A STUDY ON THE PERCEIVED ROLES OF NURSING LECTURERS AND CLINICAL TEACHERS AT THE FACULTY OF MEDICINE AND HEALTH SCIENCES, UNIMAS IN TIMES OF OUTBREAK OF EMERGING INFECTIOUS DISEASE

SHALIN LEE WAN FEI
(12917)

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ABSTRACT

Nursing lecturers and clinical teachers were thought to be confined in colleges, universities and hospitals to teach and guide students. This study aims at identifying the role(s) of the nursing lecturers and clinical teachers at FMHS, UNIMAS in contributing services to the country when a newly or re-emerging infectious disease strikes. In this study, two focus group sessions were carried out, with 5 nursing lecturers and 4 clinical teachers in the respective groups. Transciption of raw data into word-for-word quotations was done. Several themes emerged from the analysis of data. Among others, the role of acquiring knowledge on the disease, being the agents of mass media, volunteering, contributing their expertise and returning to the ward to help were significant. Participants also believed that they would withdraw the nursing students from the infected areas, involving the nursing students into the situation, teaching the students and collaborating with various departments in research. Being a novice researcher, managing focus groups was a problem. Nursing lecturers and clinical teachers could contribute in the national preparedness plan. Further study on the roles of the nursing lecturers and clinical teachers in times of outbreak of infectious is recommended.

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CHAPTER I

INTRODUCTION

Nurses practice in varied roles in either direct patient care or in a support function (Meredith, 2007) and have various subspecialties. There are 19 public nursing schools and colleges as well as 35 private nursing colleges in Malaysia (Ibrahim, 2008). Since there are so many nursing institutions in Malaysia, there are also many nursing lecturers and clinical teachers. Nursing lecturers and clinical teachers were thought to teach students, and being confined in the college, university or hospitals as preceptors to the students (Brown, Herd, Humphries and Paton, 2004). It is, however, not known what the nursing lecturers and clinical teachers can contribute in times of outbreak of new or emerging infectious disease.

Communicable diseases are rising in almost every country around the globe. Ireland, France, Europe, United Kingdom, Taiwan, Singapore, Malaysia and Africa are affected with various disease with unknown pathogens (Kitching, Hammond, Jeggo, Charleston, Paton, Rodriguez and Heckert, 2006; Goris, Praet, Sammin, Yadin, Paton, Brocchi, Berkvens and Clercq, 2007; Sarawak Health Department, 2006; 2007 & Ministry of Health Malaysia, 2006). Deaths on the hand-foot-mouth disease (HFMD) were reported in many countries. While preventive measures and surveillance can be done when early cases were detected, they were being dropped after a while. Later, the same deadly disease re-emerged,

causing more deaths (Sarawak Health Department, 2006). There were many things that could be done to prevent the recurrence of the disease. The community and the Ministry of Health should have done more in that outbreak. The preparedness, effectiveness and commitment of various parties such as the non-government organizations (NGOs), private sectors, government sectors, universities and the community should be assessed, intervened and evaluated.

These issues interest me to carry out a research on the perceived role(s) of nursing lecturers and clinical teachers in the Faculty of Medicine and Health Sciences (FMHS), Universiti Malaysia Sarawak (UNIMAS) in times of outbreak of emerging infectious diseases. A role consists of performed behaviors perceived as acceptable, relative to a given situation (Leddy and Pepper, 1993). In this research, the involvement of the nursing lecturers and clinical teachers in FMHS, UNIMAS in a situation whereby infectious disease is infecting the community, state or country, will be identified.

Emerging infectious diseases can be a completely new disease or an old disease occurring in new places or new peoples, with new presentations, or is newly resistant to available treatments (Global Emerging Infectious Surveillance and Response System, n.d.). The declaration of an outbreak can only be made by the Health Minister (Ministry of Health Malaysia, 2004).

This study therefore, aims to identify the role(s) and contributions of the nursing lecturers and clinical teachers to the country when a newly-emerging or re-emerging infectious disease strikes the country. They will be selected to participate in focus groups.

This study is significant because of various reasons. This type of study has not been conducted yet. Literature on significant roles of nursing lecturers and clinical teachers to the community and policy-making were rare. The results of this study can contribute to the health research in Ninth Malaysia Plan, which prioritizes infectious disease and some other areas. The government is hoping to enhance collaboration and coordination with international organizations, non-government organizations (NGOs) and the private sector (Ninth Malaysia Plan, 2006).

Statement of Problem

There are several issues identified throughout the globe, in Malaysia, Sarawak and Kuching. Nursing lecturers and clinical teachers were thought only to handle with students and academics (Chiou and Yang, 2006). The clinical nurses, on the other hand, have many specific roles (Quan, 2007). Nonetheless, in the National and Sarawak General Hospital Outbreak Preparedness Plan, there was no mentioning of the roles of nursing lecturers and clinical teachers, but only clinical nurses and other health professionals. Besides that, infectious diseases are emerging rapidly throughout the globe. Waves of incidences were reported in many countries. The preparedness and efficacy in combating the diseases are still poor and the death toll is still increasing.

According to the Pandemic Influenza Preparedness Plan in Sarawak General Hospital (2007), only the Special Team, which consist of Medical Assistant, Nurses, Medical Officer and attendant from the Accident and Emergency (A&E) department will stabilize or resuscitate the suspected case. All of the manpower for the special team should be well trained in handing infectious diseases and immunized with flu vaccine. Generally, it was

agreed that the first special team consist of Medical Assistant from intermediate zone (Yellow 2) of the shift, Nurses under Runner of the shift, Attendant of the shift and Medical Officer as assigned by the Head of A&E Department (Sarawak General Hospital, 2007).

In Sarawak General Hospital (2007), human resource management in Adult Isolation Ward for Influenza outbreak includes three teams (excluding the A&E department). Team 1 consists of the current Adult Isolation Ward staff, except for those who are pregnant. Team 2 is made up of health care providers who has been identified from Male and Female Medical ward; while Team 3 is consists of health care providers who has been identified from Male and Female Surgical ward. These health care providers comprise of Staff Nurses, Community Nurses, Attendants, Laboratory Technicians, Radiographers, Medical Officers and Specialists from Medical Team, Paediatric Team and Anaesthetic Team. There is a total of 54 staff members who shall be mobilized to work once the Avian Influenza Preparedness Plan is activated. Trainings has been conducted on every Thursday since December 2005 for the staff identified. Vaccinations of the staff against Flu were done as well. During the onset of an outbreak, the staff in Team 1 who is on duty, should respond automatically (Sarawak General Hospital, 2007).

In the guidelines provided by the Ministry of Health Malaysia (2004) (Appendix 4) on management of Avian Influenza in human, the investigation teams for public health activities in Avian Influenza outbreak should consist of health inspector, public health assistant, nurse and driver; while the logistic and communication team should consist of health inspector and public health assistant. Roles of General Practitioners (GPs), employers and employees of poultry farms are mentioned in the guidelines (Ministry of

Health Malaysia, 2004). In the national and hospital-based preparedness plans, the roles of nursing lecturers and clinical teachers are not mentioned. The plans, too, does not specifically mention about the exclusion of the nursing lecturers and clinical teachers in other areas. The staff members in Sarawak General Hospital are prepared to combat an outbreak. Are the nursing lecturers and clinical teachers prepared and willingly to be involved in the management of an outbreak?

The International Council of Nurses (ICN, 2007) states that many nursing's responsibilities are in leadership and management. Nurses are to contribute to health planning and policy, coordination and management of health services, accountability of nursing practice as well as local, national and international health policy. ICN (2007) also requires nurses to be advocates for equal remuneration and opportunities for nurses' preparation for management, policy development and leadership. Nurses can also hold key positions as lecturers, academic administrators, professors and deans in universities (ICN, 2000).

Technical teachers are primarily responsible for the demonstration of practical skills, whereas the lecturing teachers are in charge of illustrating the principles and theories underlying those skills (Chiou and Yang, 2006). Based on a study with 17 nurse educators, Johnson-Farmer and Frenn (2006) cited in Claudette (2006) found that teaching excellence is a dynamic process involving the active engagement of students and faculty.

Clinical nurses have many specific roles, such as health care educators, industrial health nurses, flight nurses, home health nurses, public health nurses, research nurses, first-aider, medical assistance and sometimes as consultants or coaches for those portraying medical

personnel (Quan, 2007). The roles of a clinical nurse are broad and variable compared to nursing lecturers and clinical teachers. Nurses can perform what the nursing lecturers and clinical teachers are able to perform. However, can the nursing lecturers and clinical teachers contribute what the nurses are able to carry out, such as health policy planning, coordination and management of health services? Unfortunately, there is no literature on these roles of nursing lecturers and clinical teachers. This study will find out what are the roles nursing lecturers and clinical teachers perceived they should possess during the emergence of communicable diseases.

Communicable diseases such as severe acute respiratory syndrome (SARS) and hand-foot-mouth disease (HFMD) affect global community. The first documented infection of humans with Avian Influenza virus occurred in Hong Kong in 1997, where the H5N1 strain caused severe respiratory diseases in 18 humans of whom six died (Ministry of Health Malaysia, 2004). On December 15, 2003, South Korea confirmed a highly contagious type of Avian Influenza in a chicken farm near Seoul and began a mass culling of poultry when the virus rapidly spread across the country. In late December, 2003 and early January 2004, Taiwan, Vietnam and Japan reported Avian Influenza and destroyed their infected poultry. In late January, Cambodia, Thailand, Indonesia, Pakistan, Laos and China reported Avian Influenza outbreaks among their chickens. All countries reported influenza virus A H5N1 except Pakistan (H7) and Taiwan (H5N2). More than 100 million birds either died from the disease or were culled in efforts to contain the outbreaks.

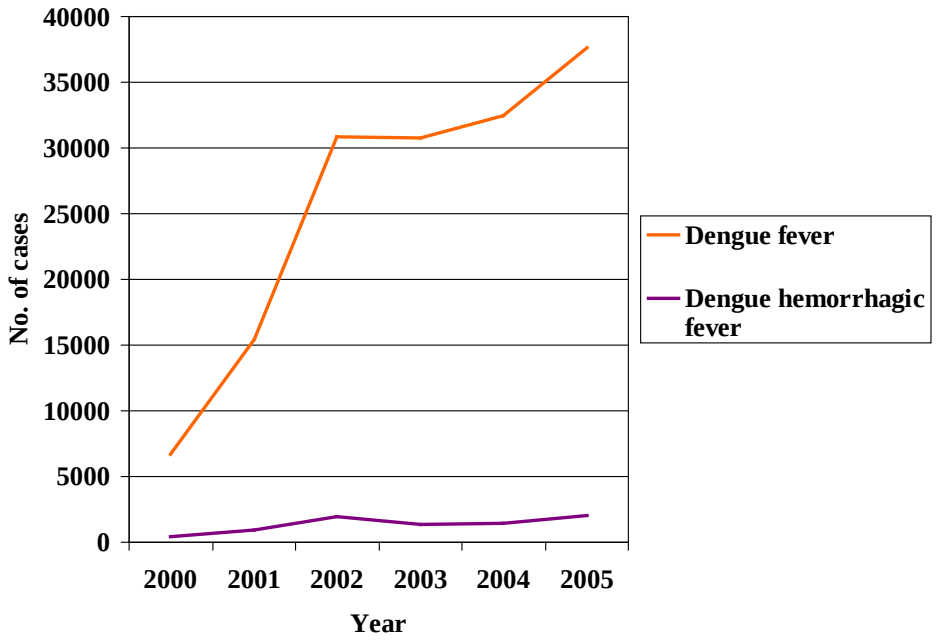
On January 11, 2004, World Health Organisation (WHO) confirmed that three human deaths in Viet Nam were linked to Avian Influenza. On January 26, 2004, Thailand

reported its first human death from Avian Influenza. When the outbreaks were over in February 2004, there were 24 deaths due to Avian Influenza / H5N1.

In late June 2004, a second wave of H5N1 infection among poultry occurred in China, Indonesia, Thailand and Vietnam. This second wave claimed five human victims, four in Vietnam and one in Thailand. Since December 2003 until September 21, 2004, WHO had reported 40 cases of avian influenza in men. Twenty nine of them succumbed to the disease.

The Ministry of Health Malaysia (2006) reported that the cases of dengue fever are increasing in Malaysia. In 2000, there were 6,692 cases and it sharply increased to 37,612 cases in 2005 in Malaysia. This trend is similar for dengue haemorrhagic fever. In 2000, 411 cases were reported and in 2005, it increased to 2,042 cases in Malaysia (Ministry of Health Malaysia, 2006). *Figure 1* shows the rise of dengue fever and dengue hemorrhagic fever.

Figure 1 **Number of dengue fever and dengue hemorrhagic fever cases in Malaysia**



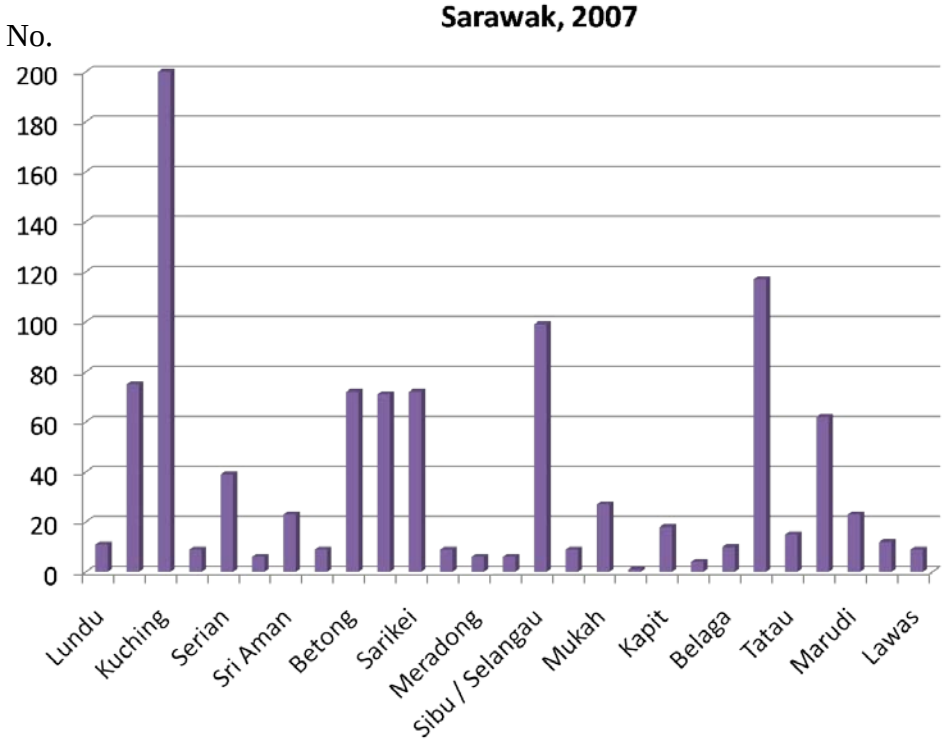
(Source: Ministry of Health Malaysia, 2006)

The occurrences of HFMD in Sarawak are consistent with those around the globe. The Epidemiology Unit (CDC) & Information and Documentation Unit of Sarawak State Health Department (2007) reported that hand, foot and mouth disease was declared as an endemic in Sarawak from December 2006 to February 2007. In 2007, the number of HFMD cases is still unpredictable and fluctuating.

Following 31 deaths of those contracting HFMD, surveillance was then initiated in Sarawak from 6 June 1997. Nonetheless, the surveillance was stopped in December 1997 (Sarawak Health Department, 2006)! In 1998, HFMD re-emerged in Sarawak. The surveillance, which was stopped in December 1997, was re-started Sarawak.

The reason the surveillance was stopped in 1997 was unknown. If the surveillance and interventions were intensified in 1997, the re-emergence of HFMD in 1998 may be prevented. This is shown by the evidence that following the re-emergence of HFMD in 1998, epidemiological data from the sentinel surveillance conducted by Sarawak Health Department and UNIMAS shows a three yearly EV71 epidemic cycle and predicted the occurrence in 2006. Hence, a reminder was sent to division/district health offices in 2005 to intensify surveillance for HFMD and increase health promotion and education activities particularly at children care centers and institutions (Sarawak Health Department, 2006).

Figure 3 **Constituency of communicable disease among the districts in Sarawak, 2007**



(Source: Sarawak State Health Department, 2007)

The Centers for Disease Control and Prevention in the United States of America (n.d.) reported that surveillance systems function to collect and monitor data for disease trends and/or outbreaks so that public health personnel can protect the nations's health. Therefore, in 1998, cases of HFMD may be prevented if surveillance and preventive measures were carried out continually in 1997, after the grueling episode of death among young children. Why is the death toll of HFMD increasing? Is the community insensitive and ignorant to the occurrences of HFMD? What was the attitude and perceived roles of the health professionals during that outbreak? What would the outcome be if any of them took the initiative to fight against the then newly emerged infectious disease? In the future, if a newly emerging infectious disease occurs, will the health professionals take up their roles in combating it?

Significance of the Research

Communicable diseases are increasing not only in our country and state, but also around the globe. Children, who are leaders of tomorrow, as well as adults, are dying due to the diseases (Ministry of Health Malaysia, 2006). Infectious diseases have recently become more prevalent or threaten to do so and increase the risk to the national security. The key factors contributing to the emergence of new infectious diseases or the re-emergence of old diseases are increased international travel and trade, population growth, changes in physical and social environments, and anti-microbial resistance in disease-causing organisms. Emerging infections are so important as they can have significant impact on trade and tourism, international spread of drug-resistant organisms, military readiness, destabilization of nations or regions, increased international tensions and other implications (Global Emerging Infectious Surveillance and Response System, n.d.).

The implications have caught the attention of the Malaysian government. Several health research priorities were highlighted and recommended here in the Ninth Malaysia Plan. One of the priorities foresee on infectious disease. One of the strategies developed by the government in the health sector is managing health-related crisis and disaster effectively (Ninth Malaysia Plan, 2006).

In the Ninth Malaysia Plan (2006), the prevention and control of communicable diseases will be further emphasized during the Plan period. Malaysian government emphasizes in enhancing the Malaysian's ability to cope and deal with the changing and widening scope of infectious diseases. Health-related crisis and disaster management will also be further strengthened to increase the level of preparedness, developing strategies to address public health issues and rehabilitation in the event of disasters. The government is hoping to enhance collaboration and coordination with international organizations, non-government organizations (NGOs) and the private sector (Ninth Malaysia Plan, 2006).

Acknowledging the problem and trying to work out a plan to combat it will require not only the government, but also the involvement and collaboration of the community and other health professionals such as the nursing lecturers, clinical teachers or general practitioners. This research may be an opportunity and changing point for not only the academicians in Faculty of Medicine and Health Sciences UNIMAS to be involved in the health policy making, but also in national or international research. This study is therefore useful in meeting the needs of the Malaysian government, who is concern about the increasing trend of infectious diseases.

In addition, this study is significant because this type of study has not been done yet. Literatures on significant roles of nursing lecturers and clinical teachers to the community and policy-making are rare. There are, nonetheless, many literatures on the roles of clinical nurses. This study will be the beginning to explore the various roles nursing lecturers and clinical teachers could play. These roles and contributions can be beneficial to them in enriching their knowledge. Besides, it can also benefit the university in collaborating with the government in health policy making through lecturers and teachers by playing their expanded roles.

Objectives

The objective of this study is to highlight the perceived role(s) of nursing lecturers and clinical teachers in times of emerging infectious diseases.

Specifically, this study aims to:

1) To discuss what nursing lecturers and clinical teachers can contribute to the community when a newly emerging infectious disease strikes the country or state
2) To prompt them in the preparedness in handling situations during outbreak
3) To arouse their interests in community services, research and medical updates
4) To promote collaboration among clinical teachers, lecturers, practising nurses and other researchers
5) To expand their views of the future in the community, not confining to education and academic only

CHAPTER II

LITERATURE REVIEW

Nursing lecturers and clinical teachers have always been thought to be the group of people who educate students. According to Quinn & Hughes (2000), nursing lecturers possess roles in contributing to curriculum development, teaching and administrative activity in the college. Quinn & Hughes (2000) added that supervision of research students and a commitment to the development of a programme of research are required for a lecturer. Quinn & Hughes (2000) further suggested several other generalized roles such as teaching, mentoring and guiding the students for the nursing lecturers. They should be sensitive to the evolving education, research and clinical agenda in nursing and health care. They are expected to take a lead role in developing the response of the college to some of these developments.

According to a study on the attributes of the good clinical nursing educator conducted by Hanson and Stenvig (2008), knowledge of theory and clinical practice, knowledge of the facility, knowledge of the students, educator's attitude, encouraging demeanor, organizational skills, serving as a primary resourse, managing paperwork, keeping students challenged and post-conference planning are the roles identified. In London, at City University, lecturer practitioner plays a role in supervision, teaching, giving lectures,

developing curriculum and course, marking and being examiner. While at Barts and London NHS Trust, clinical nurse specialist, in collaboration with the lecturer practitioner, participates in research and shares the clinical workload, such as outpatient clinics, inpatient support, outreach clinics, counseling and other works (Cole and Esmond, 2002). This way, the lecturer practitioner in Barts and London can not only involve in the lecturer's prescribed roles, but also the clinical nurse's prescribed roles.

Since infectious diseases were fast emerging throughout the world, outbreak preparedness and plan is extremely important. A well-construct outbreak plan makes handling easy in times of outbreak. The severe acute respiratory syndrome (SARS) has underscored the critical importance of a nation's preparedness in addressing such an outbreak (Chow and Ho, 2003). According to Chow and Ho (2003), though Singapore is a primary site for SARS, it emerged relatively unscathed from the crisis due to its investment in infectious-disease management and infrastructure. It could quickly mobilize its healthcare and clinical community to contain the spread, and its research community to pool its resources and expertise to come up with a diagnostic kit. Unfortunately, there was no mentioning on the involvement of the nursing lecturers or clinical teachers in the plan (Chow and Ho, 2003).

Some countries, however, are ignorant and inefficient in handling the emergence of infectious disease. In a study in Nigeria, despite continued spread of H5N1 virus among poultry, human cases of avian influenza were not identified until at a later date. This study indicates that there are weaknesses in existing disease surveillance systems and limited capacity to detect transmission of avian influenza to humans (Breiman, Nasidi, Katz, Njenga and Vertefeuille, 2007).

Breiman et al. (2007) suggested that one can play his or her role(s) effectively by providing fresh, innovative thinking relevant to local circumstances, determination, political will, and national and international resources. This may improve pandemic preparedness (Breiman et al., 2007). International collaboration and local undiscovered professionals with their expertise can work together with the government to improve the preparedness as every human being is granted with creativity and innovative thinking. We should be using our brain to its full capacity to create a plan appropriate to the national settings for the benefits of all.

Before a major outbreak strikes, every country should have a policy in outbreak preparedness. Otherwise, challenges will surface. Poutanen (2007) reported that during the 2002-2003 SARS outbreaks, clinical laboratories in Toronto faced such emergency. Hospital-based labs were mostly affected; and while some had emergency plans, many only had drafts or no plans. Poutanen (2007) and her colleagues faced challenges of not having an outbreak-preparedness plan during the SARS outbreak. During that period of time, they were unclear of their roles and were forced to make real-time decisions and policies on a daily basis (Poutanen, 2007). Meanwhile, staff numbers dropped, due to one of many possibilities: being sick, being on quarantine or home isolation, being redeployed within the hospital (to screen incoming healthcare workers), or being deemed a non-essential worker. There was not enough staff to cover the ward (Poutanen, 2007). These are few of the examples when a preparedness plan for outbreak was not present. They stressed on the urgent importance of a well-contructed preparedness plan.

When an outbreak of infectious diseases strikes the country, some parties or individuals may just be the onlookers without lending a hand to combat against the disease. Some may even take off to places where they consider safe. However, the nursing populations should contribute and start to draft an outbreak-preparedness plan for the benefits of the community, state and country, as nurses also have several specialty and role (Miller, 2000).

CHAPTER III

RESEARCH METHODOLOGY

Research Design

This study utilizes focus group. It was conducted with the participation of nursing lecturers and clinical teachers in FMHS, UNIMAS to examine their roles in times of outbreak. One-to-one interview technique has been limited to generate data and insights. Focus group is a combination of two elements. They are interview and observation. Focus group is most useful to generate data and insights that would be unlikely to emerge without the interaction that can be found in a group (Patton, 1990). As a result, group dynamics and group interaction are extremely essential. The idea behind the focus group method is that group processes can help people to explore and clarify their views in ways that would be less easily accessible in a one-to-one interview (Kitzinger, 1995).

Kreuger (1988) defines focus group as a "carefully planned discussion designed to obtain perceptions in a defined area of interest in a permissive, non-threatening environment". In addition, Smith (1954, cited in Stewart and Shamdasani, 1990) defines group interviewing to be "...limited to those situations where the assembled group is small enough to permit genuine discussion among all its members" (Smith, 1954 cited in Stewart & Shamdasani, 1990). Glesne and Peshkin (1992) suggest that interviewing more than one person at a time

sometimes proves very useful; some people need company and promptings to be emboldened to talk, and some topics are better discussed by a small group of people who know each other.

Although focus groups are often used simply as a quick and convenient way to collect data from a number people simultaneously, they also use group interaction as part of the method. Instead of the researcher asking each person to respond to a question in turn, participants are encouraged to talk to one another: asking questions, exchanging ideas and commenting on each others' experiences and points of view. This method is particularly useful for exploring people's knowledge and experiences (Kitzinger, 1995).

Focus group is used because interaction of respondents may stimulate a richer response or new and valuable thought. Merton, Fiske & Kendall (1990) suggest that the focused interview with a group of people "...will yield a more diversified array of responses and afford a more extended basis both for designing systematic research on the situation in hand...". Group or peer pressure is indeed valuable in challenging the thinking of respondents. The key element of focus group in qualitative research is the involvement of people where their disclosures are encouraged in a nurturing environment (Lewis, 1999). Besides being used to stimulate new ideas and creative concepts (Stewart & Shamdasani, 1990), focus group is also widely used to examine people's experiences of disease and of health services (Kitzinger, 1995). Furthermore, the subject matter is not sensitive that respondents will temper responses or withhold information. This target respondents can also be assembled easily in one location, namely in the Faculty (Patton, 1990).

Some studies require that several (three to four) groups are needed (Lewis, 1999). Several focus group sessions were needed to be conducted to obtain sufficient data. Morgan (1988) believes that one group is never enough as little will be gained. However, once the point of data saturation is achieved, the focus group can be ended. Similarly, when the point of data saturation across groups has been reached, another focus group is not necessary (Morgan, 1988).

Subject

Stewart and Shamdasani (1990) suggest that convenience sampling can be employed. A convenience sample is a sample where the participants are selected at the convenience of the researcher. The researcher insured that this sample is an accurate representation of some larger group or population (Simon, 2008). The nursing lecturers and clinical teachers in FMHS, UNIMAS are the targeted and narrowly defined population. Therefore, this sample may be a representation of the other nursing lecturers and clinical teachers in the state.

Nursing lecturers and clinical teachers in FMHS, UNIMAS were gathered to share ideas relevant to the topic. Two focus group sessions were carried out, with five nursing lecturers and four clinical teachers in the respective groups. Using preexisting groups allows observation of fragments of interactions that approximate to naturally occurring data. Another advantage is that friends and colleagues can relate each other's comments to incidents in their shared daily lives (Kitzinger, 1995).

An appointment was made with them beforehand to gather them at the same time and at the same place. The ideal number of members in a focus group is four to six (Kitzinger, 1995).

The number is preferable as the participants have a great deal to share about the topic or have had intense or lengthy experiences with the topic of discussion (Kreuger, 1988). The five lecturers and four clinical teachers respectively are a relatively homogeneous group of people. Their social class, level of expertise, age, and cultural background are not in sharp contrast (Patton, 1990).

Inclusion Criteria

Those included are five nursing lecturers and four clinical teachers who agreed to participate in this research and share their ideas and speak out during the session. Besides, the participants must be Malaysian to enable them to speak from the point of view of being a Malaysian, and to apply their contribution relevant to our local circumstances.

Exclusion Criteria

Those excluded are nursing lecturers and clinical teachers who disagreed to participate in this research, and non-Malaysian. My supervisor, who is one of the nursing lecturers, was excluded to prevent any bias and prejudice.

Ethical Approval

A research proposal was completed and submitted to the Ethical Review Board of FMHS, UNIMAS for ethical clearance. Once the permission was granted by the board to carry out my research, I started to plan for my data collection.