

# Curriculum Development at Institutional Level: Reflections and Lessons Learnt

**Mokgadi Christina Matlakala**

<https://orcid.org/0000-0002-0980-7447>

University of South Africa

Matlamc@unisa.ac.za

**Jeanette E. Maritz**

<https://orcid.org/0000-0002-1051-1758>

University of South Africa

maritje@unisa.ac.za

## Abstract

Curriculum development at any level requires legal frameworks and professional regulatory requirements, and the curriculum should undergo educational and organisational quality assurance processes. Lecturers are responsible for curriculum development in their respective institutions. The objective of the study was to explore the reflections of nurse educators regarding curriculum development in an Open and Distance Learning University in South Africa. This article aims to share the lessons learnt from the process of curriculum development. A qualitative exploratory design was used, following interpretivism. The participants were nurse educators involved in curriculum development in a specific department at the university. Data were collected through individual written narratives and round-table group discussions, followed by a thematic content interpretive analysis. The findings indicated programme classification, organisational processes and compliance as the topics from reflections; and lessons learnt from the curriculum development process were the pedagogic considerations, experiential learning and collaboration. The information obtained highlights the need for staff development and support to achieve academic excellence and active scholarship in curriculum development.

**Keywords:** curriculum development; nurse educator; open and distance learning; pedagogy; reflection

## Introduction

Curriculum is defined as “the whole set of learning experiences constituting a particular qualification or module; and it includes key aspects of teaching and learning such as content, rationale and underlying philosophy, process, structure of the learning process and how the learning will be demonstrated in creative ways and achievement similarly assessed” (Unisa 2011, 5). Curriculum planning may occur at different levels, such as



Africa Journal of Nursing and Midwifery  
<https://upjournals.co.za/index.php/AJNM/index>  
Volume 21 | Number 2 | 2019 | #4781 | 11 pages

<https://doi.org/10.25159/2520-5293/4781>  
ISSN 2520-5293 (Online)  
© The Author(s) 2019



Published by Unisa Press. This is an Open Access article distributed under the terms of the Creative Commons Attribution-ShareAlike 4.0 International License (<https://creativecommons.org/licenses/by-sa/4.0/>)

macro level (national, faculty, Higher Education Qualifications Subcommittee (HEQSC)), meso level (senate teaching committees), or micro level (department, college, school). Curriculum development includes a variety of activities around the creation of planned curriculum, pedagogy, instruction, and delivery methods for guiding student learning (Carl 2009).

It is important to design a curriculum that is relevant to achieve academic excellence. Jacobs, Vakalisa, and Gawe (2011) indicate that “the ability to plan effective curricula is a crucial skill for all teachers.” According to Du Preez and Simmonds (2014), curriculum planners have to investigate thoroughly and carefully the nature of the qualification for which a curriculum is developed. Decisions about the areas of the curriculum are reached after input from various groups. One of the factors affecting curriculum development is the sequence, which includes co-ordination among the committees working for curriculum development at various stages. Institutional and instructional problems that can occur with curriculum development are among others apathy, individual differences, basic standards and high technology (Schubert 1986). In addition, policies at different levels may interact, support or contradict each other during curriculum development.

South Africa’s higher education infrastructure, which includes curriculum planning and design, is outlined in the White Paper on Education and Training (Department of Education 1995). In redefining the higher education landscape, transformative agendas and policies brought about a new discourse on provision of open, contextually relevant and quality driven higher education. The higher education business model, where the quality of education is discussed under the curriculum, suggests that higher education institutions should offer distance education. The previous curriculum framework was designed in a different era, with little change. The new framework was introduced with the will to transform the mismatch between reality and the needs of the country.

The Minister of Health released the Strategic Plan for Nurse Education, Training and Practice 2012/13–2016/17 in March 2013 (Blaauw, Ditlopo, and Rispel 2014; DOH 2013). The available regulations for the new nursing academic qualifications were released for public comment in 2011, and promulgated in 2013. The South African Nursing Council (SANC), which is the nursing professional body, under the provision of the Nursing Act, 2005 (Act No. 33 of 2005), provides the curriculum directives for the new programmes (SANC 2004-2018). However, not all the programmes had directives at the time of commencement of curriculum development. The introduction of the new qualifications began in June 2015 with institutions required to submit curricular revisions for the new programmes while given time to do the last intake of students who would actually benefit from the teach-out periods of the old programmes. The introduction of the new nursing programmes is part of the ongoing transformation in nursing education (Badat 2010); and alignment of nursing qualifications with the Higher Education Qualification Sub-Framework (HEQSF) and the Classification of

Educational Subject Matter (CESM) category list is a response to the changes in higher education (Unisa 2011).

The curriculum at institutional level was developed by nurse educators who would be involved in teaching in the specific programmes leading to different qualifications offered by the specific department, in an open and distance learning (ODL) university. The nurse educators are lecturers who teach modules for existing nursing programmes currently offered in the department. Therefore, the words nurse educator and lecturer are used interchangeably in this article.

## **Background and Problem Statement**

The lecturers as curriculum developers were included in the dialogues regarding curriculum development. The specific department in this context had to develop a curriculum for the new postgraduate programmes in response to one of the objectives of the strategic plan for nursing, which is to deal with national nursing education issues. The participants were teaching modules for existing courses which will phase out when the new aligned programmes get instituted. Some lecturers were not part of the curriculum development team for these existing programmes, and for others, it was their first time to be involved in curriculum development, especially for open distance e-learning (ODeL) programmes. The lecturers had occasionally shown reluctance in participation in curriculum development; and there seemed to be very slow progress concerning curriculum development despite the timelines. The assumption could be that there is no commitment from the lecturers in this regard. There has been in-house and in-service training of the academics by the university curriculum development department before the mandate to develop the curriculum, as well as stakeholder meetings, which were held successfully. However, it was assumed that because the lecturers are nurse educators, and currently teaching they should be able to proceed with curriculum development as they have the nursing education qualification, which is a requirement for nursing lecturers.

The argument in this paper is that for the lecturers to develop a new curriculum they must be well equipped, that is, have the knowledge, capacity, resources and clear procedures to follow. It was therefore necessary to explore the lecturers' reflections on curriculum development. This article aims to share the reflections of lecturers' experiences of curriculum development for the new postgraduate nursing programmes.

## **Research Method and Design**

A qualitative exploratory design was used following interpretivism (Creswell 2012). Qualitative interpretivism was deemed appropriate because the researchers sought to understand the meanings of the encounters as reflected from curriculum development. The epistemological assumption was that the participants co-create understandings of

curriculum development and therefore can reflect on lessons learnt from the curriculum development process.

### **Research Setting and Population**

The study was conducted in one department in an ODL university. This is a nursing department that offers undergraduate and post-basic degrees. The staff capacity consists of 35 academic staff members who are lecturers teaching nursing modules which make up the nursing programmes offered in the institution. The department was chosen as it is the only department that offers nursing courses and that develops a curriculum for the new postgraduate diploma and honours degree. The population of the study consisted of all the lecturers employed in the specific department that offers nursing and public health programmes. A total of 19 lecturers for different nursing disciplines or specialties participated in the study. The sample consisted of 19 lecturers responsible for and involved in curriculum development for the new postgraduate programmes to be offered in the specific department. The lecturers had three and more years' working experience in the specific department. Some of the lecturers had previous experience from outside the university. Only two participants had been involved in curriculum development before. The sample consisted of purposively selected lecturers for different nursing programmes offered in the department's programme qualification mix (PQM). The inclusion criteria were that the lecturers had to be nurse educators responsible for and involved in curriculum development for the new nursing postgraduate programmes to be offered in the specific department, and had to be registered with the SANC for an additional qualification in nursing education, nursing management and/or community health nursing.

### **Data Collection**

A narrative inquiry (Denzin and Lincoln 2011) was used to explore the lecturers' reflections and lessons learnt from curriculum development through written reflections and group conversations with the lecturers. The process involved two one-hour round-table group discussions with nine and ten participants, with each discussion preceded by individual written narratives. The opening statement was "kindly share with us your reflection of your experience of curriculum development for the new programmes to be offered in your department". The focus of this statement was on eliciting the experiences of lecturers in curriculum development in an ODL context. First, the lecturers wrote their individual experiences of curriculum development on paper, followed by audio-recorded group conversations about curriculum development with an aim to have a collaborative reflection and personal knowing. The written narratives were used to support the audio-recorded group conversations. The conversations lasted approximately one hour 30 minutes each. The group discussions took place over two days, held in the boardroom of the department where the lecturers worked. Appointments for the discussions were arranged and confirmed via email. The conversations were audio recorded with the permission of the participants. The researchers participated in the focus group discussion, with one facilitating the

discussion while the other was operating the audio tape and collecting the written narratives. The guiding statement for the discussion was, “please share your experiences of curriculum development in this department and institution”.

### **Ethical Considerations**

Ethical clearance was sought and obtained from the research ethics committees (RECs) of the university and the Department of Health Studies where the nurse educators worked. South Africa’s research ethics system and infrastructure guidelines require that proposals to conduct research involving humans undergo independent ethics reviews before the research begins (AHRECS 2015, 2–3). This project involved nurse educators who were healthcare practitioners; and employees of a health sciences education department in a higher education institution. Therefore, it was a requirement to have two ethical clearances, which were granted by the RECs of the department and the university respectively. The REC of the mentioned department is registered with the National Health Research Ethics Committee as indicated in section 73(1) of the National Health Act, 2003 (Act No. 61 of 2003) (DOH 2013, 11). Following receipt of the first ethical clearance from the department, the proposal was submitted to the university REC requesting permission to collect data from university staff and to use the university records in the form of email addresses in respect of the study. Ethical clearance was granted in February 2016.

Verbal consent to participate in the study and to be audio recorded was obtained from the participants following a thorough explanation of the purpose of the study. Participation in the study was voluntary and the participants were informed of their right to withdraw from the study without penalty (Burns and Grove 2009). The participants had the same status as they were all nurse educators and were involved in curriculum development (Barbour 2005, 2007; Krueger and Casey 2009).

Privacy and confidentiality were maintained in that the names of the participants were not revealed and the audio tapes were identified by the dates on which the round-table conversations were conducted only. Emotional disturbance and harm as risks were not anticipated as the interviews were only about curriculum development.

### **Trustworthiness of the Study**

Through this interpretive process, the researchers set out to find the ways through which the participants made sense of curriculum development in order to discover the lessons learnt from the viewpoints held by the participants. Credibility was ensured by gathering information from those lecturers who had experience of curriculum development, to ensure that the data were believable. On-the-spot member checking was done to ascertain agreement by the participants that their reflections have been adequately captured and that the conclusions reached in the interpretations were credible. The research design and its implementation were adequately explained. An independent reviewer, to ensure dependability, evaluated the transcribed interviews and data analysis

process. The possibility of transferability of the findings depended on the comprehensive description. However, this becomes a challenge because people experience incidents in different ways, which can be difficult to conclude that the study will be transferable to other settings or groups of nurse educators.

## **Data Analysis**

The data were analysed using a thematic coding strategy. Audio-recorded conversations were transcribed verbatim, read and reduced to make sense.

Similar content from the individual written narratives and transcribed audio records of group conversations were grouped together to form themes, interpreted and presented in narrative form. The transcripts were printed and a data analysis was done following a manual generic qualitative content analysis (Polit and Beck 2008). Each transcript was analysed to identify the statements that told each participant's story of their experience of curriculum development. A consensus meeting was held by the researchers to develop and verify similar themes from the transcripts. Two themes emerged from the findings and are discussed as the results of the reflections on the curriculum and lessons learnt.

Strategies that were employed to ensure the quality of data include rich description of the research process and purposeful sampling, code procedures to arrive at themes, on-the-spot member checking, and fairness, awareness and understanding (Krefting 1991; Onwuegbuzie, Leeach, and Collins 2008).

## **Results**

The narrative inquiry revealed two themes from the reflections on curriculum development, namely challenges related to curriculum development, and the lessons learnt from the curriculum development process.

### **Challenges related to Curriculum Development**

The participants indicated that there were challenges related to programme classification, organisational processes and compliance with institutional policies.

Programme classifications: The reflections indicate that it was a challenge for the nurse educators to choose for the department which programme to offer because the postgraduate diploma and honours degree are offered on the same National Qualifications Framework (NQF) band level (8), have the same credits (120) and are of equal duration (1 year). Of interest was the problem with the naming of one of the programmes. The department followed the names on the CESM category list as required by the university and the Department of Higher Education. However, the professional body had a different name, which does not appear on the CESM list. This created a challenge, as the internal structures of the university could not accept the programme

name. This led to confusion and frustration as well as a delay in the process of curriculum submission to the relevant structures for approval. In one instance, there was no directive for a specific programme from the professional body, thus making it a challenge to continue with curriculum development. This confirms the seemingly loathness and slow progress that were observed.

**Organisational processes:** There was differentiation in knowledge regarding curriculum development owing to inconsistent support and leadership. This knowledge brought confusion regarding the rightful process and sequence of programme submission. The different information was that there would be no accreditation of the new programmes by the Council on Higher Education (CHE 2014) before the endorsement by the professional body, while others supposed that the two processes could be done simultaneously. Bureaucracy in organisational processes, for example from the department, university structures, to professional and legal bodies led to confusion and frustration, which somewhat brought resistance.

**Compliance:** Conflicting policies on module credit allocation by the education and training quality assurance authorities (ETQAs) and the institution led to challenges with compliance with legislative, institutional and educational requirements. This in turn led to constant negotiations for compliance with the framework. There was a concern with the lack of direction from statutory bodies, with respect to directives of curriculum planning and endorsement letters especially from the professional body, which brought about a challenge with compliance. Again, the directives (programme duration, credit allocation and notional hours of instruction) allowed very little space for innovation with respect to the electronic curriculum, especially in this context of ODL. The other challenge was the lack of curriculum experts in the department, and therefore the slow progress with curriculum development. This seemed to bring about a lack of commitment and fear of innovation, as evidenced by the procrastination.

### **Lessons Learnt from Curriculum Development Process**

The lessons learnt included pedagogical practices for curriculum development in an ODL context, preparation for experiential learning, and collaboration during curriculum development.

**Pedagogic considerations:** The study was done in an ODL institution, and the new programmes were all to be offered online in order to be in line with the teaching model of the institution. A lesson learnt was pedagogic considerations for online programme development. The focus was on constructivism. The reflection indicated that consideration of the electronic curriculum is important. This was mentioned in relation to the experience of how technology should be integrated and tools to be adopted into the online courses, considering the credits and notional hours of technology use. Essentially, it was important to differentiate between technology enhanced curriculum and the use of media for teaching.

Experiential learning: Of importance to consider when embarking on curriculum development for online courses was planning the work-integrated learning (WIL) and/or practical execution in a virtual environment. The reflection from the nurse educators' experiences indicated that this require support systems such as virtual classrooms, virtual healthcare, the availability of e-library and up-to-date e-books as early as during curriculum development. Copyright and intellectual property issues related to online study material could bring about costs, and therefore careful consideration of such is essential during curriculum planning. What emerged was that the development of a course for online delivery should respond to the needs of individuals and the society, and be student-centred.

Collaboration: The department embarked on curriculum development with the assistance of the curriculum and accreditation directorates of the university. Although there were general policies and directives concerning best practice for curriculum development, involvement in curriculum development was found to be essential to ensure ownership. Extra support was needed from curriculum development departments, and multidisciplinary, interdisciplinary and transdisciplinary consultations were essential to ensure collaborative efforts and to avoid duplication.

## **Discussion**

This article presented the reflections of the nurse educators and the lessons learnt from curriculum development in an ODL context. Curricular goals of promoting equity, social justice and inclusion need consistent policy frameworks at governmental and institutional levels. The shape of curricular planning in universities has come under scrutiny, with transformation of knowledge and curriculum being contemporary issues in curriculum development and higher education in general. The focus of this study was on issues fundamental to development of new programmes as expressed by the nurse educators. The results established challenges of curriculum development related to programme choice, development and compliance. The challenges were reflected as glitches in the curriculum development process.

With regard to the challenges related to curriculum development as reflected by the lecturers in this study, it is safe to say that curriculum development at any level requires legal frameworks and professional regulatory requirements, and should undergo educational and organisational quality assurance processes. At departmental level, the development is guided by the curriculum policy, and teaching and learning policy of the institution, the legal and professional framework, and higher education quality assurance requirements (Unisa 2011). These include some of the documents in place for providing guidance to teaching and learning at the institution such as the ODL policy, the framework for a team approach in curriculum and learning development, and the CESM order list (Unisa 2011). However, from the findings it is clear that several laws including the Nursing Act, 2005 (Act No. 33 of 2005), the National Qualifications Framework Act, 2008 (Act No. 67 of 2008), the Higher Education Act, 1997 (Act



No. 101 of 1997), and the Higher Education Amendment Act, 2008 (Act No. 39 of 2008) affected curriculum development for the envisaged programmes.

The nurse educators were subject experts who were in charge of the relevant based programmes and courses in their specific university department. Shilling (2013) indicates that curriculum planners need support and leadership, sufficient training, adequate resources, and constant communication and monitoring. In relation to the lack of curriculum experts in the department, one of the recommendations in a report from the European Commission is that all staff teaching in higher education institutions in 2020 should have received certified pedagogic training. The High Level Group on Modernisation of Higher Education (2013) also indicates that continuous professional education should become a requirement for teachers in higher education.

Concerning the lessons learnt it was apparent that course content design should be appropriate to delivery, and therefore the importance of consideration on the distinct characteristics of the context, including discipline to design a technology-enhanced curriculum. Both the lecturer and the student should have technical skills and knowledge to use tools and technology in teaching and learning. As such, a policy should be available to ensure compliance of the technology and tools with reference to relevance, accessibility, availability and affordability (Unisa 2011). An enabling factor was that the curriculum should not only focus on what the students want, but person and space are also important. During curriculum development, learning outcomes should be designed to focus on core learning. The curriculum developers should take into consideration the mode of delivery and keep with time and student profiles.

## **Limitations**

Only one nursing department was included in this study. This limits the application of the findings to a wider range of nursing departments or even other higher education institutions in the rest of South Africa.

## **Recommendations for Practice and Future Research**

The researchers recommend information-sharing sessions among academics to focus on differentiation in knowledge regarding curriculum development. There is a need for support and clear instructions from professional, quality assurance and accreditation bodies. Further research is needed in continuous professional development and involvement in curriculum development.

## **Conclusion**

The findings from the reflections regarding curriculum development in this context provided a highlight on the support requirements for nurse educators to achieve

academic excellence and active scholarship in curriculum development. A logical systematic approach to curriculum development with collaboration from all the stakeholders in curriculum development will help to solve the challenges.

## References

- AHRECS (Australasian Human Research Ethics Consultancy Services). 2015. *Ethics in Health Research: Principles, Processes and Structures (2nd ed.) – South Africa*. AHRECS.
- Badat, S. 2010. “The Challenges of Transformation in Higher Education and Training Institutions in South Africa.” Development Bank of Southern Africa.  
<https://www.dbsa.org/EN/About-Us/Publications/Documents/The%20challenges%20of%20transformation%20in%20higher%20education%20and%20training%20institutions%20in%20South%20Africa%20by%20Saleem%20Badat.pdf>.
- Barbour, R. S. 2005. “Making Sense of Focus Groups.” *Medical Education* 39 (7): 742–50.  
<https://doi.org/10.1111/j.1365-2929.2005.02200.x>.
- Barbour, R. 2007. *Doing Focus Groups*. Thousand Oaks: Sage.  
<https://doi.org/10.4135/9781849208956>.
- Blaauw, D., P. Ditlopo, and L. C. Rispel. 2014. “Nursing Education Reform in South Africa – Lessons from a Policy Analysis Study.” *Global Health Action* 7 (1).  
<https://doi.org/10.3402/gha.v7.26401>.
- Burns, N., and S. Grove. 2009. *The Practice of Nursing Research: Appraisal, Synthesis and Generation of Evidence*. 6th ed. St. Louis: Saunders Elsevier.
- Carl, A. E. 2009. *Teacher Empowerment through Curriculum Development: Theory into Practice*. 3rd ed. Kenwyn: Juta.
- CHE (Council on Higher Education). 2014. “Distance Higher Education Programmes in a Digital Era: Programme Accreditation Criteria.” In *Distance Higher Education Programmes in a Digital Era: Good Practice Guide*. 81–107. Pretoria: CHE.
- Creswell, J. W. 2012. *Educational Research: Planning, Conducting, and Evaluating Quantitative and Qualitative Research*. 4th ed. Upper Saddle River: Merrill.
- Denzin, N. K., and Y. S. Lincoln. 2011. *The SAGE Handbook of Qualitative Research*. 4th ed. Thousand Oaks: Sage.
- Department of Education. 1995. *White Paper on Education and Training, Notice 196 of 1995*. Cape Town: Department of Education.  
<https://www.education.gov.za/Portals/0/Documents/Legislation/White%20paper/White%20paper%20on%20Education%20and%20Training%201995.pdf?ver=2008-03-05-111656-000>.

- DOH (Department of Health). 2013. "The National Strategic Plan for Nurse Education, Training and Practice 2012/13–2016/17." [https://www.sanc.co.za/archive/archive2013/linked\\_files/Strategic\\_Plan\\_for\\_Nurse\\_Education\\_Training\\_and\\_Practice.pdf](https://www.sanc.co.za/archive/archive2013/linked_files/Strategic_Plan_for_Nurse_Education_Training_and_Practice.pdf).
- Du Preez, P., and S. Simmonds. 2014. "Curriculum, Curriculum Development, Curriculum Studies? Problematizing Theoretical Ambiguities in Doctoral Theses in the Education Field." *South African Journal of Education* 34 (2). <https://doi.org/10.15700/201412071140>.
- High Level Group on Modernisation of Higher Education. 2013. "Report to the European Commission on Improving the Quality of Teaching and Learning in Europe's Higher Education Institutions." Accessed 30 October 2019. <https://www.slideshare.net/CollectifPAPERA/modernisation-higher-edjune2013>.
- Jacobs, M., N. C. G. Vakalisa, and N. Gawe. 2011. *Teaching-Learning Dynamics*. 4th ed. Cape Town: Pearson.
- Krefting, L. 1991. "Rigor in Qualitative Research: The Assessment of Trustworthiness." *American Journal of Occupational Therapy*. 45 (3): 214–22. <https://doi.org/10.5014/ajot.45.3.214>.
- Krueger, R. A., and M. A. Casey. 2009. *Focus Groups: A Practical Guide for Applied Research*. 4th ed. Thousand Oaks: Sage.
- Onwuegbuzie, A. J., N. L. Leach, and K. M. Collins. 2008. "Interviewing the Interpretive Researcher: A Method for Addressing the Crisis of Representation, Legitimisations and Praxis." *International Journal of Qualitative Methods* 7 (4): 1–15. <https://doi.org/10.1177/160940690800700401>.
- Polit, D. F., and C. T. Beck. 2008. *Nursing Research: Generating and Assessing Evidence for Nursing Practice*. 8th ed. Philadelphia: Wolters Kluwer Health/Lippincott Williams and Wilkins.
- SANC (South African Nursing Council). 2004-2018. "Education and Training of Nursing and Midwifery Students." <http://www.sanc.co.za/toc.htm>.
- Schubert, W. H. 1986. *Curriculum: Perspective, Paradigm, and Possibility*. New York: Macmillan.
- Shilling, T. 2013. "Opportunities and Challenges of Curriculum Mapping Implementation in One School Setting: Considerations for School Leaders." *Journal of Curriculum and Instruction* 7 (2): 20–37. <https://doi.org/10.3776/joci.2013.v7n2p20-37>.
- Unisa. 2011. "Towards an ODL Pedagogy. Guiding Principles and Framework for an ODL Pedagogy." A discussion document.