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Student Satisfaction with Nursing Programmes in the Context of Nursing Education Reform in North-West Nigeria: A Convergent Mixed-Methods Study

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Abstract

Student satisfaction provides an important indicator of the responsiveness of nursing education programmes to learners' needs. This study examined stakeholders' perceptions of student satisfaction in the context of nursing education reform in North-West Nigeria. A convergent mixed-methods design involved 370 questionnaire respondents from seven institutions in Kaduna, Jigawa and Zamfara States and 12 key informants. Ten satisfaction items were rated on a five-point Likert scale. The available pilot output indicated limited test–retest reliability ($r = .324$). Descriptive statistics, a two-sided one-sample t-test against the neutral composite midpoint of 30 and thematic analysis were employed. The composite mean was 32.4324 (SD = 5.02374), equivalent to an average item mean of 3.24. Clinical learning experiences (M = 3.34, SD = 1.01) and constructive feedback (M = 3.33, SD = 0.88) received the highest ratings, while learning resources received the lowest (M = 3.09, SD = 1.13). The composite mean exceeded neutrality, $t(369) = 9.314$, $p < .001$, 95% CI [1.9189, 2.9460] for the mean difference, $d = 0.484$. Interviews indicated appreciation of curriculum updates alongside concerns about clinical workload and inadequate rest. Stakeholder perceptions were moderately favourable, but resources, mentorship and welfare require attention. Institutions should strengthen learning support, supervision and student feedback mechanisms. The pooled cross-sectional findings and limited reliability evidence warrant cautious interpretation and do not establish causal reform effects.

Keywords: Nursing education reform; Student satisfaction; Clinical learning; Curriculum relevance; Student welfare; North-West Nigeria.

Introduction

Nursing education prepares practitioners to respond to changing healthcare needs through the acquisition of knowledge, clinical competencies and professional values. Educational reform seeks to strengthen curriculum relevance, professional preparation and institutional quality. The World Health Organization (2021) identifies education as a strategic priority for strengthening nursing and midwifery services. In Nigeria, regulatory initiatives have sought to improve the organisation and standards of nursing education (Nursing and Midwifery Council of Nigeria, 2019). However, curriculum revision alone cannot guarantee that learners experience adequate support or opportunities to achieve intended competencies.

Student satisfaction reflects students' evaluation of curriculum relevance, teaching quality, clinical supervision, learning resources, feedback, and institutional support. While satisfaction offers valuable feedback on programme strengths and weaknesses (Akpor et al., 2023; Lawali et al.,

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2024), it must be interpreted alongside objective indicators of educational quality and competency attainment rather than treated as the sole measure of programme effectiveness.

The implementation of reform depends on institutional resources, qualified educators, clinical placement arrangements and student support. Differences in these conditions across institutions may result in different educational experiences even where common curricula are prescribed. Satisfaction is therefore useful for identifying priorities for improvement, particularly when considered alongside evidence of academic and clinical performance. This article draws on the fourth objective of the parent doctoral study, Exploring the Influence of Nursing Education Reform on the Nursing Profession in the North-West Zone, Nigeria.

Statement of the problem

Although nursing education reform seeks to strengthen professional preparation, students may continue to encounter inadequate learning resources, limited mentorship, demanding clinical schedules and insufficient academic support. Accreditation and curriculum compliance do not necessarily capture these day-to-day experiences. A regional assessment of satisfaction indicators can help institutions identify relative strengths and weaknesses without equating favourable perceptions with verified competence. The present analysis integrates questionnaire ratings and key informant accounts to examine these issues.

Research objective

Determine the level of nursing students' satisfaction with nursing programmes in the North-West Zone of Nigeria.

Research question

What is the level of nursing students' satisfaction with nursing programmes in the North-West Zone of Nigeria?

Research hypothesis

H_0: There is no significant difference between the mean composite score of stakeholders' perceptions of student satisfaction and the neutral midpoint of 30.

Student satisfaction and the learning environment

Student satisfaction is an important dimension of educational evaluation because it reflects students' experiences of curriculum delivery, teaching, clinical learning, assessment and institutional support. It provides information about how students perceive the educational environment and whether programme arrangements respond to their learning needs.

Akpor et al. (2023) provide relevant evidence through their investigation of clinical preceptorship in Ekiti State. Although the primary focus was on preceptorship, the study reported generally positive student perceptions of clinical learning while also identifying a strong preference for direct supervision. The findings suggest that positive perceptions of clinical education do not necessarily indicate that all aspects of clinical support are adequate.

Lawali et al. (2024) examined clinical coaching and academic stress among nursing students in Zamfara and Sokoto States. The study reported that academic stress was negatively associated with clinical performance and highlighted the need for supportive learning environments, academic guidance and clinical support. Although student satisfaction was not its principal outcome, the

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study provides relevant evidence that the conditions under which students learn may influence their educational experiences and performance.

These studies suggest that students' evaluation of nursing programmes is influenced by the quality of clinical supervision, learning support, workload and the availability of educational resources. They also indicate that student satisfaction should not be interpreted independently of the broader learning environment.

Curriculum relevance and institutional support

Educational quality reflects compliance with academic, professional, and regulatory standards, whereas relevance denotes alignment between graduate competencies and evolving healthcare needs. Competency-based education strengthens this alignment by requiring students to demonstrate integrated knowledge, skills, and professional attitudes. However, Murararaneza and Mtshali (2021) emphasized that competency-based curriculum reform succeeds only when curriculum design is matched by thorough institutional planning, educator preparation, and resource allocation.

Akinpelu et al. (2024) examined clinical students' perceptions of their educational environment in a Nigerian university using mixed methods. Such investigations provide a relevant basis for considering the conditions under which professional education is delivered. In nursing programmes, access to learning materials, clinical supervision, constructive feedback and academic advising should be considered together rather than as isolated indicators of quality.

Theoretical framework

The parent study adopted constructivist and social cognitive perspectives among its theoretical foundations. Constructivist learning emphasises active engagement, experience and social interaction in the development of knowledge (Vygotsky, 1978). In nursing education, supervised practice, feedback and reflection provide opportunities to integrate theoretical knowledge with clinical experience. Social Cognitive Theory emphasises the interaction of personal, behavioural and environmental factors, including observational learning and self-efficacy (Bandura, 1986). These perspectives help interpret the importance of mentorship, role modelling and supportive learning conditions. They are interpretive frameworks, not causal models tested by the present survey.

Research gap

A limitation of the available evidence is that the studies identified above focus mainly on clinical learning and support rather than comprehensive satisfaction with nursing programmes across multiple institutional settings. There is therefore a need for further investigation of student satisfaction as a distinct dimension of nursing education reform. The present study addresses this issue by examining students' perceptions of the educational experiences and institutional conditions associated with reform.

Methodology

Design, setting and participants

The parent investigation adopted a convergent mixed-methods design, combining a cross-sectional questionnaire survey with key informant interviews. Quantitative and qualitative findings were integrated during interpretation.

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The broader population framework covered nursing institutions across the seven states of the North-West Zone. However, the quantitative data collection was conducted in seven selected institutions located in Kaduna, Jigawa and Zamfara States. The distinction between the broader population framework and the institutions selected for data collection is important in defining the geographical scope of the study.

The quantitative component of the study used a sample size of 370 respondents, comprising 280 students and 90 non-student respondents. The 90 non-student respondents consisted of lecturers, clinical preceptors and administrators involved in nursing education and programme administration.

The analysed quantitative sample comprised 370 respondents. The original sample-size calculation is not documented sufficiently to reproduce the target of 370; the institutional allocations are presented below. The qualitative component comprised 12 purposively selected key informants.

A stratified sampling approach was employed for the quantitative component to ensure representation of the different categories of respondents. The quantitative sample was divided into student and non-student categories. The student sample consisted of 280 respondents, while the non-student sample consisted of 90 respondents.

Proportionate allocation was used to distribute the sample across the seven selected institutions according to their respective population sizes. Within the identified categories and institutional allocations, eligible participants were selected for participation in the study.

For the qualitative component, purposive sampling was used to select 12 key informants from relevant stakeholder groups. The selection was based on their roles, experience and knowledge of nursing education and reform implementation.

Instruments, validity and reliability

The Assessment of Nursing Education Reform Influence Questionnaire (ANERIQ) and a semi-structured Key Informant Interview Guide were used. The satisfaction domain comprised ten statements covering overall satisfaction, clinical learning, faculty support, curriculum relevance, resources, mentorship, feedback, flexibility, support services and examination preparation. Responses were scored from 1 (strongly disagree) to 5 (strongly agree), with 3 representing neutrality. Composite scores ranged from 10 to 50.

The research instruments were subjected to expert validation to establish face and content validity. The researcher's supervisors and two university experts reviewed the instruments to assess the clarity, relevance and appropriateness of the items in relation to the research objectives and the subject matter.

The instrument was pilot-tested among 37 participants comprising 30 students and 7 teachers at Kano State College of Nursing Sciences, Kano. The pilot study was conducted to assess the suitability, clarity and consistency of the questionnaire before its administration in the main study. The questionnaire was administered twice, with an interval of two weeks between the administrations. The responses obtained from the two administrations were analysed using Pearson's Product Moment Correlation Coefficient to determine the reliability of the instrument.

The available pilot-study output shows a Pearson test–retest correlation of $r = .324$ ($n = 37$, $p = .050$, as reported in the output). The mean scores were 33.0270 and 44.1622 at the first and second administrations, respectively. This weak correlation and difference in mean scores indicate limited temporal stability; adequate test–retest reliability was not established by this output.

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Data collection and analysis

Following administrative permission from the participating institutions, the researcher, assisted by six trained research assistants, collected data using the questionnaire and Key Informant Interview Guide.

The Assessment of Nursing Education Reform Influence Questionnaire was administered to the selected respondents in the participating institutions. Questionnaires were administered to students in groups, while lecturers, clinical preceptors and administrators completed the questionnaire individually.

Key Informant Interviews were conducted with 12 purposively selected stakeholders, including lecturers, clinical preceptors and administrators. The interviews explored participants' experiences, perceptions and observations concerning nursing education reform.

Detailed notes were taken during the interviews to document participants' responses. The information obtained was subsequently reviewed and organised for qualitative analysis. Confidentiality was maintained throughout the data-collection process.

Questionnaire data were coded and analysed using IBM SPSS Statistics. Means and standard deviations summarised item and composite scores. A two-sided one-sample t-test against the neutral midpoint of 30 was recalculated from the original composite mean, standard deviation and sample size, using $t = (M - 30)/(SD/\sqrt{n})$. The significance threshold was .05. The mean difference, 95% confidence interval and Cohen's d were calculated from the same summary statistics. The test assumes independent observations and an adequate sampling-distribution approximation; these assumptions could not be independently verified.

Thematic analysis was used to analyse the qualitative information obtained through the Key Informant Interviews. The interview notes were reviewed, coded and organised into categories to identify recurring ideas, patterns and themes relevant to the study objectives.

The emerging themes were examined in relation to the five domains of the study. The qualitative findings were subsequently compared with the quantitative results to identify areas of agreement, additional explanation and differences in participants' experiences and perceptions. The quantitative and qualitative findings were integrated during interpretation. The questionnaire results provided information on the distribution and pattern of respondents' perceptions, while the qualitative findings provided contextual explanations of the experiences and implementation challenges associated with nursing education reform.

Ethical considerations

Administrative permission was obtained from the participating institutions before data collection. Participants were informed about the purpose and procedures of the study, their right to decline participation or withdraw without penalty, and the measures adopted to protect their privacy. Written informed consent was obtained before participation.

Questionnaire and interview information was handled confidentially. Identifying details were excluded from the analysis and reporting, and study records were stored securely and used only for the stated research purposes.

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Results

Descriptive findings

Table 1. Student satisfaction indicators (N = 370)

S/N	Student satisfaction	Mean	SD
1	I am satisfied with the nursing programme overall.	3.29	1.05
2	I am satisfied with clinical learning experiences.	3.34	1.01
3	Faculty support meets my academic needs.	3.27	1.06
4	The curriculum reflects current nursing practice.	3.28	1.01
5	Necessary learning resources are available.	3.09	1.13
6	I have access to quality mentorship.	3.15	1.00
7	Feedback is timely and constructive.	3.33	0.88
8	The programme is flexible (e.g., online options).	3.16	1.00
9	Support services (e.g., counselling and advising) are accessible.	3.31	1.02
10	I feel well-prepared for the professional examination.	3.22	1.02

Satisfaction with clinical learning experiences recorded the highest mean score (M = 3.34, SD = 1.01), followed by timely and constructive feedback (M = 3.33, SD = 0.88) and accessibility of support services, including counselling and academic advising (M = 3.31, SD = 1.02). These findings suggest that clinical learning opportunities, constructive feedback and institutional support constitute important components of students' educational experiences.

Despite these favourable findings, the availability of necessary learning resources recorded the lowest mean score (M = 3.09, SD = 1.13), followed by access to quality mentorship (M = 3.15, SD = 1.00) and programme flexibility (M = 3.16, SD = 1.00). These findings suggest that the implementation of nursing education reform has not been accompanied by uniformly favourable experiences regarding educational resources, mentorship and flexible learning opportunities.

All ten-item means exceeded the neutral response point, but the differences were modest. The composite mean of 32.4324 (SD = 5.02374) corresponds to an average item mean of 3.24. The item ratings identify relative priorities rather than statistically tested differences between individual indicators.

Hypothesis testing

Table 2. One-sample t-test against the neutral composite midpoint

Statistic	Value
N	370
Composite mean	32.4324
SD	5.02374
Reference value	30
Mean difference	2.43243
Df	369

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t	9.314
p (two-sided)	< .001
95% CI for mean difference	1.9189–2.9460
Cohen's d	0.484
Decision	Reject H_0

The composite mean was significantly above neutrality, with a standardised difference approaching a medium magnitude. The null hypothesis was rejected. This comparison establishes a departure from the theoretical midpoint under the stated assumptions, not a causal effect of reform.

Qualitative findings and integration

The interviews indicated that students appreciated some curriculum changes, particularly the inclusion of content relating to community health, ethics and leadership. However, concerns about clinical workload and stress remained evident.

Participants described students' appreciation of curriculum content perceived to be relevant to contemporary nursing practice. One participant stated:

"Students appreciate the community health modules and the inclusion of ethics and leadership."

Participants also described concerns about demanding clinical schedules and inadequate rest periods. One participant explained:

"Some students report burnout during long clinical shifts without enough rest."

These accounts indicate that satisfaction with curriculum changes may coexist with concerns about workload, student welfare and the organisation of clinical learning.

Table 3. Integration of quantitative and qualitative findings

Quantitative evidence	Interview evidence	Interpretation
Clinical learning: 3.34	Demanding clinical schedules	Clinical learning is valued; workload requires attention.
Curriculum relevance: 3.28	Appreciation of community health, ethics and leadership	Curriculum content is perceived as relevant.
Support services: 3.31	Reports of burnout and inadequate rest	Support should address welfare needs.
Learning resources: 3.09	Resource constraints in broader interviews	Resources are a relative improvement priority.

The interview accounts complement the survey findings by showing how appreciation of curricular and clinical experiences can coexist with concerns about the conditions of learning.

Discussion

The findings of the present study revealed that stakeholders generally expressed moderately favourable perceptions of student satisfaction with nursing education programmes in the North-West Zone of Nigeria. The composite mean score of 32.4324 (SD = 5.02374), equivalent to an average item mean of 3.24 on a five-point Likert scale, indicates that perceptions of student satisfaction were above the neutral midpoint but did not reflect a particularly high level of satisfaction.

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Student satisfaction constitutes an important indicator of educational quality because it reflects learners' experiences of curriculum delivery, academic support, clinical training, institutional resources, assessment practices and the overall learning environment. Although satisfaction does not independently establish academic achievement or clinical competence, it provides valuable information regarding the responsiveness of educational institutions to learners' academic and professional development needs.

The findings are consistent with Lawali et al. (2024), whose investigation of clinical coaching among nursing students in North-West Nigeria demonstrated the importance of structured clinical guidance in supporting students' clinical performance. Similarly, Akpor et al. (2023) highlighted the relevance of clinical preceptorship to nursing students' learning experiences. These studies reinforce the importance of supportive clinical learning environments in promoting professional development and positive educational experiences.

The favourable rating for timely and constructive feedback is also significant because feedback enables students to assess their academic and clinical progress, identify weaknesses and develop appropriate strategies for improvement. Nursing students require regular feedback from both classroom educators and clinical preceptors to facilitate the integration of theoretical knowledge with practical competencies. Effective feedback may therefore contribute to students' confidence, motivation and engagement with their educational programmes.

The relatively low rating for learning resources is particularly important because nursing education requires adequate classrooms, libraries, clinical skills laboratories, simulation equipment, internet connectivity and access to contemporary learning materials. Inadequate educational resources may constrain students' opportunities for independent learning, practical skills development and preparation for professional examinations.

The comparatively low rating for access to quality mentorship also deserves attention. Although stakeholders perceived mentorship programmes favourably under the second objective, respondents were less favourable regarding actual access to quality mentorship under the student satisfaction domain. This difference suggests that the existence or perceived strengthening of mentorship programmes may not necessarily translate into adequate access for every learner. Nursing education institutions must therefore ensure that mentorship arrangements are not merely established but are accessible, structured and responsive to students' individual learning needs.

The qualitative findings further explained the quantitative results. Participants indicated that students appreciated curriculum updates, particularly the inclusion of contemporary areas such as community health, professional ethics and leadership. These findings suggest that students recognise the relevance of educational reforms to their future professional responsibilities and changing healthcare needs.

However, participants also expressed concerns about prolonged clinical schedules, inadequate rest periods and workload-related stress. These findings indicate that student satisfaction is influenced not only by curriculum relevance and academic quality but also by the organisation of educational activities and the extent to which institutions address students' physical, emotional and psychological well-being.

The demanding nature of nursing education requires students to balance classroom instruction, practical demonstrations, clinical postings, examinations and other professional responsibilities. Excessive academic and clinical workloads, particularly when accompanied by inadequate support, may contribute to fatigue, reduced motivation and difficulties in maintaining

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effective learning engagement. Consequently, nursing education reforms should incorporate appropriate student welfare measures, counselling services and balanced academic and clinical schedules.

The convergence of the quantitative and qualitative findings demonstrates that favourable perceptions of clinical learning and curriculum relevance coexist with concerns about learning resources, mentorship, programme flexibility and student welfare. This indicates that improvements in curriculum content alone may not be sufficient to achieve high levels of student satisfaction.

The findings can be interpreted through constructivist and social cognitive perspectives, which emphasise supportive learning environments, interaction and feedback (Vygotsky, 1978; Bandura, 1986).

The resource rating is consistent with the emphasis on educational environments in Akinpelu et al. (2024). The relatively low mentorship rating also indicates that the perceived existence of mentorship programmes should not be equated with universal access to effective guidance. The differences between item means are descriptive and cannot establish which factors predict satisfaction. The pooled responses also do not establish whether students and staff evaluated the programmes similarly.

Taken together, the findings indicate that educational improvement should address the conditions of curriculum implementation as well as curriculum content. The corrected hypothesis test supports a favourable average rating relative to neutrality, but the modest magnitude and limited temporal stability of the instrument warrant caution. The results are best used to guide institutional review and further investigation rather than to certify the effectiveness of reform.

Implications and recommendations

Improving student satisfaction and welfare: Institutions should establish effective mechanisms for obtaining and responding to student feedback. Academic advising, timely assessment feedback, counselling and appropriate welfare support should be strengthened. Clinical and academic workloads should also be reviewed to minimise avoidable stress and burnout while maintaining the required learning outcomes.

Institutions should prioritise functional libraries, skills laboratories, simulation equipment and digital learning resources, guided by needs assessments. Educators and clinical preceptors should provide structured mentorship and timely formative feedback. Clinical coordinators should review workload and rest arrangements without compromising prescribed competencies. Regulatory authorities should incorporate student experience indicators into quality assurance alongside objective measures of staffing, infrastructure and educational outcomes. Future investigations should use validated instruments, student-specific analyses and longitudinal or comparative designs.

Limitations

The cross-sectional design does not establish causal reform effects. The pooled stakeholder sample limits student-exclusive interpretation, and the seven selected institutions in three states do not represent every institution in the zone. The available pilot output (r = .324) indicates limited temporal stability; domain-specific reliability was unavailable. The original sample-size calculation and respondent-category distribution could not be independently verified. The

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corrected test relies on aggregate statistics, so respondent-level assumptions, institutional clustering and missing-data patterns could not be checked. Interview quotations were drawn from the thesis rather than independently verified transcripts. Satisfaction was not a measure of actual clinical competence or examination performance.

Conclusion

Stakeholders expressed moderately favourable perceptions of student satisfaction with nursing programmes in North-West Nigeria. Clinical learning and constructive feedback were relatively favourably rated, whereas resources, mentorship and programme flexibility were lower-rated indicators. Qualitative accounts identified appreciation of curriculum updates alongside concerns about clinical workload and inadequate rest. Strengthening educational resources, clinical supervision, mentorship and student welfare should therefore accompany curriculum implementation. The findings provide a basis for quality improvement but should be interpreted in light of the measurement and design limitations.

Declaration

Administrative permission was obtained from participating institutions. Written informed consent and confidentiality procedures were reported in the parent thesis. This manuscript is derived from Objective Four of the parent doctoral investigation.

References

Akinpelu, A. O., Oyewole, O. O., Odunaiya, N., Odole, A. C., & Olley, J. P. (2024). Clinical students' perception of educational environment in a Nigerian university: A mixed method study. BMC Medical Education, 24, Article 725. https://doi.org/10.1186/s12909-024-05734-2

Akpor, O. A., Tope-Ajayi, T. O., Muhammad, F. A., Dada, M. G., Aremu, K. D., Aina, O., Olukolade, F. T., Olorunfemi, O., & Bamigboye, T. O. (2023). Nursing preceptorship in Ekiti State, Southwest Nigeria: Perceptions of nursing students and clinical preceptors. African Journal of Reproductive Health, 27(6s), 51–59. https://doi.org/10.29063/ajrh2023/v27i6s.7

Bandura, A. (1986). Social foundations of thought and action: A social cognitive theory. Prentice-Hall.

Lawali, Y., Muhammad, A., Gomma, H. M., Nurudden, A. S., Sani, D. K., & Kombo, A. S. (2024). Effects of clinical coaching on clinical performances of nursing students at nursing schools in North-West Nigeria. International Journal of Evidence Based Coaching and Mentoring, 22(1), 164–176. https://doi.org/10.24384/bx88-fg06

Murararaneza, C., & Mtshali, G. N. (2021). Planning reform to competency based curricula in undergraduate nursing and midwifery education: A qualitative study. Nurse Education Today, 106, Article 105066. https://doi.org/10.1016/j.nedt.2021.105066

Nursing and Midwifery Council of Nigeria. (2019, February 15). Compliance with nursing education reforms deadline [Circular No. N&MCN/EDU/CIR/44/VOL.1/62].

Vygotsky, L. S. (1978). Mind in society: The development of higher psychological processes. Harvard University Press.

World Health Organization. (2021). Global strategic directions for nursing and midwifery 2021–2025. https://www.who.int/publications/i/item/9789240033863