

Deanship of Graduate Studies

Al-Quds University

**Evaluation of Nursing Education Programs Offered
at Gaza Nursing Colleges: Graduates' Perspective**

Submitted by

Mysoon Abdul Aziz

M.Sc. Thesis

Jerusalem- Palestine

Spring 2006

**Evaluation of Nursing Education Programs Offered
at Gaza Nursing Colleges: Graduates' Perspective**

By

Mysoon Abdul Aziz

B.Sc: Islamic University-Gaza-Palestine

Supervisor:

Dr. Bassam Abu Hamad, Ph.D.

Assistant Professor-Al Quds University

A thesis Submitted in Partial Fulfillment of the Requirements
for the Degree of Master in Nursing Management

Al Quds University

Spring 2006

MSc./ Nursing Management

Deanship of graduated studies

**Evaluation of Nursing Education Programs Offered at Gaza Nursing Colleges:
Graduates' Perspective**

By

Student Name: Mysoon Khalil Abdul Aziz

Registration No.: 20220225

Supervisor: Dr. Bassam Abu Hamad

Advisor: Mr. Sadi Abu Awwad

Master thesis Submitted and Accepted, date:

- 1- Dr. Bassam Abu Hamad **Head of the Committee** signature.
- 2- Dr. Yahya Abed **Internal Examiner** signature.....
- 3- Dr. Yousuf Al Jeesh **External Examiner** signature.....

Al Quds University

Spring 2006

Dedication

To The Souls of Martyrs Who Are The Most

Ancestry,

To Each Wounded, Prisoner, and Kid who

Sacrifices for Palestine.

To My: Parents, Husband, Son, Daughter,

Sisters and Brothers

Declaration

I Certify that this thesis submitted for the degree of Master is the result of my own research, except where otherwise acknowledged, and that this thesis (or any part of the same) has not been submitted for a higher degree to any another universities or institutions

Signed: -----

Mysoon Abdul Aziz

Date: 15th June 2006

Acknowledgment

I would like to express my great thanks and gratitude to all people who contributed to the success of this endeavor to obtain a Master Degree in nursing. Without their support this work would not have been possible.

My highest appreciation and recognition is to Dr. Bassam Abu Hamad, my academic supervisor, and my precious teacher Mr. Saa'di Abu Awwad for their distinctive and continuous advices, reassurance, friendly support and care.

Deep thanks to Dr. Suzanne Shasha'a, the Assistant Dean of School of Public Health for her encouragement, kindness and support.

I would like to thank all the team members of School of Public Health, lecturers and my colleagues who I had spent two nice years with.

My deep thanks and appreciation to Mr. Nasser Abu El-Noor, Ali Abu Riala, Wae'l Mekky, Rahamh Thabet, Khalil Shueib, Kamal Mousa, Yahya Abu Musameh, Hala Abu Obaid, Mohammed Al Shrafy and Saleh Mashaa'l, for their help in questionnaire distribution and collection,. And I would like to thank all the participants who participated in the study for their cooperation and support.

Special thanks for my colleagues in the Nursing College at Islamic University-Gaza for their support and cooperation.

My sincere thanks to the administration board in the Palestine College for Nursing, Nursing College at Islamic University-Gaza and the department of sciences and Health Professions at the Community College for Applied Science and Technology.

The researcher gratitude goes also to Dr. Maher Al-Masry, Dr. Sana' Abu Dakka, Sanna' Abu Mezied and Mr. Baha' Al-Jazzar for their help.

Special acknowledgment to those who helped me in reviewing the questionnaire.

Last but not least, my great thanks for every one helped but not aforementioned.

Abstract

In spite of the several challenges facing nursing education in Gaza Strip, very little studies were done to evaluate these programs. While the need for evaluating nursing education is considered a continuous non-skeptical issue, this study was designed to evaluate these programs from new graduates' perception. Knowing graduates' perception nursing education program is very important because it builds on successful students outcome and analysis of graduates' feedback can map the strength and issues deemed important by students or graduates rather than program staff and administration.

The design for this study was descriptive, correlative, cross sectional one. For the purpose of this study, the author developed a self-administered questionnaire to assess the graduates' perception. The instrument's construct and content validity were evaluated by several experts. The reliability test, using Cronbachs' alpha coefficient, was 0.9629.

The sample of the study included all the graduates of the basic nursing programs offered by nursing colleges in Gaza Strip (bachelor and associate degree in both nursing and midwifery) who were graduated in the academic years of 2003 and 2004. The sample size was 374 graduates, and the response rate was 91.26%.

Using SPSS for data analysis, Factor analysis extracted seven components that identified the graduate's perception. These factors included: teachers-students relationship, curricular nature, overall satisfaction, facilities accessibility, teachers' competencies, and theory-practice gap and admission criteria. The results expressed that the highest level of perception was associated with the teachers-students relationship, while the lowest one was associated with theory-practice gap. The findings showed some statistical differences among graduates' perceptions in terms of gender, living areas, place of graduation, scientific degree and graduation year.

Although males were more satisfied with most of the dimensions and the overall factor, females expressed more positive perception toward teachers-students relationship. Generally, the graduates from different colleges had similar perceptions. Even, graduates of a certain college held better perception toward the relationships among teachers and students, curriculum, general satisfaction and the overall factor. While associate degree holders expressed lower positive perception toward teachers' competence with statistical significance, they were more satisfied regarding teachers-students relationships. Besides, graduates of the year 2004 had better perception regarding curriculum, admission criteria and were more satisfied. In addition, participants who work in hospitals reflected more appreciation of teachers' competencies and awareness of such a gap than those who work in other areas. Inconsistently with previous studies, participants who work in the Military Services were the most satisfied than others, while those who work in (United Nation Relief and Work Agency (UNRWA) were slightly less satisfied.

Although the results denied any significant statistical differences among graduates' perception regarding age and marital status facto, younger graduates were more satisfied than older graduates in most of the dimensions and the overall factor. Married respondents were less satisfied than singles regarding most of the components except teachers' competencies and theory-practice gap. The results also didn't reflect any effect of residency, year of graduation, work field, work area and experience period on the perception.

The desire for postgraduate education was highly reported, and the graduates expressed several underlying factors. The most frequently reported factor was improving the social status followed by enhancement of financial status.

Generally, the graduates' perspective was positive toward the programs. Even, great concern about clinical training inadequacy was reported and many graduates recommended the need for developing the faculty members. Finally some recommendations and comments on the programs, such as: admission criteria, availability of facilities, and reducing the fees of study, were reported by the graduates.

In the light of analysis and interpretation of the data, the researcher made some recommendations for administrative bodies of nursing programs to improve the quality of these programs. One of the most important recommendations insisted the importance of continuing evaluation and modification of such programs, besides, the recommendation for teaching staff development and enhancement of clinical training.

ملخص الدراسة

"تقويم برامج التمريض الأساسية المقدمة من قبل كليات التمريض بقطاع غزة من وجهة نظر الخريجين"

لتعليم التمريض دور كبير في تطور النظام الصحي لما يمثله جمهور الممرضين من شريحة كبيرة في الطاقم الصحي. لقد مر تعليم التمريض في قطاع غزة في الآونة الأخيرة بمراحل حاسمة في تاريخه حيث ازدادت أعداد المؤسسات و البرامج التي تمنح شهادات مختلفة في مجالات التمريض، مما ترتب عليه زيادة ملحوظة في أعداد الخريجين من هذه البرامج، ورغم هذه الزيادة، لم تجر دراسات كافية لتقويم هذه البرامج من وجهة نظر الخريجين. إن خريجي التمريض هم الأقدر على تحديد مدى تلبية هذه البرامج لاحتياجاتهم الشخصية والمهنية و المجتمعية. إن مشاركة هؤلاء الخريجين في تقويم فعالية هذه البرامج حسب آرائهم ووجهات نظرهم كفيلة بأن تحسن نظرة الخريجين لهذه البرامج و بالتالي تحسين رضا و تحصيل الطلبة في السنوات التالية.

تهدف هذه الدراسة إلى تقييم توجهات و آراء خريجي التمريض نحو برامج تعليم التمريض المقدمة من قبل كليات التمريض في قطاع غزة و التعرف على نقاط القوة و الضعف في هذه البرامج كما يراها الخريجون. كما و تهدف إلى تحديد الصعوبات التي تعترض طريق طلبة التمريض أثناء الدراسة و اقتراحات الخريجين لتذليل هذه العقبات و تحسين مخرجات هذه البرامج من أجل استخلاص التوصيات لتحسين نوعية و جودة العملية التعليمية للتمريض و تحقيق الرضا لدى الطلبة و الخريجين.

إن هذه الدراسة هي دراسة وصفية مقطعية لخريجي كليات التمريض من حملة البكالوريوس و الدبلوم المتوسط في علوم التمريض و القبالة. اشتمل مجتمع هذه الدراسة على خريجي العامين 2003 و 2004 من كلية فلسطين للتمريض، كلية التمريض بالجامعة الإسلامية، و قسم العلوم و المهن الصحية بكلية مجتمع العلوم المهنية و التطبيقية. تكونت عينة الدراسة من 374 خريج استجاب منهم 309 بمعدل 91.26%.

لإتمام هذه الدراسة، تم تطوير استبيان خاص لقياس توجهات الخريجين نحو برامج التمريض. تكونت أداة الدراسة من ثلاثة أجزاء رئيسية. اشتمل الجزء الأول منها على معلومات شخصية، فيما تكون الجزء الثاني من أسئلة بمقياس ليكرت، أما الجزء الثالث فاحتوى أسئلة مفتوحة عن نقاط القوة و الضعف في البرامج كما يراها الخريجون بالإضافة إلى المعوقات التي صادفتهم و مقترحاتهم لتحسين هذه البرامج. و قد تم عرض هذا الاستبيان على عدة خبراء و محكمين

لفحص مدى ثباته كما تم حساب معدل الثقة إحصائياً و كانت درجة ثقته 0.9629. لقد اعتمدت الدراسة لتحليل البيانات و اختبار النتائج على البرنامج الإحصائي SPSS والاختبارات الإحصائية t-test و ANOVA.

أفرزت نتائج عامل التحليل سبعة عوامل رئيسية للتعرف على وجهات نظر الخريجين، حيث اشتملت العوامل السبع على: علاقات المدرسين بالطلبة، طبيعة المنهاج، رضا الخريجين عن البرنامج بشكل عام، توفر التسهيلات و الخدمات، كفاءة المدرسين، الفجوة بين التمريض العملي و النظري و أخيراً معايير الالتحاق ببرامج التمريض.

لقد أظهرت نتائج هذه الدراسة أن مستوى رضا الخريجين عن برامج التمريض جيد بشكل عام. فقد حظيت طبيعة العلاقة القائمة بين المدرسين و الطلبة على أعلى درجة، تلاها رضاهم عن شروط الالتحاق بالبرامج، ثم المناهج. بينما عبر الخريجون عن درجة أقل من الرضا عن توفر بعض الخدمات كالمكتبة و مختبر مهارات التمريض وعن كفاءة المدرسين، و كانت درجة شعورهم بوجود فجوة بين تعليم التمريض النظري و التطبيقي هي الأقل قيمة. بشكل عام كان الذكور أكثر رضاً عن البرامج من الإناث بالنسبة لمعظم العوامل و العامل الكلي، إلا أن الإناث أظهرن رضاً أكبر عن طبيعة العلاقات ما بين الطلبة و المدرسين. كذلك حمل صغار السن من الخريجين توجهات أكثر إيجابية من الخريجين كبار السن بشكل عام بدون أية دلالة إحصائية.

و بالرغم من تشابه وجهات النظر بين خريجي الكليات المختلفة، إلا أن خريجي إحدى المؤسسات حملوا نظرة أكثر إيجابية نحو علاقات المدرسي بالطلبة، طبيعة المنهاج، و العامل العام كما كانوا أكثر تفاؤلاً بفروق ذات دلالة إحصائية. أما بالنسبة لحملة درجة البكالوريوس فقد كانوا أكثر شعوراً بوجود فجوة بين التمريض العملي و النظري، بينما كان حملة الدبلوم أكثر رضاً بالنسبة للعلاقة بين المدرسين و الطلبة. كذلك كان خريجو العام الدراسي 2004 أكثر تفاؤلاً بخصوص المنهاج، معايير القبول و العامل العام و أكثر رضا.

و هذا ما انعكس أيضاً لدى الخريجين الراغبين في استكمال دراستهم و الذين كانت آراؤهم أكثر إيجابية بدلالات إحصائية واضحة نحو علاقات المدرسين، المنهاج، و العامل العام. كما عكس الخريجون العاملون بالمستشفيات تقديراً أكبر لكفاءات المدرسين و شعوراً أكبر بالفجوة ما بين تعلم التمريض و تطبيقه من الخريجين الآخرين. و على عكس دراسات سابقة فقد عكس الخريجون العاملون في الخدمات العسكرية رضاً أكثر من العاملين في القطاع الخاص ووكالة الغوث الدولية.

هذا و قد أنكرت النتائج أي تأثير ذا دلالة إحصائية لمتغيرات العمر، السكن، قطاع العمل، الخبرة العملية و الحالة الاجتماعية على آراء الخريجين. إلا أن الخريجين المتزوجين كانوا أقل رضاً من

غير المتزوجين بشكل عام عن البرامج ما عدا تقديرهم لكفاءة المدرسين كما كانوا أكثر شعوراً بوجود الفجوة في التطبيق العملي للتمريض، فيما حمل الخريجون صغار السن نظرة أكثر إيجابية بشكل عام.

أما بالنسبة للمعوقات التي صادفتهم فقد أجمع الطلاب على أن الظروف السياسية و ما واكبها من اجتياحات و اغتيالات و إغلاقات كان العامل الأكبر في إعاقة مسيرة تعليمهم فيما جاء العامل المادي في المرتبة الثانية. و رغم أن النتائج عكست بعض الاختلاف في الآراء بين الخريجين بشكل عام إلا أن معظمهم أجمع على حاجة المناهج للتقييم و التعديل المستمر على أن يتم إيلاء اهتمام أكبر للتدريب العملي من حيث توفير أماكن مناسبة و مزودة بالأدوات اللازمة، و توفير مشرفين عمليين أكفاء و زيادة عدد ساعات التدريب العملي، كذلك أكد الخريجون على ضرورة تطوير و إعادة تأهيل الكادر التدريسي و العمل على تزويد المؤسسات بمكتبة شاملة لكتب و مراجع التمريض و مختبر لمهارات التمريض مزود بالأجهزة اللازمة لتدريب الطبة.

و لقد عبر حوالي 80% من الخريجين عن نيتهم الالتحاق ببرامج تعليم مستمر، و بينما تعددت الأسباب و العوامل التي تقف وراء هذا الدافع، إلا أن الدافع الأكثر ظهوراً كان الدافع الاجتماعي، و جاءت هذه النتائج لتعكس مدى معاناة الخريجين من تدني نظرة المجتمع الفلسطيني في قطاع غزة لمهنة التمريض، يليه العامل المادي. و في ضوء هذه النتائج و المقترحات التي تقدم بها الخريجون، خلصت الدراسة إلى بعض التوصيات التي من شأنها أن تحسن من مخرجات برامج تعليم التمريض، فقد أوصت الدراسة بأهمية القيام بعملية تقويم و تطوير مستمرة للبرامج بشكل عام، بالإضافة إلى تطوير الكادر التدريسي مع الاهتمام بتطوير التدريب العملي.

Table of Contents

	Page
Declaration.....	I
Acknowledgment.....	II
Abstract.....	III
Summary of study (in Arabic)	IV
Table of contents.....	VII
List of abbreviations.....	X
List of tables.....	XI
List of figures.....	XII
List of Annexes.....	XIII

Chapter (1) Introduction

Introduction.....	1
Justification of the study.....	2
Overall aim.....	4
Objectives of the study.....	5
Background of the study	5
Demographic context.....	6
Political context	8
Socioeconomic context.....	9
Health care system in Palestine	11
Human resource in health care system.....	12
Nursing in Palestine through history.....	12
Nursing Education in Gaza Strip.....	15
Basic Nursing Education in Gaza Strip.....	16
Continuing Nursing Education in Gaza Strip.....	17
Palestine College of Nursing.....	18
Community College of Applied Science and Technology.....	19
Nursing College at Islamic University of Gaza.....	20
Summary.....	21

Chapter (2) Literature Review

Introduction.....	22
Nursing evolution.....	23
Definition of nursing education.....	24
Nursing profession.....	25
Associate degree versus bachelor degree in nursing.....	27
Approaches of nursing educational evaluations.....	30
Evaluation concept.....	30
Evaluation of nursing educational programs.....	31
Educational evaluation and quality.....	32
Students' opinion and satisfaction.....	33
Teachers competencies	34
Teachers-students relationships	39
Appropriateness of curriculum.....	42
Clinical practice.....	47

Admission criteria.....	51
Students feedback.....	53
Availability of facilities.....	54
Graduates' satisfaction.....	55
Theory-practice gap.....	61
Challenges facing Palestinian people in nursing education.....	65
Summary.....	66

Chapter (3) Conceptual Framework

Introduction.....	69
Dimensions of the evaluated program.....	70
Criteria for admission.....	70
Curriculum appropriateness.....	70
Teaching staff competencies	72
Teachers-students relationship.....	72
Clinical practice and theory practice gap.....	72
Availability of facilities.....	73
Graduates' overall satisfaction.....	73
Definitions of terms.....	73
Summary.....	74

Chapter (4) Methodology

Study design.....	75
Study population.....	75
Setting of the study.....	76
Period of the study.....	76
Sample	76
Inclusion and exclusion criteria.....	76-77
Response rate.....	77
Ethical consideration.....	77
Description of questionnaire.....	78
Pilot study.....	79
Data collection.....	79
Data analysis.....	80
Validity.....	80
Internal validity.....	80
Construct validity.....	81
Reliability.....	81
Limitation and constrains of the study.....	82
Summary.....	83

Chapter (5) Results and Discussion

Characteristic of study population.....	84
Demographic characteristics.....	84
Factor analysis and related sub-scale dimensions.....	94
Domains of perception.....	94

Relationship between perceptions of and respondent characteristic.....	104
Analysis of graduates' responses to open ended questions.....	123

Chapter (6) Conclusion and Recommendations

Conclusions.....	127
Recommendations.....	130

Chapter (7) References

References.....	133
Annexes.....	145

List of Abbreviations

AACN	American Association of College of Nursing
ACNL	Association of California Nurse Leaders
ACHP	Arab College of Health Professions
AD	Associate Degree
ANA	American Nurses Association
ANOVA	Analysis of Variance
AQAC	Accreditation and Quality Assurance Commission
B.S.N	Bachelor Degree in Nursing
CCAST	Community College of Applied Sciences and technology
GDP	Gross Domestic Product
GS	Gaza Strip
IUG	Islamic University of Gaza
PNA	Palestinian National Authority
MoH	Ministry of Health
MoHE	Ministry of Higher Education
MAP	Medical Aid of Palestinian
NACNEP	National Advisory Council on Nurse Education and Practice
NLN	National League for Nursing
NGOs	Non Governmental Organizations
PCBS	Palestinian center Bureau for Statistics
PCH	Palestine Council of Health
PHC	Primary Health Care
PHE	Public Health Expenditure

PNA	Palestinian Antinational Authority
RN	Registered Nurse
SD	Standard Deviation
SPSS	Statistical Package for Social Sciences
Sq/Km	Square Kilometer
UK	United Kingdom
UMAT	Undergraduate Medicine and Applied Health Test
UNRWA	Unites Nations Relief and Work Agency
USA	United States of America
WB	West Bank
WHO	World Health Organization

List of Tables

No.	Title	Page
Table 1:	Reliability sub-scale Factors	82
Table 2:	Summary of subjects' demographic data	85
Table 3:	Summary of subjects educational profile.....	89
Table 4:	Summary of subjects job profile.....	92
Table 5:	Factor labels, number of items, means, standard deviation, and variance....	97
Table 6:	Comparison between age and graduates' perception.....	104
Table 7:	Comparison between gender and graduates' perception.....	105
Table 8:	Comparison between marital status and graduates' perception.....	106
Table 9:	Comparison between residency and graduates' perception	108
Table 10:	Comparison between academic institution and graduates' perception	110
Table 11:	Comparison between graduation year and graduates' perception	112
Table 12:	Comparison between scientific degree and graduates' perception	113
Table 13:	Comparison between postgraduate desire and graduates' perception	114
Table 14:	Comparison between factors of postgraduate desire for education and graduates' perception.	116
Table 15:	Comparison between job condition and graduates' perception	118
Table 16:	Comparison between work field and graduates' perception	120
Table 17:	Comparison between work area and graduates' perception	122
Table 18:	Comparison between experience period and graduates' perception	123

List of Figures

No.	Figure	Page
	Figure 1: Conceptual framework.....	71
	Figure 2: means of graduates perceptions over the nursing programs evaluation as identified by factor analysis	103

List of Annexes

No.	Annex	Page
Annex 1	Map of Palestine	146
Annex 2	Map of Gaza Strip.....	147
Annex 3	Population pyramid in Palestine.....	148
Annex 4	Helsinki Committee approval letter	149
Annex 5	Health Work Committees Union	150
Annex 6	Palestine College for Nursing Approval letter	151
Annex 7	Community of Applied Sciences and Applied Technology approval letter.....	152
Annex 8	College of Nursing of IUG approval letter	153
Annex 9.1	Explanatory cover letter, English version.....	154
Annex 9.2	Explanatory cover letter, Arabic version.....	155
Annex 10	Questionnaire: Arabic version	156
Annex 11	Questionnaire: English version	165
Annex 12	Instrument reliability	174
Annex 13	Factor label item contents factor loading mean and SD	175
Annex 14	The relationship between living area and graduates perception.....	180

Chapter (1)

Introduction

1.1 Introduction

Nursing education had been subjected to many changes over the last few years. This is quite logical since education must reflect the changing conditions of the society (Kapborg, I.,1998, p. 372). In any society, health field development cannot be separated from the society itself. As nursing education is considered an important input for health development, several factors such as: economical, political and technological changes, besides public expectations form as attractions and detractions of nursing education (Abu Awad, A., 2006, p. 4). In a financially restricted society such as Palestinian society, hospitals and health care settings need to pursue continuous reforms for providing high quality care to adapt to the changing situations. This creates demands for skilled nurses who are able to handle the needs of their clients for more efficient care delivery systems (Grau, L.,1984, p.372). Preparation of such nurses, who are able to satisfy clients' needs and participate in health promotion and diseases prevention necessitate the need to modify and continuously evaluate nursing educational programs.

Educational evaluation forms the bridge that gives the decision makers, planners and the faculties the chance to pass the distance between the current situation and the objectives they aim for achieving them (Demerdash, S.,1979, p. 115). So, evaluation is "the process of judging the degree to which the educational process had achieved its goals and objectives". It aims to exterminate problems, diagnose situations, and detect obstacles in order to improve the educational process, raise its level, and help it to achieve its goals (Demerdash, S.,1979, p. 115). One of the major dimensions of educational evaluation is the graduates' perceptions. The researcher believes that participants are the core of any

educational program. They represent the outcome products of the program. Clients' perception studies are seen as an important method for obtaining a wealth of information about the dimensions of satisfaction related to the offered services, and exploring variables influencing clients' perception and satisfaction (Al-Hindi, F., 2002, p.2). The graduates' perception (who are considered the clients for the educational programs) can direct the programs to the preferred way to satisfy their needs. The author believes that if any educational program fails to meet the expectations of the community and its clients, the program's continuity, permanence and contact with community become doubtful. So that it is highly crucial for any program to assess graduates' perception to determine their needs, meet their expectations and draw successful plans for future in order to attract desirable students. All of these accompany the evaluative research of graduates' perception with unique character. It emphasizes the need for decision making through the judgment of specific educational phenomenon (Walter, R. et.al., 1979).

1.2 Justification of the Study

Health has been considered one of the top priorities for human since the evolution of life. In deed, health care services are the outriggers of any community development. And that can not be achieved anyway unless development of all health sectors in general and nursing in particular, since nurses form the major slide in both public and private health care services (Sebaa'ey, Z.,1995, p. 123).

Nursing is the core of health care services. Usually, nurses make up the largest portion of health care professional. The number of nurses in both Gaza Strip (GS) & West Bank (WB) is 5,270 nurses forming 26.96% of the entire health employee (MoH, 2005, p. 48). As a result, paying a lot of concern for improving nursing education and satisfying nursing graduates in order to improve the health status is not unexpected.

Evaluation of graduates' perception is an excellent opportunity to involve the graduates in the program evaluation (WHO, 2000, p. 7). Lopez-Acuna, D. (2000) suggested the crucial need for development and implementation of systems in order to evaluate clients' perception and use evaluation to improve quality of outcomes. Regarding nursing education; assessment of graduates' satisfaction, who are the clients of nursing educational programs, adds an important "client" perspective to the evaluation process. It can provide a unique means for the graduates to express concerns about the education and skills received, and their views about new skills and programs that are needed (WHO, 2000, p. 8). Graduates' perception data are important because they build on successful student outcomes. Evaluating the academic and overall experience of the graduates each year provides first-hand knowledge of factors that contribute to students' persistence and afford insight into the challenges that impede students' progress. The information are valuable in helping not only graduates but also all students to achieve their academic goals through improved institutional programs and services (Valdez, S., 2004). Analysis of graduates' feedback can map the strength and issues deemed important by students or graduates rather than program staff and administration (Richardson, A., 2005, p. 4). The assessment of graduates' evaluative perspective provides the program administrations with several issues: understanding graduates' expectations; designing services to meet their needs; empowering staff to meet graduates' needs; and communicating service and quality standards to the graduates. Further, it can identify many facets of the process (Richardson, A., 2005, p. 4).

Nursing education at the university level is considered relatively new in GS. The first nursing college was only established in 1992. Then nursing education was expanded rapidly especially after the establishment of Palestinian National Authority (PNA) by offering different nursing programs at the undergraduate and graduate levels. The presence of different undergraduate programs has created the need to evaluate these

programs in order to assess their abilities to meet the needs of the nursing profession, and provide the community with highly qualified and skilled nurses. In spite of the several new programs offered by the Islamic University-Gaza (IUG) and Palestinian College of Nursing at the bachelor degree in nursing (B.S.N) and associate degree (AD) in nursing and midwifery, few research studies shed the light on these programs in GS. The author is interested to conduct this study, since she is one of the teaching staff (teaching assistant and clinical instructor) at the College of Nursing at IUG and as she feels the gap between theory and practice, which faces students during their nursing clinical training. The author believes that students' and graduates' perception about the program can provide highly valued comments that can contribute to the improvement of nursing programs. For that, she intended to provide nursing graduates the chance to express their perceptions and satisfaction toward the previously-mentioned programs.

On theoretical base, evaluation of the offered nursing programs will contribute to highlight their strengths and weaknesses as perceived by graduates which will help to maximize the use of human and financial resources for the best results. On practical dimensions, management boards of the involved colleges (represented in their deans) have promised to take the results of this study into their consideration when they plan for development of nursing education. All these can improve the graduates' perception and satisfaction, meet the community needs, and improve the programs' outputs.

1.3 Overall Aim

The aim of this study is to assess perceptions, feelings, and opinions of graduate nurses toward the basic nursing educational programs provided at nursing colleges in GS. The study will identify the strength and weakness points of the offered programs from the graduates' perspectives, and make some recommendations to improve and develop these programs.

1.4 Objectives of the Study

The objectives of this study are:

1. To assess the graduates' perceptions, feelings and opinions toward the basic nursing education programs offered at nursing colleges in Gaza.
2. To identify the strength and weakness points in the basic nursing educational programs offered at nursing colleges in Gaza from the graduates' perspectives.
3. To recognize the degree to which the basic nursing educational programs meet the nurses' professional, educational and personal needs in GS as perceived by graduates.
4. To identify effects of demographic variations, types of degree, and institution on the perceptions of nursing graduates.
5. To make recommendations and suggestions for the nursing colleges in Gaza to promote and develop offered nursing programs to meet the graduates' needs.

1.5 Background of the Study

Palestine is considered one of the Arab countries (Annex, 1). Its location intercedes Middle East, since it connects the African and Asian Arab countries. It is boarded by Lebanon at the north, Syria and Jordan on the east and by Egypt and the Mediterranean Sea on the west (MoH 1998, p. 2). Unlike other countries, Palestine was endowed a plenty of natural and artificial resources.

A large part of Palestine was occupied by Israel in 1948, while the rest was occupied in 1967. After Oslo's agreement, the PNA was given the responsibility to administer GS and WB in 1994. PNA territories comprise two areas separated geographically: WB and GS. WB lies within an area of 5,800 square kilometer west of the Jordan River. It has been under Israeli Military Occupation, together with East Jerusalem since June 1967. WB is divided into four geographical regions. The Northern area includes the districts of Nablus, Jenin, salfeet and Tulkarem, the center includes the districts of Ramallah and

Al-Bereh., Jerusalem, Kalkilya and Tobass. Where, the southern includes Bethlehem, Al-Khaliel district, and the sparsely populated Jordan Valley including Jericho. Up to sixty percent of the population lives in approximately 400 villages and 19 refugee camps, and the remainder in urban refugee camps and cities of which Nablus, East Jerusalem and Al-Khalil are the most populous (MoH, 2003, p. 2; PBC).

Gaza Strip is a narrow piece of coastal land lying on the Mediterranean Sea (Annex, 2). It is considered the southern gate of Palestine. This position on the crossroads from Africa to Asia made it a target for avidity of occupations and invasions over the centuries. It is about 360 square kilometer. Its length from Rafah in the south to Beit Hanoun in the north measures 50 kilometer long and (5-12) kilometer wide. However this relatively small area has one of the highest condensed areas along the world. The population is mainly concentrated in the cities, small village and eight refugee camps that contain two thirds of population (MoH, 2003, p. 2). The NPA divided the Strip into five provinces. These are: North, Gaza, Mid-zone, Khanyounis and Rafah. It has five cities, fourteen villages and eight refugee camps (MoH, 2000, p. 3).

Even after the peace agreement, the Palestinian society still lives under scabrous impasses. A very complicated economical, social, political and health status which are affected by the occupations and Al-Aqsa-Intifada. In September, 15th 2005 the Israeli soldiers retreated from GS. But, unfortunately, the political assassinations continued leaving very sophisticated cases in a huge need for highly adept health personnel.

1.5.1 Demographic Context

In 2004, the total number of population in Palestine was 3,637,529 (GS 1,337,236 and 2,300,293 WB). The Palestinian population is considered a young population where 46.3% of the populations are under the age of 15 year old, (49.4% in GS, 44.4% in WB) and the average of women at childbearing age is 22.1% from the total population.

In 2004, the life expectancy for the Palestinian males was 72.6 years, and for females was 74.1 years (MOH, 2005, p.I). Distribution by age group at the end of 2004 according to United Nations Relief and Work Agency (UNRWA) registration statistics was as follows: Children below 18 years 39.4% (48.3% in GS), adolescents 10-19 forms 22.4%, women of reproductive age 15-49 years forms 24.6%, while adults above age of 40 years forms 25.7% (UNRWA, 2004, p. 2). Please refer to the population pyramid (Annex, 3).

By the end of 2004, the total number of Palestinian refugees registered in GS according to UNRWA registration statistics was 952,295 and 682,657 in WB, forming 38.6% of all Palestinian refugees in Palestine and the surrounding countries. GS has the highest concentration of refugee, representing 58.25% of refugee registered with UNRWA where approximately half of them (49.2%) live in over crowded camps with substandard dwelling and sanitation condition (UNRWA, 2004, p. V, 1).

All these indicators necessitate a mandatory need for well-qualified health personnel, in order to ensure high quality health services. So paying a great attention for preparing health workers is not erratic for the Palestinian community development and productivity. For preparing of highly qualified and competent nurses, graduate nurses satisfaction should be met. Such demographic characteristics can affect the graduates' perception toward curriculum appropriateness, competency of teachers and manner of relationship between students and teachers. For example female student may be more interested in mother and child's health than male student, and young adults may not be too concerned with geriatric issues. Besides, living in an occupied, crowded camp that lack the limited requirements and exposing to invasions may have an influence on the program effectiveness and facilities provided as perceived by graduates.

1.5.2 Political Context

Palestine was occupied for a prolonged period. Over the years from the early twentieth century, it was the target for several invasions. After the 1948 war, and creation of the State of Israel, thousands of Palestinians lost their homes and became refugees in many Arab countries. A considerable portion of them moved to GS and WB. But 19 years later, the Israeli Occupation expanded its authority to those areas and occupied them in 1967. The history of Palestinian people has been abounding with sacrifice and immolation. The Palestinian Jihad through years, especially during the first Intifada in 1987, and Al-Aqsa Intifada in 2000 exposed them to terrific kinds of Israeli violation and terrorism which yield tens of thousands of martyrs, injured and peoples with special needs. During Al-Aqsa Intifada, the total number of martyrs was 3,665 out of which 1,727 martyrs were in Gaza. The total number of casualties was 42,650 (14,251 in GS & 28,399 in WB). The Israeli Occupation Forces killed out law 608 Palestinian civilian during the period 29/9/2000-31/12/2004 (MoH, 2005, p. 98-100). All these besides collective punishment as separating the provinces, taking the houses down, extirpation of trees, and destroying of resources. The focus of home demolition as a result of military activity has been in GS when 1,304 homes have been destroyed from 1st of January to 1st of November 2004 with 13,350 persons affected. The cumulative number of homes destroyed since September 2000 has reached 2,389 houses, making 22,963 persons homeless in 2004 (UNRWA, 2004, p. 21).

Very stressful experiences associated with invasions affect the students' achievement. Separation of provinces by the army, and staying for several hours behind barriers prevent both teachers and students from regular attendance. These obstacles logically may affect the subjects' perception against accessibility of academic and practice settings. In addition, textbooks and references may not be available, and this will affect the

educational process and accordingly the graduates' perception. All previously mentioned political situations affect negatively the improvement of nursing education. Many teaching staff members are deprived from chances of continuing education especially in subfield areas. Repeated invasions and closures interfere with the continuity of study leading to put both of students and teachers under pressure and this of course affect the quality of the educational process.

1.5.3 Socio-economical Context

Growth rates continued to be high in GS and WB. According to Palestinian Human Development Report (2004), the population in the WB and GS has reached 3.7 million, of whom more than 42% are registered refugees. Moreover, the population density in Palestine is considered to be high in general, but especially high in GS which is considered as the highest one in the world with 1.3 million people living on area of 365 sq. km. The population density is 428 person / sq. km in WB and 3, 853 persons in estimated about 3,198 person / sq. km in GS (UNRWA, 2004, p. 2).

According to the latest figures available from the Palestinian Central Bureau of Statistics (PCBS), unemployment in GS rose from 15.5% in the 3rd quarter of 2000 to 36.8% in the 3rd quarter of 2004. Inevitably, this rate in GS as of 2004, based on World Bank data was 65% (UNRWA, 2004, p. 23)

Palestinian households mainly depend on monthly income to meet suitable living conditions and basic needs. It is noticeably that monthly median income diminished greatly from the period shortly preceding Al-Aqsa Intifada compared to the third quarter of 2004. Data showed that median income dropped by 33.3% in GS and 36.0% in WB and that 74.3% of households depend on this income to maintain economic steadfastness in comparison to 78.7% in WB. The drop will lead to increasing economic deterioration and

greater number of poor, lower living standards and a decline in social security services in the Palestinian society (PCBS, 2005, p. 19).

Although, education is highly valued and a precious treasure for Palestinian People, they consider it as investment and durable asset for them, where every thing may be lost: home; land; sons; money, while the education and qualifications cannot be lost regardless where they are (Abu Hamad, B., 2001). Education is seen as durable, in order to gain social standing and economic well-being, especially for the disposed sector of population, education is prized as a major avenue to better income and enhances one's status. In addition, literacy rate for Palestinian education in population 15 years and above in GS equals 91.1% for male and 80.7% for female (PCBS, 1999, p. 33). In the year 2003/2004, the average ratio of the higher education students per full-time academic staff was 23.5 in the typical universities and 200 in the opened education. This average doubles and triples the average in the developed countries (Aref, T. & Daraghmeh, A., 2005, p.18-19).

Particularly, nursing education was affected clearly by that situation. During the occupation, there was no regulatory body for nursing that takes the responsibilities for developing nursing education and practice (Jerusalem Cultural Center, 1994, p.4) which reflects the commitment of the Palestinian people to education.

Poor economical status of most Palestinian students influences their ability to pay the fees, buy the textbooks, and travel expenses to the academic institutions and training settings. Un-negligible portion of students are mandated to work while they study to obtain sufficient financial resources. Playing both roles can easily affect the graduates' perception and satisfaction particularly regarding facilitation and evaluation systems.

1.5.4 Health Care System in Palestine

The Ministry of Health (MoH) is the main health care provider in Palestine with other providers: UNRWA, Medical Services for Police and General Security (MSP), Non Governmental Organizations (NGOs), and private sector (MoH, 2005, p. 14). MoH is the health authority that is responsible for supervision, regulation, licensure, and control for all health services. The primary objective of the Palestinian health services program is to protect, preserve and promote the health status of Palestinians and to meet their health needs. The goal is consistent with the basic World Health Organization's (WHO) principles, concepts and standards of public sector health services in the region (Abu Harbeid, A., 2004, p. 9).

UNRWA health services are focused on primary health care with very selective use of secondary and tertiary medical care services which affected the pattern of utilization of the services of the various care providers. According to UNRWA statistics, 97% of the registered total refugees in GS were served by the UNRWA services (UNRWA, 2004, p. 5).

The total number of registered Primary Health Care (PHC) centers in Palestine is 731 centers (125 in GS & 606 in WB). MoH operates 413 centers of them (56 in GS & 357 in WB). UNRWA owns and operates 53 centers (18 in GS & 35 in WB). On the other hand, NGOs owns and operates 165 mini PHC centers in Palestine (214 in WB & 51 in GS). Also Military Services operates 28 PHC centers serving police men, general security personnel and their families, in addition to the general population.

In Palestine, there are 77 hospitals furnished with 4,824 beds. In GS there is 22 hospitals making 28.57% of total, while in WB and Jerusalem there are 55 hospitals making 71.43%. The ratio of bed /10,000 population is 13.26 bed /10,000 in Palestine. In Gaza the ratio goes up to 14.87 beds, while in WB it goes down to 12.32 beds (MoH, 2005, p.

40-44). NGOs run 31 hospitals with 1,565 beds constituting 32.44% of the total hospital bed pool in Palestine. However, the private sector owns and runs 23 hospitals with overall 461 beds (9.6%). The Military Services is represented by two hospitals in Gaza with 62 beds (MoH, 2005, p. 40-47).

The estimation of public health expenditures (PHE) per capita in 2003 was 138.4 US dollar. It formed 13.0% of the total Gross Domestic Product (GDP). While the PNA allocated 7% of its budget for health, 5% of the total donations also devoted for the health sector (UNRWA, 2004, p. 10). The approved 2004 health budget under the regular program was established at US \$ 61.8 million which represents US \$ 14.7 per registered refugees. Total expenditure amounted to US \$ 60.2 million & expenditure per registered refugee was US \$ 14.2 (UNRWA, 2004, p. 10).

1.5.5 Human Resources in the Health Care System

The number of employees in Palestine in year 2004 in all health providers: MoH, NGOs, UNRWA, Military Services, and private sector is 19,544 employees. Of them 10,503 (53.74%) work in WB, while the other 9,041 (46.26%) work in GS. MoH is responsible for 11,124 (56.92%) of the total employees (MoH, 2005, p. 48-49).

Out of MoH employees the ratio of health professionals per 10,000 persons is 21.29.

It was distributed as: 6.21 physicians, 0.55 dentists, and 1.05 pharmacists. The ratio of nurses per 10,000 populations is 9.37 (7.2 in WB & 12.4 in GS). Paramedics ratio is 3.47 and the ratio of workers and administrators is 12.34 (MoH, 2005, p. 50-51).

1.6 Nursing in Palestine through History

During the Turkish era (1517-1917) herbs and popular medicine was generally used to treat diseases. Superstition and magic based health a practice were ascendant, and believes regarding treatment were transferred by succession. In this period, all hospitals were established on religious-bases, especially Christians. Associated with

commencement of the British mandate in 1921, scanty health services were established, in order to meet the Palestinians' needs particularly in the major cities. In 1925 Spafford Baby Home was established in Jerusalem as asylum for motherless and homeless kids. Little by little the home developed into Spafford Memorial Children's Hospital (the only children hospital there in that period). In this hospital the first nursing training program was started for those who wished to avail themselves for children services (Shaheen, V., Imam, A. & Safadi, S., 1994, p. 3-4). This besides governmental hospital (Al-Maskopeya) and Augusta Victoria formed the nucleus of nursing and midwifery education in Palestine, where multiple nurses educated there since 1920s. It is necessary to mention that the concern of Palestinian women increased after the permission of Superior Fatwa Islamic Council for Moslem girls to study nursing and midwifery in 1925 (Sultan, F., 1998, p.116).

During this period, British government established several hospitals. In one of which (Government General Hospital in Jaffa), British nurses taught some Palestinian girls the nursing theory and practice. Through three years, they were taught: anatomy & physiology, medicine & surgery, gynecology, children diseases and ophthalmology. Graduates of those programs were offered certificates from "The Department of Health, Government of Palestine". Besides, the "British Government Hospital" in Jerusalem had offered a three-year-diploma of nursing till 1948, where it was closed for a while during the war (Shaheen,V., Imam, A. & Safadi, S.,1994, p. 3-4). After the war, nursing students in this program were obligated to continue their studies in the Swedish Psychiatric Hospital, which has been known as Al-Husain Hospital since 1975. From 1948 till 1953, 52 nurses were graduated with certificates by the ministry Jordan, and all the trainers were Arabs.

The following period was the Jordanian control over WB and the Egyptian control over GS from 1948 till 1967. During this period, the first nursing school was opened in 1951 at Augusta Victoria Hospital in Jerusalem, to form the main source for graduate nurses in the area. Then, Saint John School in 1960 and Saint Luke's in 1965 was established for practical nurses. Initiating of Palestinian Nursing Association in 1956 in Jerusalem was the main event affecting nursing in that era.

After the war in 1967, and Israeli invasion, several factors affected the nursing profession. The general political, economical and social status was reflected negatively on nursing. The responsibility of health institution was transferred from Jordan and Egypt to the Israeli occupation. Nurses who were working in the governmental settings suffered low salaries, poor promotion and limited chances for continuing education. Although nurses who were working in non-governmental institutions received better salaries, they also lacked continuing educational opportunities, and these conditions continued till the eighties (Shaheen, V., Imam, A. & Safadi, S., 1994, p. 10-12).

In 1971, the first college for nursing education "Ibin Sina" was established in WB to offer three years nursing diploma, followed by Al-Makassed School of Nursing, then Al-Itihad School in 1976. Early at the beginning of Israeli occupation, the dominant nursing education was hospital-based, and medical-oriented (Awad, Y., 2004, p. 11). Most of the programs were 18 month practice. The first Palestinian nursing academic program was established in 1974 in Bethlehem University, and after a short period the Arab College of Health Professions (ACHP), which was opened in Jerusalem in 1979. Other practical nursing programs were also established in that period, mainly concentrated in Jerusalem (Shaheen, V., Imam, A. & Safadi, S., 1994, p. 8-9).

The outbreak of the first Intifada in 1987 greatly affected nursing. The political and socio-economical status motivated a lot of students to join nursing, regardless of being

committed to nursing or not. That besides insufficient quality of nursing education programs adversely influenced nursing. In early nineties, some programs of upgrading and postgraduate diplomas were carried out in both Bethlehem and ACHP. In 1997, PNA decided to improve the status of nursing and midwifery education so PNA developed Ibin Sina College to upgrade the basic nursing and midwifery education.

1.7 Nursing Education in Gaza Strip

Nursing education was established in GS in 1956 in a number of missionary hospitals. British hospital (nowadays known as Al-Ahli Arab Hospital) was the first one which started in the early fifties (Shaheen, V., 1990, p.4) began a nursing training program in the Baptist School in 1956 which offered a three-years diploma in nursing, and it continued up to 1993 (Minawi, M. & El-Masriy, M.,1994, p.117). Another school for practical nurses was bedded in A-Shifa' Hospital which offered a 6-months diploma in 1963 to 1971, then it extended the study period for 18 months, then new miscellaneous courses such as operating room technicians, and midwifery programs established in 1973. During this period, exactly in 1965, the UNRWA established other nursing training courses. In 1976, the Qualified College of Nursing was instituted to offer a three-year diploma in nursing. It is essential to mention that in these eras, nursing was medically oriented, and most teachers were physicians.

The first academic nursing program was established in 1985 by the IUG, but it was rejected by the Israelis at that time. Later on, in 1992, the program became a fact under the umbrella of the faculty of science. In the 1994, the faculty of nursing was fathered. In 1994 another college, Gaza College for Nursing was established to offer a three-years diploma in nursing. It obtained its recognition from Kingston University–UK and a local university; Al-Azhar University (Abu Hamad, B., 1997).

Historically, during the Israeli occupation period, the nursing graduates were mainly practical nurses, three-year diploma nurses and a few of them have bachelor degree in nursing (Jerusalem cultural center, 1994). After the establishment of Palestinian National Authority, many efforts have been directed to improve the profession and status of nursing. So that the first program was established to up-grade the diploma nurses for B.S.N. degree (Awad, Y., 2004, p.11-12).

In 1982, the National League for Nursing (NLN) approved the document "Position Statement on Nursing Roles-Scope and Preparation", which stated that "Professional nursing practice requires the minimum of a baccalaureate degree with a major in nursing. Preparation for technical nursing practice requires an associate degree or a diploma in nursing" (Mahaffey, E., 2002). As a response to the new world trend to accredit the B.S.N. and AD in nursing, Palestine college (formerly named Qualified School of Nursing) and the Community College of Applied Sciences and Technology (CCAST) in IUG began to offer a two-years diploma in nursing. After the year of 2000, a military school of nursing and Al-Falooja Nursing College were established to offer diplomas and bachelor degrees in nursing.

1.7.1 Basic Nursing Education in Gaza Strip

Nursing education in GS is provided by both governmental and private sectors. Multiple associations, governmental and non-governmental offer basic nursing programs in Gaza. Admission requirements for basic nursing education may differ among the various colleges, but in general all students should have secondary certificate (Tawjeehy) or equivalent. Some colleges may require passing entrance exam, verbal interviews, or both. Actually, Palestine College of Nursing requires individual interview as an essential requirement for admission, while the College of Nursing at IUG began this tendency recently.

Palestine College of Nursing which belongs to MoH offers multiple programs: bachelor degree in nursing, bachelor degree in midwifery and in nursing, AD in nursing, in addition to many upgrading programs. On the other hand, the College of Nursing at the IUG, which is considered a nongovernmental organization, provides a degree of B.S.N., while another college at the same university, the CCAST, offers AD in nursing.

Becoming substantive, during this study, this college dissociated from the umbrella of IUG. As newly established colleges, the Military and AL-Falooja Colleges didn't graduate any student in the years of 2003 and 2004 which explains therefore, not of their graduates were included in this study.

1.7.2 Continuing Nursing Education in Gaza Strip

The major concern of the continuing nursing education is the upgrading of nursing, either employed or not. Since establishment of PNA in 1994, several upgrading programs were conducted. The first program was conducted with cooperation between MoH and ACHP in late 1980s for upgrading the "three-year" diploma to bachelor degree. While the nursing college at IUG developed another two similar upgrading programs since 1995 (Awad, Y., 2004, p.13-14),

Another upgrading programs for practical nurses to a "registered nurse" degree, and programs for upgrading "three-year" to a bachelor degree were conducted at Palestine College of Nursing. In addition, different courses in specialty fields such as: pediatric surgery, intensive care, hematology and oncology , care of burns, nutrition and midwifery are conducted locally, in the surrounding countries and in some other countries such as United States and Japan (Awad, Y., 2004, p14). Besides, two programs of "one year" upgrading programs in nursing were conducted with cooperation between Medical Aids for Palestinians (MAP-UK), MoH and Al-Quds University (Awad, Y., 2004, p14).

Nowadays, School of Public health at Al-Quds University offer several master degrees in: mother child health, nursing management and public health (Awad, Y., 2004, p14).

1.7.3 Palestine College of Nursing

Palestine College of Nursing is an educational national governmental institution. It is supervised by the nursing unit at the MoH, which draws its policies and takes its responsibilities. The college offers different nursing and midwifery programs. The aims of the college are assimilated in preparation of effective nurses, who are adept to serve their society and face the future challenges.

The college was formed in 1976 in Gaza City as "Qualified School of Nursing". The goal at that period was to supply the Strip with qualified nurses through a program of three years study. With incoming of PNA in 1994, its name was changed into "Palestine College of Nursing". In 1997, it was professed by the Ministry of Education and Higher Education to offer the bachelor degree in nursing. The Chief building of the college was transferred in 1999 to Al-Fukhary area in Khanyounis beside The Gaza European Hospital. After two years, as a result of the expansion, a new branch reopened in Gaza City (Palestine College of Nursing, 2004)

The college philosophy is congruent with the philosophy of Palestinian MoH toward human, health and environment. This philosophy depends mainly upon the understanding of nursing profession, including: nursing, human, health, environment, education and learning, and nursing education. It believes that nursing is an art and science for helping the individuals and communities or improving the community health until achieving the optimal level of health, or even peaceful death.

The college offers four types of programs: basic, rehabilitative, associate degree diploma, and postgraduate programs. The basic programs include bachelor degree in nursing science, and another one in midwifery sciences. The rehabilitative programs include:

upgrading program for nurses who hold three year diploma, and upgrading for those holding eighteen months diploma. The Associate degree programs consist of: AD in nursing, AD in midwifery, and AD in oral and dental nursing health program. Besides, the college offers a postgraduate diploma in midwifery (Palestine College of Nursing, 2003).

1.7.4 Community College of Applied Science and Technology (CCAST) Department of Sciences and Health Professions

CCAST was established in the year 1998 as a part of the Community Services and Continuing Education Unit at the IUG. Later in 2005, it was separated from IUG and has its own building, administration and legislation. Department of Sciences and Health Professions is considered one of the most important departments in the CCAST. It was opened in the year of 2000 represented in the nursing department. In the next year, two new branches were added: midwifery nursing and medical secretary.

The department works to prepare a highly qualified health cadre that is scientifically and technically prepared and that is able to meet the requirements of the sundry health care. As a result, a unique and safe health care will be offered to the Palestinian people and all the humanity.

The department believes in continuous development, so through the previous four years, it developed the curricula for all of its branches according to the scientific and professional standards. The department also plays a role in recruiting its graduates in variant health institutions, and facilitating their joining into upgrading programs.

The Department of Sciences and Health Professions aims to augment the interactions with the community through several activities. These activities include: publishing of health educational brochures about health issues, participation in different community

health animation such as first aid courses, and cooperating with public and private services in health days.

As future plan, the department looks forward to open new department responding to the community demands, cooperation with the nursing college at Islamic university of Gaza to open upgrading programs, and to develop the teaching staff to meet the current progress (CCAST, Department of Sciences and Health Professions, 2005-2006).

1.7.5 College of Nursing at IUG:

The decision to establish the College of Nursing was taken in the year 1985, but did not take place because of Israeli rejection to open such a college. In 1992, under the chute of College of Science, it was temporary opened. Immediately, after the coming of PNA, the College of Nursing sundered as independent college in the year 1994-1995.

The primary goal for College of Nursing is to supply the Palestinian society with highly qualified nurses, who are well- prepared scientifically and practically, in order to meet the increased community needs for nursing services. The graduates of the College of Nursing have a good professional reputation.

Besides, bachelor degree program, the college an upgrading program for nurses who hold three year diploma in nursing. In addition, upgrading program for physiotherapist was carried out 8 years ago.

The teaching staff of the college consists of 17 teachers, 3 of them hold the doctoral degrees, 3 are on the final stage to have the doctoral degree, while the remaining either have master or bachelor degrees. The college administration considers the development of the staff as a top priority for the future plans. Moreover, there are strong efforts for expanding the scope of services through establishment of: midwifery programs, physiotherapy program, and starting some postgraduate programs in nursing in the near future (College of Nursing, IUG, 2002).

1.8. Summary

Nursing education had started many years ago in Gaza Strip. But at the bachelor level, nursing education is considered relatively new since it was established in 1992 when the College of Nursing at the IUG was formally established. Later on, more BSN and AD programs were established in GS aiming to provide the Strip with qualified nurses to meet the demands of the increased health care services, in addition to several continuing education programs. To establish and ensure quality of nursing education, continuous evaluation of these programs is necessary. The involvement of the new graduates in evaluation of these programs is not a novel phenomenon since they can contribute to nursing education process. For this purpose, the researcher intended to conduct this study to evaluate nursing programs from new graduates' perspectives and make the needed recommendation that may contribute for a better nursing education in GS. In the next chapter, the author will project the literature about: nursing education, evaluation, and graduates' perception and satisfaction.

Chapter (2)

Literature Review

2.1 Introduction

The profession of nursing is an integral part of the health care system that making provision for effective utilization of human, scientific, technological and economic resources in delivery of health care (Watson, JE. & Herbener, D., 1990, p. 316). The increasing complexity of the health care system requires that nursing assumes responsibility for assuring that the values of caring and concern for human beings have primacy in the decision making process (Boaden, N., Bligh, J.& Calman, S.,1999, p. 1). Moreover, this complexity in health care mandates that nursing continues to assume a more visible role in the management of client care. Nurses use a scientific, goal-directed, interpersonal process in assisting individuals, families, aggregates and population in a variety of settings to achieve a valued health status. The relationship between the delivery of health care services and the education of the staff who will provide those services is a complex one in all countries, whether their systems are well developed or still developing (Boaden, N., Bligh, J. & Calman, S., 1999, p. 1). Although, some argues if the development of health care will stimulate the educational changes or vice versa, Todd, J. (1992, p. 1133) insisted that changing health status is impossible without changing the educational preparation for all health personnel at all levels. Thus, working toward improving and renovation of nursing education programs is of paramount importance in improving health status in Gaza Strip especially that nurses made the highest percentage of health care staff (MoH, 2005, p.48).

As a result of the innovation of science, technology and economic, public expectations are usually transformed. One of the major expectations are those relevant to health field.

Therefore, new demands are being placed upon healthcare systems, and its modes and delivery of care (Chin, H., Nichole, E. & Dip, P. G., 2000). Accordingly, health personnel education in general, and nursing education in particular should keep up with modern technology and innovation of science to be able to satisfy these expectations.

2.2 Nursing Evolution

Nursing and nursing education began with evolution of life. It began with caring practiced by the mothers for their kids and other sick family members. However, the historical root of nursing returned to Moslems arena, where Prophet Mohammed established canvass for Rufayda (the first nurse in the world) to care for the wounded soldiers, and to teach Moslem women and men principles of nursing (Sultan, F.1998, p. 61). It may be aberrant to mention that the mother of believers, Ayesha Bent Abu Bakr Asseddeek, also practiced nursing and nursing education fifteen centuries ago. At that period, there was no clear distinguishing between nursing and medicine, where all of them were known to practice "commiserations" (Sabry, E., 1985, p. 6, 17). Incongruently with what most people believe about Florence Nightingale, the Lady of Lamp, being the mother of nursing, this is not mentioned to deny the role of Nightingale to nursing. She has contributed a lot to nursing profession. One of the most primary tasks to which Nightingale committed herself was the establishment of a school of nursing at St. Thomas' Hospital, London, 1860 (Schwirian, P.,1998, p. 117; Timby, B., 2003, p.11). By 1872, the New England Hospital initiated the first American School for Scientific Training of Nurses where Linda Ritchard was the first graduate nurse after regular study in 1873 in United States of America USA (Sultan, F., 1998, p.86; Schwirian, P., 1998, p. 118).

The development of nursing didn't stop there where a great development occurred during the time, until there was a well established nursing education. In 1897, Texas University

joined nursing school as a complementary part, while in 1909 Miss Adelaid Niting, the first nursing teacher was recruited in university nursing college. In 1902, the first "Nursing Registration Law" was applied in USA as a license for nursing professional practice. This was preceded with the first professional nursing Journal "American Nursing Journal" in 1990 (Sultan, 1998, p.89). The first baccalaureate program was established in 1909, as a part of the School of Medicine at Minnesota University. While the first AD program was opened in 1952. Therefore, since 1952, there have been three paths that a student may follow to prepare for a nursing career: hospital-based diploma programs, a baccalaureate degree, or an associate degree program. These programs differ in length; cost and contents of course study (Schwirian, P., 1998, p. 118-119; Sultan, F., 1996, p. 88-90).

Despite of the slow development of nursing education, a clear increasing in number of opened programs and its impact was also clear on the health care system. Although, Greenwood, F. (2002) indicated that in many countries, the movement toward more academic nursing education has led to some uncertainty about whether graduates are competent to practice. Nursing leaders have identified the importance of requiring bachelor degree for the nursing professional entry (Schwirian, P., 1998, p. 120), so a trend to finish the programs of three years began to appear. During the last half of the twentieth century, a great deal of importance in nursing education and practice, was leading to accreditation of associate degree in nursing.

2.2.1 Definition of Nursing Education

Education can be defined as "activities which aim at developing the knowledge, skills, moral values and understanding required in all aspects of life rather than a knowledge and skill relating to only a limited field of activity. It involves the study of learners' cultures and the laws of nature, as well as the acquisition of linguistic and other skills which are

basic to learning, personal development, creativity and communication" (Manpower Services Commission, 1981, p.17). Sultan, F. (1998, p.261) defined education as a "science and art of providing chances and situations that develop individual capabilities toward a goal". He further added that nursing education intends to prepare the graduates to carry the work out in all health service institutions, and to be able to adapt to constantly changeable society demands. That emphasizes the need for updating theoretical scientific education in order to enhance the nursing capabilities. Consistently, Bany Owda, A. (1999, p. 5) added that nursing education aims to determine the human needs in both healthy and sickness states and to satisfy those needs by equipping the students with knowledge and skills to overcome all obstacles and confront all problems. Since, nursing profession believes that education is an ongoing process that leads to create changes in situations and behavior patterns in specific directions, the author believes that nursing education is equipping nursing students with essential skills needed for acquiring knowledge and clinical experience in the light of their religion, values, culture and society. These skills will prepare them to satisfy the health needs of clients, families and community.

Nursing education consists mainly of theoretical and practical components. Theoretical nursing education is defined as "the part of the education which provides the students with the knowledge, understanding and professional skills required in order being able to plan, offer and assess the overall care given by nurses" (Kapborg, I.,1998, p. 374).

European Union described clinical education as: "the part of nursing education whereby the nursing students, on the basis of the knowledge of professional skills acquired as a part of team, through direct contact with healthy and sick individuals, groups or both, learn to assess, plan, and offer care provided by nurses". Theoretical education should be adapted to and coordinated with clinical education in such away that the required

knowledge can be provided in suitable manner. The nursing students learn not only to be part of a team, but also to be group leaders and to organize overall nursing including health education for individuals and smaller groups in society within or outside hospitals and other care institutions (Kapborg, I., 1998, p. 374-375).

2.2.2 Nursing Profession

Nursing has historically been perceived as a female profession but this is an inaccurate perception. Prior to Florence Nightingale, males dominated this profession. This provides some statistics about the proportion of nurses who are males, beginning in the 1960s. There are more men entering nursing schools but the proportion of male working nurses is still in the single digits (Culley, L., 1997).

In Palestine, in the previous years, the number of male nurses exceeded the number of female nurses. This was mainly due to the negative image of the society about nurses. But this trend began to change with increased number of females entering the profession. This increase in number of females was reflected by the number of female nurses who participated in this study which was 56.1% of participants.

In 1999, McCloskey assessed whether nursing is a profession or a vocation. She believes that nowadays nurses are indeed members of a profession, rather than vocational workers or pursuers of an avocation. They are accountable for their own actions, and they are directly responsible for the lives of patients. Nursing is one of the few professions that continually assess its effectiveness, professionalism and true worth. The paper lists characteristics of a profession and examines how nursing aligns with those characteristics (McCloskey, J., 1999).

The image of nurses and nursing as a profession historically fell into the more traditional female role where the majority of women went unpaid for their services. As time went on, the nurse's role became significantly more integrated with regard to duty recognition,

yet this acknowledgement was not to preclude the overwhelming psychological stresses that are associated with the image of nursing (Bulechek, N., 1998).

Researchers claim that the stereotypical public image of nursing could constrain nursing practice. The nurses perceived that the public viewed them more negatively than they saw themselves as professionals and the public image of nurses could be manifested within the health care environment in the form of a lack of professional recognition toward nurses. Improving the public image of nursing, encouraging professional socialization in nursing, and improving the characteristics of the health care environment are recommended strategies to improve nursing job performance (Ozbolt, S., 1998) and therefore encourages new students to enroll in nursing education.

However, current health care system requires nurses to work in an autonomous status. In order for nurses to function as autonomous parishioners, an internalization of the professional culture of nursing should occur during the educational experience (Mailloux, C., 2006, p.2)

2.2.3 Associate Degree versus Bachelor Degree in Nursing

The question of educational preparation for entry into professional nursing practice is likely to provoke sighs of frustration. The frustration is not limited to educators in the various types of educational programs leading to licensure; it is pervasive in all settings and at all levels of nursing practice (Nelson, M., 2002). In America, It was the passage of the Comprehensive Nurse Training Act in 1964 that prompted the American Nurses Association (ANA) Committee on Education to study nursing education, practice, and scope of responsibilities (Jacobs, L. et.al., 1998, p. 225).

It was envisioned that the nursing education programs would merge with either baccalaureate or AD programs. Shortage of nursing, growth of community and junior colleges, professional responsibility and accountability, and governmental and consumers

pressures, all these forces created the climate for the new type of nursing education (Mahaffey, E., 2002). The push to eliminate the hospital-based programs, however, coincided with the phenomenal growth of the AD nursing programs; and subsequently diploma program enrollments began to decline. The AD programs represented an opportunity for nursing to break away from the apprenticeship model of education and exert greater control over the educational experiences of nursing students. The almost instant popularity of the AD programs was unexpected. The AD programs attracted innovative nurse educators who were willing to challenge traditions, experiment with new teaching strategies and take risks as they worked out a new two-year curriculum as preparation for nursing practice. Nevertheless, by the time the ANA "position paper" was published, the use of the word "technical" to describe the AD nurse sparked heated debate (Haase, P., 1990, p. 86).

Again recognition of the complexities of health care and the rapid expansion of knowledge is increasing the pressure to raise the level of basic nursing education. While the ANA is no longer leading the effort to require the baccalaureate degree for entry into professional nursing practice, other professional nursing organizations, such as the American Association of Colleges of Nursing (AACN) and the Association of California Nurse Leaders (ACNL) have recently published position statements recognizing the baccalaureate degree as the minimal preparation required for professional nursing practice (AACN, 1996; ACNL, 2000). In spite of what have been mentioned above, Nelson, M. (2002) claims that nurses remain the least educated among professional health care providers.

In the 1990s, nursing education in Australia and New Zealand became located entirely in baccalaureate programs. The shift of health care from hospital settings to a focus on health promotion, disease prevention, and primary care mandates that nurses have the

skills to address and manage complex issues and must be reflected in nursing education either in BSN or AD (Grau, L., 1984; Zender, K., 1985). Congruently, the NLN (1993), further requires that all nurses, regardless of educational background or area of practice, should be prepared to work in a ,community based, community-focused care system. Graduates from all programs should be prepared to intervene at the macro level, to exert greater authority, accountability, and responsibility, and to depend less on institutional authority and policy (Haase, P., 1996, p. 290). Furthermore, Shaheen, V. (1992, p. 248) argued that graduates of three-years diploma can offer nursing care in limited facilities where the bachelor graduates can offer the care in extended areas, and play several roles. In Zimbabwe, recently ever-changing country, a discontinued two year certificate program for state certified nurses has necessitated the provision for a one year conversion program to diploma level, thereby catering to nurses holding this professional qualification. The registered general nurses' diploma program has become the first level of nursing practice, while the duration of the registered general nurses diploma program is three years (Mapanga, K. & Mapanga, M., 2000).

The National Advisory Council on Nurse Education and Practice (NACNEP) recommended that in order to meet health care demands in the future, at least two thirds of the workforce should be prepared at a baccalaureate level, because this "border and more scientific curriculum" best meets the requirements of future scope of practice and health care challenges and demands. The percentage of registered nurses (RNs) who have BSN degree is only 25% of all the American nurses. The percentage of AD holders doubles that of BSN among the new graduates, and this emphasizing the need for more BSN holders (Dychkowsi, L., 1995).

However, nursing education programs should differ from those aiming to prepare staff for primary health care and those for hospital care. The core difference should be more

thorough and comprehensive and provide theoretical awareness of social, environmental, familial information, in addition to various disease and methods of prevention. On the other hand, nursing education should provide high leadership skills within the graduates' personality to be able to understand the society; its currency, rituals, needs and levels of health in relation to religious and ethical beliefs (Shaheen, V., 1992, p. 136).

While there is a trend toward incorporating more BSN holders in different health care systems, Winson, G. (1995, p. 35) argued that although the philosophical differences between baccalaureate degree and diploma, both once qualified carry the same work. This is besides that the evaluation of initial associate degree nursing programs in USA revealed that desired outcomes were met. AD education provides a dynamic pathway for entry into registered nursing practice. It offers accessible, affordable, and quality instruction to a diverse population. Graduates of AD possess a core of nursing knowledge, and had demonstrated a competency of safety practice through results of licensing examinations (Mahaffey, E., 2002).

2.3 Approaches of Nursing Educational Evaluations

2.3.1 Evaluation Concept

Evaluation is the process by which a judgment is made concerning the relative value of some thing. The value of evaluation is not merely arriving at a value, but using these results in decision making (Alespach, J., 1995; Watson, JE. & Herbener, D., 1990). To be effective, evaluation should help administrators to carry out their responsibilities, and in general to meet the audience needs.

Educational evaluation may be performed at different levels and with different objectives. It may be in the macro or micro dimension. The most common objective is control, which aims to assess to which degree the educational goals have been achieved, or financial resources have been used in an acceptable manner. An additional way is to

diagnose students in order to gain knowledge of their strengths and weakness for the purpose of changing or enhancing education. Such evaluation might be regarded as a basis for development and renewal (Kapborg, I. & Fischbein, S., 2002, p. 26). For evaluation to be useful in decision making related to educational programs, it must be characterized by orderly, comprehensive, and educationally sound appraisal mechanism. It can be helpful to decision makers, if it provides valid, dependable, timely, and meaningful information to make decision making about the program (Alespach, J., 1995; Kirkpatrick, I. 1998, p.3). It should be associated with predetermined clear objectives, equipped with several tools, and it should be a continuous process (Abdul- Mawjood, I., et. al, 1977, p. 159-160).

Shaheen, V. (1992, p. 91) suggested that the scope of evaluation of nursing educational programs should include: philosophy and goals of the program, conceptual framework, taught courses, students, teaching staff, settings, organizational climate, public services, and supportive and administrative boards.

2.3.2 Evaluation of Nursing Education Programs

The need for improved evaluation of nursing education programs has been well documented over the past few years. Program evaluation is a complex but integral component of a nursing education program. It is an ongoing process of collecting and describing data which provides the basis for decision making (Watson, JE. & Herbener, D., 1990, p. 316). Specifically, evaluative data can be used to prepare for accreditation visits; account for budgetary expenditures; answer requests for information; develop faculty and staff; and examine the planned and actual effects of the program within the community and make changes accordingly (Kirkpatrick, D.,1998, p. 15; Watson, JE. & Herbener, D., 1990, p.316). In addition, it may provide a mean by which the feasibility of a new program can be determined, and the existence of a current program can be

justified, based on the extent to which the programs effectively and efficiently meet the identified needs of nursing care. In general, the purposes of program evaluation are to diagnose problems, weaknesses and strengths, and to improve the operation of all aspects of the school. More specifically, particularly for Gaza nursing colleges, where faculties of nursing have scarce fiscal resources, it can help in making administrative and curricular decisions, examining both intended and unintended effects and effectiveness of their nursing programs within the community, and providing a mechanism to assure fulfillment of accreditation requirements.

Palestine Council of Health (PCH)(1996, p. 2) and Abu Awad, A. (2006, p. 4) stated that nursing school and programs should be evaluated periodically, specially that some challenges facing Palestinian faculty members as finding it difficult to transfer a caring attitude to students while they themselves are living in a high stressful and unstable conditions.

Aiming to prepare and develop the nursing personnel, standards should be developed and maintained for the nursing education. These standards should focus on philosophy, goals, organizations and administration, curricula, students, and educational facilities and resources (Shaheen, V., 1992, p. 91; PCH, 1996, p. 2). As a requirement for accreditation of nursing education programs in Palestine, MoH and Ministry of Higher Education (MoHE) in cooperation with Welfare Association demanded self-evaluation with a summary report to be carried by each program based upon the modified standards. They also insisted organizing of national workshops to discuss the evaluation results and the efficiency of standards to satisfy the health needs in Palestine, besides preparation of modified plan designed by the program (MoH, MoHE & Welfare Association, 2001, p. 2, 5-6).

2.3.3 Educational Evaluation and Quality

Nowadays, both terms of evaluation and quality are greatly close to each other; even each has its own definition and concept. The demand by consumers for higher education and educational quality has been a theme of the 1980s and persisting into the 1990s. One result of this phenomenon is having great pressure on nursing faculties and therefore increasing their workload (Barrett, M., Goldenberg, D. & Faux, S., 1992, P.1002; Mackenzie, A. & Mackenzie, T., 1995, p. 985).

However, the concept of quality in higher education is correlated to all inclusive characteristics, within the educational scope, that reflects quality of desirable outcomes. Despite the numerous definitions of quality, some of them correlate quality to goals, emphasizing the importance of the output measurement. So, the quality in education means; the ability of the summation of the educational products characteristics to meet each of the followings: students' needs, community and work market needs, besides all external and internal profited leeward. Clearly, in order to achieve the higher education quality, it is necessary to direct all of the: personnel resources, policies, systems, curricula, processes, and infrastructure to ensure a highly creative and novelty environment. This apt environment is crucial for facilitating the achievement of desirable level by the students (Al-Houly, E., 2004, p. 10-12; El-Ansari, W. (A), 2002, p.160).

2.3.4 Students' opinions and satisfaction

With the language of market, such as, quality controls efficiency and customer information being used to encompass quality in education. The degree of students' satisfaction with their educational experience is an important dimension in the assessment of institutional effectiveness (Cameron, K., 1981, p.73). So, understanding students satisfaction is fundamental to developing a greater awareness of the educational process and quality (Hearn, J., 1985, p.436), and all nursing education teams are currently

working on ways to improve the quality of their educational provision and increase the satisfaction of their students (El Ansari, W. (B), 2002, p.171). So the concern with the educational quality and graduates chop is necessary for community development (Awad, M. 2004, p. 80; Mahafza, S. & Samera'i, H., 1996, p. 292).

Although students form an invaluable source of course evaluation (Playle, J., 1996, p.214), Cuthbert, P. (1996) argued that the students do not have the ability to judge the technical content of the educational program. While Brennan, J., Kogan, M. & Teichler, U. (1996, p.22) reported that quality has traditionally been assessed by students evaluation, and Marsh, H. (1987, p.286) emphasized that a good test of teaching quality is to ask the students. However, there is growing commitment to enhance the effectiveness use of such data in order to assure quality standards in learning and teaching (Murphy, R. & Harris, B. 1995, p.80).

Especially, graduates after finishing their studies, and entering the real field may be more able to evaluate the program, which they studied. Making follow-up studies for graduates in order to detect permanence or impermanence of learning during years of studying, and this is considered a desirable part of evaluation (Taylor, R., 1949, p. 92). Taking students' opinions and satisfaction in consideration, even debated, should be assessed regularly.

Since the educational process is multidisciplinary, all the contributing factors need to be assessed from the view of point of students. Literature showed that all of the following should be included.

2.3.4.1 Teachers Competencies

One of the greatest objectives of evaluation is appraisal of the universities' teachers.

With no doubt, the level and quality of the universities, regardless of their pattern, is determined through the quality of their teaching staff, the core of scientific and academic

activities, and considered the most volatile resources (Athubaity, M. & Karny, A., 1993, p. 429). Development of university education necessitates that the teacher should possess not only skills and professional scientific qualifications, but also awareness of teaching methods and fashions. Particularly, teachers have several essential duties including: scientific researching, teaching, directing, and participating in committees and community services (Arabic Organization for Education, Culture and Sciences, 1984, p. 67). Teachers' competency is usually evaluated periodically to ensure and maintain competency. When performing teachers' evaluation, it should be remembered that using a single method in the teachers' evaluation is considered lack of objectivity and fairness by many researchers (Athubaity, M. & Karni, A., 1993, p. 429; Mahafza, S. & Samara'i, H., 1996, p. 292). Siedentop, D. (1991) believes that lack of teaching skills is more of an acute problem than lack of subject matter knowledge in regard to teacher failure.

In teaching, there are some gifted individuals who can reach out and fire the imagination and touch the feelings of their students. Though the skills necessary to teach well can be explained and improved to some extent. When it comes to nursing educators, usually a question is insisted: can teachers be credible educators without such practical know-how? (McHaffie, H., 1998, p. 29-30) and can novice nurses who used to do well during their study be good nursing educators in the time they are lacking the practical experience? Nursing educators are responsible for preparing future nurses and augmenting the quality of nursing through research and role modeling (Barrett, M., Goldenberg, D. & Faux, S. 1992, p. 1002). Their tasks include planning and preparing for classroom instruction, evaluating students' assignments, counseling students, researching, publishing, being a professional role model, besides engaging in community activities and services (Myrick, F., 1991, p. 44). Owen, S. (1993, p. 816) emphasized the multi-dimensional role for the nurse educator as; a researcher, a teacher and a change catalyst.

To work effectively in the constant changeable philosophical and conceptual framework health systems, nursing educators should be qualified through continuing their education. Preparing and training qualified teachers will help them to be good facilitators (WHO, 1984, p. 31).

In the time Al-Lolo, F. (2004, p. 104) accented the great responsibility of the Palestinian University teachers to be well-prepared for their tasks since the society slips through a rapidly progressing in both knowledge and technology era, the statistics of PCH reported a deficit in Master and doctoral degrees holders in most of nursing specialties. This besides the lack of some specialty fields, which will negatively affect the chances of training and rehabilitation, in addition to the outcome of the educational process. Those lacks are a logical result for the political and economical status of the region (Shaheen,V. Imam, A. & Safadi, S., 1994, p. 10). Approximately 78% of Palestinian nurse educators perceived that lack of qualification and training courses for the nurse educators and library with computer and internet accesses as great problems facing them. And they weigh each of insufficient supply of scientific periodicals and publishing, and lack of scholarships as moderate problems. However, more than 70% of the Palestinian nursing students mentioned insufficient uses of researches by the teachers as a great problem facing university nursing education in Palestine. Teachers expressed feeling of great problem about continuing education and training courses, while their students weigh it as moderate a problem (Bany Owdeh, A., 1999, p. 46, 47, 52, 70). In comparing with Israeli nurses educators, Palestinian ones have severe shortage in master and doctoral degrees, where there are only 6 Palestinian persons hold doctoral degrees in nursing in WB, and less number in Gaza. In Israel, 33% of the registered nurse workforces is academically prepared. Of these registered nurses, 9,664 have a bachelor degree, 1,831 have master degree, and 68 have a doctoral degree (Hirschfeld, M., 2006, p. 8). So, one

of the recommended activities to enhance Palestinian nursing and nursing education is preparation of master and doctoral degree holders from nurse educators (MoH, MoHE and Welfare Association, 2001, Report 2, p. 11). However, (Abu Awad, A. & Hirschfeld, M., 2006, p.18) emphasized that there are considerable similarity in health challenges such as: poverty, unemployment, and diseases for both Palestinian and Israeli nursing education. Nursing students must become knowledgeable on how such social determinants affect the nation's health. And this increases the challenges of the Palestinian nurse educators, although they consider developing faculty to doctoral degree to teach specialties and conduct researches as a common challenge.

Congruently, in a previous study about evaluation of university education in Egyptian universities, the result showed that the weakness was a result of insufficient preparation of the teachers for teaching practice, and not merely: increasing the students' numbers, lack of professional experience, length of the study day, or the load of the teachers (Morsy, M., 1992, p. 5). University teachers' perspectives toward the reality of the professional growth of the teaching assistants in the IUG were evaluated by Abu Watffa, M. (2001). The results illustrated that the average of professional growth was 66.7%. In detail, the scientific aspect growth was 67.5%, the teaching effectiveness growth aspect was 78.7%, and the scientific researching growth aspect was 58.8%, whilst the community participation growth aspect was 61.7%. The teachers relied their sight to develop their professional growth on the support of academic affairs in researching, scholarships and workshops in the different specialties.

It is not always possible to have all the required teaching characteristics in one person. Carefully integrated team effort can bring together all the needs: skilled communicators, clinical specialists, and expert facilitators (McHaffie, H., 1998, p. 29-30) to reach the major objectives of the nursing program. The necessity of evaluating the performance of

faculty members is un-doubtful. However, the format and evidence used for the evaluation are subjects for frequent discussions and debates (Watson, JE. & Herbener, D.1990, p. 319).

One of the most important tools used currently in the American universities is the students' evaluation for their teachers. At the end of each semester, a questionnaire is distributed among the students to assess: the teacher motivational education, preparation, teaching methods, manners of dealing with students, fairness in appraising, ability to enthusiast the students, and his/her effect in the students growth in both cognitive and thinking domains (Seldin, P., 1984, p. 133-138). An evaluation made by students can provide teachers with important feedback and information about the quality of teaching. Psychometric studies have revealed validity and accuracy of students' opinions as well as the correlation with objectives measurements of the teacher's effectiveness. Many factors such as sex, academic achievement, level of studies that may lead to bias have all proved of negligible importance (Watson, JE. & Herbener, D., 1990, p. 321).

Unexpectedly, participation of students in the tutors' evaluation is not vernal. The origin of this fashion was practiced in the middle ages, by the students in some European universities such as University of Paris in France and University of Heidelberg in Germany, while it appeared firstly in the American universities in 1924 in both Harvard and Washington Universities (Seldin, P., 1980, p.10-36). Until the late sixty years, this participation was done voluntarily, but now it became mandatory. In addition, the goal of this evaluation expanded. Although the students' evaluation is dominant, it is still questionable? Mainly, the degree of its effectiveness in the university education development. Besides, the validity of the students rating is also not granted exclusively. Basically, the student should be objective and aware of the components of questions and their means. Objectivity, impartiality and complete separation between the exams, grades

and social relationships are majors. The literature showed that students' rating for their teachers is correlated to what the students learn themselves (McKeachie, W., 1979, p. 384-397; Marsh, S., 1984, p. 707-754). From another point, most of the tutors are still uncertain about the effectiveness of the students rating. The reasons for this uncertainty include lack of standards of effective teaching, insufficient experience and objectivity among students, in addition to the effect of grades negatively or positively on the rating. Moreover, the teacher who donates high marks for the students receives high rating, and vice versa (Gigliotti, R. & Buchtel, F., 1990, p. 211). Watson, J.E. & Herbener, D. (1990, p. 319) further added that, students may become afraid that their grades will be affected by their transparent evaluation, or that their evaluation may be unvalued. Because of the above mentioned reasons, it is often more beneficial to consider student evaluations over a period of time in order to identify consistent problems and patterns, rather than making significant and costly changes based on one set of student evaluations. So, many teachers don't trust the students rating as evidence for effective or ineffective teaching abilities of the university teachers (Seldin, P., 1984, p. 133; Al-Owda, A., 1988, p. 223).

On the other hand, away from the students evaluation for teachers, nurse educators at all levels have yet to grasp fully the practicalities of measuring their own performance within the more demanding academic environments in which they now work (Mackenzie, A. & Mackenzie, T., 1995, p. 985). Mackenzie, A. & Mackenzie, T. (1995) argued that appraising teachers should not be based upon comparison among teachers, but should be individualized, and should aim to improve each teacher's particular consideration to the environment he/she works within.

2.3.4.2 Teachers- Students Relationship

The relationship between student and teacher, if it is to be maximally productive, must reflect certain attitudes and commitments of each to the other. The student: must respect

the teacher and hold him in the highest esteem as a prerequisite for accepting his advice, must trust the teacher's concern and must believe that the teacher always has his or her best interests in mind. Besides, the student must commit himself or herself to following the instruction with utmost discipline (Kabbalah and Education, 2006). On the other hand, teachers need to fulfill getting to know his/her students individually, to probe the innermost depths of their hearts as well as examining the outer details of their lives, so the potency of his/her advice deepens proportionately. The teacher must express love and affection toward his students in such manner that dissolves the students' natural tendency to resist being told what to do. The teacher must take time to reflect upon the students' progress, refining and adjusting vision of how best to influence them toward positive change (Kabbalah and Education, 2006).

One of the most satisfying aspects of teaching in the college/university level is the mentoring relationship. A good mentoring relationship can be called a "peak experience" where both mentor and student share such unique experience. Besides, the teacher should maintain evaluative responsibility and the student continues to be dependent on the mentors' guidance and approval (Plaut, S., 1993, p.212). Levisons, D. (1978, p.98) discussed the importance of mentoring experience in professional development and highlighted some characters of such relationships. Teacher has several roles such as: enhancing students' skills and intellectual development, using influence to facilitate students' entry and advancement into the profession, serving as a counselor in times of stress, and hopefully believing and adopting of the students' dream for the profession. The nurse educator is in a unique position to assess cognitive, emotional and learning strength and weakness to connect with the student (Savage, J. & Favoret, J. 2006, p.50). A better understanding of how students view the ethical behavior of their teachers may

not help only in understanding their behaviors, but also in awareness of the importance of acting as role model for their students (Benor, D. & Leviyof, I., 1997, p.210)

The measure of a teacher's affection is reflected in his concern for his students' "appearance" that their personalities be balanced and well proportioned, that they feel at peace with themselves and their environment, that they utilize their talents and fulfill their potential (Kabbalah and Education, 2006). Fairness, equity and professionalism are critical characteristics of teacher-student relationship. To maintain satisfaction and commitment of the student, teachers should maintain several elements. All students should be treated equally and there should be no favorites. Students should always be scolded in private and never in front of the class. An instructor must always set a good example for students and never attempt to defraud them and never betray a trust (Traditional Based Justice for Modern World, 2006).

Past studies of interpersonal teacher behaviors have indicated that it is strongly related to student outcomes. A study conducted among Australian science and mathematics teachers found that those teachers emphasizing leadership, friendly and understanding behaviors were more likely to promote student achievement. It also was found that those teachers whom were perceived as less strict were more likely to promote more positive attitudes, whilst those whom were perceived as more strict were likely to promote better achievement (Wubbels, Th. 1993). The study of interpersonal teacher behavior is important not only for facilitating student outcomes but also for improving teacher competency in classroom communication, and for helping to provide the social and emotional backup that a teacher needs in reaching out to students.

Fraser, B. & Aldridge, J. (2001) examined whether relationships exist between students' cognitive and affective outcomes and the quality of teacher-student interactions among students in a private university in Indonesia. The results indicated that, in terms of

interpersonal behavior, understanding and helpful/friendly behaviors were positively associated with student achievement scores, while admonishing, dissatisfied and strict behaviors were negatively associated with students' achievement score (Fraser, A. & Aldridge, D., 2001).

Morgan, J. (2001, p.290) mentioned that lack of a uniform nursing educational ethical code produces an abysmal need to define ethical dimension, of professional nursing student-faculty relationship in undergraduate education. To understand nursing students' perceptions, Viverais-Dresler, G. & Kutschke, M. (2001) examined perceptions of 56 students. The collected data supported a profile of a teacher of clinical nursing who was accessible, impartial, direct, honest and fostered mutual respect. While Schmitz, K. and Schaffer, M. (1995, P.43) reported that nursing students believed the greatest infraction of ethics by nursing instructions was a lack of caring about students.

Congruently, Winson, G. (1995) assessed the demographic differences between BSN degree and diploma student nurses in UK. Two third of subjects were satisfied. While more diploma than bachelor students said they liked the informal learning environment and helpfulness of the tutorial staff (Winson, G., 1995, p. 53-38).

2.3.4.3 Appropriateness of Curriculum

The curriculum is defined by (Bevis, E., 1982, p. 26; Shaheen, V., 1992, p. 19) as "the totality of learning activities that are designed to achieve specific educational goals".

Evaluation of nursing curricula has become a major concern of nurse educators in recent years. It is closely linked to curriculum development and therefore can involve a process of continuous change (Watson, JE. & Herbener, D., 1990, p.318).

The curriculum revolution in nursing has promoted significant changes in nursing education. Nursing must shift from depositing information in student receptacles "banking model" toward various approaches emphasizing empowering students to

acquire knowledge and analyze information on their own (Allen, D.G., 1990, p. 312).

Hokansen-Hawks, H. & Hormek, C. (1992, p.232) emphasized the importance of providing conducive tools and environment to increase autonomous decision making in students, where Meleis, A. (2001, p. 104) advocated using of strategies that empower and support nursing students and increase their autonomous. This implied the need for more interactive learning opportunities for students to reflect on their own values and beliefs (MacIntosh, J., 1993, p.1981). Without doubt, nursing curriculum should be revolute in order to satisfy the aforementioned requirements.

The curriculum should reflect the philosophy, conceptual framework, and goals of the institution (Taylor, R., 1949, p.85; Walker, A., Newcomb, A. & Hopkins, W., 1987, p.199). Organization is an important problem in curriculum development. It is a must for educational experiences to produce accumulative effect. Three major criteria should be met in building an effective organized group of learning experiences which are: continuity, sequence, and integration. The process of evaluation is essentially the process of determining to what extent the educational objectives are actually being realized by the program of curriculum and instructions (Taylor, R.1949, p.84). So its evaluation should involves an assessment of content taught in each course, course objectives, teaching strategies, course evaluation methods, and the relationship of non-nursing courses to the overall plan of study. In addition, relation of contents to course objectives, and whether there are omissions or duplications of essential contents, or inclusion of non-essential, all should be assessed. Courses also should be assessed regarding to clarity, appropriateness to content, and the ease by which their achievement by students can be measured. Teaching strategies should relate to course content and objectives, and allow for achievement of the objectives (Watson JE. & Herbener, D., 1990, p. 318). When a

curriculum is to be evaluated, all stakeholders should contribute in its evaluation.

This means that data should be collected from graduates, faculty and employers. It is not only the product that should be valued, but also its impact on the society (Walker, A., Newcomb, A. & Hopkins, W., 1987, p. 200).

It is crucial for any nursing curriculum to be vivified. Vivification means "to bring something to life". So the term curriculum vivification implies to bring to life the individual courses of the curriculum-to take the "many" elements of curriculum and combine them into one living, growing, changing group of learning activities that are relevant to the society health needs, and appropriate to the students and school. Thus it is the beginning of a dynamic curriculum; a growing, changing, becoming that is always assimilating new elements, utilizing feedback, adapting, and innovation (Bevis, E., 1982, p.178).

Bevis, E. (1982, p. 79) indicated that desirable nursing curriculum should possess specific criteria. Those criteria are: consistency with conceptual framework, deriving and testing of its concepts in the real practice, responding to health needs, updating, using of effective and efficient technology, use of technology in effective and efficient manner, testing students' behaviors in real situations, production of capable graduates to deliver creative nursing care, and spending a reasonable length of time to accomplish goals.

While (Shaheen, V.1992, p. 22) added that for any nursing curriculum to be effective, it should be based on need assessment to solve the regional health problems, offer opportunity for continuing education, to be centered on students' qualification rather than on tutors' qualifications, ensure continuing supervision for the students, besides provide opportunity in real practice sites instead of ideal sites.

In any profession, it is essential to develop the professional identity. Understanding how student experience professionalism is crucial to provide appropriate educational

experiences to foster the aspect of professional socialization (Secrest, J., Norword, B. & Keatley, V. 2003, p. 77). Nurses' educators play a key role in the socialization of the new members to the profession. They focus on essential knowledge and skills for the nursing profession. And most curricula have a professional issue course that allows professional reflection (Secrest, J., Norword, B. & Keatley, V. 2003, p. 81).

For nursing to become firmly established as a research- based profession, it is necessary to equip all nurses with research skills, and this demands the integration of research application into nursing curricula at all levels. Even the students mentioned that those courses are equally important to the knowledge and skills, but they come late in the nursing programs, and should begin with the program-developing (Tetley, J. & Glover, J. 1999).

Bany Owda, A.(1999, p. 47) concluded that both of nurse educators and students nurses in Palestine expressed their feelings of having a great problem regarding usage of scientific researches by teachers in drawing the educational plan for developing curricula, while the students expressed their feelings of having a moderate problem regarding the effectiveness of curricula . In 2001, a study was conducted by the Palestinian ministry of higher education and Ministry of Health in cooperation with Welfare Association aiming to assess nursing education programs for accreditation. One of the several methodologies used was eliciting of the programs graduates' responses on their educational preparation to practice as professionals in their fields. The majority of respondents (85%) mentioned several strengths points. Some of the most important strong points were clarity and comprehensiveness of curriculum, concentration on theoretical competency, and offering courses such as computer (MoH, MoHE & Welfare Association, 2001, report no 4, p. 55-56). Unlike Walker, A., Newcomb, A.& Hopkins, W. (1987, p. 199) who assessed the graduates perception of psychology department at University of Richard regarding the

curriculum, the graduates stressed their need for educational experience of effective written oral communications, and preparation for decision making. In addition, they suggested great structure and focus in the curriculum (Walker, A., Newcomb, A. & Hopkins, W. 1987).

In 2000, Zembruski, G. examined the retrospective perceptions of new graduates AD nursing on their gerontological nursing course. A great portion of respondents felt that the gerontological course benefited them, and most of them believed that their preparation was sufficient (Zembruski, G., 2000, p. 325).

In England a new approach of partnership curricula was proposed for sixteen nursing colleges. Main elements of the curriculum were: provide more flexible career pathway into and within nursing and midwifery, increase level of practical skills within training programs, and delivery a nurse training system that is more responsive to the need of national health services (Sholes, J. et.al., 2004, p. 4).

Regarding curriculum, the amount of the curriculum delivered through enquiring based learning and its timing should be critically revised. Adult branch may be divided into two branches : acute & critical care and primary care to emphasis better fitness. There is evidence of far greater collaborative and shared responsibility for student learning in workforce planning. But rapid increase in students' number has overwhelmed placement capacity and compromised a consistency good environment in practice and in some cases in academic settings. Sometimes, it results in students not being able to acquire certain pre-registration skills, and has cast doubt onto the quality of supervision and facilities of practice learning.

Generally, some students had a consistently better experience than others and this was linked to the universities in which they learn. The committee of evaluation recommended further research (Sholes, J. et.al., 2004, 1-225).

Jhonson, R. (1998) assessed the Australian students' perception toward quality of courses. The results show statistically significant differences in graduates perception according to gender, score and versus post or undergraduate programs. Sharma, R. & Thasnpark, U. (1999) assessed the graduate perception of Thai University in Thailand using the pre-mentioned instrument used to assess the quality of teaching and make a comparative study. The results showed lack of significant statistical differences in: expectation of standard academic work, academic motivation for students and developing of analytical and problem solving skills between graduates of both countries. Although, the perceived overload work by Thai students was greater than that applicable by Australian students related to cultural differences. Additionally, Thai student were more aware of program expectation than Australian students due to clearer constructed curriculum. Besides, Thai students' perception toward efforts paid by academic staff was greater than Australian (Sharma, R. & Thasnpark, U., 1999, p. 3-4).

2.3.4.4 Clinical Practice

"Nurses are made on the ward not in the classrooms" (Cuthbert, P.,1996).

Although the complex social context of the clinical workplace has been acknowledged, the characteristics which define the working/learning environment of nurses have not been sufficiently identified and defined (Hart, G. & Rotem, A., 1995, p. 3).

However, despite of emphasizing that clinical practice is crucial for student nurse learning, the clinical instructors struggle to identify their role in the clinical areas (Owen, S., 1993, p. 825). Owen, S. (1993, p. 816-825) further concluded that nursing teachers need to adopt a multi-dimensional role in the clinical areas: working as researchers, teachers and change catalysts. She argued that many teachers have inadequate knowledge for practice, and they remain strictly adhere to the theoretical curriculum. So many students perceive them as they can not teach them adapting skills to deal with

constantly changing demands of clinical practice. She added that the current role of the teachers in clinical areas in its form is ineffective. So she developed a project to explore a new role on one psychiatric ward while working in collaborative manner with the permanent ward staff. She assumed that they will develop a good learning environment which will enhance the students learning. Congruently, (Abu Awad, A. & Hirschfeld, M., 2006, p. 20) said that enabling nursing teachers and practitioners to create quality clinical settings is an additional educational challenge. Nurses must share the responsibility for students to learn practice of nursing with excellent role models and under close supervision. This goes with Donaldson, J. & Carter, D. (2005, p.355) who investigated how their educational programs prepared the undergraduate and diploma students for clinical practice in two institutions in Scotland. All the students spoke and gave examples of incidents in which they witnessed "good" and "bad" clinical role models, and identified role modeling as extremely important within the clinical learning environment. In another study, Midgley, K. (2006) investigated the pre-registration student nurse perception of the hospital-learning environment during clinical placement. The findings showed that the students need higher level of individualization, innovation in teaching and learning strategies, students' involvement, personalization and task oriented.

Kannoo', N. (2004) evaluated the practical skills of trained students in Palestine College for nursing. The result showed high percents for both male and female (89.2% & 83.48% respectively) related to the personal and professional behaviors which doesn't depend on experience or skills. While the average percent about learning and self learning skills were 80.9% for males and 70.75% for females. This was because of low grades given by female teachers to female students as the researchers indicated. So there was a significant statistical difference in the level of basic nursing skills related to the sex variable. The results also showed that the fourth year and third year students were better

than the first year and second year students regarding the basic skills level. Besides that, the results denied the effects of accumulative average on the acquiring of basic skills. As well, in 1970, Dillworth expressed her feeling about the need for collaboration with physicians in nursing educational planning to ensure comprehensive health care for Americans (Steel, S. Akanbi, D. & Ptak, H., 1978). Also in a study carried out by Baillie, L. (1994, p. 1058), the feeling of teachers about participating in the clinical practice, teachers expressed uncomfortable feelings toward the level of practical training. For Palestinian nursing colleges, limited clinical sites for training became a clear problem since 2000 due to closure and checkpoints by the Israeli occupation. This situation has limited the variety of students' clinical experiences by decreasing the number of available clinical sites. WB students were not allowed to practice in Jerusalem health settings, where students of GS were isolated in very small and specific regions within the GS itself. Several nursing schools have tried to manage the problem by adding evening shifts to their training schedules (Abu Awad, A., 2000, p. 5). Particularly, both nursing educators and students expressed the presence of moderate problems in insufficient preparation in clinical in ratio to theoretical preparation (Bany Owda, A., 1999, p. 47, 52).

However, (MoH, MoHE & Welfare Association, 2001, report number 2, p 12-13) reported the establishment of several activities to augment the nursing practical training in miscellaneous health care services. These activities consisted of: establishment of standards for evaluating the training settings, establishment of standards and protocols for training, training of preceptors, asserting of code of professional conduct, and training nurses about the quality concepts. Nurse educators are also enmeshed in an environment in which the nursing profession is striving to improve its image and to establish a

baccalaureate as the minimal entry to practice (Barrett, M., Goldenberg, D. & Faux, S.1992, p. 1003).

Baillie, L. (1993, p. 1043-1053) concluded that there are three essential factors affecting the teaching of student nurses in the clinical areas. These factors are teachers, students and places. All these factors are communicated, correlated and overlapping, since there are mutual effects among them. Additional factors that affect students are:

communication manner, degree of satisfaction and its relation with the teachers dealing and pre-joining to the program. Factors that affect place include: clinical practice and its depth, chances of various experiences, and contact with other places. While teachers are affected by: trend, his/her relation with the students, and the program, students' perceptions toward teachers' professionalism and validity and facilitation skills. Nahhas, V. Nour, V. & Al- Noubani, M. (1999, p.326) revealed that the overall Jordanian undergraduate nursing students rated the professional competence of the clinical teacher as the most important characteristic. But the second year students rated the relationship between the students and clinical instructor as the most important, while the fourth year students rated the personal qualities of the instructor as most important.

Arthur, D. & Usher, K. (1994, p. 680-684) assessed the effectiveness of and development of clinical training settings for nursing students in Australia. The results showed that the settings offer possible chances for training strengthen the relation between nursing college and health service institutions and develop positive relation with the students. Besides that they support the future research studies. Whilst, the college offers environmental challenges to facilitate the students' training.

A central evaluation was made of Swedish University Colleges of Nursing education showed that 10 colleges provided education which couldn't be considered to correspond to the required level of higher education. No university college of nursing education has

yet been accorded the right to provide education for the bachelor's degree (Kapborg, I., 1998). Kapborg, I. (1989) found that nursing students, who had been working as assistant nurses, had problems in adopting the role of a professional nurse. Therefore the 2-year nursing education program was abolished in 1993 in Sweden, especially after its entry into the European Union.

Hart, G. & Rotem, A. (1995, p. 3-10) explored the perceptions and experiences of registered and students nurses. The finding confirmed the significance of a social context of learning within nursing practice. The clinical learning environment has a significant impact on nurses' perception. The identified variables provided a focus for administrative and educational initiatives to support the professional development, and the practice implications insisted the value of collaborative approach between administration and education.

Credentialing of units within healthcare organizations which evidence such qualities may be one way forward in meeting contemporary healthcare agendas and developments in the 21st Century (Chin, H., Nichole, E. & Dip, P.G., 2000).

2.3.4.5 Admission criteria

Admission criteria are essential in any educational program. Through which, the quality and quantity of prospective students are determined. Equity and fairness are crucial for any condition of acceptance.

Admission criteria were routinely based only on school academic scores, but recently it began to be broader. Selection by matriculation alone is no longer desirable nor equitable (Marley, J. & Carman, I., 1999, p.455). In Australia written exams of logical reasoning and problem solving, interaction skills and non-verbal reasoning, structured interview and oral assessment began to form new approach for admission in medicine and health sciences, known as Undergraduate Medicine and Health Science Admission Test

(UMAT) (Tumbull, D. et.al., 2003, p.1115). Four case studies were conducted by (Tumbull, D. et.al., 2003) to investigate the effectiveness of the new approach, and the findings indicated positive interim outcomes as a consequence of the change. Besides, less withdrawn from the course was detected than students accepted via traditional approach. Congruently, Bore, M. et.al (2005) suggested including of moral orientation in medicine admission criteria. They expected that will be projected on more moral decisions made by future doctors. While Lumsden, M. et.al. (2005) asked this college to include personal quality assessment for students' acceptance.

Where medicine is dominant in most developed countries, studies supported the commonly held belief that clever students study medicines whilst those that are not as clever become a nurse (Day, R. et.al., 1995, p.364). However, Brodie, D. et.al (2004, p.730, 733) emphasized that many of nursing students were misconceived nursing professing before either due to social undervaluation of nursing or improper media. They suggested that a new direction in nursing student attrition is needed.

Regarding nursing, special characteristics, such as commitment and physical fitness, in addition to knowledge of English language are required. Many nursing college determine specific requirements for nursing acceptance, such as: proficiency in math calculation, certification in nursing aid, and English language competency (Undergraduate nursing student Handbook, Fort-Hay State University, 2005, p. 25, 27). Sewart, J. (1996) asked students of College of San Mateo about specific nursing program prerequisite, and most of them indicated that those prerequisites make significant contributions to the students' success.

Helms, L. & Thompson, E. (2005) asked for acceptance of disabled in nursing anesthesia programs. They emphasized the importance of detecting specific physical and mental criteria for admission according to the tasks required.

In Palestine, each nursing college has its own condition of acceptance and this condition may be changed from time to time. Some college incorporate personal interview in the process of acceptance, while others use English exam. Usually, students who were accepted in nursing programs were Tawjeehy graduates form science branch. The acceptance of students from Tawjeehy literature branch in nursing was subject to huge discussion and negotiation. But in the last few years, nursing colleges in GS started to accept graduates from both science and literature branches from Tawjeehy into their nursing programs.

2.3.4.6 Students Feedback

Students traditionally are evaluated throughout their academic careers so that their learning for each course of study can be assessed using several methods such as written and oral assignments, paper and pencil examinations, and clinical performance appraisals, values are assigned that reflect the student's achievement in a given area (Watson, JE. & Herbener, D., 1999, p. 320). In addition to reflecting a particular student's achievement, such evaluative measures also reflect program effectiveness in particular areas. Perhaps essential content is missing or course objectives are not reflected in testing instruments. Other student evaluation methods include the use of standardized tests, such as National League for Nursing (NLN) examinations, although these are more summative in nature and test general nursing knowledge rather than knowledge specific to particular course objectives (Watson, JE. & Herbener, D., 1990, p. 320). As a new approach for student evaluation in the clinical areas, Jackson, R. (1987) examined the effectiveness of using daily discussion to enhance contact between students and college, and usage of this discussion as a tool for daily evaluation of the students. The results depicted that daily written report can give a clear feedback for the teacher,

and draw an image about the clinical experiences, and nursing world from the view of the students.

2.3.4.7 Availability of Facilities

Verhey, M. (2002) found that vast majority (95%) of graduates of postgraduate programs in SFSU university at the year 2000/2001 considered library services as the most important facilities provided to them. They evaluated the provided services only with 53.6%, and references availability with 38.9%. Consistently, Kimani, G. (2005, p. 74-75) studied the perception of university graduates of Nairobi university in Kenya from 1991-1998. The results showed that graduates lowly rated physical facilities provided at universities. Counseling services was rated as 20%, catering facilities as 21%, availability of technical components as 23%, and recreational facilities as 26%. This low rated was with rationale due to rapid expansion of universities in Kenya in recent short period. Also, when (Richardson, A., 2005, p. 7-8) collected comments from consecutive three years of graduate Destination Survey at Australian University, using Leximancer software for analysis, the most frequented comments (41%) were given for improving support system such as library, skill laboratory, and student administration, in comparison with other components. Richardson, A.(2005) studied the graduates feedback on the quality of their courses. He founded that 40% of graduates comments mentioned issues related to services and infrastructure (specifically facilities, library, students administration, support services and academic help) need to be improved. This goes with Al-Houly, E. & Abu Dagga, S. (2004) who found the worst perception among graduates of graduate studies programs in the IUG was toward insufficiency of doctoral and post-doctoral degrees and lack of availability of references. Congruently, one of the most limitations in development and progress of graduate studies in the Iraqi universities was

deficit in equipment and laboratory equipment besides lack of references (Dakhil, G., 1994, p.164).

Similar results were reflected by Palestinian nursing students in a survey conducted by the MoH, MoHE and welfare association in 2001. Of the subjects 75% expressed the first weak point in the program in which they study was the resources and facilities (MoH, MoHE, & Welfare Association, 2001, report 4, p. 6-12). El Ansari, W. (2002 (A) p.169) reported that the students become less satisfied with the references as they are more progressed level than they are in the first level.

However, the students of the graduate studies in Sanaa' University in Yemen expressed the availability of books and references in acceptable degree (Soufy, M. & Hedaby, D., 1998, p. 95), which differs from the findings of (Al-Houly, E. & Abu-Dakka ,S., 2004; Verhey, M., 2002; Kimani, G.,2005; Dakhil, G.,1994).

2.3.4.8 Graduates' Satisfaction

Bany Owda, A. (1999, p. 55, 72,75) mentioned dissatisfaction among Palestinian student nurses against coordination among nursing faculties and financing the nursing education. While they were more satisfied toward qualification and curricula. The findings showed lack of statistical differences regarding sex, and level of study. Regarding financing, the result depicted less dissatisfaction among students of governmental colleges than private institutions, while satisfaction regarding curricula and qualification was not affected.

Besides the results showed effect of residency on the student satisfaction. The feeling with problems was higher in RamAllah and Bethlehem than in Gaza. The researcher interpreted that due to presence of higher degrees in those areas than in Gaza, specifically teachers with higher degrees expressed more feelings with the problems.

El Ansari, E. (2002 (A), p.159-170) investigated the effects of four demographic variables (gender, disability, ethnicity and age) and three educational –related parameters

(academic level, mode of study and qualification aims) on 460 students' perceptions and satisfaction level. Almost all the participants were female, without disabilities. The findings showed no significant statistical differences in the respondents' satisfaction in terms of gender and disabilities. However, no specific trend was detected either among males or females, while disabled were less satisfied. On the other hand, there were significant statistical differences in the respondents' perception according to age and ethnicity; it was clear that older students were more satisfied than smaller. Additionally, the level three students were less satisfied with the interest with knowledge and availability of references. Which means the less favorable perception with increased academic progress?

Winson, G. (1995, p. 53-38) assessed the demographic differences between BSN degree and diploma student nurses in UK. Nearly three quarters of respondents were satisfied with their courses. Over 90% of all the students said that they thought they would complete the course, qualify and register as a nurse. More diploma than bachelor students said they liked the informal learning environment and helpfulness of the tutorial staff. And they expressed their dislike of coursework and exams more than bachelor degree students.

Verhey, M. (2002) studied the satisfaction of postgraduates' students in SFSU university at the year 2000/2001. In general, they appraised: teaching methods, educational climate, training experiences, general satisfaction, staff attention, and curriculum with general range around 80 %, while they evaluated the provided services only with 53.6%, and references availability with 38.9%. This is relatively congruent with Kimani, G. (2005, p. 68-85) who studied the perception of university graduates of Nairobi university in Kenya from 1991-1998. The results showed that 63% of graduates were between 25 & 35 year, 745 of them were male while 26% female, 43% of them single and 57% were

married (p.70). Generally graduates were satisfied with academic aspect of their degree program. Overall, irrespective of the area of study: the scope of coverage of courses was 68%, teaching quality of lectures was 65%, and content with fellow students were the most highly rated aspects. Other well- rated aspects were testing grading system in examination which was 61%, structure degree programs was 61%, and adequacy of teaching staff and supportive offered during final examination was 56%. Graduates lowly rated physical facilities provided at universities. Counseling services was rated as 20%, catering facilities as 21%, availability of technical components as 23%, and recreational facilities as 26%. This low rated was with rationale due to rapid expansion of universities in Kenya in recent short period. The results also reflected absence of major aspects related to sex issue and graduation year, although graduates between "1991-1993" showed more aspect than graduates of later years. Regarding their satisfaction toward knowledge and skills, 83% of them felt they were acquired high extent broad general knowledge, 66% felt having field –specific theoretical knowledge, 59% felt having field –specific knowledge and methods. However, they didn't feel qualification in foreign language (16%), computer skills 24%, and understanding complex social context 38%. The course content of the major subject of the study was useful 85%, while research emphasized was found to be least useful as they perceived. Congruently, Richardson, A. (2005) studied the graduates' feedback on the quality of their courses. He founded that nearly one in five comments high light the appreciation of the practical and work relevant nature of the course, skills developed, and experience gained. Comments related to the quality of staff, their teaching methods, their skills, and access stretched between being appreciated by graduates when the staff were understanding and helpful, and tended to attract criticism regarding the quality of staff.

Al-Houly, E. & Abu Dagga, S. (2004) evaluated the graduate studies programs in the IUG from the graduates' perceptions. They found that those programs were highly qualified to meet the students' needs. The graduates gave high values to the qualifications and effectiveness of: academic supervision, teaching methods and availability of modern audiovisual aids, while they reported need for developing research services for the students. The worst perception was toward insufficiency of doctoral and post-doctoral degrees. Al-Bouhy, H. & Assada, F. (1995, 173, p. 186-191) studied the relationship between graduate studies students' satisfaction and their achievement, as evidenced by accumulative average, in addition to other factors such as: age, gender and type of study. The satisfaction test included: study requirements, program's ability to achieve students' objectives, degree of choice freedom, and communication styles. They emphasized that the satisfaction affects the achievement more than the achievement affects the satisfaction, agreed with Seldin, P. (1984, p.89). The study revealed that there was a statistical relationship between satisfaction and achievement, beside that satisfaction was affected by gender, but not by age nor by study's type. The result is congruent with (Crunkilton, J. et.al., 1987, p. 11) who revealed higher satisfaction among females than males, when assessed the satisfaction study examined the effect of: age, gender, occupation, and ethnic origin of the students. But this result opposed the result of Lal, Y. (1999) who found that there was no effect of gender on the degree of satisfaction among students in some educational colleges in selected Saudi Arabian universities (Lal, Y. 1999, p. 27).

Kapborg, I. (1987) investigated student nurses' perceptions of their own education, mainly, the program design and its relevance for future practices. The student perceived the practical training as a particular valuable, and reported an opinion that the medical content of their education should be extended at the expense and content dealing with

nursing and nursing ideology and scientific philosophical preparation for research and development. To obtain a picture of the relevance of education to professional practice, Kapborg, I. (1989) carried out a study using the same nurses as participants who were used four years ago in another study. The first study was done immediately after graduation, while the other one was done four years later. The nurses were asked about how they perceived their education in relation to their current work situations. They were fairly satisfied with both their education and their work situation. Generally, they were more positive than they had been immediately after graduation. The researcher may interpret that due to gaining of experience and contact with the real nursing profession.

Adam, M. (2002), assessed the perception of the practical application of students toward effective teaching in the semiotic education department at King Soo'ud University. The students pointed to the teaching method as the most determined activity with great weight, then the organization and management, and finally organization and educational development. While they rated the feedback as the least determinant activity.

Soufy, M. & Hedaby, D. (1998, p. 95) evaluated the graduate studies in Sanaa' University in Yemen from the staff of teaching and students' perspectives. They found that graduate studies focused on: final examinations, essay exams, and on the cognitive domain.

Where Dakhil, G. (1994) found that the most limitations in development and progress of graduate studies in the Iraqi universities were: deficit in doctoral degrees among teaching staff, and opening of new programs without sufficient preparation.

Research Center of Nursing College at Manitoba University used to conduct annual survey to assess graduates' and employers' perspective toward college competencies. The findings through the years from 2001-2005 reflected that most nursing graduates indicated that nursing program has prepared them to meet each of the entry level competencies identified by the college. They saw skill lab and clinical practice as most

helpful in preparing graduates for their career followed by the course content and amount of clinical practice. Overall, students acknowledge the staff as being helpful in preparing them for the career. No statistical significant differences between years of graduation, except some more positive perception among 2002 graduates regarding competencies than graduates of 2001 (Guse, L. et al., 2004).

In a survey done, about 90% of all graduates of 2002-2003 of Green River University were satisfied regarding the program, while 49% of them would definitely choose the university again if starting college again, but 43% of them may choose it again (Green River University, annual report, 2004). Congruently, the annual report 1998-2001 of Dalton State College showed that majority of the nursing program graduates expressed satisfaction with their nursing educational preparation (99% of them were very satisfied or satisfied). All the respondents said that they would recommend it to someone who wanted to major in nursing and that they would select it if they had to do it all over again. (Dalton State Annual report, 2001, p.1-2)

Inconsistently, shortage of doctoral-prepared faculty members was also the most problem faced nursing academization in Israel (Bergman, R.,1986), and both are congruent with Hirschfeld, M. (2006).

Awad, Y. (2004) studied the graduates' perceptions toward continuing education in Palestine. The respondents reported highest level of perception with content domain, followed by competence gained, outcomes, teaching approach, learning organizations and learning resources. The study revealed that respondents increased their knowledge and new concepts, such as managerial, research and statistic skills and follow-up and supervision skills.

2.3.4.9 Theory-Practice Gap:

The theory-practice gap has always existed in nursing and has been widely written about (Allan, D. & Cornes, D., 1998, p. 866). Transition process from being students nurse to being staff nurse was referred by Kramer, M. (1974) as "reality shock".

Yassin, T. (1994, p. 184) suggested two reasons leading to existing such as this gap. The first is due to over idealism of some theory, while the other is no implication of practical and beneficial theory either due to nurses' ignorance or due to rigidity of systems.

Knowledge alone, and developing of practical guidelines even considered important, they are rarely by themselves sufficient to change practice. Several factors such as access to these guidelines, environmental factors, professional inertia, and perceived usefulness, all may affect (Watt, b., Entwistle, a. & Sowden, G., 1996, p.121). They added despite of developing of several strategies to overcome these obstacles, no one had showed success in all circumstances, and relative effectiveness of different implementation in different context supported.

Giger, J. & Davidhzar, R. (1990, p. 129) suggested not to distinguish between classroom teachers and clinical instructor, and to assigning both tasks for the same teacher in order to bridging the gap. Kenny, G. (2004, p.95) supported that the preparation of nurses for clinical practice has always been a continuous issue, and there is a need for faculty to focus on better alignment of goals between education and practice.

During 1960s and 1970s, cooperation between nursing education and services sectors focused on nurse manpower planning and production to maintain integrity of each theory and practice. Ministries of several countries did collaborate in making estimate of national requirements. During 1970s and 1980s, the focus was reoriented to the needs of strengthening nursing education in preventive and social health, in order to achieve the

goal "Health for All by 2000". Nurses were demanded to provide health care in those areas responsive to societal needs (Jerusalem Cultural Center, 1994).

Nursing education today emphasizes the integration of theoretical knowledge and clinical experience-based knowledge. Theoretical and practical knowledge are seen to be equal contributors to the subject of nursing. An understanding of the nursing as a subject is acquired through academic teaching and practical studies and by reflection on ones' experience (Granurn, V., 2004).

DuchScher, J. (2001) explored the experiences of five nurses regarding their first six months induction in acute care facility. All of them expressed great level of frustration during the first months. That frustration was a result of their desire to deliver quality nursing care, while colleagues had neither: knowledge, time, focus, nor energy to do so. The transition from academic situation to real field was traumatic for them. Congruently, Andersson, N., Cederfjall, C. & Klang, B. (2005) when asked 18 newly graduated nurse to write down their experience regarding working in pediatric hospital in Sweden. The nurses reported need for developing more knowledge and skills.

Granurn, V. (2004) mentioned that knowledge fields must relate to practical and a clinical field to greater context. And teaching methods could be more valid and changed to be based on the learning abilities of the students and practical characteristics.

Zembrizuski, G. (2000) indicated that changes in the world of health care and the fluctuation in the job market for new graduate nurses should have promote the educators to re-evaluate and question the nursing curricular contents carefully. Partnership between education and practice should be expanded to develop creative extern, intern, and residency programs for students, graduates and nurses in practice lifelong to promote competence and enhanced knowledge. These issues should be emphasized especially in

AD nursing program to enable graduates to fill the gap between the theory and practice (Mahafey, E., 2002).

Nursing education will be challenged to shift its curricular foci to prepare graduates, who will effectively perform in the future health care system (Diede, N., McNish, N. & Goose, G., 2000). Muller, A., Johnstoon, S., & Bopp, C.(1995) suggested that the student should obtain strong foundation in the nursing process, collaborative practice and lifelong learning principles to meet the challenging for changing health care system. They identified: critical thinking, communication techniques, teaching skills and assessment to be emphasized within any curriculum. In addition to pay more attention for gerontological care and health care economic.

The real concern of nursing, of nurse educators and nursing service administrators alike, is that practitioners of nursing be prepared and employed in a manner that promotes the nursing care of patients. This is not a new concern or a concern of a few, but rather of nurses generally. We can no longer fail to prepare and use nurses honestly. Nursing destiny is indeed the concern of nurses.

Abu Awad, A. (2006, p. 5) mentioned that lack of standards, guidelines, and role clarity between teaching and practice staff are major challenges during clinical training for students. The students become easily discouraged by differences between what they learned in college and what they see in real practice. While nursing students perceive that it is their responsibility to apply the skills taught in the academic environment, although it may not appear for first time to be directly relevant to the reality of nursing. They feel that the increased demands on nursing profession mandate them to deal with the gap between required performance depending on the holistic education, and the performance required in the actual reality of the health care system (Bbnayahu, M., 2006, p. 17). The faculty needs to actively establish clear communication with their students to

manage such situations. The faculty also needs to concentrate on standards of care and avoid personal conflict with the staff on the unit, which might affect future training at their clinical site (Taylor, P., 2000, p. 173).

In 1986, a trial to bridge the gap between education and service was done in India. A committee of educators from bachelor nursing program faculty in South Bend, met with a regional long-term chronic care hospital to form a peer council. The council aimed to update the procedures carried out in the hospital, and the college wanted to facilitate ideal situation for its students. Through collecting data from nurses and students who actually performed the procedures under scrutiny. As a result, the council reviewed and revised existing procedures, besides audiovisual materials available for staff in both settings (Giger, J. & Davidhizar, R., 1990, p. 129). Another trial for providing opportunities for undergraduate nurses to integrate their theory and practice, and facilitate professional growth and development, longer-year mentorship program was applied for 39 students in the period 1999-2002 in Australian nursing college. Students had access to their mentors not only during university planned clinical practice, but also at other times. The majority of the students found the program as "valued" and provided opportunities for them to be guided and assisted in doing psychomotor skills, providing patient care and overall professional development (Van Eps, M. et.al, 2006, p. 2,5)

The students should master the procedures in the skill lab within the institution before getting into direct contact with the real experience. The content of the clinical practice should be congruent with the taught material. A mutual clear communication should be maintained between clinical instructors and theoretical teachers to ensure minimal theory practice gap and optimal achievement of intended course objectives.

2.4 Challenges Facing Palestinian nursing Education

Studying nursing is a challenge for many students; however, teaching nursing is even more challenging and the challenges begin from the first day of admission (Abu Awad, A., 2006, p. 4). Nursing profession needs students and teachers with specific characteristics, but not all of them have such characters. This besides, lack of sufficient nursing educators, specially at university level, presence of several levels of nursing education and several supervisory organizations (Sultan, F., 1998, p. 259). For example, in Palestine, there is no clear job description, however nurses working in health care settings hold AD, BSN, and master degrees, making difficulties in preparing of future nurses. Besides that, in GS, some colleges are supervised by MoHE, while others are supervised by MoH, and the final outcomes are so various. Particularly, almost all Palestinian people live in highly stressful unstable situations, and this makes it so difficult for educators to transfer a caring attitude for the students (Abu Awad, A., 2006, p. 4). Political situation facing Palestinian people such as isolation and poor economical situation form great barriers in front of nursing education. For example, however of large number of master degree holders, the fields are very limited and doctoral degrees in specific fields in nursing are very rare (PCH, Abu Awad, A., 2006, p. 7; Bany Owdeh, A., 1999, p.78) especially in GS. This is because of preventing large number of Palestinian people to travel abroad and lack of scholarship in such these fields, and logically this contributing to slow advancement in research and nursing development. Another challenges facing nursing education in Palestine are associated with crowded classes, inadequate modern technology, limited resources and lack of student services (Abu Awad, A., 2006, p. 6; Baney Owdeh, A., 1999, p. 54). Specially, many nursing skills are complex and may require repeated demonstrations before the students is being asked to tackle them. The situation becomes more difficult for students who are not well

equipped with English language, since all the textbooks and references are present in this language. Imperfect clinical settings either due to inaccessibility or insufficient number may form one of the greatest challenges (Abu Awad, A., 2006, p. 5). Another time, frequent separation prevented many students and teachers from reaching the clinical setting, so they are obligated to strict to limited number, and the problem aggravated with the great number of trained students.

However, there are numerous nursing programs in both WB and GS; lack of coordination among these programs is considered a great problem as perceived by nursing educators and students (Bany Owdeh, A., 1999, p.78; Matter, M. & Nai'm, Z., 1994, p.196). In addition, insufficient finance is perceived by nursing educators as great problem since it lead to lack of scholarship, scientific modern library and development programs(Bany Owdeh, A., 1999, p. 49).

"The nursing profession in Palestine at present is characterized as a structure with no regulatory body, with a variety of nursing education programs that result in a wide diversity of standards" (Jerusalem cultural center, 1994, p. 4). This diversity made a shadow on nursing curricula in different colleges (Baney Owdeh, A., 1999, p. 99). Each nursing institution has its own curricula, compulsory hours, rules and regulations and conditions of acceptance (Jerusalem cultural center, 1994, p. 196). However, the Accreditation and Quality Assurance Commission (AQAC) in MoHE has taken the leading role in controlling nursing programs. All nursing programs went through a comprehensive assessment process via self-evaluation in 2003. This process can positively contribute in organizing the database at college and national level (Abu Awad, A., 2006, p. 7). Another un-negligible challenge facing Palestinian nursing education is the asocial image toward nursing in general, and female nursing education in particular. Besides, as mentioned before, nursing is not considered as profession of intelligent

persons. This image may affect negatively the quantity and quality of nursing students, and adds additional challenges in front of nursing educators.

2.5 Summary

Despite the literature emphasized the importance of evaluating educational nursing programs, a including several dimensions a great dispute argued the involvement in students and graduates in such as evaluation. However, several studies discussed various dimensions of graduate satisfaction in terms of curricula, communication, teachers' fitness, facilities and practice, and a lot of studies emphasized the concept of quality in university education. Barrett, Goldenberg & faux (1992); Mackenzie & Mackenzie (1995) emphasized the pressure facing nursing college to meet the quality standards, while Al-Houly, 2004 and El-Ansari focused that all the resources should be directed to ensure the quality, including the infrastructure and the environment.

A great argument was clear regarding including of students in the teachers evaluation or not. Cameron, 1981; Hearn, 1985; El-Ansari, 2002; Mahafza & Samerai', 1996; marsh, 1987 and Playle, 1996, while Cuthbert, 1996 debated the students' ability for judgment.

One of the major dimensions of quality was the teachers' competence. To conduct a holistic and objective evaluation for the teachers several methods should be used as emphasized by Athubaity & Karni (1993) and Mahafza & Samirai' (1996).

McHaffie,1998 argued that the teacher should have teaching skills besides the science, while Myrick (1991) and Owen (1993) defined the teachers' tasks as: teaching, counseling, researching, publishing, being a role model and engaging in the community services.

Another dimension was the teacher- student relation ship. Kabbalah (2006); Plaut, (1993); and Wubbles (1993) insisted the importance of good and fair relation ship among the students and teachers. Consistently, Savage & Favoret, 2006 mentioned the need for

nursing educator to assess the personality of the students, while Fraser & Aldridge, 2001 studied the effect of teacher student interaction on the students' cognitive outcomes.

Watson & Herbener (1990) focused their evaluation on the nature of the curriculum.

Allen, 1990; agreeing with (Hokansen-Hawks & Hormek, 1992), emphasized the need for nursing curriculum to shift from depositing the information toward empowering the students. Bevis (1982) and Shaheen (1992) defined the main components of educational evaluation. Baney Owdeh, 1999 expressed the Palestinian teachers and students regarding using of scientific research to develop the curricula, while MoH and Welfare Association (2001) reflected general satisfaction among Palestinian students.

However, clinical Practice considered the core of nursing education; Hart & Rotem (1995) argued insufficient definition of the learning environment. While Owen (1993) emphasized the multidimensional role of the clinical instructors.

Several studies such as: Marely & Carman (1999); Tumball et.al. (2003) and Bore et.al. (2003) discussed the need for reviewing the admission criteria and focusing on personality and characteristics rather than the accumulative average.

Literature showed dominant dissatisfaction toward availability of facilities, such as studies of: Verhey (2002), Kimani (2005), Richardson (2005), Dakhil (1994) and Al-Houly & Abu Dagga (2004). Incongruently, Soufy & Hedaby (1998) showed students' satisfaction regarding the facilities. However, literature documented general appreciation for curricula and teachers.

In addition, some challenges facing nursing education were identified by Abu Awad, (2006), Sultan (1998) and Baney Owdeh (1999). One major obstacle was presence of theory practice gap.

Next, the researcher will project the current framework and study terms in a simplifying manner in the next chapter in the light of the previous literature.

Chapter (3)

Conceptual Framework

3.1 Introduction

Conceptual models attempt at organizing and donating a symbolic representation of conceptualization of phenomena with a minimal use of words (Burns, N. & Grove, S., 1997, p. 139). Framework is the conceptual cadre of the study that used to guide and preside the research process, aiming to ensure the greatness of meaningfulness and generalizability of the research findings. Evaluation is the process of judging the degree to which the educational process had achieved its goals and objectives in the best possible condition (Abdul-Mawjood, I., 1982, p. 69). It also tries to detect the weakness points and make suggestions for new methods to overcome those detected defects. There are several definitions for evaluation based on the various manners of evaluation. The simplest concept of evaluation is judging the evaluated object to give it a value, while the more developed concept relates the value with followed activities (Shaheen, V., 1992, p. 87). The author in this study used the outcome analysis (summative evaluation) for evaluating educational nursing programs offered at Gaza Colleges as perceived by their graduates. Shaheen, V. (1992) considers that there are several factors contribute to the success of the nursing education process. Those factors include: the program characteristics, teaching staff qualification, students, teaching task, settings and facilitations, administration, and organizational climate (Shaheen, V., 1992, p. 91). Since the goal of this study was to evaluate nursing programs from new graduates' perspectives, the scope of this study was limited to this part.

In this chapter, the researcher depicts the ideas extracted from the different evaluation concepts related to nursing education and incorporated them into the conceptual framework (Figure 1). The framework as illustrated in the figure consists of 7 main concepts which are: criteria for admission, characteristics of subjects, technical components (teaching staff, curriculum, methodology and practice and evaluation) and support system. The criteria for admission and subject characteristics form the input of the process. After the student is admitted s/he will be within the process which is composed of several parts. One of these parts is the technical components which include curriculum, teaching staff, methodology and practice. Besides that, support system that includes skill lab and library works as foster power for the system. All the previous components affect the whole educational process. At the end of the program, the graduate's perception will be formed as a summative interaction with whole process during the study period.

3.2 Dimensions of the Evaluated Programs

3.2.1 Criteria for Admission

It refers to the predetermined requirements for acceptance of the students into the program. Admission criteria may include: age, grades, branch of secondary school and passing an interview or examination. Admission criteria are considered the chief detector of the guarantee of the future students' quality. They should be based upon the level of the curriculum and the needs of the society.

3.2.2 Curriculum Appropriateness

This part includes the courses taught through out the nursing program, their order and their contents. Another important components of effective curricula is the evaluation

system which forms the security valve of the program. Crucially, curriculum should be philosophically based and congruent with the program goals. It must be designed to satisfy the needs of both of the nursing profession and society. Depending on the curriculum, the quality of the future students can be determined and therefore the admission criteria should be established.

3.2.3 Teaching Staff Competencies

A nurse educator is a registered nurse who is employed in a full-time or part time teaching position within the clinical settings or at the college of nursing. This term is used synonymously with the term teaching staff (Barrett, M., Goldenberg, D. & Faux, S., 1992, p. 1005). They are responsible for establishment and modification of the curriculum and selection of the proper teaching methods. Also, they could make their input in determining admission criteria and support system needed within the college.

3.2.4 Teachers-Students Relationship

Teachers-student relationship refers to the manner of communication and dealing between teachers and students. Past studies of interpersonal teacher behaviors have indicated that it is strongly related to student outcomes. All students should be treated equally, and there should be no favorites.

3.2.5 Clinical Practice and Theory Practice Gap

Clinical practice correlates both of curriculum and teaching methods together. Since nursing is an applied science, clinical practice is considered the core of any nursing education. The concept "theory practice gap" deals with the challenges facing the students once they are in contact with the real situation. Strong structured curriculum should minimize the presence of such a gap, therefore teachers are asked to do their best to equip the students with the needed skills to adapt to the real experience.

3.2.6 Availability of Facilities

Facilities such as library, computer and nursing skill labs are considered essential for enhancement of learning. The availability of books, journals and periodicals can expedite the goal achievement and foster the curriculum. The presence of a nursing skill lab is of crucial importance since it is considered as a part of clinical practice and is also considered one of the facilities to enhance teaching through demonstration.

3. 2.7 Graduates' Overall Satisfaction

Clients' Satisfaction is defined as " a clients' determinant of fulfillment or attainment of vocational rehabilitation, employment, or personal goals; includes client's evaluation of services, facilities or devices" (Google dictionary, 2006). It indicates client's perception that the service provider's performance meets or exceeds his or her expectations.

3.3 Definitions of the Terms

3.3.1 Nursing:

The ICN defines nursing as: encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, , and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles (ICN, 2006).

3.3.2 Nursing education program:

Nursing education program is any academic program established to offer a degree of Bachelor or AD either in nursing or midwifery, and accredited by the MoHE.

3.3.3 Graduate:

Graduate is any individual who finished the requirements of basic educational nursing program (B.S.N, AD in nursing, or midwifery) and was graduated from a local nursing college in Gaza Strip in the years of 2003 and 2004.

3.3.4 Nursing College at Gaza Strip:

Nursing college at GS is any academic college that offers B.S.N. or AD in nursing or midwifery, located in GS and has graduated some students in the last two years (2003 and 2004), which are: Palestinian College of Nursing, College of Nursing at IUG and Department of Science and Health Professions at CCAST.

3.3.5 Perception:

Perception is the ability to make sense of what one sees, hears, feels, tastes or smells.

Perceptual losses are often very subtle, and the person and/or family may be unaware of them (ICN, 2004).

3.4 Summary

This chapter depicted the study conceptual framework. The author illustrated the main concepts and definitions within the study. The main domains of the study which include: admission criteria, subjects' characteristics, technical components and support system were defined, with clarification of the relationships that correlate them together.

The next chapter will project the research method which was used in conducting this study.

Chapter (4)

Methodology

This chapter illustrates the study methodology used to answer the research questions. It includes: the study design, study population, sample universe and study place, eligibility criteria, period of the study and data collection as well as validity and reliability of the instrument, and methods of data analysis. In addition, the study limitation and the considered ethical issues are presented.

4.1 Study Design

This study is descriptive quantitative evaluative cross-sectional one. Evaluation research is an applied form of research that involves finding out how well a program, practice, procedure, or policy is working. The goal of this type of research is to assess or evaluate the program success. Its purpose is to answer the questions of the decision makers (Polit, D. & Hungler, P., 1995, p. 191). This design was selected since it would be useful for descriptive analysis of the study constructs. The researcher investigated, described and evaluated the graduates' perceptions in a relatively short time. The main advantage of cross-sectional designs in such situations is that they are practical, easy and relatively economical (Polit, D. & Beck, Ch., 2004, p. 167).

4.2 Study Population

The target population of this study includes all the nurses and midwives graduated from the nursing colleges in GS in the period extended from the beginning of the year 2003, until the end of the year 2004. They were 374 graduates, from both Palestine College of Nursing, and the IUG.

4.3 Setting of the Study

This study was carried out in different health institutions in GS including: governmental hospitals, primary health centers, UNRWA clinics, NGOs and private sector clinics.

Also, a considerable portion of the participants was reached at their residency, or even in universities where some of them joined to upgrading programs.

The subjects of this study were the graduates of three academic institutions.

Palestine College that offers both bachelor and AD either in nursing or midwifery sciences. Nursing College at IUG which offers bachelor degree in nursing. And the nursing department at the "CCAST" that offers AD in nursing, and midwifery department at the same college which offers AD in midwifery. This community college was under the umbrella of IUG several years ago, but at the end of the year 2004 it disjoined.

4.4 Period of the Study

The study began in April 2005 with seeking for ethical approval from both MoH and health department at the UNRWA. The data collection began at June 2005 and continued until beginning of September 2005. Data entry, clearing and analysis as well as writing the final report continued till March 2006.

4.5 Sample

The sample included all the target population, in order to project as accurate as possible result especially the number of the subjects was not relatively large. It is necessary to emphasize that the population was census population rather than random sample.

4.6 Eligibility

4.6.1 Inclusion Criteria

The eligible subjects in this study should fit the following criteria regardless if they work in nursing or not. Nurse or midwife who was graduated (as bachelor or AD degree) from

local nursing college in GS. Besides, the graduation should be taken place officially either in the year 2003 or 2004.

4.6.2 Exclusion Criteria

Participants were excluded from the study if they didn't graduated officially during the period of the study. Also, upgrading graduates from the same colleges and during the same period of time were not included.

4.7 Response Rate

The total population was 374. The respondents subjects were (309) subjects from the total number, while there were inaccessible ten subjects because of lack of residency or contact information. Six questionnaires were invalid so excluded. The response rate was 91.26%.

4.8 Ethical Consideration and Procedures

An official letter of approval to conduct the study was obtained from Helsinki Committee which is considered the only ethical research committee in Gaza (Annex, 4). Two official requests for approval to conduct the research were sent for both MoH and the health department in UNRWA. An official approval letter was obtained from the director of the Health Work Committees Union to conduct the study among the nurses who work in the attributed hospital and health centers (sample of approval letters: Annex, 5). This is besides the approval letters which where obtained from the administration of the three institutions whose graduates where involved in this study (Annexes 6,7,8). An explanatory cover letter was attached to the questionnaire and sent for every participant. It showed the purpose of the study, confidentiality of information, and instruction for dealing with the questionnaire. It also ensured the willingness of participants for inclusion in the study (Annex, 9:1, 2).

4.9 Description of the Questionnaire

A structure self-administered questionnaire with close and open ended was designed by the researcher. Graduates' card prepared by Abu-Dagga, S. & Al-Lolo, F. (2004) was used as a reference to develop the above mentioned questionnaire. The questionnaire has been designed in Arabic language to be apt for the level of the graduates' comprehension, and two language specialists were consulted (Annex, 10). To ensure clarity: complex terms, leading, duplicating and double parallel questions were avoided. After piloting it was modified to be more understandable and comprehensive. Another copy of the questionnaire in English language was prepared (Annex, 11). The questionnaire was constructed of three parts: the first part consisted of 14 questions related to the personal and demographical data, such as: age, sex, marital status, residency, graduation information, and the nursing work condition. Besides, it assessed the presence of desire for postgraduate education among the participants in addition to the leading factors for that desire.

The second part composed of 110 questions designed according to Likert scale questions with 5 options (strongly disagree = 1, disagree = 2, uncertain = 3, agree = 4, strongly agree = 5)

Those 110 questions covered 8 concepts: the curriculum, teaching staff, teaching methods, clinical practice, evaluation, settings, theory-practice gap, and the graduates' overall satisfaction. The graduates' perception toward the admission criteria also was tested.

The third part was open-ended questions designed to assess the graduates' perspectives toward the strengths and weakness of the programs, any limitations during the study and suggestions for improving those programs.

The self-administered questionnaire, which was distributed personally, has several advantages. It is in relative to other instrument much less costly, time-saver, can be filled in any place, more anonymous and confidential with no bias (Polit, D. & Beck, Ch., 2004, p. 350-351).

4.10 Pilot Study

A pilot study was conducted before starting data collection as a pretest to point out weaknesses in wording, predict response rate, determine the real time needed to fill the questionnaire and identify areas of ambiguity and to test the validity and suitability of questionnaire. Exactly 40 graduates were selected randomly using the systematic random sample. They received clear explanation about the study purpose. To obtain their comments individual meeting was conducted for each one who participated in the pilot study after completion of the questionnaire. Therefore, some changes and modification were considered and introduced. Subjects who were participated in pilot study were dropped in the study sample.

4.11 Data Collection

The questionnaires were distributed by the researcher herself with cooperation of key persons from nursing staff. Each subject received brief explanation about the purpose, objectives and how to collect the questionnaire with respect to confidentiality and anonymity of the subjects. After collection of the questionnaires, the researcher looked over the completed questionnaires to ensure completion of all information needed. She returned some questionnaires for completion if accessible.

4.12 Data Analysis

All the returned questionnaires were reviewed and coded. Then, the author designed an entry model using the Statistical Package for Social Sciences (SPSS) version 11.0 program, and entered all the questionnaires to the computer software. The entered data

were immaculated thoroughly by checking out the questionnaires coding, and the frequency tables for all variables. Data analysis included frequency tables of the study variables, computing means and standard deviation for the continuous numeric variables, and testing the reliability and validity of the instrument. Finally, factor analysis done for Likert scale questions. Aiming to investigate the relationship between the graduates' perception toward the seven concepts and the other independent variables, the independent t-test and one way ANOVA statistical test were used.

4.13 Validity

Validity is defined as "the degree to which an instrument measures what is supposed to measure" (Polit, D. & Beck, Ch., 2004, p. 422). Validity is a very complex idea that is important to the researcher and to those who read and consider using the findings in their practice (Burns, N. & Grove, S., 1997, p. 229).

Like reliability, validity has different aspects and assessment approaches. Unlike reliability, however, the instrument validity is difficult to establish. The researcher ensured the following different types of validity.

4.13.1 Internal Validity

Internal validity is the extent to which the effects detected by the study are a true reflection of reality, rather than being the result of the effects of extraneous variables (Burns, N. & Grove, S., 1997, p. 331). Content validity is a subjective estimate of measurement based on judgment rather than statistical analysis. It is relevant for both effective measures (i.e., measured relating to feelings, emotions, and psychological traits) and cognitive measures (Polit, D. & Beck, Ch., 2004, p. 423).

The researcher consulted 10 experts from different backgrounds especially in research, education and nursing education. An initial draft of the questionnaire was sent for each, covered with a letter representing the title of the thesis, the study objectives and the target

population. The consultation committee members returned their commitment on special sheets. The overwhelming comments were taken in consideration and modification was done before the piloting.

4.13.2 Construct Validity

Validating an instrument in terms of construct validity is a challenging task. Construct validation can be approached in several ways, but it always logical analysis and tests predicted by theoretical consideration (Polit, D. & Beck, Ch., 2004, p. 425).

Construct validity examines the fitness between the conceptual definitions and operational definitions of variables and determines if the instrument actually measures the theoretical construct that it purpose to measure (Burns, N. & Grove, S., 1997, p. 332).

Using SPSS program the scaled item, were subjected to a principle component factor analysis "extraction method". The rotation method was Varimax with Kaiser

Normalization and all factors possessed an Eigenvalue equal 1.0. The cutoff point of 0.4 for factor loading was used. Seven factors were extracted as a result, which includes: teachers-students relationships, appropriateness of the curriculum, the graduates' overall satisfaction regarding the programs outcome, accessibility of facilities in teaching, theory-practice gap, teachers' competency, and the programs admission criteria.

4.14 Reliability

The reliability of a quantitative instrument is a major criterion for assessing its quality and adequacy. It is the consistency with which the instrument measures the target attribute. In addition it concerns with the measurement accuracy. Reliability can also be defined as the degree of consistency or dependability with which an instrument measures the attribute it is designed to measure. The reliability of an instrument can be assessed in various ways. Chosen the method depends on the instrument nature, and on the aspect of reliability of greatest concern (Polit, D. & Beck, Ch., 2004, p. 416-417).

The technique of measuring variables must be reliable if true differences are to be found. Any measure to be considered reliable, should give the same result each time the same situation or factor is measured (Burns, N. & Grove, S., 1997, p 327). In this study statistical test used for the internal consistency was Cronbach's Alpha coefficient at 0.05. The reliability coefficient for the study instrument as a whole was 0.9629 (Annex, 12). Cronbach's Alpha was computed for the instruments sub-scales (table 1).

Table 1: Reliability of subscale factors

Factor name	Number of items	Number of subjects	Cronpach's Alpha	Variance
Teach - student relationship	21	303	.88	8.344
Curriculum appropriateness	16	303	.81	8.268
Graduates' satisfaction	17	303	.70	7.826
Accessibility of facilities in teaching	15	303	.65	6.404
Teachers' qualifications	10	303	.40	5.995
Theory-practice gap	5	303	.61	3.448
The programs admission criteria	5	303	.45	3.265

4.15 Limitations of the Study

- Very limited resources either in books, journals, or magazines, particularly obtaining full text articles were one of the major obstacles. The author tried to overcome this barrier by making a contact via e-mail with some persons in Canada, so they supplied her with some beneficial articles.
- Israeli invasions and backstops formed a great obstacle in front of the author's movement fluency during the data collection phase.

- Data collection and accessibility for candidates were very difficult especially most of them were not working, and no access tool for them was available.
- The study is a self-funded which will form a burden on the author.
- The wide scope of the study with long questionnaires made the response of the subject as a challenge. The author tried to use both informal and formal communication accompanied with persistent follow-up to enhance the response rate.
- Lack of generalizability, due to conducting the study among graduates of three colleges only, where the other two colleges are newly established and did not have graduates yet.

4.16 Summary

This chapter expressed the methodology of this study. This study is descriptive correlative cross sectional. The accessed population was included totally in the study. A self- administered questionnaire was developed for data collection. Data were analyzed by using SPSS, ANOVA, and t test. The reliability of the instrument is 0.9626. The next chapter will show the results of data analysis.

Chapter (5)

Results and Discussion

This chapter depicts the results of the collected data. It illustrates the demographic characteristics of the subjects and the relationship between the respondents' demographic factors and evaluative perception toward the nursing education programs according to the statistical tests.

Indeed several demographic variables may contribute to the effect of the subjects, but at least a number of these demographic factors could affect the participants' perception, such as age, gender, residency, academic institution, and work experience. The author attempts to discuss the data presented in the literature with the findings of this study, and gives interpretations of the finding in the light of other studies.

5.1 Characteristics of the Study Population

5.1.1 Demographic Characteristics

Table 2 summarizes the important personal variables that revealed participants personal profiles. These variables include: age, gender, residency and living area.

Table 2: Summary of the subjects' demographic data

Variable	Frequency	Percent
Gender		
Male	133	43.9
Female	170	56.1
Total	303	100
Age		
Less than 23 year	194	64.7
More than 23 year	106	35.3
	300	100
Marital status		
Single	161	53.1
Married	142	46.9
Total	303	100
Residency place		
North area	64	21.1
Gaza	68	22.4
Mid zone	86	28.4
Khanyounus	50	16.5
Rafah	35	11.6
Total	303	100
Living area		
Camp	119	39.3
Village	63	20.8
City	121	39.9
Total	303	100

5.1.1.1Gender

The results show that 56.1% of the participants are females, and the remaining are males (Table 2). Although this result is incongruent with the results of Awad, Y. (2004) and Mansour, I. (2004) where males formed most of their respondents, it is congruent with results of Bany Owdeh, A. (1999), Kannou', N. (2004) and El Ansari, W. (2002). The researcher believes that increase in females' proportion may be due to the inclusion of midwives, which is considered in Gaza as monopoly for female, in addition to improvement of social image about female nursing education. The nursing human resource in Palestine (PCH, 1997, p.21) indicated that females form 44.8% of all nurses

in GS, while they form 73.8% in WB, and this can be interpreted as GS culture tends to be more restrictive than WB. However, the overall male female ratio was 1:1.7.

In the past years, the social image about nursing in general, and female nurse in particular was negative. It was very challenging for females to join nursing educational programs. Although, an obvious improvement of that image was noticed recently due to the political situations, broaden social awareness and religious commitment. To further enhancement of female enrollment in nursing education, efforts should be paid for raising social image and offering more special programs related to the women health such as: reproductive health, mother and child health and operating room nursing. This is besides offering higher degree programs such as master and doctoral degree in nursing which may encourage females to join them in order to enhance female nursing educators' competencies.

5.1.1.2 Age

The age of all participants ranged between 20 and 44 year. About 65% of them fall in the age group less than 23 year, while the other 35.3% are greater than 23 year old (Table 2). However, the mean age of the study population was 23.56; SD \pm 2.594 year, there is no significant difference between mean age for female subjects 23.74 \pm SD 2.67 and the mean age for male subjects 23.32 SD \pm 2.48. The results goes with the information of the nursing human resource in Palestine (PCH, 1997, p.21), but differs from those of the study which was carried by Awad, Y. (2004) who studied the nursing perception about continuing education rather than basic programs, so most of the participants were older than 30 year old.

About 80% of the participants are under the age of 24 year. This result goes with the criteria admission of BSN in some institutions which restricts admission only for 20 year old or less. Even, very small portion of older subjects are graduates of AD programs

which offer good chance to improve financial status of such persons under difficult situations. Widowed and divorced women as well as men with large family size prefer to join a relatively short period program, get a job and have a financial security. Nursing in such Palestinian society gives considerable chances for work due to large number of health centers managed by: government, UNRWA, NGOs and private sector.

5.1.1.3 Marital Status

The result reveals that the percentage of single subjects is 53.1% of the total subjects, while the percentage of married is 46.9% (Table 2). Another time, this result doesn't go neither with findings of Awad, Y. (2004) since the age of subjects in his study was older the nursing human resource in Palestine (PCH, 1997, p.22).

As mentioned before, the large portion of subjects were under the age of 24 year. This may interpret dominance of single status. However, since female formed the greater proportion, slightly less than half of the respondents were married (about one third of them were married females). In Gaza, it is known that females are married in relatively young age in general. Besides this, the presence of older participants till 44 year gives another explanation. However, no additional local studies concerned with this factor. Further studies may need to include such variable in nurses' studies.

5.1.1.4 Residency Profile

The results indicate that greatest ratio (28.4%) of the subjects reside in the middle zone, followed by those who reside in Gaza and North area which are approximately equal (22.4% and 21.1% respectively). About 16.5% from of the subjects are living in Khanyounus, and the rest 11.6% are from Rafah as illustrated in Table 2. These results are partially consistent with distribution of nurses' residency according to nursing syndicates reports. These reports reflected the following ratios: 16.7 % at North, 27.2%

in Gaza, in Mid zone 24.6%, 14.2% in Khanyounis and 17.3% in Rafah, going with the nursing human resource in Palestine (PCH, 1997, p. 29).

Although it doesn't agree with findings of Awad, Y. (2004) and Mansour, I. (2004). The lesser ratio of Khanyounis and Rafah can be interpreted in the light of political situation. These areas were exposed to isolation frequently by Israeli occupation, and there is only one nursing institution in the south area, unlike the remaining zones where there several nursing colleges. Specially, Palestine College of Nursing determines more restrict admission criteria (such as interview) than both of the Community College of Applied Sciences and Technology and Nursing College at IUG. However, more investigation needs to be carried out to detect the actual reasons.

5.1.1.5 Living Area

From these participants, near two thirds are distributed equally between camps 39.3% and cities 39.9%. However, only about one fifth (20.8%) are living in villages. Table 2 illustrates aforementioned data. This result contradicts the demographic distribution of Gaza inhabitant, and need more investigation to offer interpretation.

5.1.2 Education Profile

Table 3 depicts the subjects' educational profile. These data include: scientific degree, place of graduation, and graduation year. Besides, it illustrates the subjects' desire for postgraduate education and underlying factors.

Table 3: Summary of subjects' educational profile

Variable	Frequency	Percent
Scientific degree		
Bachelor degree	98	32.3
Associate degree	205	67.7
Total	303	100
Place for graduation		
Palestine College for nursing	112	37
Islamic University-Gaza	191	63
	303	100
Graduation year		
2003	165	54.5
2004	138	45.5
Total	303	100
Having a desire for postgraduate education		
Yes	240	79.2
No	63	20.8
Total	303	100
Factor for postgraduate education		
Social	109	45.42
Financial	41	17.1
Change job	39	16.25
Professional development	20	8.33
Social and Financial	17	7.1
Social, financial and profession development	14	5.8
Total	240	100

5.1.2.1 The Scientific Degree

As depicted in table 3 most of the participants (67.7%) are holding associated degree (two years) either in nursing or midwifery, while only 32.3% are holding bachelor degree. This result goes with the result of Dychowishi, L. study (1995), where most of the participants were holders of AD, and with the nursing human resource in Palestine (PCH, 1997, p.30). The high tendency toward short period studies as diploma of two years may be not aberrant in our society especially in that period where the poor economical status was dominant. Joining AD programs is easier than joining BSN which requires more strict criteria. Younger age, higher grades, and only science branch in Tawjeehy (in specific period) are essential requirements for joining BSN programs. This yields more students in AD than bachelor programs. The researcher believes that these graduates perceive AD programs as a bridge for joining Bachelor programs, and this may be supported with the desire of majority of them (79.2%) for upgrading. Also, for females, short period programs are preferred in Gaza culture, where they prefer marriage in early age. The author invites decision makers for more concern with this issue which generates a question mark about the future of AD programs in Gaza.

5.1.2.2 The Graduation Year

About 54.5% of all the subjects were graduated in the academic year 2003, where 45.5% were graduated in the academic year 2004 (Table 3).

5.1. 2.3 Place of Graduation

The results show as in table 3 that the greater proportion of the subjects are graduated from the IUG, representing 63% of the total number, where the graduates of Palestinian College of Nursing form only 37% from the total subjects. The author believes that the location of Palestine College of Nursing besides more strict admission criteria may be the reason for relatively small portion. So that it mainly served the residents of Khanyounis

and Rafah. As mentioned before, during the study CCAST was under the umbrella of Islamic University-Gaza. This means that the term IUG refers to two institutions rather than one. Another considerable interpretation is associated with students' preference of studying in university rather than college. Studying in a university offers the students with several advantages, such as: interaction with other specialties, more advanced facilities, and more experience due to various university requirements, and may be more prestigious.

5.1.2.4 Desire for Postgraduate Education Profile

Table 3 reflects high tendency toward continuing education among the graduates. Almost 79.2 % of the subjects expressed their prospects for upgrading their education, while only 20.8% hadn't such as desire, consistently with Mansour, I. (2004) who mentioned eager of 77.1% of subjects to participate in continuing education and Awad, Y. (2004) who found good nurses' perception toward continuing education. These findings are congruent with the Palestinian high tendency toward education, besides being fueled to enhance social and financial status as nurses.

5.1.2.5 Factors for Postgraduate Education:

As depicted in table 3, the study subjects expressed miscellaneous factors affecting their desire for postgraduate education. The most obvious factor was: the social factor which was expressed by approximately 45 % of the subjects, 17 % of them expressed the financial one and 16.25% expressed the factor of professional development. About 8 % wanted to change their job. In addition, 7 % were motivated by both social and financial factors, and the rest 5.8% were driven by the financial, social, besides the development of nursing profession. These results are not surprising, and congruent with the subjects' responses to the open-ended questions which reflect considerable suffering of participants related to low social image. As mentioned before, Gaza inhabitants perceive education as

high value. Taking in consideration, nursing status within Palestinian health system is dissatisfying. Relatively low salaries motivate nurses to pursue education to ameliorate their financial status.

5.1.3 Job Profile

Table 4 shows contents of subjects' job profile. It include: work condition, work field, work area, in addition to the experience period.

Table 4: Summary of subjects' job profile

Variable	Frequency	Percent
Job condition		
Currently working in nursing	197	65
Are not working in nursing	84	27.7
Didn't work in nursing absolutely	22	7.3
Total	303	100
Work field		
Private sector	92	42
Government	68	31.1
UNRWA	29	13.2
Public sector	22	10
Military	8	3.7
Total	219	100
Work area		
Hospital	145	66.2
Health center	43	19.6
Primary care center	31	14.2
Total	303	100
Experience period		
Less than 1 year	106	48.8
More than 1 year	111	51.2
Total	217	100

5.1.3.1 Job Conditions

Table 4 depicts that 65% of subjects are currently working in nursing, While the remaining either didn't work in nursing absolutely forming 27.7%, or worked in nursing in the past making 7.3% of all the subjects. This result differs from findings of Awad, Y. (2004) due to different population. The subjects are

considered relatively new graduates, so some of them didn't have a chance for work or worked for short period as vacancy programs or as volunteer.

5.1.3.2 Work Field

Since the subjects were recently graduated, approximately half of them (42%) are working in private sector and only 31.1% of them are enrolled in the governmental sector as shown in table 4. The remaining percentages, 13.2% are working in the UNRWA, 10% are working in public sector, and only 3.7% are working in the military services, going partially with the nursing human resource in Palestine (PCH, 1997, p.23) where small portion of nurses work in the private sector. The result doesn't go with findings of Awad, Y. (2004). This can be interpreted as the private and public sectors pay relatively low wages, which a new graduate nurse will accept mostly in temporary basis until s/he gets a permanent job in other financially secured organization such as governmental or UNRWA. Another possible reason may be the placement of work assigned by unemployment programs.

5.1.3.3 Work Area

Table 4 demonstrates that the hospitals are the most frequently place where most of the subjects (66.2%) are working in hospitals, while 19.6 % are working in health centers, 14.2% are working in primary care centers, congruently with the findings of Mansour, I. (2004) and the nursing human resource in Palestine (PCH, 1997, p.12). The author believes that getting work in hospitals are preferred by new graduates since hospitals offer them better chances for experience and professional growth.

5.1.3.4 Work Experience

Although, the study subjects were recently graduated, 51.2% of them had experience more than 1 year, while 48.8% of them had experience for less than 1 year. The mean of the populations' experience was 14.18, with $SD \pm 8.077$ months (Table 4).

5.2 Inferential Statistics

5.2.1 Factor Analysis and Related Sub-Scale Dimensions

The Varimax rotated principal factor analysis was used to identify graduates' perceptions.

Factor analysis extracted seven components while factor loading over 0.4 was selected.

The extracted factors were: teachers-students relationships, appropriateness of the curriculum, the graduates' overall satisfaction regarding the programs outcome, accessibility of facilities in teaching, theory-practice gap, teachers' competencies, and the programs admission criteria (Annex, 13).

5.2.1.1 Domains of Perceptions

Dimensions of the graduates' perceptions toward the nursing programs include the following concepts:

A. Teachers-Students Relationship

The first concept includes 21 items, these items were reflected the questions (24, 29, 30, 32, 33, 37, 41, 45, 47, 48, 50, 51, 53, 55, 57, 58, 61, 62, 81, 107 and 117). This factor reflects the communication manner which is dominant in these colleges between teachers and students as perceived by the graduates. Manner of such interaction can affect both of students' commitment and achievement where the mutual respect is needed. Teachers' loyalty and commitment are reflected through their dealing with students. The stronger loyalty, the more efforts paid by the teachers either formally or informally. Being a role model, any teacher can direct the student for better performance and more affection. In addition, equity and fairness are crucial in any teacher-student relationship, besides keeping of continuous feedback.

B. Curriculum Appropriateness

The second concept (curriculum appropriateness) consisted of 16 points. The related questions were (15, 16, 17, 19, 23, 25, 28, 34, 42, 44, 59, 60, 66, 74, 75 and 82).

Effective nursing curriculum should be built on the bases of philosophy and objectives of the program. This curriculum needs to be organized, comprehensive and consistent in order to achieve the goals. Students and professional needs must be met through the curriculum, which must be composed of balanced portions of theory and practice. Additionally, when established, the curriculum must achieve equilibrium between credit hours number and taught material volume.

C. The Graduates' Overall Satisfaction

The third concept titled the range of graduates' overall satisfaction toward the outcomes of the programs. The 17 items included referred to the questions (22, 95, 96, 97, 98, 109, 110, 113, 114, 115, 118, 119, 120, 121, 122, 123 and 124). The graduates' overall satisfaction always weighs the program in terms of outcome. They concern with the degree to which the program met their personal, educational and professional needs. This degree can be measured through evaluating the quality and quantity of acquired skills. This satisfaction is reflected through recommendation of the programs for others or not.

D. Accessibility of Facilities in the Program

The fourth concept consisted of 15 questions (71, 72, 73, 77, 78, 83, 84, 86, 87, 88, 89, 90, 92, 93 and 94). Essentially for any successful educational process, several facilities should be kept. Particularly for nursing student, the educational program needs to provide a well-equipped nursing skill laboratory inside the institution and suitable clinical practice settings in the outside. Addition to that, the students should be able to access the needed references within the college library.

E. Teachers' Competencies

This fifth concept counteracts 15 points expressed through the questions (35, 39, 40, 43, 46, 65, 67, 99, 103 and 106). The teachers' competence forms the great asset in the educational institution. Competent teacher, regardless his/her academic degree,

facilitates the learning process for the students. Teachers should reflect compliance with: curriculum, colleges' philosophy, and profession goals. Nursing educator, either in the classroom or in the practice must correlates both of nursing theory and application.

F. Theory – Practice Gap

The 5 questions belong to the sixth concept were (79, 85, 105, 108 and 111).

One of the major challenges in nursing education is the presence of lacunas between the theory studied in the class, and the possibility of its application in the real situation.

Teaching ideal practice of nursing science, in the absence of fit training areas and health care settings, creates such as conflict. Nursing educators another time, should do their best to bridge this gap, while the practice training should be synchronize with the curriculum and aught material.

G. Programs' Admission Criteria

This seventh concept consisted of 5 questions (31, 91, 100, 101 and 102). The focus of these questions was the criteria for admission in the programs. Admission criteria in any educational program give the first impression of it, since it form the first contact between the students and the program. These criteria should be determined upon the nature of the program and the curriculum. Nursing admission criteria may or may not allow joining of students from literature branch. To be effective and satisfying, it should be: suitable, faire and stable.

H. Overall Perceptions

The eighth concept (Overall Perceptions) reflects the summation of all scores of perceptions items and were divided by the number of items, created a mean of total score and sub score for each of the dimensions of perceptions which are teachers-students relationships, appropriateness of the curriculum, the graduates' satisfaction regarding the

programs outcome, accessibility of facilities in teaching, theory-practice gap, teachers' competencies, and the programs admission criteria.

Table 5: Factor label, number of items, means, standard deviation and variance

Factor name	Number of items	Means	Standard Deviation	Variance
Teachers – students relationship	21	3.7060	.5534	.306
Curriculum appropriateness	16	3.6644	.6080	.370
Overall' satisfaction	17	3.4267	.4638	.215
Accessibility of facilities	15	3.1712	.4927	.243
Teachers' competencies	10	2.9385	.4493	.202
Theory-practice gap	5	2.7822	.8058	.649
Programs admission criteria	5	3.5360	.5456	.298
Overall	89	3.3182	.2853	.081
Living area				

The highest perception level (3.73) is observed in the teachers-students relationship factor (Table 5). These results agree with findings of Winson, G. (1995) and Kimani, G.(2005) where the students were very concerned about the teacher-students relationship. While the lowest perception level 2.78 is observed in theory-practice gap factor. The second higher perception 3.6644 is toward the curricular nature. Going with results of Bany Owdeh, A. (1999), MoH, MoHE & Welfare Association (2001), Walker, A., Newcob, A. & Hopkins, W. (1987) and Zembrzuski, G. (2000). The third positive perception is toward the admission criteria 3.5360, followed by their perception about the programs'

outcome 3.4267. It is clearly that, the graduates' perception against availability of facilities is relatively low, if compared with the other concepts (3.1712). This result is supported with literature since it goes with findings of Kimani, G. (2005), Richardson (2005), Verhey, M. (2000), MoH, MoHE & Welfare Association (2001) Al-Houly, E. & Abu Dagga, S. (2004) and Dakhil, G. (1994) which reflected low student satisfaction regarding the availability of satisfaction. Regarding the teachers' competencies, the findings reflect low perception 2.9382. Inconsistently, Baney Owdeh, A. (1999), Al-Houly, E. & Abu Dagga, S. (2004) who revealed higher graduates' perception.

This result of higher perception about the communication is accepted because of the majority of respondents were females. The nature of female emotions makes them more concerned with relationship with teachers. And this is congruent with Moslem Palestinian culture which pays a lot of attention for interaction, respect and relationship, especially Palestinian culture respects teachers. Additionally being under occupation and stressful situation may increase the internal coherence within the people, and this is reflected in the teacher-students relationship.

Despite a great argument against curricular nature, the graduates expressed general acceptance, and this goes with the result of Kapborg, I. (1989). When asked about any suggestion for omitting or adding some courses, the respondents generally reflected the desire of certain college graduates to add religious courses including Qura'n, Hadith and medicine of the Prophet Mohammed, emphasizing their needs as Moslems for such courses to magnify their concept and lighten their lives. Although some graduates of another institution expressed their desire to decrease the number of religious and cultural studies (university requirements), because they feel that it forms overload. Generally, a considerable portion of all respondents expressed the need for courses of "First Aid", expressing the great need of Palestinian nurses for strong experience in this subject;

particularly this course did not appear in all curricula except those for nursing and midwifery bachelor degree in Palestine College for Nursing.

Although graduates of all the institutions had computer and English language courses, most of them expressed the need to increase the number of credit hours and the depth of the material, with more focus on speaking, writing and listening skills in English and the internet use. The reason, they reported, was the benefit of both English and computer skills in searching and acquiring new information. In addition, a clear need for increasing the hours of practical training and the credit hours of the specialty courses was detected, beside the desire for courses about "Nursing Profession in Palestine". They expressed their need to discuss the social image, challenges of Palestinian nursing, and methods for nursing advocating. Graduates of specific settings illustrated their needs for courses of: mathematics for nurses and medical terminology.

Additional comments for improving the contents of: pharmacology and nutrition. The need for operating room, and intensive care unit courses were felt. It was clearly that the AD graduates desire to obtain managerial, and communication skills. This is consistent with Walker, A., Newcomb, A. & Hopkins, W. (1987).

Also, general objection for courses of statistics, chemistry, and sociology was detected. The graduate saw these courses either very hard or useless for their profession. Some specific college requirement, such as "Development in the Arab Country" in certain college and "cultural studies, professional issues" in another one were reported as unnecessary and heavy duties. The previous results illustrate a great awareness of the nursing students for emergency management skills. This need is normal for Palestinian people who are exposed to invasion in any moment even after Israeli withdrawn. Besides, their direct contact with profession created a sense of need for medical terminology and mathematic, which is congruent with (Hartley, J., 2004).

Inappropriate ratio between the credited hours and the course volume and schedule overload either daily or each semester were expressed as obvious weak points.

A lack of balance in curricula was detected in all the institutions. It was clear that some curricula lack for religious and cultural course, where others are overloaded with such courses. The researcher thinks that this need refining of all curricula until achieving the required balance in order to design a curriculum that apt to produce highly qualified and resourceful nurses.

Additionally, some of graduates feel some courses that appear away from the real practice such as: chemistry and statistics need to be reassessed either its presence or the number of credited hours for each. Some courses even taught, such as computer, English Language, pharmacology and nutrition, don't produce the intended out come. The colleges' management may need to reevaluate them.

However the findings shows that most of graduates are satisfied with admission criteria, it didn't appear frequently in their response to the open ended questions. The major issue of dispute was allowance of joining students from the literature branch. The overall theme was against it even by the literature students themselves. Some students mentioned that studying nursing is very difficult especially for literature students, and therefore they requested omitting of such scientific courses. Overall, no dissatisfaction against fairness and equity of the criteria was detected.

Another time, the overall graduates' satisfaction was fair, since acquired knowledge and skills in nursing was appreciated. Some of them said: "A strong program, equipped me with the needed information and skills to be competent nurse". Others denied that they acquired those skills such as English language and computer use.

Lack of modern technology is not unexpected in such Gaza situation. Frequent closure and invasions not only prevent equipping the colleges with such these technology, but

also expose currently present equipments for destruction. Isolation of Gaza also contributes to unavailability of textbooks.

When the graduates were asked about the strength and weakness points in the programs, teachers' competences was greatly disputed. Although some of them ranked the teachers' competencies as the first or the second strength point, some ranked it as a weak point.

Although some graduates expressed contradictory opinion, such that there are some qualified teachers and clinical instructors, also there are some unqualified "Although there are some giants humble teachers, there are some brittle arrogant teachers". Using lecture as main method for teaching was criticized particularly in absence of modern technology. Despite they appreciate the teaching methods by the teachers. Graduates also appreciated teachers' efforts to bridge the theory practice gap either in classrooms or training settings. Graduates' appreciation for teachers': efforts, commitment and loyalty for nursing profession and institution have a positive influence on the students' performance and their zeal to study nursing.

Most of respondents mentioned lack of art in teaching methods as well as lack of modern technology in teaching going with Sidentop, D., (1991). While others focused on unfairness, unstable evaluation system in the clinical areas besides improper Political situation, and socioeconomic condition form a huge obstacle in front of teachers' competencies. Absence of local special master and doctoral nursing programs, besides inability to travel abroad limit the staff preparation. Additionally, all accessible scholarships in nursing are limited in both of nursing education and management.

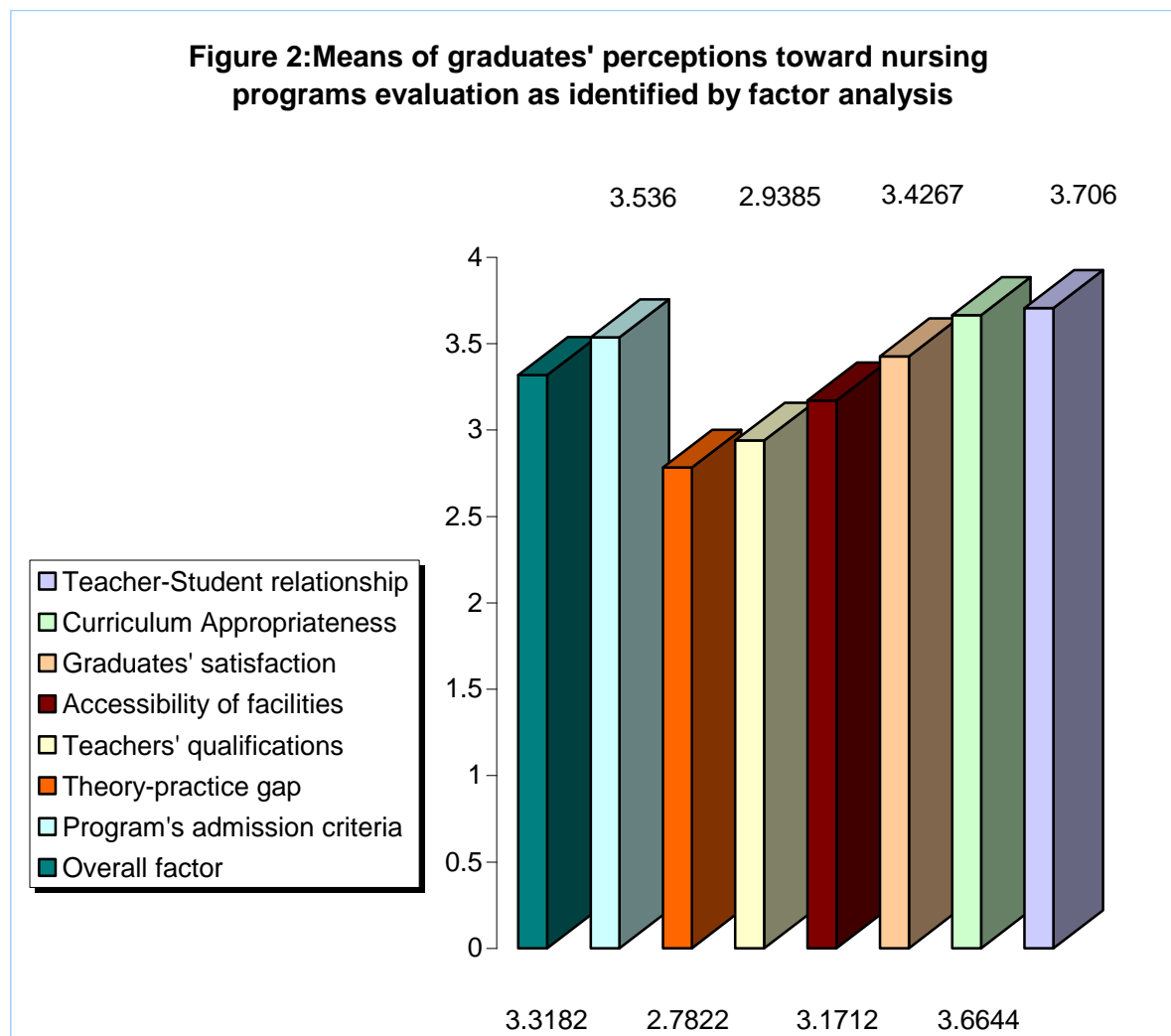
Inadequate curricular fitness either regarding insufficient or inefficient nursing courses besides excessive non nursing courses make additional weak point, since it contributes to inadequate preparation for the graduates.

The least graduates' perception was toward the presence of theory practice gap. Through the graduates' response for detecting strength and weak points, the most frequently reported point was ineffective clinical practice, either regarding short period, lack of equipped settings, lack of skills lab, or increased number of student. This goes with Abu Awad, Y. (2006), but disagrees with Arthur & Usher (1994). They emphasized their suffering from lack of synchronizing between the science and the practice (Theory practice gap).

The clinical practice: its comprehension and rules was rated as the third strength point in the programs. However one of the most frequently suggestions was enhancing and increasing the training. The author believes that since attention for clinical differs between AD and bachelor degree, the ambiguity is accepted, but even generally it need more enhancement. Experience of the clinical instructors was the most second reported points, as Nahhas, V., Noor, V. & Al-Noubany, M. (1999) reported. The third frequently repeated point was regarding clinical practice efficiency in terms of sufficiency, punctuality and period. Limited setting numbers (Abu Awad, A., 2006) in addition to increases number of students mainly in poor equipped settings may make the training as a challenge. According to the researcher, some students may not be able to apply very simple procedures due to lack of equipment. Additionally, crowded areas with nursing students from all colleges and physicians limited the learning chances for all the students, consistently with Kannou', N. (2005). Some times, there were 24 student nurses besides the staff in one ward with 30 patients. This lack of cooperation agrees with Bany Owdeh, A. (1999) and Matter, M. & Naei'm, Z. (1994). Communication among nursing colleges may minimize these obstacles. Lack of qualification and experience of some faculties was repeated as weak point in the programs (McHaffie, H., 1998). Consistently with

Bany Owdeh, A. (1999), Shaheen, V., Imam, A. & Safadi, S. (1994) Abu Awad, A. & Schefeld, M. (2006) and MoH, MoHE & Welfare Association (2001).

Rules and regulations were repeated as positive points by the graduates, and this reflects the need of Palestinian people for punctuality and rules which were lost during the last years in the presence of occupation. Some graduates of certain settings appreciate the religious image and isolation between male and female which is not strange in Gaza Moslem culture. While graduates of certain settings sorted high fees especially of university requirement as a great weakness.



5.2.1.2 The Relationships between Graduates' Perceptions and Respondents Socio-Demographic Characteristics.

The following paragraphs and tables show the relationships between different demographic variables and the graduates' perceptions

Table 6: Comparison between ages and graduates' perception

Dep.Var. Graduates' perceptions	Ind var. Age groups	N	Mean	SD	DF	t	P. value
Teachers-students relationship	< 23	194	3.7258	.5716	298	.767	.444
	> 23	106	3.6743	.5262			
Curriculum appropriateness	< 23	194	3.6830	.6263	298	.738	.461
	> 23	106	3.6285	.5814			
Graduates' satisfaction	< 23	194	3.4518	.4800	298	1.197	.232
	> 23	106	3.3846	.4361			
Accessibility of facilities	< 23	194	3.1729	.5066	298	.041	.968
	> 23	106	3.1704	.4667			
Teachers' competencies	< 23	193	2.9389	.4501	296	-.213	.831
	> 23	105	2.9505	.4462			
Theory-practice gap	< 23	194	2.7196	.7627	298	-1.836	.067
	> 23	106	2.8981	.8778			
Programs admission criteria	< 23	194	3.5753	.5731	298	1.747	.082
	> 23	106	3.4604	.4869			
Overall	< 23	193	3.3253	.3092	261.3	.536	.592
	> 23	105	3.3080	.2400			

A. Age

T-test was used to examine the differences between the participants' age group and their perceptions toward the basic nursing education. Table 6 illustrates that the higher positive perception was among respondents less than 23 year in the most subscale dimensions and overall factor except the teachers' competencies and theory practice gap. However, there was no significant statistical difference in the subscales and the overall factor according to the age factor. This result is incongruent with the results of Awad, Y. (2004), Al-Houly, E. & Abu Dagga, S. (2004), El-Ansari, W. (2002), Kannou', N.(2004), while it doesn't agree with Al-Bouhy, S. & Assada, F. (1995), Seldin, P.(1982), Crunkilton, J.,et.al. (1987) and Bany Owdeh, A. (1999). The author believes that the

absence of significance is a result of synchronizing of the participants' ages, since 95.7% of all participants' ages extend from 20 to 27 year old. Older subjects may have broader perception and more experience than the younger. The mean differences about theory – practice gap emphasized lack of experience of younger.

Table 7: Comparison between genders and graduates' perception

Dep. Var. Graduates' perception	Ind.Var. Gender	N	Mean	SD	DF	t	P. value
Teachers-students relationship	Male	133	3.6946	.6179	250.2	-.308	.759
	Female	170	3.7148	.4990			
Curriculum appropriateness	Male	133	3.6842	.6201	301	.501	.617
	Female	170	3.6489	.5997			
Graduates' satisfaction	Male	133	3.4670	.4324	301	1.341	.181
	Female	170	3.3952	.4858			
Accessibility of facilities	Male	133	3.1845	.5117	301	.415	.679
	Female	170	3.1608	.4785			
Teachers' competencies	Male	132	2.9985	.4797	299	2.057	.041*
	Female	169	2.8917	.4197			
Theory-practice gap	Male	133	2.9459	.7985	301	3.174	.002*
	Female	170	2.6541	.7904			
Programs admission criteria	Male	133	3.5534	.5856	301	.491	.624
	Female	170	3.5224	.5136			
Overall	Male	132	3.3602	.3117	253.1	2.223	.027*
	Female	169	3.2854	.2591			

* Statistically significance

B. Gender

Table 7 presents that males and females respondents had relatively similar means score in most of the sub-scale dimensions, although slightly higher perceptions were reflected by males in most of subscale dimensions. The results showed that gender variable has significant statistical effect on the respondents' perception toward teachers' competency, theory-practice gap and their overall perception (.041, .002 and .027 orderly).

It was only the teachers-students relationship factor that reflected higher positive perception among females than males, and this is congruent with Jhonson, T. (1997), Al-Bouhy, H. & Assada, F. (1995), Crunkiton, J., et.al.1(987) and El-Ansari, W. (2002).

The emotional and social nature of females and great concern with the relationship give an accepted explanation. One of their expressions was: "Teachers communication pattern" is the most strength point. They respect student, and deal with student in a friendly manner". Although the over all factor depicts a higher positive reflection among males, synchronizing with all subscales, as Al-Houly, E. & Abu Dagga, S. (2004) reflected that the higher education programs satisfied the male needs more than female. The author connected this with the objective and holistic vision of males, and the emotional nature of female. Unawareness of theory –practice gap and less appreciation of teachers- competency insisted the idea. While Kimani, G. (2005), Awad, Y. (2004) Lal, Y. (1999), Jhonson, R. (1998) and Baney Owdeh (1999) denied effect of gender toward perception. The researcher thinks that the age of female subjects which were greater in Awad, Y. (2004) study may be the reason behind absence of differences.

Table 8: Comparison between marital status and graduates' perception

Dep. Var. Graduates' perception	Ind. Var. Marital status	N	Mean	SD	DF	t	P. value
Teachers-students relationship	Married	142	3.6905	.532	301	-.457	.648
	Single	161	3.7196	.573			
Curriculum appropriateness	Married	142	3.6307	.608	301	-.905	.366
	Single	161	3.6941	.625			
Graduates' satisfaction	Married	142	3.3985	.508	301	-.994	.321
	Single	161	3.4516	.420			
Accessibility of facilities	Married	142	3.1479	.476	301	-.772	.441
	Single	161	3.1917	.507			
Teachers' competencies	Married	140	2.9529	.435	299	.515	.607
	Single	161	2.9261	.463			
Theory-practice gap	Married	142	3.8408	.815	301	1.191	.235
	Single	161	3.7304	.797			
Programs admission criteria	Married	142	2.5070	.522	301	-.866	.387
	Single	161	2.5615	.566			
Overall	Married	140	3.3104	.285	299	-.441	.659
	Single	161	3.3250	.286			

C. Marital Status

As depicted in table 8 there the single subjects expressed slightly higher positive perception than married in all subscales except teachers competencies and theory-practice

gap, however, there is no statistical significance between marital status and all the sub-scale dimensions. The results are congruent with findings of Awad, Y. (2004). These results imply that the marital status didn't have obvious effect on the graduates' perception, which were away from the researcher expectations. Married students face a lot of challenges that may affect their perception negatively, and this was clear through listing the limitations which had faced them. Married student plays several roles. Particularly, for married females, it may be challenging to study nurse, so for this reason they may not highly appreciate the teachers' competencies. However, these results may reflect the similarity situation experienced by both single and married graduates, especially within extended families that are dominant in Gaza.

Table 9: Comparison between the residency area and graduates' perception

Dep. Var. Graduates' Perception	Descriptive			ANOVA					
	Residency place	N	Mean	Indep. Var.	Sum of Squares	DF	Mean Square	F	P. value
Teachers-students relationship	North	64	3.7158	Between Groups	1.070	4	.268	.872	.481
	Gaza	68	3.7269	Within Groups	91.432	298	.307		
	Mid zone	86	3.7641		302				
	Khan.	50	3.6590	Total	92.503				
	Rafah	35	3.5741						
	Total	303	3.7060						
Curriculum appropriateness	North	64	3.6279	Between Groups	1.790	4	.448	1.214	.305
	Gaza	68	3.7675	Within Groups	109.837	298	.369		
	Mid zone	86	3.6999		302				
	Khan.	50	3.6113	Total	111.627				
	Rafah	35	3.5196						
	Total	303	3.6644						
Overall satisfaction	North	64	3.3594	Between Groups	1.179	4	.295	1.378	.242
	Gaza	68	3.4784	Within Groups	63.774	298	.214		
	Mid zone	86	3.4938		302				
	Khan.	50	3.3835	Total	64.953				
	Rafah	35	3.3462						
	Total	303	3.4267						
Accessibility of facilities	North	64	3.2010	Between Groups	.318	4	.80	.325	.861
	Gaza	68	3.1686	Within Groups	72.990	298	.245		
	Mid zone	86	3.1984		302				
	Khan.	50	3.1213	Total	73.308				
	Rafah	35	3.1257						
	Total	303	3.1712						
Teachers' competencies	North	64	3.0500	Between Groups	1.561	4	.390	1.957	.101
	Gaza	68	2.8412	Within Groups	59.012	296	.199		
	Mid zone	85	2.9529		300				
	Khan.	49	2.8939	Total	60.573				
	Rafah	35	2.9514						
	Total	301	2.9385						
Theory-practice gap	North	64	2.8594	Between Groups	4.671	4	1.168	1.818	.125
	Gaza	68	2.6441	Within Groups	191.433	298	.642		
	Mid zone	86	2.7326		302				
	Khan.	50	2.7600	Total	196.104				
	Rafah	35	3.0629						
	Total	303	2.7822						
Program admission criteria	North	64	3.5250	Between Groups	1.113	4	.278	0.934	.445
	Gaza	68	3.5206	Within Groups	88.805	298	.298		
	Mid zone	86	3.6209		302				
	Khan.	50	3.5000	Total	89.918				
	Rafah	35	3.4286						
	Total	303	3.5360						
Overall perceptions	North	64	3.3341	Between Groups	.218	4	.055	.668	.615
	Gaza	68	3.3067	Within Groups	24.203	298	.082		
	Mid zone	85	3.3504		302				
	Khan.	49	3.2803	Total	24.421				
	Rafah	35	3.2866						
	Total	301	3.3182						

D. Residency Area

One-way ANOVA was used to examine the relationship between the respondents' residency and their perceptions. Table 9 points lack of any statistical significant differences among the perceptions of graduates from various residency areas regarding all the sub-scale dimensions consistently with Awad, Y. (2004), but doesn't go with findings of Baney Owdeh, A. (1999) who found the resident of Ramallah are less satisfied those of GS. As all the GS provinces have similar socio-cultural characteristics, there is no effect of the residency on the perception particularly in that period which was stressful for all residents. During invasion, Gaza strip was divided into three regions, besides frequent isolation for both of North and South areas. So, almost all the students suffered from the same obstacles and limitations. Students from Gaza were not able to reach South, and students from South were not able to reach Gaza and North.

E. Living Area

Unlike residency, the living area affected the graduates' perception. The results show that there was a statistical significance differences between participants from some living areas toward the appropriateness of the curriculum in addition to their satisfaction (0.024 & 0.050 respectively). Shiffe test show that the graduates who live in cities had higher positive perception than those of camps and villages.

Although the subjects who live in villages reflected the lowest mean. This goes with other subscales even they are not statistically significant except regarding teachers competencies (Annex, 14). The author believes that these differences may be associated with nature of life in both cities and camps, which may be considered more open than in the villages. Residents of cities and camps may have broader vision than those of villagers who may expect a lot in the cities more than city residents themselves. Besides, living in villages may create special needs differ from living in cities and camps. Village

inhabitants may see the curriculum as not satisfying for their special needs. However, furthermore searching is recommended to investigate the real of such result.

5.2.1.3 The Relationships between Graduates' Perceptions and Educational Profile

A. Place of Graduation

Table 10: Comparison between academic institution and graduates' perception

Dep. Var. Graduates' Perception	Ind.Var. Academic institution	N	Mean	SD	DF	t	P.value
Teachers-students Relationship	Palestine coll.	112	3.5659	.547	301	-3.433	.001*
	IUG	191	3.7881	.542			
Curriculum appropriateness	Palestine coll.	112	3.4983	.651	301	-3.718	.000*
	IUG	191	3.7618	.561			
Overall Satisfaction	Palestine coll.	112	3.3519	.4885	301	-2.164	.031*
	IUG	191	3.4706	.4441			
Accessibility of facilities	Palestine coll.	112	3.1125	.478	301	-1.592	.113
	IUG	191	3.2056	.499			
Teachers' competencies	Palestine coll.	110	2.9527	.404	257.9	.434	.678
	IUG	191	2.9304	.475			
Theory-practice gap	Palestine coll.	112	3.8696	.796	301	1.449	.148
	IUG	191	3.7309	.809			
Programs admission Criteria	Palestine coll.	112	2.5589	.477	301	.560	.576
	IUG	191	2.5225	.583			
Overall	Palestine coll.	110	3.2730	.248	299	-2.098	.037*
	IUG	191	3.3443	.302			

- statistically significance

Despite of that their perceptions were almost similar toward some of the sub-scale dimensions, IUG graduates reported slightly higher positive perception. There were statistical significant differences between the graduates of IUG and the graduates of Palestine College of Nursing in the teachers-students relationship, curriculum nature, overall satisfaction and the overall factor (0.001, 0.000, 0.031 and 0.037 orderly). However, the Palestine College of Nursing graduates had slightly higher positive perception than the IUG graduates in their perception toward the competencies of the teachers, presence of theory-practice gap and admission criteria without any statistical significance (table 10).

Although the qualitative analysis illustrated a great differences among each group of graduates, but this goes with Baney Owdeh, A. (1999) who didn't find significant statistical relationship as a result of the various institutions.

Some of them expressed the high qualification of teachers as a strength point, while others insisted it as weakness point.

Noticing that, most of the sample was graduates of IUG and CCAST may give a rationale. Besides, the students distinguished greatly between teachers in the class and clinical instructors, and most criticism was toward clinical instructor as projected by their response to open ended questions. Almost all the clinical instructors in IUG work as part-time unlike those in Palestine College for Nursing. These differences should be accepted, since each one has his own. Unexpectedly, most of participants either were satisfied or dissatisfied with teachers' competencies insisted the great need for teaching staff development as a crucial method for development and amelioration.

Regarding, perception about admission criteria, Palestine College of Nursing credits more restrict criteria than IUG and this may be the behind factor. Several graduates suggested more strict admission criteria to be adopted in all nursing programs. These criteria may include: personal interview, challenge exam, physical fitness, and English language abilities. The researcher recommend for more studies focusing on such points.

Table 11: Comparison between graduation year and graduates' perception

Dep. Var. Graduates' Perception	Ind.Var. Graduation year	N	Mean	SD	DF	t	P. vale
Teachers-students relationship	2003	165	3.6600	.563	301	-1.583	.114
	2004	138	3.7609	.539			
Curriculum appropriateness	2003	165	3.5902	.653	301	-2.342	.020*
	2004	138	3.7532	.539			
Overall satisfaction	2003	165	3.3636	.472	301	-2.614	.009*
	2004	138	3.5021	.444			
Accessibility of facilities	2003	165	3.1475	.480	301	-.915	.361
	2004	138	3.1995	.508			
Teachers' competencies	2003	165	2.9448	.443	299	.268	.789
	2004	136	2.9309	.458			
Theory-practice gap	2003	165	3.8194	.803	301	.879	.380
	2004	138	3.7377	.810			
Programs admission criteria	203	165	2.4509	.552	301	-3.006	.003*
	2004	138	2.6377	.523			
Overall	2003	165	3.2823	.293	299	-2.422	.016*
	2004	136	3.3618	.270			

* Statistically significant

B. Graduation Year

Although that the period of time is too short to make an effect on the graduates' perception, it was noticed that the graduates of 2004 generally held more positive perception than those of 2003, with statistical significance in the following dimensions: nature of curriculum, overall satisfaction, admission criteria and the overall factor (0.020, 0.009, 0.003 and 0.016 respectively). However, they were less satisfied with the teachers' competency and less aware of theory-practice gap. This result doesn't agree with Manitoba University graduates' (Gues, L. et al., 2004; Clarke, D., 2005) survey results, congruently, Awad, Y. (2004, p.67, 71) argues the effect of graduation year on the perception, because the average of years was big enough to affect the opinion in his study.

Table 12: Comparison between scientific degree and graduates' perception

Dep. Var. Graduates' Perception	Ind.Var. Scientific degree	N	Mean	SD	DF	t	P. value
Teachers-students relationship	B.S	98	3.5928	.535	301	-2.481	.014*
	AD	205	3.7600	.555			
Curriculum Appropriateness	B.S	98	3.6059	.526	301	-1.159	.247
	AD	205	3.6924	.642			
Overall Satisfaction	B.S	98	3.4004	.401	301	-.683	.495
	AD	205	3.4393	.491			
Accessibility of facilities	B.S	98	3.2068	.455	301	.870	.583
	AD	205	3.1541	.510			
Teachers' competencies	B.S	96	3.0333	.434	299	2.527	.012*
	AD	205	2.8941	.450			
Theory-practice gap	B.S	98	3.8694	.722	219.788	1.376	.170
	AD	205	3.7405	.841			
Programs admission criteria	B.S	98	2.5633	.453	240.456	.657	.512
	AD	205	2.5229	.585			
Overall	B.S	96	3.3256	.251	299	.306	.760
	AD	205	3.3148	.301			

* Statistically significant

C. Scientific Degree

Table 12 represents the statistical significance differences between the bachelor degree holders and the AD holders toward the presence teachers-students relationship and the teachers' competency (0.014, and 0.012 respectively). Results showed that the bachelor degree graduates reflected higher positive perception than the AD graduates in most of the subscales and the overall factor as Jhonson, R. (1998), Winson, G. (1995) and Awad, Y. (2004) reported. The nature of taught material either in quality or quantity differs from bachelor and associate degree, since there are more knowledge and experience. Bachelor degree holders expressed more appreciation for their teachers, while AD holders were more satisfied with the relationships. The qualitative analysis reflects dissatisfaction among AD graduates against criteria of admission, and nature of duties within the work. Besides that the absence of job description yields same responsibilities carried by AD and bachelor holders, congruently with (Winson, G., 1995) which may create dissatisfaction within AD holders and feeling with lack of fairness.

Even though, the AD holder graduates expressed higher positive perception against teachers-students relation ship, curriculum and overall satisfaction. The researcher thinks that the broad vision of BSN holders due to more knowledge may yield such as perception. In Gaza, the prestige of BSN is better than AD. But again, AD holders expressed less positive perception toward facilities availability. This can be interpreted as all AD programs follow nursing colleges rather than university. Consistently, graduates of certain settings requested offering of suitable building and well- ventilated classroom. Besides, requesting for library and skill lab was frequently reported.

Table 13: Comparison between post graduate desire and graduates' perception

Depend. Var. Graduates' Perception	Indep. Var. desire	N	Mean	SD	DF	T	P. value
Teachers-students relationship	Yes	244	3.7611	.515	299	3.564	.000*
	No	57	3.4762	.653			
Curriculum appropriateness	Yes	244	3.7152	.580	299	3.023	.003*
	No	57	3.4485	.680			
Overall satisfaction	Yes	244	3.4691	.427	71.236	2.749	.008*
	No	57	3.2477	.572			
Accessibility of facilities	Yes	244	3.1932	.470	74.332	1.313	.193
	No	57	3.0854	.577			
Teachers' competencies	Yes	243	2.9251	.460	298	-1.132	.259
	No	57	3.000	.403			
Theory-practice gap	Yes	244	2.7377	.817	299	-2.010	.045*
	No	57	2.9754	.745			
Programs admission criteria	Yes	244	3.6507	.557	299	1.651	.100
	No	57	3.4281	.496			
Overall	Yes	243	3.3369	.276	298	2.386	.018*
	No	57	3.2373	.316			

* Statistically significance

D. Desire for Post Graduate Education

Statistical significance differences were reflected (as showed in table 13) between graduates who have the willingness toward postgraduate completion and graduates who lack such as desire. The differences were related to the teachers-students relationship, curriculum appropriateness, overall graduates' satisfaction, the accessibility of facilities in teaching and the overall factor (0.000, 0,003, 0.008, 0.014 and 0,018 orderly). Indeed,

graduates who were satisfied by the programs and the provided facilities have a desire for continuing education and upgrading their studies. This difference is logically interpreted and is congruent with the presence or absence of the desire. Also, it attracts our attention for importance of regular upgrading programs and continuing education. Especially that, who expressed willingness for continuing education had stronger perception in most of the other subscale dimensions.

E. Factor for Postgraduate Education

Regardless the factor for the desire of postgraduate education, there was no statistical significance differences in the graduates' perceptions in the all sub-scale dimensions (table 14).

This means for the author that regardless the factors all have the desire. The presence of the desire itself accompanied by the perception formulated during study toward the profession

Table 14: Comparison between factors of post graduate education desire and graduates' perception

Depend. Var. Graduates' perception	Descriptive			ANOVA					
	Factor for postgrad	N	Mean	Indep. Var. Factor for postgrad	Sum of Squares	DF	Mean Square	F	P. value
Teachers-students relationship	Financial	41	3.6597	Between Groups	1.133	5	.227	.858	.510
	Social	109	3.7750		Within Groups	61.821	234		
	Change job	20	3.8167	Total		62.954	239		
	Profession. Development.	39	3.8327						
	Financial & social	17	3.9132						
	Financial, social & change job	40	3.6905						
	Total	240	3.7730						
Curriculum appropriateness	Financial	41	3.6662	Between Groups	.610	5	.122	.360	.870
	Social	109	3.7030		Within Groups	79.280	234		
	Change job	20	3.8594	Total		79.890	239		
	Professional development.	39	3.7596						
	Financial & social	17	3.7316						
	Financial, social & change job	40	3.6964						
	Total	240	3.7206						
Overall satisfaction	Financial	41	3.4075	Between Groups	.273	5	.055	.293	.916
	Social	109	3.4911		Within Groups	43.481	234		
	Change job	20	3.4794	Total		43.753	239		
	Professional Development.	39	3.4811						
	Financial & social	17	3.5052						
	Financial, social & change job	40	3.5294						
	Total	240	3.4775						
Accessibility of facilities	Financial	41	3.1919	Between Groups	.270	5	.054	.237	.946
	Social	109	3.1951		Within Groups	53.232	234		
	Change job	20	3.2767	Total		53.502	239		
	Profession. Develop.	39	3.1932						
	Financial & social	17	3.1373						
	Financial, social & change job	40	3.1190						
	Total	240	3.1925						
Teachers' competencies	Financial	41	3.0024	Between Groups	.999	5	.200	.940	.456
	Social	109	2.8523		Within Groups	49.567	233		
	Change job	20	2.9600	Total		50.566	238		
	Profession development	38	2.8895						
	Financial & social	17	2.9059						
	Financial, social & change job	40	3.0357						
	Total	239	2.9075						
Theory-practice gap	Financial	41	2.9512	Between Groups	5.169	5	1.034	1.566	.170
	Social	109	2.6330		Within Group	154.441	234		
	Change job	20	2.5900						
	Professional .Development.	39	2.8103						
	Financial & social	17	2.5294						
	Financial, social & change job	40	2.9714						
	Total	240	2.7250						

Programs admission criteria	Financial	41	3.6049	Between Group	.615	5	.123	.424	.847
	Social	109	3.5541	Within Groups	71.567	234	.306		
	Change job	20	3.5300	Total	72.183	239			
	Profession. Develop.	39	3.5487						
	Financial & social	17	3.5488						
	Financial, social & change job	40	3.7143						
	Total	240	3.5625						
Overall perceptions	Financial	41	3.3548	Between Groups	.147	5	.290	.380	.852
	Social	109	3.3148	Within Groups	17.899	233	.077		
	Change job	20	3.3589	Total	18.135	238			
	Profession. Develop.	39	3.3565						
	Financial & social	17	3.3116						
	Financial, social & change job	40	3.3938						
	Total	239	3.3364						

5.2.1.4 The Relationships between Graduate's Perceptions and Job Profile

A. Job Condition

As shown in table 15 that respondents who do not work in nursing expressed the higher perception in the most subscales. While those who work currently in nursing had the most positive perception toward teachers' competencies. However, there is no statistical significance differences between groups of work condition related to the all sub-scale dimensions. This means that working in the real situations did not affect or alter the respondents' perceptions. The author may reveal this to relatively short experience that acquired by graduates. The greater portion works in private sector, public sector or as volunteer, which may doesn't reflect the real nature of nursing profession such as hospitals' environment in which there are shift rotation and heavy duties. Even though work made them appreciate more teachers' competencies.

Due to lack of local studies that correlate such variable with nursing perception, the authors believes with the need for more investigation.

Table 15: Comparison between job condition and graduates' perception

Dep. Var. Graduates' perception	Descriptive			ANOVA					
	Work cond	N	Mean	Indep. Var.	Sum of Squares	DF	Mean Square	F	P.valu e
Teachers-students relationship	Working in nsg currently	197	3.6867	Between Groups	.656	2	.328	1.1	.344
	Worked in nsg in past	22	3.6147	Within Groups	91.847	300	.306		
	Didn't work in nsg	84	3.7749	Total	92.503	302			
	Total	303	3.7060						
Curriculum appropriateness	Working in nsg currently	197	3.6342	Between Groups	.767	2	.383	1.0	.356
	Worked in nsg in past	22	3.6250	Within Groups	110.861	300	.370		
	Didn't work in nsg	84	3.7455	Total	111.627	302			
	Total	303	3.6644						
Overall satisfaction	Working in nsg currently	197	3.4091	Between Groups	.352	2	.176	.8	.443
	Worked in nsg in past	22	3.3797	Within Groups	64.601	300	.215		
	Didn't work in nsg	84	3.4804	Total	64.953	302			
	Total	303	3.4267						
Accessibility of facilities	Working in nsg currently	197	3.1607	Between Groups	.289	2	.144	.5	.553
	Worked in nsg in past	22	3.1000	Within Groups	73.019	300	.243		
	Didn't work in nsg	84	3.2143	Total	73.308	302			
	Total	303	3.1712						
Teachers' competencies	Working in nsg currently	197	2.9513	Between Groups	0.093	2	.046	.2	.796
	Worked in nsg in past	22	2.9182	Within Groups	60.480	298	.203		
	Didn't work in nsg	82	2.9134						
	Total	301	2.9385	Total	60.573	300			
Theory-practice gap	Working in nsg currently	197	2.7584	Between Groups	.404	2	.202	.3	.734
	Worked in nsg in past	22	2.8818	Within Groups	195.700	300	.652		
	Didn't work in nsg	84	2.8119	Total	196.104	302			
	Total	303	2.7822						
Programs admission criteria	Working in nsg currently	197	3.5249	Between Groups	1.529	2	.765	2.6	.076
	Worked in nsg in past	22	3.3273	Within Groups	88.388	300	.295		
	Didn't work in nsg	84	3.6167	Total	89.918	302			
	Total	303	3.5366						
Overall perceptions	Working in nsg currently	197	3.3036	Between Groups	.310	2	.155	1.91 5	1.49
	Worked in nsg in past	22	3.2638	Within Groups	.24.111	298	.081		
	Didn't work in nsg	82	3.3679	Total	24.421	300			
	Total	301	3.3182						

B. Work Field

Although table 16 shows absence of any statistical significance differences among groups of the work field like the work condition, work field had not any effects on the graduates perceptions, like the work condition. The graduates work in military services reflected the highest positive perception in the overall factor and most of the subscale. This is not congruent with Awad, Y. (2004, p. 72) who depicted that graduates who work in private sectors have the highest perception, while those work in UNRWA have the lowest one. Again several graduates in this study work as volunteer, either in UNRWA or private sectors. This means that graduates experience similar situation within the work field in addition to lack of job description.

The researcher may interpret a relatively higher perception among those who work in military services due more facilities, high prestige and salaries associated with military employment. Another factor may be due to limited number of involved persons.

Table 16: Comparison between work field and graduates' perception

Dep. Var. Graduates' perception	Descriptive			ANOVA					
	Work field	N	Mean	Indep. Var.	Sum of Squares	DF	Mean Square	F	P. value
Teachers-students relationship	Governmental	68	3.6127	Between Groups	1.169	4	.292	.910	.459
	UNRWA	29	3.8243	Within Groups	68.738	214	.321		
	Public sec	22	3.7251						
	Private se	92	3.6594						
	Military	8	3.8274						
	Total	219	3.6759	Total	69.907	218			
Curriculum appropriateness	Governmental	68	3.9574	Between Groups	1.639	4	.410	1.099	.358
	UNRWA	29	3.7220	Within Groups	79.657	214	.373		
	Public sec	22	3.7756						
	Private se	92	3.5747						
	Military	8	3.8984						
	Total	219	3.6333	Total	81.395	218			
Overall satisfaction	Governmental	68	3.3512	Between Groups	1.123	4	.281	1.333	.259
	UNRWA	29	3.4868	Within Groups	45.081	214	.211		
	Public sec	22	3.4866						
	Private se	92	3.3798						
	Military	8	3.6618						
	Total	219	3.4061	Total	46.204	218			
Accessibility of facilities	Governmental	68	3.1755	Between Groups	.585	4	.146	.636	.637
	UNRWA	29	3.0529	Within Groups	49.183	214	.230		
	Public sec	22	3.1970						
	Private se	92	3.1471						
	Military	8	3.3167						
	Total	219	3.1546	Total	49.767	218			
Teachers' competencies	Governmental	68	3.0588	Between Groups	1.647	4	.412	2.149	.076
	UNRWA	29	2.9483	Within Groups	41.019	214	.192		
	Public sec	22	2.9545						
	Private se	92	2.8448						
	Military	8	2.7125						
	Total	219	2.9479	Total	42.667	218			
Theory-practice gap	Governmental	68	2.9059	Between Groups	.956	4	.489	.752	.558
	UNRWA	29	2.7517	Within Groups	139.217	214	.654		
	Public sec	22	2.7041						
	Private se	92	2.6891						
	Military	8	2.8000						
	Total	219	2.7708	Total	141.173	218			
Programs admission criteria	Governmental	68	3.4563	Between Groups	2.188	4	.574	1.978	.115
	UNRWA	29	3.5517	Within Groups	62.316	214	.291		
	Public sec	22	3.6696						
	Private se	92	3.4526						
	Military	8	3.9000						
	Total	219	3.5044	Total	64.504	218			
Overall perceptions	Governmental	68	3.30574	Between Groups	.452	4	.113	1.432	.244
	UNRWA	29	3.3040	Within Groups	16.895	214	.079		
	Public sec	22	3.3575						
	Private se	92	3.2565						
	Military	8	3.4452						
	Total	219	3.2996	Total	17.347	218			

C. Work Area

Table 17 illustrates that the graduates who work in health centers have more positive perception, followed by those work in primary care centers, while graduates working in hospitals have the lowest perception. These results are reversed against teachers' competencies and presence of theory practice gap. Even, there is no statistical significance between place of work area. The result is not consistent with Awad, Y. (2004). The researcher believes that working in hospitals and primary health centers give a greater experience for graduates through dealing with different situations, unlike working in health center, where they work as "physician assistants". Conditions in Gaza hospitals don't offer ideal situation for nursing practice. As result new graduates may feel frustrated due inability to apply all of what they had learned in such needed case. While such experience may affect their satisfaction about teachers competencies.

Table 17: Comparison between work area and graduates' perception

Dep.Var. Graduates' perception	Descriptive			ANOVA					
	Work Area	N	Mean	Indep. Var.	Sum of Squares	DF	Mean Square	F	P. value
Teachers-students relationship	Hospital	145	3.6319	Between Groups	1.219	2	.609	1.917	.150
	Health center	43	3.8217	Within Groups	68.688	216	.318		
	PCC	31	3.7051	Total	69.907	218			
	Total	219	3.6795						
Curriculum Appropriateness	Hospital	145	3.5677	Between Groups	1.852	2	.962	2.515	.083
	Health center	43	3.7689	Within Groups	79.543	216	.368		
	PCC	31	3.7520	Total	81.395	218			
	Total	219	3.6333						
Overall satisfaction	Hospital	145	3.3675	Between Groups	.730	2	.365	1.735	.179
	Health center	43	3.5116	Within Groups	45.474	216	.211		
	PCC	31	3.4402	Total	46.204	218			
	Total	219	3.4061						
Accessibility of facilities	Hospital	145	3.1434	Between Groups	.186	2	.093	.404	.668
	Health center	43	3.2124	Within Groups	49.582	216	.230		
	PCC	31	3.1269	Total	49.767	218			
	Total	219	3.1546						
Teachers' competencies	Hospital	145	2.9917	Between Groups	.830	2	.415	2.143	.120
	Health center	43	2.8535	Within Groups	41.836	216	.194		
	PCC	31	2.8742	Total	42.667	218			
	Total	219	2.9479						
Theory-practice gap	Hospital	145	2.8359	Between Groups	3.596	2	1.798	2,823	.062
	Health center	43	2.5116	Within Groups	137.577	216	.637		
	PCC	31	2.8258	Total	141.173	218			
	Total	219	2.7708						
Programs admission criteria	Hospital	145	3.4786	Between Groups	.491	2	.246	.928	.438
	Health center	43	3.6000	Within Groups	64.013	216	.296		
	PCC	31	3.4968	Total	64.504	218			
	Total	219	3.5050						
Overall perceptions	Hospital	145	3.2881	Between Groups	.058	2	.029	.363	.696
	Health Center	43	3.3257	Within Groups	17.289	216	.080		
	PCC	31	3.3173	Total	17.347	218			
	Total	219	3.2996						

D. Experience Period

As depicted in table 18 there is no statistical significance difference in all the sub-scale dimensions, regarding to the length of experience. However, subjects with less experience reflected lesser positive perception in most of the factors except those related to Program admission criteria. This goes with previous results about work condition and areas. Results of this study are consistent with Awad, Y. (2004) who showed that the

length of experience increased the commitment of nurses, and affected their perception. Specially, the subjects are considered new graduate, and a considerable portion of their work was as volunteers in several NGOs services. This means that they were no in real touch with the situation. The researcher thinks that re conducting of such study after year may reflect different results due to gaining experience.

Table 18: Comparison between experience period and graduates' perception

Dep.Var. Graduates' Perception	Indep. Var. Experience period	N	Mean	SD	DF	t	P value
Teachers-students relationship	<12	106	3.6527	.6081	215	-1.104	.271
	>12	111	3.7375	.5206	206.754		
Curriculum appropriateness	<12	106	3.6421	.5979	215	-.239	.811
	>12	111	3.6622	.6362	214.947		
Overall satisfaction	<12	106	3.3962	.4932	215	-.442	.659
	>12	111	3.4240	.4302	208.139		
Accessibility of facilities	<12	106	3.1101	.4946	215	-1.560	.119
	>12	111	3.2120	.4649	212.512		
Teachers' competencies	<12	105	2.9362	.4473	214	-.281	.779
	>12	111	2.9532	.4393	212.849		
Theory-practice gap	<12	106	2.7302	.7605	215	-.592	.555
	>12	111	2.7946	.8384	214.440		
Programs admission criteria	<12	106	3.5113	.5590	215	.212	.832
	>12	111	3.4955	.5380	213.470		
Overall	<12	105	3.2809	.3040	214	-1.160	.247
	>12	111	3.3255	.2612	205.312		

5.3 Analysis of Graduates' Responses to Questions about Limitations and Suggestions.

Political and financial obstacles were the most common obstacles respectively. Then they mentioned: in sufficient clinical practice (Abu Awad, A., 2006), volume of the taught material and courses during the semester, distant location of colleges or/and training areas in order manner. Some graduates, specially those literature students, expressed difficulty of the taught material and using English language in teaching. Considering, that they mentioned inability of teachers to simplify information. Another time, inability to obtain textbooks early in the semesters challenged their achievement.

Considerable portion of graduates emphasized their suffering from bad social image, besides lack of support or cooperation of nursing staff in training areas, which consists with Owen, S. (1993). In addition most of respondents sorted unavailability of library, skill lab, sport club and facilities as considerable obstacle, this goes with Verhey, M. (2000), Kimani, G. (2005), Richardson, A. (2005), MoH, MoHE & Welfare Association (2001).

Without doubt, political situation including closure, isolation and frequent invasions formed the greatest obstacles for almost all graduates either directly or indirectly. The time in which the study conducted was one of the most difficult periods in the recent periods. The psychological conditions of the graduates affected their achievement and study in great manner. The second rated obstacle was the financial one, particularly in presence of bad economical status and high rate of unemployment.

The high fees in certain institutions, expensive of nursing textbooks, and expensive transportation especially during isolation, these entire factors made overload for the students. So several graduates mentioned the distance of learning and practice settings as one of the most frequent obstacles due to political and financial barriers.

As they perceived it as highly important, participants perceived inadequate training as the third obstacles, particularly nursing is considered an applied science.

Study overload as a result of huge material and several courses in one semester was reported as an obstacle, consistently with Sharma, R. & Thasnpark, U. (1999), mainly some of participants were from Tawjeehy literature branch and the teaching was in English. Logically, they rated lack of references and textbooks, and manner of teaching as limitations. All textbooks are imported from USA, so they are expensive and may be late due to closure. Lack of technology makes the teaching in nursing more difficult to simplify the information for the students.

This study donated a great chance for graduates to offer a lot of suggestions. The author tried to summarize and reorganize their suggestion. The most common suggestions were in order: increasing the period of clinical practice, as Baney Owdeh, A. (1999) mentioned periodic and continuous development and training for the teaching staff, in addition to preparing of well-equipped nursing skill lab, and assigning times for training in it. They also asked for assigning competent and expert clinical instructors, going with Abu Awad, A. & Hirschfeld, M. (2006), besides assigning class teacher for practical supervision. Most of graduates suggested establishment of continuing education programs, such as upgrading programs, special courses, CPR ...etc. and offering of upgrading chances for the all. Besides that, the asked for periodic curricular reforming in terms of the students capabilities with increase the number and content of specialty courses, developing a unified curriculum for all Palestinian Nursing Colleges based on community needs (Shaheen,1992) and offering a modern and technological teaching methods, such as LCD, internet, and preparing material of each course on CD.

Respondents recommended paying efforts to enhance the nursing career status, and establishment of job descriptions. They also suggested: developing of unified plan for the practice with cooperation of the class teachers, establishment of educational hospitals, and offering of well equipped training centers in order to bridge theory – practice gap. However, there suggestions for nursing improvement began from educational admission process. They recommended more strict criteria such as personal interview, physical fitness, challenge exams, high grades and fitness in English language as well as allowance only for science students to join nursing education programs. Offering of scholarships either nationally or universally for both the teachers and students and encouraging research activities may improve nursing status according to their suggestions (Bany Owdeh, A., 1999; Tetley, J. & Glover, J.,1999).

Regarding more facilitation in practice, they asked for assigning the students for training centers, according to their residency.

In order to enhance the programs services, they suggested participation of programs' management in recruiting the graduates in the nursing market and exertion to husband free positions/occupations.

Besides that, they asked them to pay efforts to improve the social image toward nursing through lecture, workshops, and participation in community activities.

In terms of increasing facilities their recommendations were about: reduction fees, offering of computers and internet.

5.4 Summary

The results showed that most of the respondents are female, AD holder and from IUG. Most of the subjects are under the age of 30 year old, and they were from all the provinces of GS. Most of them expressed high tendency for continuing education with several factors.

However there were differences in the respondents' perceptions, there were no significant statistical in their perception in terms of marital status, residency, graduation year, experience, and work area and fields. Age, gender, place of graduation had significant statistical effects on the graduates' perception.

After exposing to the findings of this study, a conclusion about the results, and some of recommendations need to be given.

Chapter (6)

Conclusion and Recommendations

6.1 Conclusion

Coincidentally, with the rapid development and informational explosion, the basic nursing education in Gaza Strip was advanced in a noticeable way. The number of nursing colleges and the offered programs had increased significantly in the last few years. As a result, the numbers of nursing graduates were highly increased.

Despite of several challenges facing nursing education in G S due to constantly changing situations, very little studies were conducted to evaluate its effectiveness. So, in order to determine the programs' efficiency, this study tried to assess the graduates' perceptions toward those programs in terms of strengths, weaknesses and limitations. This study may help the nursing colleges administrations to realize the students and graduates opinions, and weigh their products from the viewpoints of the graduates who are considered their clients. Also, it offered several recommendations as suggested by the graduates themselves and the researcher in order to improve the programs output.

The study assessed the graduates evaluative perceptions toward the curricula suitability, teaching staff competencies, relationships between teachers and students , clinical practice and presence of theory-practice gap, availability of facilities, and admission criteria, besides graduates' overall satisfaction.

The type of this study was descriptive, correlative and cross sectional. Since, it described the graduates perception toward nursing education programs, in which they studied, as well as it measured their satisfaction against acquired knowledge and skills.

Triangulation of data was used in order to ensure credibility of the results.

The author developed a self-administered questionnaire to assess the graduates' perception. The instrument was built from three parts. The first one consisted of close questions about demographic characteristics of the subjects. The second part was Likert scale questions covering the all dimensions of the study, while the third was composed of open questions to detect strength points, weakness points and limitation as perceived by subjects. The questionnaire also offers a chance for the respondents to mention their suggestions to improve the nursing education programs.

The population of this study was all the graduates of basic nursing programs (bachelor and associate degree in both nursing and midwifery) of the academic years 2003 and 2004. The included colleges were Palestine College for Nursing, Nursing College at IUG and Nursing and Midwifery Department at Community College of Applied Science and Technology.

The population size was 374 graduates, with response rate of 91.26%. The majority of respondents were: females, who were more satisfied about the teachers- student relationship although they reflected lower perception toward the overall factor than males. A great proportion of subjects were single, with mean age of 23.56 year.

However, younger respondents have more positive perception than older, while married subjects were less satisfied, in spite of absence of statistical significance. The greatest portion of respondents was from Mid zone. The remaining portions of them were from: Gaza, North area, Khanyounis and Rafah perceptively. Besides, relatively three quarters of them were from cities and camps, and only one fifth from villages. However, there was no effect of residency on the graduates' perception; graduates from villages were less satisfied with curricular nature and overall factors than those from cities and camps.

Most of subjects were AD holders, and graduated from IUG. Although AD holders were less satisfied, graduates of Palestine College of Nursing appreciated teachers competencies in higher manner than those of IUG. Also, most of respondents were working in both private and public sectors. But, those who were working in military services have more positive perception. Nearly two thirds of respondents expressed their desire for postgraduate education, and the chief reasons were socially and financially factors.

The results expressed that highest level of perception was with the teachers-students relationship, with a mean of 3.706, while the lowest mean was 2.782 associated with theory practice gap. The results denied significance statistical differences among graduates' perception regarding factors of marital status, residency and year of graduation besides presence of postgraduate education desire and underlying factors.

This while some statistical differences among graduates' perceptions in terms of age, gender, living areas and academic institutions were depicted.

Although difference in experience, work conditions didn't affect graduates perception significantly, subjects who worked in hospitals reflected more awareness of theory practice gap than those who worked in health centers and primary care centers.

Generally, the graduates' perspective was positive toward the programs (Kapborg, I., 1987). Even, great concern about clinical training inadequacy was reported. This was supported by frequent comments about insufficient competencies of clinical instructors and lack of required equipments and materials in both nursing skills lab and clinical settings.

Regarding the qualifications of teaching staff, the graduates opinions were contradicted. However, many graduates recommended the need for developing of the staff. Almost most the graduates expressed the need for more nursing courses and clinical practice.

While some graduates of certain institutions requested religious and cultural courses, some of the another institution asked for diminishing some of these courses. That means the curriculum need to include balanced portion of several courses in order to graduate well-qualified nurses. The graduates satisfaction about acquired knowledge and skills were fair.

Some students made some comments on the program including: admission criteria, availability of facilities and fees. Allowance of students from literature branch to join nursing was disputed. However most of them recommended specific strict criteria for admission, such as: personal interview, challenge exam, physical fitness and English language abilities. Some respondents insisted the importance of offering library which must be equipped with nursing references and textbooks, computer lap and internet access, besides importance of well-ventilated buildings.

In the end, respondents offered several recommendation for developing teaching staff, refining the curricula, enhancing clinical practice and improve social image against nursing. Besides, they mentioned several suggestions to augment graduates' commitment to their programs and enhance settings of nursing education in Gaza.

6. 2 Recommendations

Based on the data and results, the study yields some recommendations in the light of graduates' perspectives.

- ☒ The study results showed that some components of educational process are highly appreciated by the participants. These components included: curriculum design, teacher-student relationship, facilities, admission criteria, theory-practice gap and graduates' satisfaction. Administration boards and decision makers are asked to take these components into their consideration for improving nursing programs.

- ☒ Graduates of nursing educational programs generally hold a positive perceptions about the programs. They perceive the following points as areas of strength: built and component of curriculum, competences of teaching staff, nature of relationships between teachers and students, clinical practice, fairness, rules and regulation, and the academic environment. Nursing education staff need to maintain and enhance these areas of strengths.
- ☒ Graduates highlighted some components that need continuous evaluation and modification. These components include: inadequate clinical practice and theory-practice gap, inadequate preparation of faculty members, overabundance of non-nursing courses, lack of modern technology, expensive fees, improper admission criteria, and inadequate services such as libraries and nursing skills labs. These areas need to be reviewed carefully by the faculties of nursing in the involved programs to overcome these issues.
- ☒ Almost most of the graduates expressed that political situation, financial status, low social image about nursing, and lack of nursing texts and journals as great limitations and obstacles that need to be considered.
- ☒ To restore and maintain a high quality of nursing education to meet graduates' expectations, periodical review, evaluation and modification of nursing curriculum should be done. Activities toward a national unified nursing curriculum that meets the minimal requirements of nursing education at the national level may also be beneficial.
- ☒ To bridge theory-practice gap, a unified plan for practice in cooperation with the teachers of theory is recommended. Establishment of teaching hospitals, availability of well-equipped training settings, coordination among the colleges' administration from one side and colleges and practice settings from the other

side, availability of well-equipped skills labs, and expert clinical instructors will help to bridge the gap.

- ☒ Although the teaching staff was perceived as qualified and competent nursing educators, they need continuous training and development to enhance their teaching abilities and making some scholarships available to them to pursue their education at the doctoral level in all nursing specialties.
- ☒ The administration of nursing colleges may need to pay more attention to criteria of admission. Considering quality more than quantity may have a great benefit for nursing graduates. Personal interview and challenge exams besides high grades in Tawjeehy may lead to a better graduates' outcome. Furthermore, admission criteria can be based upon the markets' needs.
- ☒ Using modern technology, audiovisual aids, computer and internet accesses in addition to making texts and nursing journals available in the libraries of nursing schools can improve nursing education.
- ☒ Efforts should be made by all nursing-related staff, especially key nursing personnel, to enhance the social image toward nursing. This could be reached through several channels such as: media, journals, nursing publications, nursing research, and campaigns at the secondary schools levels and the parliament levels. Improving the nursing image besides ameliorating nursing professional status and developing job descriptions will contribute to the improvement of the power of nursing.
- ☒ Establishment of graduates' Alumna can ensure follow up of graduates.
- ☒ The huge tendency among AD graduates toward upgrading may call decision makers' attention for the leverage of AD programs.

Chapter (7)

References

- Abdul Mawjood, I. (1982), "Higher education and preparation for teaching staff". *Arabic Journal for Education*, 2 (2), pp. 69.
- Abu Awad, A. (2006), "Educational nursing challenges in Palestine". *Bridges*, 2 (2), pp.4-7.
- Abu Awad, A.& Hirschfeld, M. (2006), "Howe to overcoming challenges in nursing education: we cannot afford to be stuck in the waiting place". *Bridges*, 2(2), pp.18-21.
- Abu-Dakka, S. & Lolo, F. (2004), "*A Card of Graduates for Educational Colleges' Students*". Islamic University-Gaza, Palestine.
- Abu Hamad. B. (1997), "*Job Satisfaction Among Gaza Nurse Educators: Factors and Implications*". Unpublished Masters' Thesis, Sheffield Hallam University, UK.
- Abu Hamad. B. (2001), "*Determination of Job Satisfaction and Motivation Among Gaza Nurses*". Unpublished Doctoral Dissertation, Sheffield Hallam University, UK.
- Abu Harbeid, A. (2004), "*Women's Satisfaction with Antenatal Care Services in Gaza strip*". Unpublished Master Thesis, Al-Quds University, Palestine.
- Abu Watffa, M. (2001), "*The Reality of Professional Growth of the University Teachers at the Islamic University of Gaza and Methods for its Development: Teachers' Perspectives*". Unpublished Master Thesis, Islamic University-Gaza, Palestine.
- Adam, M.(2002), "Effective teaching as perceived by the practical application students at the Semiotic education at the King So'ud University". *Journal of the Educational Researches Center*. Qatar University, 21, pp.99-127.
- Al-Bouhy, H. & Asada, F. (1995), "Relationship between satisfaction and academic achievement among postgraduates students in educational college in Al-Bahrain University". *Journal of the Educational Researches Center, Qatar University*, 7, pp. 173-198.
- Alespach, j. (1995), "*The Educational Process in Nursing Staff Development*", 1st edition, P St Louis: Mosby.
- Al-Hindi, F. (2002), "*Clients' Satisfaction with Radiology Services in Gaza*". Unpublished Master Thesis, Al-Quds University, Palestine.
- Al-Houly, E. (2004), " Concept of quality in higher education". *Journal of Quality in Higher Education*, Quality Unit at Islamic University-Gaza, 1 (1), pp. 9-13.

- Al-Houly, E. & Abu-Dakka, S. (2004), "Evaluation of graduate studies in Islamic University of Gaza: graduates' perceptions". *The Islamic University Journal, Series of Humanities*, 12 (2), pp.391-424.
- Allan, D. & Corens, D. (1998), "The impact of management of change projects on practice: a description of the contribution that one educational program made to the quality of health care". *Journal of Advanced Nursing*, 27, pp.865-869
- Allen, D. G. (1990), "The curriculum revolution; radical provisioning of nursing education". *Journal of Nursing Education*, 29 (7), pp.312-316.
- Al-Lolo, F. (2004), "Educational competencies for university teachers". *Journal of Quality in Higher Education*, Quality Unit at Islamic University of Gaza, 1 (1), pp. 104-107
- Al-Owda, A. (1988), "The self evaluation for the role of the teaching staff member as a teacher compared with the students evaluation for the same role". *Journal of Education College*, Kuwait university, 5 (16), pp. 221-233.
- Andersson, N., Cederfjall, C. & Klang, B. (2005), "The novice general nurses' view of working in a pediatric: a Swedish experience". *Nurse Education in Practice*, 5, pp.191-197.
- Arabic Organization for education, culture and sciences (1984), "*Development of Teaching Staff Members and its Standards*". Damascus, Arabic center for higher education researches, pp. 67
- Aref, T. & Daraghme, A. (2005), "*Educational Levels and its Trend in the Palestinian Territory*". Palestinian Central Bureau of Statistics - In depth Analysis Study Series (4).
- Arthur, D. & Usher, K. (1994), "An application of nursing faculty practice: clinical camp". *Journal of Advanced Nursing*, 19, pp. 680-684
- Athubaity, M. & Al-Karni, A. (1993), "Procedures for evaluating faculty members' performance in Saudi Universities from the viewpoint of deans and chairmen". *Journal of King Saud University, the Islamic and Educational Studies*, pp. 427-461.
- Awad, M. (2004), "Evaluation of the university teacher". *Journal of Quality in Higher Education*, Quality Unit at Islamic University-Gaza, 1 (1), pp. 80-82.
- Awad, Y. (2004), "*Gaza Nurse Perception about Nursing Continuing Education- Palestine*". Unpublished Master Theses, Al-Quds University, Palestine.
- Ballie, L. (1993), "Factors affecting student nurses: learning in community placement". *Journal of Advanced Nursing*, 18 pp. 1043-1053.
- Bany Owdeh, A. (1999), "*Problems Facing University Nursing Education in Palestine: Teachers' and Students' Perspectives*". Unpublished Master Thesis. AN-Najah National University, Palestine.

- Barrett, M., Goldenberg, D., & Faux, S. (1992), " Career pattern and job satisfaction of Canadian nurse educators". *Journal of Advanced Nursing*, 17, pp.1002-1011.
- Benor, D. & Leviyof, I. (1997), "The development of students' perceptions of effective teaching: the ideal, best, and poorest clinical instructor in nursing". *Journal of Nursing Education*. 36, pp.206-211.
- Bergman, R. (1986), "Anatomization of nursing education: the Israeli experience". *Journal of Advanced Nursing*, 11, pp. 225-229.
- Bevis E (1982), "*Curriculum Building in Nursing*". 3rd edition. St Louis: Mosby.
- Bnayahu, M. (2006), "Challenges in nursing- a student's perspective". *Bridge*, 2 (2) pp.17.
- Boaden, N. , Bligh, J. & Calman, S. (1999), "*Community Based Medical Education Towards a Shared Agenda for Learning*". 1st edition, Arnold.
- Bore, M., Munro, D., Kerridge, I. & Powis, D. (2005), "Selection of medical students according to their moral orientation". *Medical Education*, 39, pp. 266-275.
- Brennan, J, Kagon, M.& Teichler, U. (1996), "Higher education and work: a conceptual framework. In: Brennan, J, Kagon, M.& Teichler, U. (eds) Higher education & work. London: Jessica Kingsley, pp.1-24.
- Brodie, D., Anderson, G., Andrews, J., Thomas, G., Wong, J. & Rixon, L.(2004), "Perceptions of nursing: confirmation, change and the student experience". *International Journal of Nursing Students*, 41, pp. 721-733.
- Bulechek, N. (1998). (On line), Home page, Available from:
(<http://www.nln.org>) [Accessed January, 27th, 2005].
- Burns, N. & Groves, S. (1997), "*The Practice of Nursing Research : Conduct, Critique, and Utilization*". 3rd edition. Philadelphia: WB Saunders.
- Cameron, K. (1981), "Domains of organizational effectiveness in colleges and universities". *Academy of Management Journa*, 24 (1), pp.24-47.
- Chin, H., Mc Nichol, E. & Dip, P. G. (2000), " Practice development credentialing in the United Kingdom – a unique framework for providing excellence, accountability and quality in nursing and healthcare". *Online Journal of Issues in Nursing*. 5 (2), Manuscript 5. Available from
(http://www.nursingworld.org/ojin/topic12/tpc12_5.htm) [accessed March, 23rd 2006].
- Clarke, D.(2005), "Graduate and employer perspectives faculty of nursing, University of Manitoba". Manitoba Nursing Research Institute, Faculty of Nursing. pp.1-49 (Online). Available at: (www.gov.mb.ca/csc/annrpt/toc.html). [Accessed in March, 2006].

- College of Nursing at Islamic University-Gaza, (2002), "*Student Guideline*". Gaza, Palestine.
- Community College of Applied Science and Technology, Department of Sciences and Health Professions. (2005-2006) "*Identification Brochure*". Gaza, Palestine.
- Crunkilton, J. (1987), "Graduate, programs of international education in the United States with implications program at the American Farm School in Greece". Paper presented at the *Annual Meeting of the Association for International Agricultural Education* (3rd Chevy Chase, MD), pp.1-22.
- Culley, L. (1997), (On line). Home page. Available form: (<http://www.nursingsociety.org>) [Accessed April 6th, 2006].
- Cuthbert, P. (1996), "Not SRVQUAL, or How we measure service quality in higher education?". Proceedings of the 1996 Conference of the Marketing Education Group, Glasgow.
- Dakhil, G. (1994), "Postgraduates and its future dimensions in Iraqi universities". *Journal of Arabian Universities Union*, 29, pp.140-166.
- Dalton State University, (2001), "Annual progress in assessing institutional effectiveness". (Online) available from: (www.westga.edu/~honors/Annualreport) [Accessed in Feb. 2006].
- Day, R., Field, P., Campbell, I., & Reutter, L. (1995), "Student's evolving beliefs about nursing: from entry to graduation in a four-year baccalaureate program". *Nurse Education Today*, 15(5), pp. 357-396.
- Demerdash, S. (1979), "*The Modern Curricula*". First edition. Kuwait.: Al-Falah Library.
- Diede, N., McNish, G. & Goose, G. (2000). "Performance expectations of the associate degree nursing graduate within the first six months". *Journal of Nursing Education*, 39 (7). *Pro Quest Nursing Journal*.
- Donaldson, J. & Carter, D. (2005), "The value of role modeling: perceptions of undergraduate and diploma nursing (adult) students". *Nurse Education Today*, 5, pp. 353-359.
- Duchscher, J. (2001), "Out in the real world newly graduated nurses, in acute- care speak out". *JONA*, 31(9) , pp.426-439.
- Dychkowschi, L. (1995), "The Future of Nursing" . (Online). Available at: (www.continuing education.com/nursing/future.pdf). [Accessed in Feb., 2006].
- El Ansari, W. (A) (2002), "Student nurse satisfaction levels with their Courses: Part I- effects of demographic variables". *Nursing Education Today*, 22, pp.159-170.

- El Ansari, W. (B) (2002), " Student nurse satisfaction levels with their courses: part II- effects of demographic variables". *Nursing Education Today*, 22, pp.171-180.
- Giger, J. & Davidhizar, R. (1990), "Narrowing the gap between education and service". *American Journal of Nursing AJN*_, 90(5), pp .129.
- Gigliotti,R. & Buchtel,F. (1990) "Attributional bias and course evaluations". *Higher Education Abstracts*, 25(2), pp.211
- Google dictionary (2006). (Online). Available at: (www.google.com/search?hl=ar&lr). [Accessible at March, 2006].
- Granurn, V. (2004), "Nursing students' perceptions of nursing as a subject and a function". *Journal of Nursing Education*, 43 (7), pp. 297-303.*Pro Quest Nursing journal*.
- Grau, L. (1984), "Case management and the nurse". *Geriatric Nursing*, 5, pp.372-375.
- Green River University (2004). Annual report. (Online) available at: (www.westernresources.org/annualreport_2004.pdf). [Accessed in Jan. 2006].
- Greenwood, F. (2000), "Critique of the graduate nurse: an international perspective". *Nurse Education Today*,20, pp. 17-23.
- Guse, L.; Cepanec, D.; Laurencelle, M; Kasdorf, S. Dietrich, D.; Saquet, N.; Storsley, G.; & Halpin, A. (2004), "College of registered nurses of Manitoba competencies: graduate & employer perspectives 2002 & 2003". Manitoba Nursing Research Institute, Faculty of Nursing. (Online). Available at: (www.gov.mb.ca/csc/annrpt/toc.html). [Accessed in March, 2006].
- Haase, P. (1990), "*The Origin and Rise of Associate Nursing, Durham, NC*". Duke University Pres.
- Haase, P. (1996), "Education for entry into practice: an ethical perspective". *Journal of Professional Nursing*. 12 (5), pp.289-296.
- Hart, G. & Rotem, A. (1995), "The clinical learning environment: nurses' perceptions of professional development in clinical settings" *Nurse Education Today*, 15, pp.3-10
- Hartely, J. (2004), "Nurses need better basic maths skills". *Nursing Time NT*,100 (16) ,pp. 3.
- Hearn, J. (1985), "Determinants of college students' overall evaluations of their academic programs". *Research in Higher Education*, 23(4), pp. 413-437.
- Helms, L. & Thompson, E. (2005), "Nurse anesthesia students with disabilities: a legal and academic review of potential standards". *AANA Journal*, 73 (4), pp. 265-269.
- Hirschfeld, M. (2006), "Challenges for Israeli nursing education". *Bridges*, 2(2), pp.8-11.

- Hokmansen-Hawks, H. & Hormek, C. (1992), "Nursing practicum: empowering strategies". *Nursing Outlook*, 40, pp.231-234.
- ICN (2004).(Online). Available at:(www.icn.ch). [Accessed in Feb. 2006].
- Jackson, R.(1987), "Approaching clinical teaching and evaluation through the written word: a humanistic approach". *Journal of Nursing Education*, 26 (9), pp. 243-252
- Jacobs, L., Demattio, M., Bishop, T., & Fields, S. (1998), "The baccalaureate degree in nursing practice". *Journal of Professional Nursing*,14(4), pp. 225-233.
- Jerusalem Cultural Center, (1994), "*The March of Palestinian Nurses Conference: Proceeding of the Conference*". Cairo: Palestine Hospital.
- Jhonson, R. (1998) , "Higher education in the mirror: reflections of context, relations, and values in the act of student feedback". Paper presented in Higher Education Close Up University & Central Lancashire Preston held in 6-8 July 1998.
- Jhonson, T. (1997), "Course experience query". A report prepared for the graduate Career Council of Australia.
- Kabbalah and Education (2006), "Three elements of the student teacher relationship". (On line). Available at: (<http://www.iner.org/education/educatabl/htm>). [accessed on 10 March, 2006].
- Kannou', N. (200), "*Evaluation of Trained Students' Skills at Palestine College of Nursing in the Light of Modern Trends*". Unpublished Master Thesis . Islamic University-Gaza., Palestine.
- Kapborg, I. (1998), "Nursing education in Sweden: development from vocational training to higher level education". *Journal of Advanced Nursing*, 27, pp. 372-278.
- Kapborg, I.& Fischbein, S. (2002), "Using a model to evaluate nursing education and professional abstract", *Journal of Nursing and Health Sciences*, 2, pp. 25-31.
- Kenny, G. (2004), " The tension between education and models of nurse preparation" *British Journal of Nursing*, 13(2), pp. 94-100.
- Kimani, G. (2005), "Graduates' Perception of University Programs & their Relevance to Employment: University of Nairobi (1991-1998), *Africa Development*, no. 1&2 , pp.68-85.
- Kirkpatrick, D. (1998), "Evaluating Training Programs: The four levels", 2nd edition, San Francisco: Berrett- Koehler Publishers, Inc..
- Kramer, M. (1974), "*The Reality Shock: Why Nurses Leave Nursing*". St. Louis: Mosbey.

- Lal, Y. (1999), "Postgraduates programs: did they achieve the needs? Satisfaction among postgraduate students in some Saudi Arabian Universities". *Journal of Arabian Universities Union*, 35, pp.5-28.
- Levison, D. (1978), *"The Seasons of a Man's Life"*. New York: Alfred A Knopf.
- Lopez-Acuna, D. (2000), "Exerting the influence of government through registrations and regulations: what aspects of quality can and should be addressed?". *Conference about Managing quality through regulations: priorities and possibilities*, held in October 4-5, 2000 at the national press club at Washington, DC. CD Rom.
- Lumsden, M.; Bore, M.; Miller, K.; Jack, R.; & Powis, D. (2005), " Assessment of personal qualities in relation to admission to medical school". *Medicine Education*, 39, pp. 258-265.
- MacIntosh, J. (1993), "Focus groups in distance nursing education". *Journal of Advanced Nursing*, 18, pp.1981-1985.
- Mackenzie A. & Mackenzie T. (1995), "Evaluating individual performance in high education: a new challenge for nurse educators". *Journal of Advanced Nursing*, 22 , pp.985-992.
- Mahaffey, E. (2002), " The relevance of associate degree nursing education: past, present, Future". *Online Journal of Issue in Nursing* , 7 (2). Available at: ([http://www.nursingworld.org /ojin /topic 18 _2.htm](http://www.nursingworld.org/ojin/topic18_2.htm)). [Accessed February, 22, 2006].
- Mahafza, S.& Samarai, H.(1996), " Proposed methods for evaluating faculty members' performance". *Dirasat Journal for Educational Sciences. Deanship of Research*, University of Jordan. 23 (2), pp. 288-301 .
- Maillux, C. (2006), "The extent to which students' perceptions of faculties' teaching strategies, students', context, and perceptions of learners empowerment predict perceptions of autonomy in BSN students". *Nurse Education Today*. (Online). Available at: (intl.elsevierhealth.com/journals/nedt). [Accessed on March, 19, 2006].
- Manpower Service Commission (1981), *"Glossary of Training Terms"* .3rd ed, London: HMSO
- Mansour, I. (2004), "Job Satisfaction Among Health Care Providers in Al-Nasser Children's Hospital –Palestine". Unpublished Master Theses, Al-Quds University, Palestine.
- Mapanga, K. G., & Mapanga, M. B. (2000), "A perspective of nursing in Zimbabwe". *Online Journal of Issues in Nursing*. 5 (2), Manuscript 2. Available at: (http://www.nursingworld.org/ojin/topic12/tpc_12htm). [Accessed in Feb. 2006].
- Marley, J. & Carman, I. (1999), "Selection medical students: a case report of the need for change". *Medical Education*, 3, pp.455-459.

- Marsh, H. (1987), "Students' evaluation of university teaching: research findings, methodological issues etc". *International Journal of Education Research*, 11, pp. 255-378.
- Matter, M. & Nai'm, Z.(1994), "Nursing vision for the future", *The March of Palestinian Nurses Conference*, 20th-23rd Sept. 1994. Jerusalem Cultural Center-Palestine Hospital, Cairo.pp. 192-200.
- Mcckeachie,W. (1979), "Students rating of faculty: a reprise". *Academe*, 65, pp.384-397.
- McCloskey, J. (1999), (On line). Home page, Available at: (<http://www.fadavis.com>). [Accessed October 3rd, 2005].
- McHaffie, H. (1998), "Hands-on experience: do teachers need it?". *Nursing Standard*, 8 (48) ,pp. 29-31.
- Meleis, A. (2001), "Scholarship at RO1". *Journal of Nursing Scholarship*, 33, pp. 104-105.
- Midgley, K. (2006), "Pre-registration student nurse perception of the hospital-learning environment during clinical placements", *Nurse Education Today*, 9(Online). Available at: ([intl/elsevierhealth.com/journals/nedt](http://intl.elsevierhealth.com/journals/nedt)). [Accessed in March, 12th, 2006].
- Minawi, M. & El-Masry, M. (1994), "Bridging the gap between nursing service and education". *The March of Palestinian Nurses Conference*, 20th-23rd Sept. 1994. Jerusalem Cultural Center-Palestine Hospital, Cairo.pp.116-128.
- Ministry of Health (1997, "*The Status of Heath in Palestine: Annual Report 1996*". Palestine.
- Ministry of Health (1998), *The Status of Heath in Palestine: Annual Report 1997*". Palestine.
- Ministry of Health (1999), *The Status of Heath in Palestine: Annual Report 1998*". Palestine.
- Ministry of Health (2000), "*The Status of Heath in Palestine: Annual Report 1999*". Palestine.
- Ministry of Health (2003), "*The Status of Heath in Palestine: Annual Report 2002*". Palestine.
- Ministry of Health (2005), "*The Health Status in Palestine: Annual Report 2004*". Palestine.
- Ministry of Health, Ministry of Higher education and Welfare Association (2001), "*National Plan for human resource development : Appraisal of CE needs of graduates of educational programs and practicing professionals in health*", Report 4.

- Morgan, J. (2001), "Confidential students information in nursing education". *Nurse Educator*, 26, pp. 289-292.
- Morsy, M. (1992), *"The Current University Education"*. Cairo: Dar An-Nahda Alarabyea.
- Murphy R. & Harris, B. (1995), " Improving the quality of teaching in universities". *Teaching Review*, 4, pp.28-30.
- Myrick, F. (1991), "The light of clinical teaching in bin baccalaureate nursing education". *Journal of Nursing Education*, 30(1), pp. 44-46.
- Nahhas, V., Nour, V., and Al-Nobani, M. (1999), "Jordanian undergraduate nursing students' perception of effective clinical teachers". *Nurse Education Today*, 19, pp.639-648.
- Nelson, M. (2002), "Education for professional nursing practice: looking backward into the future". *Online Journal of Issues in Nursing*. 7(3), Manuscript 3. Available at: ([http:// www.nursingworld. Org/ojin/topic 18/tpc 18_ 3.htm](http://www.nursingworld.org/ojin/topic18/tpc18_3.htm)). [accessed in April, 23, 2006].
- Ozbolt, S. (1998), (On line). Home page, Available at: (<http://www.aacn.nche.edu>). [Accessed in October 9th, 2005].
- Owen, S. (1993), "Identifying a role for the nurse teacher in the clinical area". *Journal of Advanced Nursing*, 18, pp. 16-825.
- Palestinian Central Bureau of Statistics, (1999), *"Population, Housing and Establishment Census-1997"*. (Statistical Brief).
- Palestinian Central Bureau of Statistics (2005), *"Statistical Monitoring of the Social-Economic Conditions of the Palestinian Society"*. (Third Quarter,2004).
- Palestine College of Nursing (2004), *"The Academic Student Guide"*. Gaza, Palestine.
- Palestine Council of Health (1996), *"Requirements and Guidelines for the Accreditation of Nursing Education Programs in Palestine"*. Palestine.
- Palestine Council of Health (1997), *"The Nursing Human Resource in Palestine"*. PCH Nursing Policy Unit. Palestine.
- Plaut, S.(1993), "Boundary issues in teacher-student relationship". *Journal of Sex & Marital Theory*, 19, pp. 210-219.
- Playle, J. (1996), "Quality in nurse education: an exploration of the concept of students as customers". *Nurse Education Today*, 16, pp.213-220.
- Polit, D. & Beck, Ch. (2004), *"Nursing Research: Principles and Methods"*. 7th edition, Philadelphia: Lippincott.

- Polit, D. & Hungler, B.(1995), "*Nursing Research: Principles and Methods*". 5th edition. Philadelphia: Lippincott.
- Richardson, A. (2005), "Graduate feedback on the quality of their course: translating the white noise in the University". *AAIR. Institutional Research Innovation and Change in Universities of the 21st Century*. 23-25th November 2005.
- Rimmawi, H. & Bukhari, H. (2002), "*Population Characteristics of the Palestinian Camps*". Palestinian Central Bureau of Statistics Analytical Report Series (03). p.p. 29.
- Sabry, E. (1985), "*Nursing in The Islamic History*". 1st edition. Dar Al-Kuttob Athakafeya, RamAllah, Palestine.
- Savage, J. & Favoret, J.(2006), "Nursing student's perception of ethical behavior in undergraduate nursing faculty". *Nurse Education in Practice*, 6,pp. 47-54.
- Schmitz, K.& Schaffer, M. (1995), "Ethical problems encountered in the teaching of nursing: student and faculty perceptions". *Journal of Nursing Education*, 34, pp. 42-44.
- Scholes, J.; Freeman, M.; Gray, M.; Wallis, B.; Robinson, D.; Matthews-Smith, G.; & Miller, C. (2004), "Evaluation of nursing education partnership". Final Report, pp. 1-225. (Online). Available at: (www.gov.mb.ca/csc/annrpt/toc.html). [Accessed in Feb., 03, 2006].
- Schwirian, P. (1998), "*Professionalization of Nursing: Current Issues And Trends*". 3rd edition, Library of Congress Cataloging in Publications Data. Philadelphia: Lippincott.
- Sebaa'y, Z. (1995), "*Community Medicine*". 1st edition. Egypt: Addar Alarabeya for Publishing & Distribution..
- Secrest, j., Norwood, B. & Keatley, V. (2003), "I was actually a nurse: the Meaning of professionalism for Baccalaureate Nursing Students". *Journal of Nursing Education*, 42(2), *Pro Quest Nursing Journal*.
- Seldin, P.(1980), "*Successful Faculty Evaluating Programs*". New York: Conventry Press.
- Seldin, P.(1984), "*Changing practices in faculty Evaluation*". San Francisco: Jossy-Bass.
- Sewart, J. (1996), "CSM Nursing Program prerequisites Contribution to Student Success", *CSM Research briefs, college of San Mateo*, 5 (5).
- Shaheen, V. (1990), "*Nursing in Occupied Land*". 1st edition, Jerusalem.
- Shaheen, V. (1992), "*Nursing Education*". 1st edition, Jerusalem: Dar El-Maa'ref.

- Shaheen, V, Imam, A. & Safadi, S. (1994), *"Development of Nursing in Palestine: A historical Analysis"*. College of Medical Professions, Al-Quds University, Palestine.
- Sharma, R. & Thanspark, U. (1999), "A survey of graduate perception in Thailand: comparison with Australian situation". Paper for the Educators and Planners: *Symphony or Discord Conference AARI Conference* 1-3 Dec. 1999.
- Siedentop, D. (1991), *"Developing Teaching Skills in Physical Education"* .3rd edition. Mountain View: Mayfi.
- Soufy, M.& Hedaby, D.(1998), "Evaluation of postgraduate programs in Sanaa' University: students' and faculties' perception". *Journal of Arab Universities Union*, 35, pp. 5-28.
- Steel, S., Akanbi, D. & Ptak, H. (1978), *"Educational Evaluation in Nursing"*. 1st edition Charles B: Slack, Inc.
- Sultan, F. (1998), *"Nursing: Evolution, Development and Ambition"*. 2nd edition, Amman, Jordan.
- Taylor, R. (1949), *"Priceless of Curriculum and Instruction"*.1st edition, Chicago: The University of Chicago Press.
- Taylor, P. (2000), "Strategies for enhancing students learning by managing ambiguities in clinical setting". *Nurse Educator*, 25 (4); pp.173-180.
- Tetly, J. & Glover, J. (1999), "Use of Experiential Methods to Research in A Pre-registering Nursing Curriculum". *Nurse Education Today*, 16 (2), pp.123-150.
- Timby, B. (2003), *"Fundamental Skills and Concepts in Patient Care"*, 7th edition, Lippincott, Philadelphia.
- Todd, J. (1992), "Health care reform and the medical educational imperative". *Journal of the American Medical Association*, 269,pp.1133.
- Traditional Based Justice for Modern World (2006), "Student/ Instructor Relationship". (On line). (Available at: (<http://www.heiwashin.org/resources/student.htm>)). [Accessed in March, 12, 2006].
- Tumbull, D.; Buckley, P.; Robinson, J.; Mather, G.; Leahy, C.; & Marely, J. (2003), "Increasing the evidence base for selection for undergraduate medicine: four case studies investigating process and interim outcome". *Medical Education*, 37, pp. 1115-1120.
- Undergraduate Nursing Student Handbook, Fort-Hay State University, (2005). (Online). Available at: (www.fhsu.edu/facultysenate/2003-2004/res0304.shtml - 33k). p. 25, 27. [Accessed in Feb, 22, 2006].
- United Nations Relief & Work Agency for Palestinian Refugees in the Near East (UNRWA) (2004). *"Annual Report of the Development of Health"*. Central Press.

- Valdez, S.(2004), "*San Antonio College Graduates Report*". (On line). Available at: (<http://www.accd.edu/SAC/ir&e/SACGRAD03.pdf>). [Accessed in January, 08, 2006].
- Van Eps, M.; Crooke, M.; Creedy, D.; & Walker, R. (2006), "Student evaluation of a year-long mentorship program: a quality improvement initiative". *Nurse Education Today* (2006). (Online). Available at: (intl.elsevierhealth.com/journals/nedr). [accessed in March, 19, 2006].
- Verhey, M. (2002). "Graduate student perceptions of their SFSU experience". (Online). Available at: (www.sfsu.edu/~acadplan/newsletters2002gs.htm). [Accessed in march, 19, 2006].
- Viverais-Dresler, G. & Kutsche, M. (2001), "RN student's rating and opinions related to importance of certain clinical instructor behavior". *Journal of Continuing Education*, 32, pp. 274-282
- Walker, A.; Newcomb, A; & Hopkins, W. (1987), "A model for curriculum evaluation and revision in undergraduate psychology program". *Journal of Teaching Psychology*, 4,4, pp.198-200.
- Walter, R.& Shall, M. (1979), "*Educational Research: An Introduction*". 3rd edition, New York: Longman. pp. 599-602.
- Watson JE., & Herbener D. (1990), "Program evaluation in nursing education: the state of the art". *Journal of Advanced Nursing*, 15, pp. 316-323
- WHO (1984), "*Educating and Training Nursing Educators*". Report of International Health Experts' Committee. Technical Report , 708, Geneva, Switzerland.
- WHO (2000), "Client Satisfaction Evaluation". *Evaluation of Psychoactive Substance Use Disorder -Workbook 6*. World Health Organization (WHO, UNDCP EMCDDA).
- Winson, G. (1995), "Demographic differences between degree and diploma students nurses". *Nursing Standards*, 9(23), pp.35-38.
- Wubbles, Th. (1993), "Teacher-student relationships in science and mathematics classes: what research says to the science mathematics teacher". *Perth: National key Center for School Science & Mathematics*, Curtin University of Technology.
- Yassin, T (1994), "The exacerbation of perennial problem? The theory practice gap and changes in nursing education". *Professional Nurse* 10 (3), pp.183-187.
- Zander, K. (1985), "Second-generation primary nursing: a new agenda". *Journal of Nursing Administration*, 15, pp. 18-21.
- Zembruzski, G. (2000), "A pilot study exploring the perception of AND graduates on their undergraduate Gerontological nursing course and their nursing Job". *Journal of Nursing Education*, 39(7), pp.322, *Pro Quest Nursing Journal*.

Annexes

(Annex, 1)

Map of Palestine

MoH, PNA, The Status of Health in Palestine, 2002, July, 2003.

(Annex, 2)

Map of Gaza Strip

MoH, PNA, The Status of Health in Palestine, 1997

(Annex, 3)

Population Pyramid in Palestine

Palestinian Central Bureau of Statistics, 2002.

(Annex, 4)

Helsinki Committee
-Approval letter-

(Annex, 5)

**Health Work Committees Union
-Approval letter-**

(Annex, 6)

**Palestine College for Nursing
-Approval letter-**

**(Annex, 7) Community College for Applied Sciences
and Technology-Approval letter**

(Annex, 8)

**College of Nursing- IUG
-Approval letter-**

(Annex, 9:1) Explanatory Cover Letter
English version

Explanatory Letter

Serial No: -----

Code No: -----

Dear Nurse:

The researcher is conducting a research with the topic:

**"Evaluation of Nursing Programs offered by Gaza Nursing Colleges:
Graduates' Perspective"**

The researcher is highly appreciating your participation in this study and hopes that you will give her some of your valuable to answer this questionnaire. Your participation will help to improve the standards of nursing education in Gaza Strip and therefore raising the scientific and professional standards for next nursing generations.

Please do not write your name on the questionnaire and I promise you that all the information you will provide will be treated with high confidentiality level. If you would not like to participate in this study, please notice that you have the right not to respond to the whole questionnaire or to any question or questions you do not want to answer.

Note: Please put a check mark (X) next to your choice. Please notice that the choices range between completely disagree and completely agree.

The researcher

Mysoon Abdul-Aziz

Master Program of Nursing Management

**(Annex, 9:2) Explanatory Cover Letter
Arabic version**

استبيان حول

"تقويم برامج تعليم التمريض في محافظات غزة من وجهة نظر الخريجين"

أخي الممرض/أختي الممرضة

السلام عليكم ورحمة الله وبركاته

تقوم الباحثة بإعداد دراسة بعنوان :

" تقويم برامج تعليم التمريض المقدمة من قبل كليات التمريض في محافظات غزة من وجهة نظر
الخريجين"

تشكر لكم الباحثة مشاركتكم في هذه الدراسة, و أن تمنحونا بعضاً من وقتكم الثمين للإجابة على
أسئلة هذا الاستبيان. مشاركتكم ستساهم في العمل على رفع مستوى تعليم التمريض في قطاع غزة و
من ثم الارتقاء بالمستوى العلمي و المهني لأجيال التمريض القادمة.

يرجى عدم كتابة الاسم, و نعدكم بالسرية التامة للمعلومات الواردة, علماً بأنكم تحتفظون بحقكم في
عدم الاستجابة, أو الإجابة على أي سؤال. نتعبتكم للاستبيان تعني موافقتكم الضمنية على ملاحظة:
للإجابة, يرجى وضع علامة " X" مقابل الاختيار الذي يمثل إجابتكم, و الاختيارات تتراوح ما بين :
أوافق بشدة و أعارض بشدة".

الاستجابة.

(Annex, 10)

بسم الله الرحمن الرحيم

اسبتيان حول

" تقويم برامج تعليم التمريض الأساسية المقدمة من قبل كليات التمريض في قطاع غزة:
من وجهة نظر الخريجين "

من فضلك: الرجاء الإجابة على الأسئلة الآتية

أولاً: البيانات الشخصية

1 - العمر: ----- سنة

2 - النوع: ☐ ذكر ☐ أنثى

3 - الحالة الاجتماعية:

☐ أعزب/ آيسة ☐ متزوج/ة ☐ مطلق/ة
☐ أرمل/ة ☐ أخرى -----

4 - العنوان:

☐ محافظة الشمال ☐ محافظة غزة ☐ محافظة الوسطى
☐ محافظة خان يونس ☐ محافظة رفح

5 - مكان السكن:

☐ مخيم ☐ قرية ☐ مدينة

6 - آخر درجة علمية حصلت عليها:

☐ بكالوريوس تمريض ☐ دبلوم تمريض
☐ ☐ ☐

بكالوريوس قبالة دبلوم قبالة أخرى -----

7 - المؤسسة التي تخرجت منها:

كلية فلسطين للتمريض ☐ جامعة الإسلامية ☐

8 - سنة التخرج:

2003 ☐ 2004 ☐

8- مدة الخبرة في مجال التمريض (المكتسبة من العمل بعد التخرج إن وجدت):

سنة شهر

9 - الحالة الوظيفية:

أعمل حالياً في مجال التمريض ☐ عملت سابقاً في مجال التمريض ☐

لا أعمل في مجال التمريض ☐

10 - قطاع العمل

حكومي ☐ وكالة الغوث ☐ مؤسسة أهلية ☐
قطاع خاص ☐ الخدمات العسكرية ☐ أخرى ☐ -----

11 مكان العمل:

مستشفى ☐ مركز صحي ☐
مركز رعاية أولية ☐ أخرى ☐ -----

12 هل تفكر أن تلتحق ببرنامج تعليم مستمر في التمريض؟

نعم ☐ لا ☐

13 إذا كانت الإجابة "نعم" و، ما هو أهم عامل يدفعك لذلك؟

أ- تحسين الوضع المالي ☐ ج- تغيير العمل ☐
ب- تحسين المكانة الاجتماعية ☐ د- أسباب أخرى ☐ -----

ثانياً: الرجاء وضع علامة "X" مقابل العبارة التي تمثل رأيك علماً بأن لكل عبارة خمس إجابات كما هو مبين في

الجدول التالي:

الرقم	العبارة	غير موافق بشدة	غير موافق	غير محدد	موافق	موافق بشدة
15-	منهاج التمريض الذي درسته ملائم					
16-	عدد ساعات الخطة الدراسية مناسب					
17-	متطلبات البرنامج كانت واضحة					
18-	فلسفة البرنامج كانت واضحة					
19-	فلسفة البرنامج كانت معروفة للطلبة					
20-	هناك توازن بين متطلبات البرنامج العامة و الخاصة					
21-	خطة التمريض تتطلب جهداً ذهنياً كبيراً					
22-	تفتقر الخطة إلى مواد مهمة لمهنة التمريض					
23-	هناك منهاج لكل مساق يحتوي على الأهداف					
24-	المساقات مطروحة بشكل مرتب					
25-	تتلاءم متطلبات المساق مع عدد الساعات المعتمدة له					
26-	هناك مواضيع علمية تكررت في أكثر من مساق					
27-	هناك مواضيع علمية لم يتم تغطيتها في أي مساق					
28-	ترتيب المساقات يتناسب مع مستويات الطلبة ترتيب المساقات يتناسب مع مستويات الطلبة التعليمية					

29-	الخطة كانت ملائمة لإعدادي كمررض					
30-	مسابقات الدراسة كانت تساعد على تنمية قدرات الطلبة					
31-	عدد ساعات بعض المواد لم يكن متناسباً مع حجم المادة نفسها					
32-	أعضاء الهيئة التدريسية كانوا على قدر من الكفاءة و الخبرة					
الرقم	العبرة	غير موافق بشدة	غير موافق	غير محدد	موافق	موافق بشدة
33-	طاقم التدريس كان يبذل جهداً كبيراً لمساعدة الطلبة					
34-	الدرجة العلمية للمدرس تنعكس إيجابيا على أدائه					
35-	هيئة التدريس لم تكن على المستوى المطلوب					
36-	أداء المدرسين ذوي الخبرة العملية كان أفضل من أداء المدرسين ذوي الخبرة التدريسية					
37-	اتصف المدرسون بالمهنية في التعامل مع الطلبة					
38-	اتصف المدرسون باحترام الطلبة و تقديرهم					
39-	يمكن اعتبار العديد من المدرسين قدوة و نموذج حسن للطلبة					
40-	لم يتواجد المدرسون لتلبية احتياجات الطلبة					
41-	كان هناك اتصال و تفاعل جيدين بين المدرسين و الطلبة					
42-	هناك خطة محددة لكل مساق توضح أساليب التدريس					
43-	التزم المدرسون بأساليب التدريس كما وردت في الخطة					
44-	أساليب التدريس كانت تتناسب والأهداف المعلنة لكل مساق					
45-	عرض أعضاء هيئة التدريس المادة العلمية بشكلٍ مرتبٍ					
46-	لم يعرض أعضاء هيئة التدريس المادة العلمية بشكل مفهوم					
47-	كان أعضاء هيئة التدريس يشجعون الطلبة على المناقشة و الحوار					
48-	39. أشعر أن الدرجة العلمية للمدرس تنعكس إيجابيا على أدائه					
49-	يفتقر بعض إلى القدرة على الشرح و إيصال المعلومة للطلبة					
50-	يمتلك الكثير من أعضاء الهيئة التدريسية القدرة على توزيع المادة العلمية على مدار الفصل الدراسي					

51-	اتصف أعضاء الهيئة التدريسية بالقدرة على تشجيع الطلبة و تحفيزهم					
52-	اعتمد أعضاء الهيئة التدريسية أسلوب التفقيين لعرض المادة العلمية					
53-	نوع أعضاء الهيئة التدريسية بين المناقشة و الإلقاء					
54-	يعتمد بعض أعضاء هيئة التدريس طرق تدريس تقليدية					
55-	يكلف أعضاء هيئة التدريس الطلبة بإعداد تقارير علمية عن بعض المواضيع					
الرقم	العبارة	غير موافق بشدة	غير موافق	غير محدد	موافق	موافق بشدة
56-	يراعي أعضاء هيئة التدريس الفروق الفردية بين الطلبة					
57-	يعتمد أعضاء الهيئة التدريسية أسلوب التغذية الراجعة مع الطلبة					
58-	. أسلوب التقويم في البرنامج كان نزيهاً					
59-	اتفقت أساليب التقويم و أهداف البرنامج					
60-	هناك خطة لكل مساق توضح أساليب التقويم					
61-	اتصف المدرسون بالعدالة في التعامل مع الطلبة					
62-	نماذج تقويم الطلبة في المواضيع النظرية مناسبة					
63-	يقيس الاختبار النهائي الذي يعقد في نهاية الفصل الدراسي تحصيل الطلبة					
64-	تقيس الاختبارات التي وضعها أعضاء الهيئة التدريسية القدرات العقلية المختلفة للطلبة					
65-	عدد اختبارات أعمال الفصل للمساق لم يكن مناسباً					
66-	يعتبر توزيع الدرجات للمساق على عدة وسائل مرضياً					
67-	الاختبارات التي يضعها أعضاء الهيئة التدريسية لا تتصف بالموضوعية					
68-	يخصص أعضاء الهيئة التدريسية معظم درجات المواد لامتحانات النهائية					
69-	مواقع التدريب العملي قريبة لسكن الطلبة					
70-	أماكن التدريب مناسبة لإكساب الطلبة المهارات المطلوبة					
71-	تتوافق النشاطات العملية مع المحتوى النظري للمواد					
72-	فترة التدريب كافية لتعلم المهارات الأساسية					
73-	ترتيب فترات التدريب في المستشفيات يتناسب مع النمو العملي للطلبة					

-74-	العلاقة بين المشرفين العمليين و الطلبة قائمة على الاحترام المتبادل					
-75-	يوفر المشرفون جواً مناسباً يساعد الطلبة على العمل					
-76-	لا توفر أماكن التدريب فرص تعلم جيدة للطلبة					
-77-	تساعد التجهيزات المتوفرة الطلبة على تحقيق الأهداف					
-78-	يتم استغلال المرافق الصحية بشكل فعال					
الرقم	العبارة	غير موافق بشدة	غير موافق	غير محدد	موافق	موافق بشدة
-79-	يفتقر المشرفون العمليون بشكل عام إلى الخبرة العملية الكافية					
-80-	هناك فروق في الأداء بين المشرفين العمليين المثبتين و ذوي الأعباء الجزئية					
-81-	اتسم المشرفون بالتعامل مع الطلبة بالمهنية					
-82-	. فترة التدريب العملي هيأتني للعمل في مجال التمريض بكفاءة عالية					
-83-	يوفر البرنامج مختبراً مجهزاً لتعلم المهارات الأساسية					
-84-	يتوفر بالمختبر الكثير من المجسمات و الأجهزة					
-85-	يفتقر المختبر إلى وجود أشخاص مهنيين ينظمونه					
-86-	يوجد الكثير من الأدوات و الدمى التعليمية في المختبر لا تعمل					
-87-	تعد أوقات التدريب في المختبر كافية					
-88-	تعد أوقات التدريب في المختبر غير مناسبة					
-89-	استخدم المدرسون تقنية حديثة لعرض المادة العلمية					
-90-	يتوفر بالبرنامج التقنيات الحديثة اللازمة لدراسة التمريض					
-91-	توفر المؤسسة مكتبة جامعية					
-92-	لا توفر المكتبة كتب التمريض بأعداد مناسبة					
-93-	لا توفر المكتبة دوريات متنوعة					
-94-	تساعد محتويات المكتبة على تحقيق أهداف البرنامج					
-95-	نجح البرنامج في إكسابي القدرة على تحديد و حل المشكلات بأسلوب علمي					
-96-	نجح البرنامج في إكسابي القدرة على الاستقلال الذاتي في كافة الأمور					

					97-	نجاح البرنامج في إكسابي القدرة على التفاعل الإيجابي مع المجتمع
					98-	لم ينجح البرنامج في إكسابي القدرة على استخدام الحاسوب بكفاءة
					99-	نجاح البرنامج في إكسابي القدرة على تقييم المواقف لاتخاذ القرارات
					100-	معايير اختيار الطلبة للالتحاق بالبرنامج مناسبة
					101-	معايير اختيار الطلبة للالتحاق بالبرنامج عادلة
					102-	معايير اختيار الطلبة للالتحاق بالبرنامج عادلة ثابتة
					103-	معايير اختيار الطلبة للالتحاق بالبرنامج غير مناسبة لمستوى التمرريض
					104-	إتاحة الفرصة لخريجي الفرع الأدبي لا يتناسب مع دراسة التمرريض
					105-	هناك فجوة واضحة بين تعليم التمرريض النظري و التطبيق الميداني
					106-	جزء كبير من المواد التي درستها لم يكن له صدق في المجال العملي
					107-	ربط أعضاء هيئة التدريس المادة العلمية بالواقع العملي
					108-	المشرفون العمليون لا يبذلون جهداً ثافياً لخدمة الهوة بين النظرية و التطبيق
					109-	البرنامج الذي التحقت به كان ملائماً لطبيعة عملي في التمرريض أو تدريبي أثناء الدراسة
					110-	دراستي أفادتنني في أداء عملي أو تدريبي أثناء الدراسة بمهارة و هيأتني للعمل بكفاءة
					111-	نادرا ما أقوم بتطبيق ما تعلمته خلال دراستي التمرريض على أرض الواقع
					112-	في بعض الأحيان أواجه صعوبات إدارية لتطبيق ما تعلمته على واقع الخدمة التمريضية
					114-	البرنامج يلبي احتياجات الممرضين المهنية
					115-	البرنامج يلبي احتياجات الممرضين التعليمية
					116-	البرنامج يلبي احتياجات المجتمع الفلسطيني
					117-	البرنامج يلبي احتياجات الممرضين الشخصية
					118-	يؤهل البرنامج الممرضين لتطوير الذات
					119-	بشكل عام مستوى رضاك عن خبرتك الأكاديمية في مجال التمرريض عالي
					120	بشكل عام مستوى رضاك عن خبرتك التمريضية كخريج منخفض
					121-	تعد معايير الالتحاق بالبرنامج مرضية بالنسبة لك

122-	أنت راضٍ عن المعلومات التي قدمت لك عند التحاقك بالبرنامج				
123-	بشكل عام أنا لست راضٍ عن خبرتي في هذا البرنامج				
124-	سأوصي أصدقائي بالالتحاق بهذا البرنامج				

125- ما هي المساقات التي تقترح إضافتها أو حذفها من منهاج التمريض مع بيان السبب؟

الرقم	المساقات التي تقترح إضافتها	السبب	الرقم	المساقات التي تقترح حذفها	السبب

ثالثاً:

125- ما هي أهم نقاط القوة في البرنامج من وجهة نظرك؟

(1

(2

(3

(4

(5

126- ما هي أهم نقاط الضعف في البرنامج من وجهة نظرك؟

(1

(2

(3

(4

(5

127- ما هي المعوقات التي صادفتك أثناء الدراسة؟

- (1
- (2
- (3
- (4
- (5

129- ما هي اقتراحاتك لتطوير برامج تعليم التمريض في قطاع غزة؟

- (1
- (2
- (3
- (4
- (5
- (6
- (7
- (8
- (9
- (10

شكراً لحسن تعاونكم

الباحثة: ميسون عبد العزيز

برنامج ماجستير إدارة التمريض-جامعة القدس

(Annex, 11)

Please read carefully the following statements and then respond according accordingly.

First: Demographic data:

1- Age: ----- years.

2- Gender

Male

☐

Female

☐

3- Marital status:

Single

☐

Married

☐

Divorced

☐

Widow

☐

Others

☐

4- Address:

North Gaza Governorate

☐

Gaza Governorate

☐

Middle-Zone Governorate

☐

Khanyounnis Governorate

☐

Rafah Governorate

☐

-5 Living area:

Camp

☐

Village

☐

City

☐

6- Last scientific certificate:

Bachelor degree in nursing

☐

Associate degree in nursing

☐

Bachelor degree in midwifery

☐

Associate degree in midwifery

☐☐

Others -----.

7- Academic college, from which you had graduated:

Palestine College for Nursing ☐

Islamic University -Gaza ☐

8- Year of graduation:

2003 ☐

2004 ☐

9- Experience period in nursing (acquired after graduation if available)

Year -----

Month -----

10- Work status:

I work in nursing ☐

I did work in nursing ☐

I do not work in nursing ☐

11- Field of work:

Government ☐

UNRWA ☐

Public sector ☐

Private sector ☐

Military services ☐

Others ☐ -----

12- Field of current work:

Hospitals ☐

Health center ☐

Primary care center ☐

13- Do you have such desire for postgraduate education in nursing?

Yes ☐

No ☐

14- What is the most underlying cause, which motivate you?

Improving financial status ☐

Change the job ☐

Improving social status ☐

Others ☐ -----

Second: Please place an (X) mark next to the sentence that matches your opinion:

Please read the following statement, and put (*) under the answer that you see it is correct. There is neither correct nor wrong answer please pay attention to:

- **Column number one means: Strongly disagree.**
- **Column number two means: Disagree.**
- **Column number three means: Neither agree nor disagree.**
- **Column number four means: Agree.**
- **Column number five means: Strongly agree.**

No.	Statement	1	2	3	4	5
15.	The curriculum of nursing that I studied is convenient.					
16.	The credit hours for the curriculum is suitable.					
17.	The requirements for the program were clear					
18.	The philosophy of the program was clear.					
19.	The philosophy of the program was known to the students.					
20.	There was a balance between the general the specific requirements of the program.					
21.	The curriculum of nursing requires high mental efforts.					
22.	The curriculum lacks important course for nursing.					
23.	There is a syllabus for each course that includes the objectives.					
24.	The courses are offered in a consecutive manner.					
25.	The requirements for the courses fits with the given credit hours.					
26.	There were some scientific topic repeated in more than one course.					
27.	There were some scientific topic not covered in any course.					
28.	Arrangement of the course was convenient with students' levels.					
29.	The curriculum was convenient to prepare ,e as a					

	nurse.					
30.	The Courses helped to develop students' abilities.					
31.	The credit hours for some courses was not convenient with the size of that course.					
32.	The faculty members were competent and have experience.					
33.	The faculty members made high efforts to help the students					
34.	The scientific degree of faculty members was reflected on his/her performance.					
35.	The faculty members were on the required level.					
No.	Statement	1	2	3	4	5
36.	The performance of the teachers who have a practical experience was better of those who only have theoretical background.					
37.	The teachers were dealing with students in a professional manner.					
38.	The teachers were appreciated and respected by students.					
39.	Some of the teachers are considered as a role model for the students.					
40.	The teachers usually are not available to answer students' questions.					
41.	There were good communication and interaction between students and teachers.					
42.	There is a clear syllabus for each course that identify the methods of teaching					
43.	The teachers abided with the methods of teaching mentioned in the syllabus.					
44.	Methods of teaching were suitable to meet the objectives of each course.					
45.	Faculty members taught the courses in an orderly manner.					
46.	Faculty members did not explain the scientific information in an understandable manner.					
47.	Faculty members encouraged students for negotiation and discussion.					
48.	The teaching and explanation method of the teachers were rigid and were not renewed frequently.					
49.	Some faculty members lack the ability to explain the course contents and lack communication skills.					
50.	Most faculty members are able to distribute the content of the course throughout out the semester.					
51.	Most of teachers were able to encourage and motivate students.					
52.	Some teachers depend on instruction and using					

	narrative methods of teaching.					
53.	Teachers used different methods of teaching such as discussion and lecturing.					
54.	Some teachers depended on conventional teaching methods.					
55.	Teachers request from students to prepare some scientific reports that relates to the course contents.					
56.	Faculty members consider individual differences among students.					
57.	Teachers depended on students' feed back and took it into consideration.					
58.	The evaluation method was honest and fair.					
No.	Statement	1	2	3	4	5
59.	Evaluation methods supported the program objectives.					
60.	There was a syllabus for each course that explained evaluation methods.					
61.	Faculty members dealt in a fair manner with students.					
62.	Evaluation tools for evaluating students in theoretical parts were suitable.					
63.	Final exams measure what students learn through out the course.					
64.	Final exams measure the different mental abilities of students.					
65.	The total number of med term exams was not enough.					
66.	Distribution the grades of the course into several evaluating tools was satisfactory.					
67.	Teachers put not evaluative exams.					
68.	Faculty members allocate most of the grades to the final exams.					
69.	Faculty members dealt in a fair manner with students.					
70.	Institutes for practice were suitable to provide the students with needed nursing skills.					
71.	Practice goes along with the theoretical content of the courses.					
72.	The time allocated for practice is enough to learn the needed skills.					
73.	The order of the practice periods was suitable with the practical growth of the students.					
74.	The relationship between clinical instructors and students is built on mutual respect.					
75.	Clinical instructors create suitable environment to help students to practice.					
76.	Practice institutes do not provide enough teaching chances for students.					

77.	The available equipment help students to accomplish program objectives.					
78.	Practice institutions are used in effective manner.					
79.	Clinical instructors lack in general the required clinical experience.					
80.	There is a difference in performance between instructors who work on full time basis and those who work on part time basis.					
81.	Clinical instructors deal with students in a professional manner.					
82.	The practice period prepared me to work in nursing field in high competent manner.					
No.	Statement	1	2	3	4	5
83.	The program provides students with a well-equipped lab for nursing skills.					
84.	The lab contains the needed dolls and equipment.					
85.	The lab lacks professional instructors to work in.					
86.	There are many equipments and dolls in the lab that do not work.					
87.	The period for practice in the lab is enough.					
88.	The time schedule for the lab was not suitable.					
89.	Teachers used modern technology for lecturing.					
90.	Modern technology are available in the program.					
91.	The academic institution has a library.					
92.	The library do not has enough nursing books.					
93.	The library do not has enough nursing periodicals.					
94.	The library contents are helpful on reaching program objectives.					
95.	The program succeeded in providing me with needed skills that help me to identify and solve problems in a scientific manner.					
96.	The program succeeded in helping me to work in an independent manner in several issues.					
97.	The program helped me to have a positive interaction with the community.					
98.	The program did not help me to use the computer in a competent manner.					
99.	The program provided me with the ability of evaluation and ability to make decisions.					
100.	Standards used for student selection are suitable.					
101.	The standards used for student selection are fair.					
102.	The standards used for student selection are constant.					
103.	The standards used for student selection are not applicable to nursing students.					
104.	Allowing graduates of literature high school department is not suitable for nursing.					
105.	There is a clear gap between theory and practice in nursing.					

106.	Many of the theoretical course had no relation to practice.					
107.	Faculty members related the theoretical part with practical part.					
108.	Nursing instructors do not have enough efforts to bridge the theory-practice gap.					
109.	The nursing program I joined was suitable for the nature of my work in nursing or my practice during study period.					
110.	My study benefited me in my work and during my practice and provide me with needed skills and prepared me to be a competent nurse.					
No.	Statement	1	2	3	4	5
111.	Rarely do I practice what I have learned during my study in nursing in the work field.					
112.	Some time I face some administrative obstacles to apply what I have learned on reality.					
113.	The program fulfill the professional needs of nurses.					
114.	The program fulfill the educational needs of nurses.					
115.	The program fulfill the needs of the Palestinian Community.					
116.	The program fulfill the personal needs of nurses.					
117.	The program provide nurses with needed skills for self enhancement.					
118.	In general, your satisfaction level about your nursing educational experience is high.					
119.	In general, your satisfaction level about your nursing experience, as a graduate, is high					
120.	In general your satisfaction level about quality in nursing college experience is low.					
121.	The standards used for student selection are fair.					
122.	You are satisfied about the information given to you when you joined the program.					
123.	In genera, I am not satisfied about my experience in this program.					
124.	I will advise my friends to join the program.					

125. What are the course that you suggest to add or omit from the nursing curriculum with explanation.

No.	Course to be added	Reasons	No.	Course to be omitted	Reason

Third:

126.What are the most important strength points in the program from your viewpoint?

- 1)
- 2)
- 3)
- 4)
- 5)

127.What are the most important weak points in the program from your viewpoint?

- 1)
- 2)
- 3)
- 4)
- 5)

128.What are the obstacles that faced you during your study?

- 1)

- 2)
- 3)
- 4)
- 5)

129.What are you suggestions to improve nursing educational programs in Gaza Strip?

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)
- 8)
- 9)
- 10)

Thank you for your cooperation

Researcher:

Mysoon Abdu-Aziz

Master Program of Nursing Management

(Annex, 12) The Instrument's Reliability

**(Annex, 13) Factor label, item Contents, Factor Loading,
Mean and Standard Deviation**

Factor name	Questions	Factor loading	Mean	SD.
1.Teachers students relationship	Q24- The courses are offered in a consecutive manner.	.456	3.66	1.128
	Q29- The curriculum was convenient to prepare ,e as a nurse.	.434	3.82	1.116
	Q30- The Courses helped to develop students' abilities.	.418	3.83	1.026
	Q32- The faculty members were competent and have experience.	.570	4.01	1.116
	Q33- The faculty members made high efforts to help the students	.651	3.98	1.073
	Q37- The teachers were dealing with students in a professional manner.	.491	3.52	1.124
	Q41- There were good communication and interaction between students and teachers.	.497	3.98	.920
	Q45- Faculty members taught the courses in an orderly manner	.524	3.72	1.066
	Q47- Faculty members encouraged students for negotiation and discussion.	.644	4.09	.955
	Q48- The teaching and explanation method of the teachers were rigid and were not renewed frequently.	-.533	2.26	1.210
	Q50- Most faculty members are able to distribute the content of the course throughout out the semester	.494	3.97	.993
	Q51- Most of teachers were able to encourage and motivate students.	.656	3.94	.995
	Q53- Teachers used different methods of teaching such as discussion and lecturing	.586	3.93	.873
	Q55- Teachers request from students to prepare some scientific reports that relates to the course contents.	.464	4.21	.818
	Q57- Teachers depended on students' feed back and took it into consideration	.485	3.49	1.048

	Q58 The evaluation method was honest and fair	.445	3.55	1.063
	Q61-Faculty members dealt in a fair manner with students.	.442	3.32	1.263
	Q62-Evaluation tools for evaluating students in theoretical parts were suitable.	.432	3.52	1.013
	Q81- Clinical instructors deal with students in a professional manner.	.431	3.52	1.100
	Q 107- Faculty members related the theoretical part with practical part.	.475	3.80	1.022
	Q 117- The program provide nurses with needed skills for self enhancement.	.457	3.70	1.016
2. Curriculum appropriateness	Q15-The curriculum of nursing that I studied is convenient.	.576	3.96	.913
	Q16-The credit hours for the curriculum is suitable.	.623	3.51	1.176
	Q17-The requirements for the program were clear	.608	3.80	.995
	Q19- The philosophy of the program was known to the students..	.590	3.42	1.085
	Q23- There is a syllabus for each course that includes the objectives.	.562	3.87	.918
	Q25- The requirements for the courses fits with the given credit hours.	.406	3.13	1.246
	Q28- Arrangement of the course was convenient with students' levels..	.549	3.25	1.181
	Q34- The scientific degree of faculty members was reflected on his/her performance.	.459	4.08	1.088
	Q42- There is a clear syllabus for each course that identify the methods of teaching	.408	3.67	1.012
	Q44- Methods of teaching were suitable to meet the objectives of each course..	.528	3.54	1.044
	Q59- Evaluation methods supported the program objectives..	.482	3.54	.992
	Q60- There was a syllabus for each course that explained evaluation methods..	.515	3.69	.995
	Q66- Distribution the grades of the course into several evaluating tools was satisfactory.	.499	3.57	1.058
	Q74- The relationship between clinical instructors and students is built on mutual respect.	.537	4.16	.952
	Q75- Clinical instructors create suitable environment to help students to practice.	.402	3.67	10169
	Q82- The practice period prepared me to work in nursing field in high competent manner.	.507	3.61	1.30

3. Overall satisfaction	Q22 -The curriculum lacks important course for nursing.	.496	3.06	1.263
	Q95- The program succeeded in providing me with needed skills that help me to identify and solve problems in a scientific manner.	.583	3.76	.966
	Q96- The program succeeded in helping me to work in an independent manner in several issues.	.457	3.62	1.070
	Q97-The program helped me to have a positive interaction with the community.	.485	4.01	.834
	Q98- The program did not help me to use the computer in a competent manner.	.442	3.10	1.340
	Q109-The nursing program I joined was suitable for the nature of my work in nursing or my practice during study period.	.555	3.70	1.014
	Q110-My study benefited me in my work and during my practice and provide me with needed skills and prepared me to be a competent nurse.	.612	3.81	1.129
	Q113-The program fulfill the professional needs of nurses.	.485	3.50	1.136
	Q114-The program fulfill the educational needs of nurses.	.427	3.65	.995
	Q115-The program fulfill the needs of the Palestinian Community.	.465	3.79	.991
	Q118-In general, your satisfaction level about your nursing educational experience is high.	.603	3.63	1.114
	Q119-In general, your satisfaction level about your nursing experience, as a graduate, is high	.606	3.59	1.072
	Q120-In general your satisfaction level about quality in nursing college experience is low.	-.470	2.39	1.131
	Q121-The standards used for student selection are fair.	.576	3.39	1.154
	Q122-You are satisfied about the information given to you when you joined the program.	.592	3.59	1.118
	Q123-In genera, I am not satisfied about my experience in this program.	-.624	2.22	1.136
	Q124-I will advise my friends to join the program.	.560	3.43	1.433
4. Availability of facilities	Q71-Practice goes along with the theoretical content of the courses.	.421	3.40	1.246
	Q72-The time allocated for practice is enough to learn the needed skills.	.406	2.99	1.308

	Q73-The order of the practice periods was suitable with the practical growth of the students.	.430	3.48	1.207
	Q77-The available equipment help students to accomplish program objectives.	.472	3.36	1.68
	Q78-Practice institutions are used in effective manner.	.490	3.29	1.110
	Q83-The program provides students with a well-equipped lab for nursing skills.	.622	3.28	1.298
	Q84-The lab contains the needed dolls and equipment.	.505	3.18	1.304
	Q86-There are many equipments and dolls in the lab that do not work.	-.457	3.04	1.131
	Q87-The period for practice in the lab is enough.	.528	2.77	1.204
	Q88-The time schedule for the lab was not suitable.	-.635	2.92	1.153
	Q89-Teachers used modern technology for lecturing.	.511	3.42	1.127
	Q90-Modern technology are available in the program.	.444	3.34	1.160
	Q92-The library do not has enough nursing books.	-.455	2.56	1.0248
	Q93-The library do not has enough nursing periodicals.	-.502	2.78	1.227
	Q94-The library contents are helpful on reaching program objectives.	.524	3.76	.973
5. Teachers' competencies	Q35- The faculty members were on the required level..	-.597	2.15	1.157
	Q39-Some of the teachers are considered as a role model for the students.	.484	4.17	.999
	Q40-The teachers usually are not available to answer students' questions.	-.544	2.19	1.139
	Q43-The teachers abided with the methods of teaching mentioned in the syllabus	.530	3.52	1.127
	Q46- Faculty members did not explain the scientific information in an understandable manner.	-.553	2.17	1.070
	Q65- The total number of med term exams was not enough.	-.522	2.16	1.166
	Q67- Teachers put not evaluative exams.	-.459	2.44	1.071
	Q99- The program provided me with the ability of evaluation and ability to make decisions.	.500	3.80	.934
	Q103- The standards used for student selection are not applicable to nursing students.	-.409	2.94	1.181

	Q106- Many of the theoretical course had no relation to practice.	-.454	3.40	1.434
6. Theory-practice gap	Q78- Practice institutions are used in effective manner.	.419	2.34	1.272
	Q85- The lab lacks professional instructors to work in.	.463	2.81	1.256
	Q105- There is a clear gap between theory and practice in nursing.	.406	3.62	1.361
	Q108- Nursing instructors do not have enough efforts to bridge the theory-practice gap.	.549	2.45	1.167
	Q111- Rarely do I practice what I have learned during my study in nursing in the work field.	.418	2.68	1.381
7. Programs' admission criteria	Q31- The credit hours for some courses was not convenient with the size of that course.	.523	3.78	10215
	Q91- The academic institution has a library.	.520	4.22	0872
	Q100-Standards used for student selection are suitable.	-.477	3.13	1.207
	Q101-The standards used for student selection are fair.	-.442	3.16	1.173
	Q102-The standards used for student selection are constant.	-.539	3.10	1.117

**(Annex, 14) The Relationship Between Living Area and
Graduates' Perception**

Depend. Var. Nurses perception	Descriptive			ANOVA					
	Living area	N	Mean	Indep. Var.	Sum of Square	DF	Mean Square	F	P. value
Teachers-students relationship	Camp	119	3.7331	Between Groups	1.291	2	.646	2.124	.121
	Village	63	3.5790	Within Groups	91.211	300	.304		
	City	121	3.7454	Total	92.503	302			
	Total	303	3.7060						
Curriculum appropriateness	Camp	119	3.7106	Between Groups	2.730	2	1.365	3.761	.024*
	Village	63	3.4792	Within Groups	108.897	300	.363		
	City	121	3.7154	Total	111.627	302			
	Total	303	3.6644						
Overall satisfaction	Camp	119	3.4474	Between Groups	1.280	2	.640	3.016	.050*
	Village	63	3.3016	Within Groups	63.673	300	.212		
	City	121	3.4716	Total	64.953	302			
	Total	303	3.4267						
Accessibility of facilities	Camp	119	3.1697	Between Groups	.598	2	.299	1.234	.293
	Village	63	3.0931	Within Groups	72.710	300	.242		
	City	121	3.2132	Total	73.308	302			
	Total	303	3.1712						
Teachers' competencies	Camp	119	2.9571	Between Groups	.658	2	.329	1.6316	.196
	Village	61	3.0066	Within Groups	59.915	298	.201		
	City	121	2.8860	Total	60.573	300			
	Total	301	2.9385						
Theory-practice gap	Camp	119	2.7529	Between Groups	1.197	2	.599	.921	.399
	Village	63	2.9048	Within Groups	194.907	300	.650		
	City	121	2.7471	Total	196.104	302			
	Total	303	2.7822						
Programs admission criteria	Camp	119	3.5697	Between Groups	.501	2	.250	.840	.433
	Village	63	3.4603	Within Groups	89.417	300	.298		
	City	121	3.5421						

	Total	303	3.3560	Total	89.918	302			
Overall perceptions	Camp	119	3.3344	Between Groups	.257	2	.129	1.585	.202
	Village	61	3.2603	Within Groups	.24.164	298	.081		
	City	121	3.3315	Total	24.421	300			
	Total	301	3.3182						

* statistically significance

