing and Midwifery Tutors are adequately involved in the development of curriculum materials such as textbooks used in NMTCs.					

Statements on extent of teacher involvement incurriculum development process	1	2	3	4	5
23. There are adequate channels of communication between the M&MC and NMTCs on issues related to curriculum development.					
24. Nursing and Midwifery Tutors are well consulted on any issues related to NMTC curricula development.					
25. Nursing and Midwifery Tutors have understood the new/revised NMTC curricula.					
26. Nursing and Midwifery Tutors have accepted the new/revised NMTC curricula.					
27. The N&MC and HTIU officials view Nursing and Midwifery Tutors as curriculum implementers only who do not understand how acurriculum should be developed.					
28. Nursing and Midwifery Tutors are forced to implement aspects of the reviewed curricula even if they do not agree with the changes made.					
29. Nursing and Midwifery Tutors are in a better position to understand what should be reviewed and changed in the curriculum related to their area(s) of specialty.					

B. Curriculum Implementation Challenges of Tutors in NMTCs

30. In your view, are there any challenges encountered by Nursing and Midwifery Tutors when implementing curricula and curricular materials such as textbooks which are developed with or without their involvement?

    Yes [ ] No [ ]

    If yes, what are the challenges? (tick all that apply)

    a) Inadequate Teaching and Learning Resources [ ]

    b) High complexity of curricula (difficult to use) [ ]

    c) Difficulty in teaching students new topics and courses [ ]

d) Lack of clarity about curricula goals and intended use [ ]

e) Perceived ineffectiveness of curriculum/curricula [ ]

f) Excessive workload [ ]

g) Inability to complete course [ ]

h) Other (specify)……

If yes, what do you think are the causes of these challenges?

a) Inadequate financial support for colleges [ ]

b) Inadequate training on the revised curricula [ ]

c) Lack of motivation/support from school authorities [ ]

d) Time allocated, inadequate to teach course(s) [ ]

e) High student-teacher ratio [ ]

f) Non-involvement in curriculum decision-making & development [ ]

g) Other (specify)……

If yes, how can these challenges be overcome?

a) Financial support by government, civil society & NGOs [ ]

b) Provision of training and teaching & learning resources [ ]

c) Principals and other school leaders should motivate & support tutors [ ]

d) Adequate involvement of tutors in curriculum development [ ]

e) Other (specify)……

C. Possible roles that Nursing and Midwifery Tutors can play in the development of NMTC curricula.

31. In your view, what important roles can Nursing and Midwifery Tutors play in the development of the Nursing and Midwifery curricula?

a) Needs assessment & providing information on learner needs [ ]

b) Identification of loopholes and challenges [ ]

c) Providing expert information in subject areas [ ]

d) Designing teaching and learning aids [ ]

e) Piloting the curriculum in the classroom for refinement [ ]

f) Any other (specify) ……...

32. In your view, how can effective tutor participation in the development of Nursing and Midwifery curricula be guaranteed?

a) Involving experienced staff from each school [ ]

b) Training those involved [ ]

c) Inviting them ahead of time [ ]

d) Having compulsory slots for tutors on the curriculum developt. team [ ]

e) Any other (specify) ……...

33. In your opinion, are there any challenges that would hinder Nursing and Midwifery Tutors from effective participation in the development of the curricula that they use in the NMTCs? Yes [ ] No [ ]

If yes, what are the challenges?

a) Lack of knowledge in curriculum development [ ]

b) Lack of interest /motivation [ ]

c) Resource and time constraints [ ]

d) Lack of engagement [ ]

e) Any other (specify) ……...

34. Suggest ways in which the challenges in (33) above could be overcome

a) An initial training on curriculum development by experts [ ]

b) Broader consultation and engagement [ ]

c) Timely and adequate allocation of resources [ ]

d) Any other (specify) ……...

APPENDIX B

CONSENT FORM FOR TUTORS

PART I: INFORMATION SHEET

Title: Tutors' involvement in curriculum development in nursing and midwifery training colleges in the Ashanti region of Ghana

Principal Investigator: Jamilatu Barbara Amadu

Address: Akenten Appiah-Menka University of Skills Training and Entrepreneurial Development, Department of Educational Leadership
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General Information about Research

This study seeks to assess tutor involvement in curriculum development in NMTCs in the Ashanti region of Ghana. It seeks to specifically; determine the extent of tutor involvement in curriculum development, to find out the curriculum implementation challenges of tutors in NMTCs, and to identify potential roles tutors can play in the development of NMTC curricula. The study will take place in 10 public NMTCs across the Ashanti region. The duration for answering the questionnaire is estimated to be 20 to 30 minutes. You are encouraged to answer the questionnaire freely and frankly. You are entreated to respond to as many items as possible. However, you have the option of remaining silent or refusing to respond to specific questions. Also, you may withdraw from the study at any point in time without any repercussions. You are assured of anonymity and utmost confidentiality in handling your responses.

Procedures

To find answers to some of these questions, you have been invited to take part in this research project. If you accept, you will be required to fill out a survey You are being invited to take part in this survey because your experience as a tutor is deemed invaluable to this study. If you do not wish to answer any of the questions included in the survey, you may skip them and move on to the next question. The information recorded is considered confidential, and no one else except the principal investigator

and Dr. Philip Oti-Agyen, the supervisor, will have access to your survey. The expected duration of the survey is about 20-30 minutes.

Possible Risks and Discomforts

This research poses no significant risk to the participants. However, it could be discomforting for respondents to spend time in answering the questionnaire. Another discomfort participants may have to endure is fatigue. To address these, you will have ample time to decide a convenient time for the survey. Do request for periodic breaks whenever you need them. Similarly, you have the option to opt for an online version to complete at your own convenience.

Possible Benefits

It is envisaged the study will provide valuable information on tutor involvement in curriculum development; which will be beneficial to you and other stakeholders in Nursing and Midwifery education by helping to improve existing as well as future involvement and participation in NMTC curricula development processes.

Confidentiality

To ensure confidentiality, you will be allowed to complete the questionnaires in your office or preferred location on campus. To protect your anonymity, you will not be required to provide your name on the questionnaire. Also, with the exception to the primary investigator and research supervisor, no one else in the study will have access to the completed questionnaires. However, some staff of AAMUSTED or scholarly journals may be given access upon request.

Compensation

Participation in this study is completely voluntary and comes with no monetary reward/compensation.

Voluntary Participation and Right to Leave the Research

Participation in this study is voluntary. Thus, you have complete discretion over whether or not to participate in this study. If you decide to participate in the study, you have the option to withdraw at any moment if you are no longer comfortable with the

questionnaire. You will face no consequences if you choose to withdraw from the study. If you do withdraw from the study, your data will be excluded.

Contacts for Additional Information

For further clarifications or questions, you may contact the following people:

Jamilatu Barbara Amadu
Department of Educational Leadership, AAMUSTED
Contact numbers: 0242826152 / 0200960717
Email: Milatdeoni@gmail.com

PART II: VOLUNTEER'S AGREEMENT

I have read the above document describing the benefits, risks and procedures for the research title "***tutor involvement in curriculum development in nursing and midwifery training colleges in the Ashanti region of Ghana"***. I have been given an opportunity to ask any question about the research and this has been answered to my satisfaction. I agree to participate as a volunteer.

Volunteer's Name: ……....

Volunteer's Signature/Thumbprint……..

Date: **……**

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

Researcher's Name: ……...

Researcher's Signature/Thumbprint…….

Date: **……..**