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# RESEARCH ARTICLE

# THE EVALUATION OF AN UNDERGRADUATE NURSING PROGRAM USING A CIPPO MODEL APPROACH

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#### **ABSTRACT**

This aimof this study was to evaluate STIKes KESOSI (Sekolah Tinggi Kesehatan Kesetiakawanan Sosial Indonesia) as a nursing college in Jakarta that trains students to graduate asprofessional nurses. The study used a CIPPO (Context, Input, Process, Product) approach that added outcomes (o) component at the end of the evaluation model. The study used a qualitative methodology with data collected through documentation analysis, interviews, questionnaires, field notes, and observations. The study found that the health institution under study has relevant to society and to health industry needs. The findings showed that the institution's context is relevant to government regulations, especially in the context of the input of students, lecturers and staff, management and curriculum. It is also relevant to the regulations in order to improve students' soft skills' and 'hard skills'. The process component of the study showed that students' became more empathetic and and showed greater concern for other people. The out come component showedthat the graduates fulfill the required competences of patient and health clinic, or industry through the feedback from private and government hospitals. The study concluded that STIKes KESOSI engaged with patient and hospital needs by successfully developing professional nurses.

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# INTRODUCTION

Development in the health sector must always be accompanied by the effective development of staff health education programthat pays attention to national and international requirements. Therefore, nursing service development cannot be separated from nursing professional education. Nursing education aims to produce qualified nurses who are capableof undertaking the science of nursing as well as conducting public services. Institutions are required to systemically develop the aspects of ideology (Vision and Mission) and operational development that reflect growth, change and reform in order to meet the demands of hospitals that must provide quick, accurate, affordable and efficient patient services. To ensure the design of high quality health education programs, the internal and external quality assurance committee needs to periodically evaluate programs (Farahani and Ahmadi, 2006). Therefore, this research focused on evaluating the program at STIKes KESOSIso that it successfully produces qualified graduates according to the criteria above. Compassion can have positive effects on patients, especially those with chronic illness (Dewar et al., 2014; Dewar and Nolan, 2013; Schantz, 2007). Developing nurses' compassion can be linked to how they provide responsive action to relieve patients' suffering (Cameron et al., 2013; Dewar and Cook, 2014; Schantz, 2007;

Von Dietze and Orb, 2000). A nurse should develop their respect, empathy, and critical self-reflection toward the patients without providinga different type of care service (Hook, 2014). A robust notion of respect for self and others requires the following: intentional development of selfawareness, a capacity for empathy and perspective taking, active and mindful listening, skills of inquiry, and an ethical foundation that illuminates various dimensions of respect for similarities and differences (Sandell and Tupy, 2015). Nurses have an important role to play increeating an effective health care system (Bartels, 2005). They should apply their knowledge and skills, prove their commitment and social values to society (Chitty and Black 2010). The most important attribute of professional nurses is their attitude. Their action is consists with their cognitive and emotional elements (Taylor et al., 2003). Having official authority, self-confidence, and support from other nurses can affect and develop the professionalism and ability of nurses (Bartels, 2005). Nurse professionalism is affect by scientific and research improvements in nursing, ethics and spirituality in nursing, the acquisition of power and development such as capacity building, professional ethics and commitment, resources, the increase of social structure status, and the frequency of training in knowledge and nursing skills (Ravanipur et al., 2014).

The nursing field has significant obstacles such as weakness in scientific knowledge and autonomy that hinder the adoption of professional identity, and hence the successful performance of professional roles related to it. In the process of the developing the nurse professional, various social, political, cultural, scientific, and technological factors create these obstacles which may impede the professional development of nurses and their professional behaviors (Wvnd, 2003). Nurses need to think critically, self-critique, synthesise information, link concepts and become self-directed, reflective, life-long learners (Facione, 2006:10; Potgieter, 2012:5). This study uses a CIPPO approachto evaluate the program. The Stufflebeam CIPP evaluation model is effective for both formative and summative assessments and for measuring decision making and problem solving ability (Hasan, et. al, 2015). The CIPP evaluation model is a comprehensive framework evaluating programs, projects, products, institutions and systems (Stufflebeam, 2007). Evaluation in education aims to find meaning, to clarify and justify based on criteria, andto look for an objective value, quality, profit, and performance (Worthern, Sanders and Fitzpatrick, 1997; Middlewood and Burton, 2001). The goal of evaluation is to assess the educational quality of universities' programs including input, process, and output and to identify the weak and strong aspects of its programs in order to achieve educative goals and to improve quality (Fitzpatrick, Sanders, and Worthon, 2004; Ministry of Health, Treatment, And Medical Education, 2001; Mohamadzadeh, 2003; Yarmohammadian, 2004). Evaluation includes phases of selecting information, obtaining, analyzing, transferring, using and making a decision on the quality of the curriculum.

The components in this study are as follows; Context (Legality, Vision, Mission, Objectives, Existence of the Program), Input (Students, Educators/Lecturers, Curriculum, Facilities and Infrastructure, Management), Process(Lesson Plan, Learning Activities, Learning Assessment), 4. Products (Learning Outcomes, Practical Values, Thesis, Scientific Writing), 5. Outcomes (Graduates). The CIPP performs as a comprehensive framework for directing the evaluation of programs, projects, products, institutions and systems (Hakan and Seval, 2011). The component outcomes in this study aim to evaluate the graduates after they have learned in STIKes KESOSI; and how they contribute to society and the health institution.

#### MATERIALS AND METHODS

This study employed a qualitative approach to measure the value or benefits of implementing a program. Data wasderived from interviews, observations, field notes and documentation. Theresearch was carried out at STIKes KESOSI Health College in Jakarta. The object of the study was the management of nursing undergraduate study programs. This study used the CIPPO evaluation model derived from the CIPP model developed by Stufflebeam with and additional outcomes component (O). The model therefore consists of five evaluation components; context, input, process, product and outcomes. The data, collected by documents, interviews, observations and questionnaires, was divided into five components of this evaluation. Before the research instrument was used, the contents were first validated. Questionnaires were given to lecturers and other staff to measure the existence of programs, education services, the performance of STIKes KESOSI, parents participation and utilization of facilities at

the STIKes KESOSI Jakarta. The data was analyzed by the Miles and Huberman models which consist of three processes that occur simultaneously, namely: data reduction, data presentation, and conclusion / verification. The analysis of the data can be described as the figure belows:

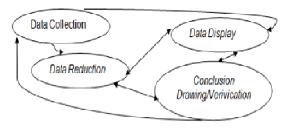


Figure 1. Data Analysis

In order to meet demands the hospital must provide services to patients directly, quickly, accurately, by qualified staff at affordable costs. The design of this study can be seen on the Figure 2 below.

# **RESULTS AND DISCUSSION**

Context: In this component, there are goals, objectives, history and background of the institution (Stufflebeam, 2003). This study found that there was a match between government regulations in Indonesia regarding the guidelines of the implementation and management of higher education institutions with the regulations in STIKes KESOSI. Legal requirements are one of the factors that guarantee the continuity of the learning process to achieve the learning outcomes that have been established. STIKes KESOSI haschosen the right path in accordance with the existing regulatory bases.

The government regulations in this component are Indonesian Law no. 12 in 2012 concerning on higher education and Government Regulation no. 4 in 2014 chapter, section and article are in table below.

# Meanwhile STIKes KESOSI already has

- Recommendations of the Agency for Human Resource Development and Empowerment of Health Professionals Republic of Indonesia No. HK.03.2.4.1.02673
- Education Ministerial Decree No. 123/0/0/2004 concerning on the Granting of Permit for the Implementation of Study Programs and the Establishment of the Indonesian Institute of Health Sciences (STIKes KESOSI) in Jakarta
- License extension for the Implementation of the Study Program in the STIKES KESOSI: No. 4356 / D / T / 2006.

Higher Education: STIKes KESOSI (033167)

Study Program: Nursing (10105)

Program Level: Bachelor Degree

Number: 3575 / D / T-III 2018

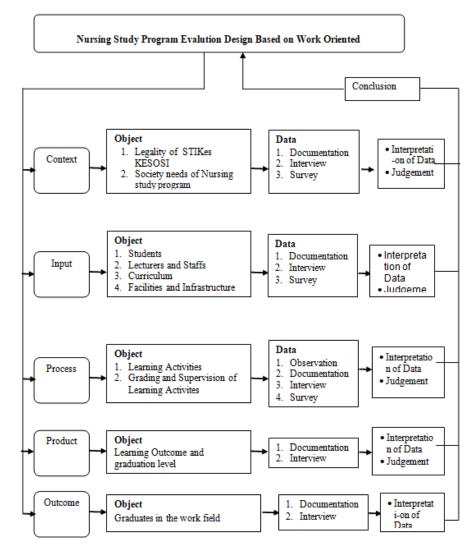


Figure 2. Research Design Evaluation of Bachelor Degree Program Management in Nursing -Work Oriented in STIKes KESOSI

Table 1. Constitution and Regulation

Constitution of the Republic of Indonesia Number 12 of 2012	Government Regulation 2014 (4)
• Article 1 section 3, 6, 8, 9, 10, 11, 12, 13, 14, 15, 17, 18.	• Article 1 section 1, 2, 3, 4, 6, 9, 13, 14, 15, 16, 17, 19
• Article 13 section (1 to 6)	Chapter 1;
• Article 14 section (1 to 3)	• Article 8 section 2, 3,
Article 15 section 1	Article 13 section 1
• Article 18 section (1 to 5)	Article 14 section 1
• Article 35 section (1 to 5)	• Article 15 section 1,2,3
• Article 45 section (1 to 3)	• Article 17 section 1,3,4,5
• Article 47 section (1 to 4)	Chapter 3;
, ,	• Article 22 section 1, 2, 3
	<ul> <li>Article 31 section 1 &amp; 2</li> </ul>

Table 2. Students' Registration

Year	Registered	Accepted	Average
2016	40	34	7,07
2017	61	56	6,98
2018	78	70	7,09

Table 3. Curriculum

Courses	Credits
Core Course	88 credits
Global Issue Course	20 credits
Local Content Course	36 credits
Total	144 credits

# **Table 4. Local Content Courses**

Courses	Description
Indonesian Social Solidarity Course	The purpose of this course is for students to care about others based on the slogan, "There is no day without a spirit of solidarity". This course has a positive effect on students to care for others, especially Parents, brothers, the poor, and orphans. Students are required to give alms, a minimum of 5000 Rp (five thousand rupiah)at every lecture so that each student will give at least IDR70,000 by the end of the 14 course sessions. At the end of the semester the money collected was used to buy basic materials that the students then distribute to people who are entitled to receive them.
Character Education Course	The objectives of this local content course are to:  a. Inprove morals and behavior b. Carry out worship according to students' religion c. Be obedient to parents and d. Be honest, etc At the end of the lecture students must make a statement on the Rp.6000 stamp and promise to: a. Obey parents b. Undertake worship c. Be noble d. Not commit adultery e. Be honest If these are violated, the student will accept torment from God.
Public Speaking Courses	The main objective of this course is for students to be able to:  a. Act when on the stage b. Have good body language c. Have good spoken language d. Have a good voice e. Have good two-way communication. f. Eliminate hesitant speech Students are expected to perform perfectly in public, including at work in front of patients, in the community and at home.
Nursing Management	This course supports the success of Vision and Mission by enabling students to manage health service units. Not all graduates of the study program become nurses, they also lead health service institutions (polyclinics and health centers).

Table 5. Converting Score to Symbol and Grade

No	Score	Symbol	Grade
1	86-100	A	4,00
2	81-85	A-	3,70
3	76-80	B+	3,30
4	71-75	В	3,00
5	66-70	B-	2,70
6	61-65	C+	2,30
7	56-60	C	2,00
8	51-55	C-	1,70
9	45-50	D	1,00
10	<45	E	0,00

**Table 6. Students' Practical Score** 

Year	2016	2017	2018
Average Practical Score	80,56	77,99	78,28

Table 7. Number of Scrubs Generated per year

Year	Thesis S	core		Total
'	A	В	С	
2016	34	35	0	69
2017	21	49	0	70
2018	25	13	0	38

Table 8. Graduates in the last 3 years

Year	Graduates	Worked	Not Working
2016	69	59	10
2017	70	56	14
2018	38	36	2

- **Regarding:** Permit Extension of Nursing Study Program for Undergraduate Degree in STIKES KESOSI.
- Based on Accreditation Results C
- SK.BAN-PT. No: 211 / SK / BAN-PT / AK-XVI / S1 X / 2013 concerning accreditation of nursing study program in Bachelor degree.
- Based on Accreditation
- SK.BAN-PT. No: 1200 / SK / BAN PT / AKRED / DPL III / XII / 2015 about Diploma III health analyst accreditation.
- SK.DIK.TI No: 132 / E / O / 2012. April 20, 2012 about the professional nurse study program permission.
- Institutional accreditation based on SK.BAN-PT. No: 167
   / SK / BAN-PT / Accredited / PT / X / 2015 about institutional accreditation, STIKES KESOSI date: October 3, 2015.
- Building Construction Permit SK. Minister of National Education No: 123 / D / 0/2004 dated: 11 August 2004 about operational permit for STIKES KESOSI.

#### Ministry of National Research and Higher Education

 Regional Coordination Office of Private Universities No. 3575/0 / T / K-1111201 concerning extension permit for nursing study program in STIKes KESOSI.

The development of health institutions (houses of central health services both government and private) increase every year and automatically requiremany professional nurses.

#### Input

Students: STIKES KESOSI accepted students who were high school graduates who passed a test held by the Institution, based on its scientific needs. The table below shows the number of the registered and accepted students. Test material was related to basic knowledge such as biology and other health sciences. Acceptance of students involved employees and STIKes KESOSI lecturers. This test was needed to measure the initial knowledge of prospective students.

**Lecturers:** The lecturers who teach at the STIKes KESOSI haveto meet criteria such as, permanent lecturers must have a master's degree in line with theirsubject area speciality. Based on this, then by referring to the Regulation of the Minister of National Education in Indonesia No. 16 in 2007 concerning Academic Qualification Standards and Lecturer Competencies, the minimum academic qualifications required for lecturers is master degree.

Curriculum: Curriculum, in its broad sense, has to do with logical analysis in education in order to increase efficiency, and its impact on resolving the needs of the learners and society (Yamani, Shakour and Ehsanpour, 2013). Based on Indonesian constitution no. 12 in 2012,the curriculum at STIKes KESOSI is on the table below. Based on the above curriculum, of the core courses that must be taken 61% are based onglobal issues,14% are courses, and 25% are local content. The core courses aim to educate students so that they can carry out nursing care after they graduate. Global issues courses consist of oncology nursing, eutology nursing, pandemic nursing, holistic nursing, English language,and trauma nursing which are expected to play a role for graduates of STIKes Nursing Academy in dealing with epidemics globally. In accordance with the Curriculum above, the

excellence of STIKes KESOSI curriculum isin the local contents which describe on the table below. Based on the table above, the Local content courses consist of Indonesian Social Solidarity, Character Education, Public Speaking, Marketing Management and Entrepreneurs. These courses support the improvement of graduates' soft skills. Nursing graduates are not only expected to have nursing skillsbut must also have a sense of caring for others and be noble and communicative. The world health organization (WHO) has stressed the importance of medical schools meeting societal needs which is," (necessary) for directing education, studies and service activities in line with achieving societal and local priorities and concerns in health issues" (Woollard and Boelen, 2012, 21-27). Facilities and infrastructure. Every health college is required to have adequate facilities and infrastructure. Nursing laboratories must have an Emergency Unit, Medical Nursing Surgery, Maternity Nursing, Basic Nursing, Community and Family Nursing, and Wound Nursing. As yet, STIKes KESOSI does not have the facilities and infrastructure in accordance with government regulations (in this case the Ministry of Health). In order to cover these deficiencies, the STIKes KESOSI managed students to go directly to the society (street vendors in designated hospitals in semester 3, 5 and 7) located on Jl. Bojong Raya No. 58 RT 05 RW 04 Kel. Rawa Buaya Kec. Cengkareng West Jakarta. STIKes KESOSI plans to have 24 medium-sized lecture rooms and 3 (three) small-sized lecture rooms, equipped with LCDs and Whiteboards in each class. It is also planned to have nursing buildings, as mentioned above, a place to pray and some sports facilities. The availability of books in the libraryis insuficient and there are still many (approximately 60%) old books that must immediately be replaced. Furthermore, STIKes KESOSI lacks sufficient journals, especially foreign journals. In order to overcome this problem, the management of STIKes KESOSI library cooperates with other libraries such as: STIKes Istara, STIKes Abdi Nusantara and STIKes Dr. Sismadi. Learning facilities at the STIKes KESOSI includes 8 classrooms equipped with; AC, LCD, OHP and a laboratory equipped with simulation tools that are not all suitable. STIKES KESOSI plans a development by adding space for discussion and laboratory equipment. The replacement of unused equipment is planned to be met within 7 years, while the addition of new tools is scheduled to be completed within 10 years. Operational activities at the STIKES KESOSI will be implemented to procure official vehicles within the next 2 years. Furthermore, in October 2021, the STIKES KESOSI planned to have new 5 floors building.

Management: STIKes KESOSI formed an organization to implement the education, led by the Chairman of the STIKes KESOSI and assisted by; the Chairman Assistant in the Academic Section, Chairman Assistant in Administration and Finance, and Financial Assistant III in the Student Affairs Section. The mechanism for selecting leaders and assistants at the study program level refers to the guidelines compiled by the STIKes KESOSI according to the needs of the Study Program. The Study Program Organization embodied in one form of the Study Program's organizational structure describes the lines of coordination between the chairman, Assistant Chairman I, II, III and IV, Chairman of Study Programs, lecturers and supports to support the development of the Study Program and organize the functions for each member of the Study Program. In addition, regulations that bind all members of the academic community at the Study Program level are upheld through the preparation of the following guidelines:

- Academic regulations
- Guidelinesfor academic guidance
- Guidelines for final assignments
- Guidelines for evaluating
- Guidelines for research and community service
- Guidelines for examinations

The evaluation was carried out to assess the performance of the entire academic community, both Study Program administrators, lecturers, employees and students.

#### **Process**

Regulations for students: The Rules of Procedure in the STIKES KESOSI are very strict, for example regular students are required to be in uniform and class employees / extension students dress modestly and, if violated, they will be fined Rp. 50,000 (Fifty Thousand Rupiah). Students who smoke or dispose of litter incorrectly will be subject to the same sanctions. In addition, students who are 15 (fifteen) minutes late are considered absent even though the student may still be allowed to enter the class and attend lectures. Meanwhile students who do not or are considered not to have attended lectures up to 4 (four) times are not permitted to take part in the final exam. The interview response from the Chairman of STIKes KESOSI explains th regulations further:

Interviewer: I feel the campus is clean and fresh air.

Chairman: We have rules here that must be implemented and for those who violate the rules clearly subject to get sanctions for example; Smoking in the Campus Environment is fined Rp. 50,000, -/ stem, wearing tight clothesis subject to a penalty of Rp. 50,000, -/ day, Engaging in narcotics, dating and stealing inside the campus, the penalty was immediately issued, and dispose of waste in place is subject to a penalty of Rp. 50,000.

Interviewer: What is the response of students with fines and violations committed?

**Chairman:** Students finally realized on their fault because the sanctions were nothing and this finesaim to discipline them, on the other hand they also knew that the results of the fines were collected and shared with orphans by themselves.

#### (Chairman's Interview, 7 June 2018)

Based on the above interview, the students realized that the tight regulations are aimed at disciplining them so that they have a good attitude towrds obeying the college rules.

**Learning Implementation:** Learning activities at the STIKes KESOSI use a Student Center Learning (SCL) approach, with diverse facilities. Cornelius and Gordon (2008) found that student-centered learning was facilitated by flexibility in content delivery and study strategies, and individual student learning needs were accommodated. Weimer (2002) makes the point that in the student-centered classroom the roles of teacher and student change out of necessity so that the teacher evolves from being the "stage on the stage", to the "guide on the side", who views the students not as empty vessels to be filled with knowledge but as seekers to be guided along their intellectual developmental journey. Learning activities are not only conducted on campus such as classrooms and laboratories but are also carried out outside the institution such as in hospitals, parlors, community health clinics, andin society by applying theories that are learned in the institution. A questionnaire given to lecturers regarding the components of the socialization process obtained a score of 3.20 for the socialization process for lecturers with 'good' criteria, and a

score of 3.00 for the socialization process for students with quite good' criteria, making the average score 3.10 which means the socialization component has a 'good' rating. The questionnaire given to students showd that 19% of them stated that the implementation of the socialization process towards students was running poorly with 39% saying it was 'quite good' and 42% saying it was 'good'. It can, therefore, be concluded that the socialization process towards the lecturers went 'well' while towards students it went 'quite well'.

#### **Product**

**Final Exam Results:** This study analyzed students' final exam results in the last 3 years to show that students have a good cognitive understanding in the nursing study program. Table 2 below shows students' grades. Based on the table above (final term exam), from 3 years (2016, 2017, 2018) the average student GPA was  $\pm$  3,00 so it can be concluded that the GPA was good.

**Practice Results:** Based on the documents, the average of students' practice score is displayed in the table below.

**Students' Average Practice Results:** The fluctuative score on table above was influenced by motivation and discipline of students in following the field study (in hospitals).

Thesis Results: Thesis is the students' final assignment with results as follows. Based on the final exam results, practice results, and thesis results, it can be concluded that students in STIKes KESOSI have good learning outcomes in the cognitive aspects of the course. Furthermore, the students also improved their attitude and behaviour by learning Local Content courses. These courses developed their concern for others, especially towards parents, brothers, poor people and orphans. In the Indonesian Social Solidarity course, students were required to give donations in every lecture, at least five thousand rupiah, so that each of them will become disposed to help other people. In the subject of Life Sciences, students were taught to behave honestly so that there is a match between their words and their deeds. The public speaking course aimed to make students able to communicate well in public especiallyin a workplace that deals with patients and society. At the end of the semester the money donated by students to each subject is collected voluntarily and basic needs are purchased for other people. The students donate these materials to people who are entitled to receive them. It can be said that local content courses, aim at changing students' behaviour and attitude as a concern of STIKes KESOSI, was successful. Below is a picture of students distributing basic needs to those entitled to receive them.



Figure 3. Students' enthusiasm when doing charity

**Outcome:** Customer satisfaction was shown by the number of graduatesaccepted in hospitals / institutions or to work in their own clinic. This outcome component used data of STIKes KESOSI graduates who have graduated in the last 3 years. Based on the table 5 above, in 2016, 85.5% of graduates had worked while in 2017, 80% of graduates had worked. In 2018, the graduates who had worked increased to 94.7%. Based on the interviews with the owners of STIKes KESOSI, it was found that most of the graduates who did not work had reasons other than those related to their employability such as following their husbands, and moving. 88 health institutions received KESOSI STIKes graduates in the last three years as shown in the index. The Chairman of STIKes KESOSI commented on the acceptance of graduates as below:

**Interviewer:** How about the STIKes KESOSI graduates in the work field?

Chairman: STIKes KESOSI graduatessought after by employment, even 50% can work before receiving a diploma, especially those outside Jakarta (outside Java) such as Kalimantan, Maluku, Ternate and Papua, many of them occupy the head of the room and even the head nurse. This is because the government established many hospitals - Regional General Hospitals.

#### (Chairman's Interview, 7 June 2018)

Based on theinterviews with the Chairman of the STIKes KESOSI, it was found that graduates were greatly needed by the community, especially by hospitals and nursing homes that were partners of the STIKes KESOSI. This can be seen from the high acceptance the community has towards STIKes KESOSI graduates where around 50% of students have worked even though they have not yet graduated. In addition, STIKes KESOSI often receives requests from institutions to send students to become nurses, this means that the STIKes KESOSI has met the criteria. Providing the health services not only requires doctors to be trained but also for reliable nurses who are able to carry out the duties contained in the implementation of care such as; reviewing the needs of patients, planning actions for patients, carrying out planned actions and evaluating the results of their actions. In addition, a nurse must also be able to provide counseling to patients and their families about actions taken (Jansen et al., 2017). The quality of nursing services is often a determinant of the image of the service institution in the community.

Nurses are expected to know and be able to carry out nursing care, and to work together in a team (team work) with colleagues (Ibertson et al., 2013). Team work is expected to guarantee the arrangement of actions and the continuity of information that is carried out on patients. Nurses must have a sense of empathy for patients to provide a sense of sincerity in serving patients. Empathyinfluences the success with which nurses carry out their duties, thus providing a sense of security to the patient and his family(Agyeman-Yeboah and Korsah, 2018). Trust in the nurse leads to a reciprocal relationship between nurses and patients and their families (Dubois et al., 2013) and will increase patient and family satisfaction (Nilsson, et al., 2008).

# Conclusion

STIKes KESOSI, a nursing college in Indonesia, was evaluated using a CIPPO approach which categorized developing professional nurses in terms of societal needs. The

context component of this institution properwith government regulations that concern about higher education and the reason why this institution built. Input components give students 'hardskills' (competencies or cognitive parts) 'softskills' that are needed in industry and society by implementing an embeded curriculum. Students were taught using a studentcentered learning approach which required students to be more active inlearning activities as a component of the process. Furthermore, a system of fineswere used to motivate students to reach the standard learning outcome focused on benefiting society. The product component shows that the students had'good' resultsin both the cognitive aspects and in their attitude and behaviour. The outcome component shows that graduates of this institution are aligned with society and health industry needs as indicated by the number ofgraduates employed in 88 health institutions.

# **REFERENCES**

- Agyeman-Yeboah, J. And Korsah A. K. 2018. Non-application of the nursing process at a hospital in Accra, Ghana: lessons from descriptive research. *BMC Nursing*, 17(45).
- Bartels JE. 2005. Educating nurses for the 21st century. *Nursing and Health Sciences*, 7 (4): 221-225.
- Cameron, R.A., Mazer, B.L., DeLuca, J.M., Mohile, S.G., Epstein, R.M. 2013. In search of compassion: a new taxonomy of compassionate physician behaviours. *Health Expect*, 18 (5), 1672–1685.
- Chitty KK, Black BP. 2010. *Professional Nursing*(6th ed). Philadelphia: W.B Saunders.
- Cornelius, S., and Gordon, C. 2008. Providing a flexible, learner-centred programme: Challenges for educators. *Internet and Higher Education*, *11*(1), 33-41.
- Dewar, B., Cook, F. 2014. Developing compassion through a relationship centred appreciative leadership programme. *Nurse Educ. Today*, 34 (9), 1258–1264.
- Dewar, B., Nolan, M. 2013. Caring about caring: developing a model to implement compassionate relationship centred care in an older people care setting. *Int. J. Nurs. Stud.* 50 (9), 1247–1258.
- Dubois, C. A., D'Amour, D., Pomey, M. P., Girard, F and Brault, I. 2013. Conceptualizing Performance of Nursing Care as A Prerequisite for Better Measurement: A Systematic and Interpretive Review. *BMC Nursing*, 12(7).
- Facione, P. 2006. Critical Thinking: What It Is and Why It Counts? California: Academic press.
- Fitzpatrick, J. L., Sanders, J. and Worthon, B. 2004. *Program Evaluation: Alternative Approaches and Practical Guidance* (3td ed.). Boston: Pearson/Allyn and Bacon Press.
- Hakan, K and Seval, F. 2011. CIPP Evaluation Model Scale: Development, Reliability and Validity. *Procedia Social and Behavioral Sciences*, 15, 592-599.
- Hook, J.N. 2014. Engaging patients with cultural humility. *Journal of Psychology and Christianity*, 33(3), 277-280.
- Jansen et al. 2017. Cost-effectiveness of a nurse-led intervention to optimise implementation of guideline-concordant continence care: Study protocol of the COCON study. *BMC Nursing*, 16(10).
- Ibertson, M. and Carlson, C. 2013. Focus Group Evidence: Implications for Design and Analysis. *American Journal of Evaluation*. 35. 328-345.
- Middlewood, David and Neil Burton, 2001. *Managing the Curriculum*. London: Paul Chapman Publishing.

- Ministry of Health, Treatment, And Medical Education. 2001. Courier Management of University. *Academic Journal University's Management*; *Assistant Education and University Affairs*. Tehran: High Council Planning Medical Sciences.
- Mohammadzadeh, Z. 2003. Developing indicators of training programs graduate courses (MSc PhD) based on input patterns, processes and outputs of the Department of Health. Isfahan University of Medical Sciences, Research Assistant Medical Education Research Center.
- Nilsson, K., Campbell, A. And Andersson, E. P. 2008. Night nursing staff's working experiences. *BMC Nursing*, 7(13).
- Ravanipour M, Vanak Z, Afshar L, Azemian A. 2014. The standards of professionalism in nursing: the nursing instructors' experiences. *Evidence-based Care Journal*4 (10): 27-40. doi: 10.22038/EBCJ. 20 14.2392
- Sandell, E.J., and Tupy, S.J. 2015. Where cultural competency begins: Changes in undergraduate students' intercultural competency. *International Journal of Teaching and Learning in Higher Education*, 27(3), 364-381
- Schantz, M.L. 2007. Compassion: a concept analysis. *Nurs. Forum* 42 (2), 48–55.
- Stufflebeam, D. L. 2003. The CIPP model for evaluation. In D. L. Stufflebeam and T. Kellaghan (Eds.), *The international handbook of educational evaluation* (Chapter 2). Boston, MA: Kluwer Academic Publishers.
- Stufflebeam, D. L. 2003-b. Institutionalizing evaluation in schools. In T. Kellaghan and D. L. Stufflebeam (Eds.), The international handbook ofeducational evaluation (Chapter 34). Boston: Kluwer.

- Stufflebeam, D. L. 2007. CIPP Evaluation Model Checklist.

  March. 17, 2007. from http://www.wmich.edu/evalctr/checklists
- Taylor ShE, Peplau LA, Sears DO. 2003. Social psycohology.11th ed. New Jersey: Pearson Education, Upper Saddle River
- Von Dietze, E., Orb, A. 2000. Compassionate care: a moral dimension of nursing. *Nurs. Inquiry* 7 (3), 166–174.
- Weimer, M. 2002. Learner-centered teaching: Five key changes to practice. San Francisco, CA: Jossey-Bass.
- WHO. 2005. Bridging the" know-do" gap: Meeting on Knowledge Translation in Global Health. Retrieved September 25 2014 from: http://www.who.int/kms/WHO EIP KMS 2006 2.pdf
- Woollard, B., and Boelen, C. 2012. Seeking impact of medical schools on health: meeting the challenges of social accountability. *Medical Education*, 46(1), 21-27.
- Worthern, B. R., Sanders J. R. and Fitzpatrick J. L. 1997. *Program Evaluation – Alternative Approaches and Practical Guidelines-*. New York: Longman, Inc.
- Wynd CA. 2003. Current factors contributing to professionalism in nursing. *J Prof Nurs*, 19 (5): 251-61.
- Yamani, N., Shakour, M., Ehsanpour, S. 2013. Educational needs of reproductive health students: A Delphi study. *The Journal of Medical Education and Development*, 8 (2),65-76
- Yarmohammadian, M. H. 2004. *Quality in Higher Education*. Encyclopedia of Higher Education, Ministry of Science, Research, and Technology, Tehran, Iran.

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