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Modified Lecture Versus Self-Instructional Module on Academic Performance and Satisfaction Among Year Two Students at Colleges of Nursing Science, Abuja

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Abstract:

- ***Background:***

Modified lecture and self-instructional module have the potential to equip students with the necessary skills to succeed in a fast-paced world especially in academic performance and satisfaction. The absence of definitive evidence regarding which method more effectively enhances nursing students' academic performance and satisfaction poses a challenge in nursing education. This study, therefore, seeks to address the gap by comparing modified lecture versus the self-instructional module on nursing students' academic performance and satisfaction at Colleges of Nursing Science, Abuja.

- ***Research Method:***

The research paradigm chosen for this study was positivism which emphasized the use of empirical data, measurement and statistical analysis to establish comparison between independent and dependent variables. The study employed a non-equivalent quasi-experimental design using purposive sampling technique and 210 respondents were selected within the settings of the study encompassing all second-year basic nursing students. The data were presented in tables and analyzed using frequency, percentages, mean scores and independent sample t test, tested at 0.05 alpha level of significance.

- ***Results:***

The findings of this study revealed that both modified lecture (ML=24.99/31±3.89 and self-instructional module (SIM=24.81/31±3.81) groups had a positive effect on students' academic performance. Also, the findings revealed that the respondents were more satisfied with modified lecture (ML=3.39/4± 0.58) as a teaching method compared to self-instructional module group (SIM=2.96/4± 0.71). Statistically, the finding revealed that there was no significant effect (p =0.758) of modified lecture and self-instructional module on students' academic performance. Statistically, there was a strong and significant (p <0.001) difference in students' satisfaction between those taught using modified lecture and self-instructional module

- ***Conclusion:***

The study concluded that modified lecture and self-instructional module methods are comparable in academic performance. However, modified lecture influences students' satisfaction better than self-instructional module. It is recommended that educational regulatory bodies should develop policies to promote innovative and evidence-based teaching methods like modified lecture and self-instructional module to enhance learning outcomes, as both methods yielded comparable academic results. Educators should continue using modified lecture in colleges of nursing and

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incorporate innovative teaching strategies, as students reported higher satisfaction with this method based on the finding in this study.

Keywords: *Modified Lecture, Self-instructional Module, Academic Performance, Satisfaction, Nursing Students.*

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I. INTRODUCTION

In a global context, modified lecture has attracted considerable interest as an effective educational strategy to improve student learning outcomes at the tertiary level. This method, which engages students actively in the learning experience, has been extensively researched and applied across various higher education institutions in Europe, America, and beyond.[1]

Studies in Asia, Europe and North America have shown that modified lecture can support active and interactive learning, provided there is adequate faculty support and a conducive infrastructure.[2] Several studies have shown positive effects of modified lecture on academic performance, student satisfaction, and overall learning experience.[1] Study in Indonesia found that active learning approaches, including modified lecture, resulted in higher examination scores and lower failure rates compared to traditional lecture-based approaches.[1] In Tanzania, there was more than fifty percent increase in students' performance after the implementation of modified lecture.[3] In Jordan, 80% of the students were satisfied with the modified lecture as they considered the teaching method to be organized.[4] As class sizes grow in sub-Saharan Africa, students encounter the challenge of getting individualized attention from educators, which limits the capacity to facilitate in-depth discussions or interactive learning with students.[5]

In Nigeria, the rise of technology and evolving teaching methods have led to increased interest in modified lecture for their potential to boost student engagement and enhance learning outcomes. [6] In a study conducted in Southeast, it showed that there was a 10.26 percent increase in students' academic performance after the implementation of modified lecture approach[7] which is lower than the study cited in Tanzania.

Overcrowded classrooms in Nigeria especially in nursing colleges with students-to-teacher ratios sometimes exceeding 100 to 1 render providing individualized attention and effective classroom management nearly unattainable.[8] In these colleges, educators find it challenging to meet the diverse needs of their students, resulting in a generalized teaching approach (traditional teaching methods) that does not accommodate individual learning styles and paces.[8]

With the growing trend of continuous and rapid changes in nursing education to improve learning approaches, for learning to be student-centered, and also the need to prepare nursing students for lifelong learning, self-instructional module has been increasingly viewed as a necessity in the context of nursing education.[9, 10, 11] The implementation of a self-instructional module could improve cognitive and affective learning outcomes, as well as concept mastery.[12]

Research attempted to establish which teaching method may be more effective in meeting instructional goals.[13] Therefore, this study was carried out to compare modified lecture versus self-instructional module on academic performance and satisfaction among year two nursing students at Colleges of Nursing Science, Abuja. The objectives of the study were to assess the effect of modified lecture and self-instructional module on nursing students' academic performance among year two at Colleges of Nursing Science, Abuja, and to find out nursing students' satisfaction with modified lecture and self-instructional module among year two at Colleges of Nursing Science, Abuja. The hypotheses of the study were there is no significant effect of modified lecture and self-instructional on nursing students' academic performance among year two at Colleges of Nursing Science, Abuja. And there is no significant difference between modified lecture and self and-instructional module on nursing students' satisfaction among year at Colleges of Nursing Science, Abuja.

- *Research Design*

The research utilized a non-equivalent quasi-experimental design (post-test only). The area of the study was colleges of nursing science, Abuja and the settings of the study were Federal Capital Territory Abuja- College of Nursing Science Gwagwalada and Yagongwo College of Nursing Science, Kuje in Federal Capital Territory Abuja.

- *Target Population*

The target population for this study was 446 which were year-two basic nursing students at Colleges of Nursing Science, Abuja. The figures were gotten from the administration records from Colleges of Nursing Science, Abuja as at April, 2025.

- *Sample Size Determination and Sampling Technique*

Sample size was determined according to Slovin's formula. The formula is used to calculate sample size when it is not possible to study an entire known population, a small sample is taken. According to Slovin's formula, the sample size calculated for this study was 210.

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- *Inclusion Criteria:*

The nursing students whose programme of study is Basic Nursing.

- *Exclusion Criteria:*

The nursing students who were not present and those students that were acutely ill during the distribution of the research instrument.

Purposive sampling technique was used to select two colleges (one Government owned and one private owned) from the five colleges of nursing in Federal Capital Territory- Abuja. Purposive sampling technique is a non-probability sampling that encompasses no randomization which justified its utilization in a quasi-experimental design because this design has no randomization.[14] The total number of the students in each of the two selected colleges of nursing science were 110 students of year two basic nursing from FCT College of Nursing Science, Gwagwalada and 100 students of year two basic nursing students from Yagongwo College of Nursing Science, Kuje. Therefore, the entire students were recruited in this study as the respondents. In a study [15] the entire class (137 students) were purposively selected to participate in the study which was line with this study choice of respondents.

Thus, the eligible population (210) served as the sample size.

➢ *Tools and Instruments*

Three main tools were used for data collection in this study. These include:

- Self-Structured Questionnaire
- Student's Performance Tool
- Self-Instructional Module

- *Self- Structured Questionnaire*

✓ Socio-demographic characteristics of students. This tool was designed by the researcher.
✓ Student Satisfaction and Self Confidence in Learning Scale (SSCL) tool. The tool was designed/developed by Jeffries and Rizzolo in 2006 to assess students' satisfaction and self-confidence in the learning process for medical students, including nursing, and graduate nurses.[16] The tool was adapted by the researcher to determine students' satisfaction with modified lecture/self-instructional module.

- *Student's Performance Tool:*

The researcher developed standardized tests based on the Community Health Nursing 1 course curriculum to assess the students' academic performance on the course contents.

- *Self-Instructional Module:*

This module contained Community Health Nursing 1 course contents of year two basic nursing programme. The course curriculum is same across the colleges for the study.

Instruments for data collection was a self-administered questionnaire and a standardized test.

- *Questionnaire Comprised of Two Sections Which are as Follows:*

✓ Section A focused on socio-demographic characteristics pseudonyms, gender, age, and year of entry (basic nursing).
✓ Section B focused on student satisfaction and self-confidence in learning. It consists of 13 items. Each of them scored 1-4 and measured on a 4-point Likert scale (4 = strongly agree, 3 = agree, 2 = disagree and 1 = strongly disagree).

The questionnaire provided a clear direction instructing respondents to check options which signify either strongly agree, agree, disagree or strongly disagree response depending on the assigned weight on section B.

- *Standardized Test*

This focused on student academic performance on Community Health Nursing 1. It consists of part I and part II. Part I consist of 13 items, each item/question has options A-D (correct answer = 2 marks while incorrect answer = 0 mark). Part II consist of 5 items, each item/question was to be answered true or false (True= 1 mark while False= 0 mark). The standardized test provided a clear direction instructing the respondents to read carefully and choose the correct answers from the options provided for part I and also to read carefully and indicate if the statement was true or false for part II.

- *Self-Instructional Module:*

This is a community health nursing 1course content that consist of three units, these are: concepts of community, school health programme and occupational health.

➢ *Validity of Instrument*

The questionnaire and standardized test with research objectives and hypotheses were given to five jurors who are expert in research to vet the research instrument. Face and content validity were assessed for clarity, simplicity of language, appropriateness, relevancy, completeness/comprehensiveness of the research instrument. Their observations, corrections and suggestions were implemented. The content validity of the items was computed for scale level content validity indices: the overall item for perception scale was 0.80, emotional intelligence was 0.83, satisfaction scale was 0.83 and standardized test was 0.96. All items demonstrated acceptable (> 0.79) content validity index, indicating that the instrument has a good content validity and can be used in this research. This was in line with Vakili and Jahangiri who stated that acceptable items (scores >0.79), items requiring modification (scores 0.70-0.79), and unacceptable items (scores < 0.70) are removed.[17] The corrected copy of the research instrument was printed out for pilot testing. Construct validity of the items was assessed using item-total correlation. The overall item for perception scale was 0.55, emotional intelligence was 0.51 and the satisfaction scale

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was 0.46. All items demonstrated acceptable (r> 0.30) correlations, indicating that the instrument has a good construct validity and can be used in this research. This was in line with Said who stated that an inter-item correlation is acceptable if the value should be > 0.30 while an item-total correlation is acceptable if the value should be > 0.50.[18]

➢ *Reliability of Instrument*

A pilot testing was conducted on 10% (21 students of basic nursing) of this study sample size in College of Nursing Science, Lafia. This was aimed at ensuring that the research instrument produces consistent and stable results, feasibility and applicability of the tools/instrument in the research setting and the estimated time needed to fill in the instrument. The research instrument consists of 13 items and all were tested. Cronbach's Alpha was computed and a value of 0.712 was obtained. This level of reliability indicated that the scale is dependable and would likely yield consistent results across different settings/administrations. The reliability of this pilot test was line with Katarzyna *et al.* whose reliability of Student Satisfaction and Self-Confidence in Learning scale was 0.90.[16] The standardized test consists of 18 items and were tested for Cronbach's Alpha reliability. The value obtained was 0.825 out of 1 which were considered acceptable and suitable for use in this research study.

II. METHODS OF DATA COLLECTION

Data collection was through a self-administered questionnaire and a standardized test.

The methods of data collection were in three phases:

➢ *Phase I: Activities Before Implementation.*

Ethical approval letter from the research setting for this study was obtained from the Federal Capital Territory, Health Research Ethics Committee. Permission was also obtained from colleges of nursing management. Informed consent was obtained from eligible respondents via participant information sheet before the administration of the instrument and implementation phase. In each of the groups (modified lecture and self-instructional groups), the researcher created good rapport with the respondents for familiarization, brief explanations regarding the study were given to them and confidentially (the information provided was used only for this study, names were not required on the consent forms but only initials and signature which indicated acceptance and voluntary participation) was assured. The researcher appreciated the students for their participation and encouraged them to participate fully in the implementation activities.

➢ *Phase II: Implementation Activities.*

Control group: Soft copy of the course material on community health nursing 1, was shared with students via their class WhatsApp platform. They were taught by the researcher using modified lecture in the classroom based on the same course contents. The teaching lasted for six (6) weeks, each week; the teacher spends 2 hours in the classroom teaching the students.

Study group: The students were given a soft copy of self- instructional module on Community Health Nursing 1 compiled by the researcher and reviewed by the major supervisor based on college course curriculum which is same with the course curriculum from the Nursing and Midwifery Council of Nigeria. Students studied the module within six (6) weeks and attempted the questions sections in all the units. At the end of the sixth week, the facilitator met once with the students in their classroom to address any challenge faced by the students while using the self-instructional module. Students responded that they had completed the module, however, most of them complained that the self-instructional module was bulky.

➢ *Phase III: Activities After Implementation.*

The following week after the completion of the implementation phase, the researcher conducted post implementation activities for both groups. Class seating arrangement was used for orderliness of distribution. Questionnaire were administered by the researcher to determine students' satisfaction with modified lecture or self-instructional module. The questionnaire was retrieved by the researcher upon respondents' completion. Immediately after the collection of the completed questionnaire, the standardized test on the community health nursing 1 course (taught/studied during the period of the implementation phase) were administered to the students by the researcher and assisted by research assistants. The time allocated for the standardized test was 25 minutes and the students were asked to stop at the elapse of 25 minutes. The standardized test question papers were retrieved.

Data quality assurance, editing and coding was carried out. Data editing/scrutiny was carried out during the early stage of collection of the questionnaire which helped to detect errors, omissions or incompleteness in responding to some items. The questionnaire with default was given back to the respondents, pointing out the gap. However, respondents were not under any compulsion to respond to all the items on the questionnaire. Then, the questionnaire was retrieved by the researcher upon completeness.

After implementation phase activities were completed, the researcher appreciated the respondents for their voluntarily participation and responses and also wished them the best in their studies.

The data were collected in twelve (12) weeks.

III. METHODS OF DATA ANALYSIS

Data obtained through the questionnaire was appropriately cleaned and edited to ensure completeness and consistency, and then the data was entered into excel sheet, coded/ converted to numeric values based on points allocated for each tool. The data were entered into Microsoft Excel version 2024 then transfer into SPSS version 27 from where it was analyzed.

The respondents' socio-demographic characteristics data were presented in a tabular form using frequency and

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percent. The variables were also presented in tabular forms. Objective on to assess the effect of modified lecture and self-instructional module on students' academic performance at Colleges of Nursing Science, Abuja, the descriptive statistics computed were frequencies, percentages, mean, standard deviation, median and variance. Objective on to find out students' satisfaction with modified lecture and self-instructional module at Colleges of Nursing Science, Abuja, the descriptive statistics computed were frequencies, percentages, mean, standard deviation, aggregate mean scores and aggregate mean percentages. The decision rules were: academic performance was based on grades; those who scored between 80% – 100% belonged to the category of distinction, 70%–79% belonged to the category of credit, 50% -69% belonged to the category of pass and scores between 49% and below was categorized fail while mean equal to or greater than (>) 2.5 and less than (<) 2.5 were calculated to be satisfied and not satisfied respectively.

For hypotheses, the inferential statistics computed for each of the stated hypotheses was independent samples test.

➢ *Ethical Considerations*

Ethical approval for this study was obtained from Federal Capital Territory, Health Research Ethics Committee with approval number: FHREC/Res. Ex/2025/02/01/16-09-51. Administrative permit was also obtained from the colleges' authorities (Federal Capital Territory College of Nursing Science, Gwagwalada and Yagongwo College of Nursing Science, Kuje) to conduct the study and to collect data from the students.

The purpose of the study was explained to the students by the researcher. Participant's Information sheet was given to each of the students who read and asked questions for clarification. Students who wanted to participant in the study signed the consent (written) form before implementation phase of the modified lecture/self-instructional module. Participation in this study was voluntary. However, participants were free to withdraw from the study at any point in time with no penalties even after signing the consent form or in any of the phases of the study.

The anonymity of the participants was maintained throughout the study. The participants were protected from bodily harm and undue exploitation throughout the study. Confidentially was assured that is, all information provided by the respondents were treated as confidential and used only for research purpose. Data generated in this study were protected and accessible only to the researcher, statistician, supervisory team, examiners or any authorized personnel and they were used only for approved academic purposes. At the completion of the academic programme, the hard copies of the instrument of data collection were destroyed by burning.

IV. RESULTS

175 students consented and participated in the study out of 210 students. 77 students were assessed in the modified lecture group while 98 students were assessed in the self-instructional module group indicating some attrition across the study groups. Thirty-five (35) of the students did not participate in the study. Therefore, the study response rate was 83.3% and resultant 16.7% attrition (fall out) rate.

The results were presented in tubular forms in two sections: descriptive and inferential statistics (0.05 alpha level of significance).

Table 1 Socio-Demographic Characteristics of Respondents

Variables	Modified Lecture (Control) (n=86)		Self-instructional Module (Study) (n=106)	
	Frequency	Percent	Frequency	Percent
Age (Years)				
17-21	27	31.4	46	43.4
22-26	23	26.7	40	37.7
27-31	17	19.8	16	15.1
32 and above	17	19.8	02	1.9
No response	02	2.3	02	1.9
Gender				
Male	11	12.8	18	17.0
Female	75	87.2	88	83.0
Year of Entry				
2024	86	100.0	106	100.0

Table 1 showed the distributions of socio-demographic characteristics of respondents across modified lecture and self-instructional module. The distribution according to age (years) revealed that the age range of 17-21 had the highest number of respondents; modified lecture recorded 31.4% while self-instructional module recorded 43.4% of respondents. This may be because the age range constitutes tertiary students/active population of the study area. As it is expected that students should be in higher institutions after the attainment of adulthood (18 years and above).

The distribution according to gender indicated that female students constituted the majority of participants; modified lecture group indicated that 75(87.2%) were females while self-instructional module group indicated that

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88(83.0%) were females. This is because nursing is a feminine profession from the inception of the profession.

All the respondents entered the basic nursing programme in 2024, representing 86(100.0%) and 106(100.0%) respectively for modified lecture and self-instructional module, indicating a largely homogeneous cohort in terms of year of entry for the two groups.

Table 2 Effect of Modified Lecture and Self-Instructional Module on Students' Academic Performance

Variables		Modified Lecture (n=77)			Self-Instructional Module (n=98)	
	Statistical Value	F	%	Statistical Value	F	%
< 49 (Poor)		01	1.3		02	2.0
50-69 (Fair)		13	16.8		18	18.4
70-79 (Credit)		21	27.3		13	13.3
80-100 (Distinction)		42	54.5		65	66.3
Mean	24.99			24.81		
95% Confidence Interval for Mean Lower Bound Upper Bound	 24.10 25.87			 24.04 25.57		
5% Trimmed Mean	25.13			24.93		
Median	25.00			25.00		
Variance	15.15			14.53		
Std. Deviation	3.89			3.81		
Minimum	15.00			15.00		
Maximum	31.00			31.00		
Range	16.00			16.00		
Interquartile Range	5.00			4.25		

F=Frequency, %= Percentage

Table 2 showed the effect of modified lecture and self-instructional module on students' academic performance at Colleges of Nursing Science, Abuja. From the distributions, it showed that more than half of the respondents (54.5%) scored 80-100% in the standardized test after implementation of modified lecture, followed by 27.3%, 16.9% and 1.3% scored 70-79%, 50-69% and <49% respectively while it showed that a little less than two-third of the respondents (66.3%) scored 80-100% in the standardized test after implementation of self-instructional module, followed by 18.4%, 13.3% and 2.0% scored 50-69%, 70-79% and <49% respectively. This indicated that modified lecture and self-instructional module had a positive effect on students' academic performance as 81.8% and 79.6% of the respondents respectively scored more than 70%.

Also, the findings showed that mean performance score of the students taught using modified lecture was 24.99±3.89 (SD) while students that were instructed with self-instructional module had a mean performance score of 24.81± 3.81 (SD). Both groups had a median score of 25.0 each and 5% trimmed mean of 25.13 and 24.93 for modified lecture and self-instructional module respectively. Both statistical values were almost identical and very close to their mean (24.99) indicating minimal influence of outliers and confirming the stability and reliability of the scores. The minimum and maximum scores obtained by the respondents (in both groups) were 15 and 31 respectively giving a range of 16.0 which suggests a moderate spread in the test performance among the students.

The variance of 15.15 and 14.53 for modified lecture and self-instructional module groups respectively indicated a moderate level of dispersion around the mean. Furthermore, the interquartile range of 5.0and 4.25 for modified lecture and self-instructional module respectively indicated that the middle 50% of the scores were clustered, reflecting relatively consistent performance for most students.

Hence, students in both groups are comparable in terms of their academic performance.

Table 3 Students' Satisfaction with Modified Lecture and Self-instructional Module

Variables	Modified Lecture (n=77)						Self-Instructional Module (n=98)					
	Satisfy		Not Satisfy		Mean ($\bar{X}$)	± SD	Satisfy		Not Satisfy		Mean ($\bar{X}$)	± SD
	F	%	F	%			F	%	F	%		
This method supports my learning well.	77	100.0	00	.0	3.49	.50	84	85.7	14	14.3	2.98	.63
It provides varied materials and activities that help me learn.	75	97.4	02	2.6	3.32	.52	77	78.6	21	21.4	2.91	.68

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I like the way my instructor teaches with this method.	77	100.0	00	.0	3.65	.48	69	70.4	29	29.6	2.77	.77
The materials used motivate me and improve my learning.	70	90.9	07	9.1	3.38	.63	74	75.5	23	24.5	2.88	.72
The method suits my learning style.	74	96.1	03	3.9	3.51	.60	67	68.4	31	31.6	2.78	.83
I am confident that I understand the content taught.	75	97.4	02	2.6	3.46	.53	76	77.6	22	22.4	2.95	.66
I am confident the teaching covered key curriculum content.	75	97.4	02	2.6	3.42	.59	78	79.6	20	20.4	2.93	.74
I am confident I am gaining the skills and knowledge I need.	74	96.1	03	3.9	3.43	.57	77	78.6	21	21.4	2.89	.72
My instructors use helpful resources to support my learning.	71	92.2	06	7.8	3.32	.64	80	81.6	18	18.6	3.01	.74
I take responsibility for my learning in class or out of class.	71	92.2	06	7.8	3.41	.66	85	86.7	13	13.6	3.09	.73
I know where and how to get help when I do not understand a topic.	70	90.9	07	9.1	3.22	.68	89	90.8	09	9.2	3.16	.57
I know how to use simulation exercises to learn important skills.	70	90.9	07	9.1	3.21	.59	72	73.5	26	26.5	2.96	.81
The instructor is responsible for my learning needs	70	90.9	07	9.1	3.25	.61	80	81.6	18	18.4	3.14	.69
Aggregate Mean		94.8		5.2	3.39	.58		79.1		20.9	2.96	.71

Table 3 showed the distribution of respondents' satisfaction with modified lecture and self-instructional module after implementation at Colleges of Nursing, Abuja. The mean scores equal to or greater than (>) 2.5 out of 4 and less than (<) 2.5 out of 4 were calculated to be decisive mean score for satisfy and not satisfy respectively. The individual items indicated a mean satisfaction score within a range of 3.21± 0.59 (SD) to 3.65± 0.48 (SD) and the overall/aggregate mean satisfaction score was 3.39± 0.58 (SD) for students that were taught using modified lecture The individual items indicated a mean satisfaction score within a range of 2.77± 0.77 (SD) to 3.16± 0.57 (SD) and the overall/aggregate mean satisfaction score was 2.96± 0.71 (SD) for students that were instructed using self-instructional module. This showed that respondents in both groups were satisfied with the instructional methods (modified lecture/self-instructional module).

Also, when strongly agree and agree were merged as satisfy while disagree and strongly disagree were merged as not satisfy, the findings indicated that most (94.8%) of the respondents and a little more than three-quatre (79.1%) of the respondents were satisfied with modified lecture and self-instructional module respectively as a teaching method while only 5.2% and 20.9% of them were not satisfied with modified lecture and self-instructional module respectively as a teaching method.

However, students that were taught using modified lecture were more satisfied compared to those students instructed using self-instructional module.

Table 4 Ho3: There is No Significant Effect Between Modified Lecture and Self-Instructional Module on Students' Academic Performance.

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	Df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Performance	Equal variances assumed	.589	.444	.309	173	.758	.181	.586	.975	1.33722
	Equal variances not assumed			.308	161.750	.758	.181	.587	.979	1.34068

An independent t test was computed.

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Table 4 presented the results of a between -subjects analysis and it showed that there was no significant effect of modified lecture and self-instructional module on students' academic performance after implementation (t = 0.309, df = 173, p = 0.758). The small mean difference (0.18) and wide confidence interval suggested that modified lecture and self-instructional module produced similar academic performances among the students. Thus, the null hypothesis which stated that there is no significant effect of modified lecture and self-instructional module after implementations on academic performance was retained.

Table 5 Ho4: There is No Significant Difference Between Modified Lecture and Self-Instructional Module on Students' Satisfaction

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	T	Df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Satisfaction	Equal variances assumed	.188	.665	7.525	173	.001	.434	.058	.320	.548
	Equal variances not assumed			7.582	167.523	.001	.434	.057	.321	.547

An independent t test was computed.

Results in table 4.5 statistically showed a significant difference in students' satisfaction between modified lecture and self-instructional module (t = 7.525, df = 173, p < 0.001). Students taught using modified lecture reported significantly higher satisfaction levels than those taught using self-instructional module, with a mean difference of 0.43. This finding indicates that modified lecture group was more satisfied with their teaching method compared to the self-instructional module group. Therefore, hypothesis 4 which stated that there is no significant difference between modified lecture and self-instructional module after implementations on students' satisfaction was rejected.

- *Effect of Modified Lecture and Self-Instructional Module on Students' Academic Performance*

Findings on the effect of modified lecture and self-instructional module on students' academic performance at Colleges of Nursing Science, Abuja revealed that mean performance score of students taught using modified lecture was 24.99/31±3.89 (SD) while students that were instructed with self-instructional module had a mean performance score of 24.81/31± 3.81 (SD). The mean difference between both groups was 0.18, this slight difference indicated that students in both groups were comparable in terms of their academic performance irrespective of the instructional method used. However, this study finding revealed that modified lecture group had a slightly higher mean performance score compared to self-instructional module which made it a more suitable teaching method compared to self-instructional module.

This study finding was similar to a quasi-experimental study comparing flipped classrooms to traditional lectures among second-year dental students at Mohammed VI University, Morocco. The results revealed a mean performance score of 12.83 out of 20, with a standard deviation of 1.904 for students taught using modified lecture.[19] Also, a study found that students taught using modified lecture scored significantly higher on the post-test (83.43±16.65) when they conducted a study among Omani nursing students in Anatomy and Physiology in Saudi Arabia, using a quasi-experimental design.[20] In line with this study finding a quasi-experimental study on the use of a flipped teaching strategy in undergraduate nursing education, focusing on students' perceptions and performance found that modified lecture significantly improved students' academic performance (M = 83.34, SD = 9.81).[21] Also, a quasi-experimental study with 100 undergraduate medical students at Gondar University, College of Medicine and Health Sciences Ethiopia, found that students in the modified lecture group showed significant academic performance with mean score of 78.6 (± 6.9 SD), indicating a better instructional approach.[22]

A study conducted in Nigeria found that the modified lecture group had mean performance score of 74.20 in the post-test, reflecting a better instructional method.[23] Research in the Calabar Municipality Local Government Area of Cross River State, Nigeria on examining how interactive teaching methods affect students' learning outcomes found out that students taught with a modified lecture method achieved a post-test mean score of 24.30. This suggested that the modified lecture method has a greater effect on students' achievement.[6] A study in Zamfara State, Nigeria investigated the effects of a flipped instructional strategy on academic performance in science among undergraduate students using a quasi-experimental design. The results revealed that students taught using modified lecture instructional strategy achieved a mean score of 16.99 out of 20 (SD = 3.54), whereas those taught using traditional lectures had a mean score of 11.03 out of 20 (SD = 2.40).[24]

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The Nigerian studies finding above were conducted in South East, South South and North West were similar with this study finding which was conducted in Abuja-North Central (despite the differences in research setting and the course studied) which revealed that students taught using modified lecture performance better academically compared to other instructional methods. This implied that the respondents clearly understood the subject matter taught, participated actively during the teaching lecture process, prepared positively for the standardized test and answered most of the questions correctly which reflected in their grades/scores. Hence, these findings supported the continued use of modified lecture in nursing education and suggest that nurse educators should adopt innovative lecture modifications to enhance students' academic performance.

- *Students' Satisfaction with Modified Lecture and Self-Instructional Module*

Students' satisfaction with modified lecture and self-instructional module at Colleges of Nursing Science, Abuja revealed that the aggregate mean satisfaction score was 3.39/4± 0.58 (SD) for students that were taught using modified lecture while the aggregate mean satisfaction score was 2.96/4± 0.71 (SD) for students that were instructed using self-instructional module. Also, the findings indicated that most (94.8%) and a little more than three-quatre (79.1%) of the respondents were satisfied with modified lecture and self-instructional module respectively as a teaching method.

This showed that respondents in both groups were satisfied with their instructional method. However, students that were taught using modified lecture were more satisfied compared to those students instructed using self-instructional module. This could be attributed to the instructor's mode of teaching that suited the students' learning style which made them to understand the course content taught, and thereby supported their learning effectively, probably there was opportunities for clarification of any topic that was not clear and also, immediate feedback from the instructor.

Similarly, a study in Iran examined the effects of flipped classroom and jigsaw teaching strategies on learning, retention, and satisfaction among nursing students using a quasi-experimental revealed a mean satisfaction score of 4.12 out of 5 (SD = 0.78) for students exposed to modified lecture, suggesting that students were satisfied with modified lecture approach.[25] This study was also in agreement with a quasi-experimental group study on the effect of the flipped classroom model on knowledge, practice, attitude, and satisfaction among dentistry students.[26] The findings revealed high student satisfaction, with a mean score of 4.75 out of 5 and a standard deviation of 0.81 among students exposed to modified lecture. A study investigated the effect of the flipped classroom on students' academic performance and satisfaction in pharmacy education through a quasi-experimental study in Lahore, Pakistan.[27] All participants (100%) reported satisfied with modified lecture approach which was in alignment with the results of this study.

The above studies reviewed were all conducted in Asia continent which is developed and advanced in education. This implied that modified lecture is a satisfactory teaching method across the world. High satisfaction is an important outcome in nursing education, as it often associated with increased motivation, active participation and improved academic performance. The high satisfaction level observed in this study might have contributed to the positive academic performance outcomes recorded among students exposed to the modified lecture method of teaching.

This study finding is dissimilar to a study on effect of the flipped classroom on Omani nursing students' performance and satisfaction in Anatomy and Physiology.[20] Using a quasi-experimental design with two classes of 112 first-year nursing students at the College of Nursing, Sultan Qaboos University, Oman, the study found that 78% of students were satisfied with the teaching method.[20] The difference between the aggregate mean percentage (78%) of the above study and the aggregate mean percentage (94.8%) of this study finding could be in the course and the year of study. These variations might result from the course curriculum and teaching circumstances that were connected to each course.

- *There is No Significant Effect of Modified Lecture and Self-Instructional Module on Students' Academic Performance*

The inferential findings on the hypothesis that stated that there is no significant effect of modified lecture and self-instructional module on students' academic performance revealed that there was no statistically significant difference ($p = 0.758$) in academic performance between students taught using the modified lecture method and those taught using the self-instructional module. The small mean difference (0.18) suggested that modified lecture and self-instructional module produced similar academic performances among the students. This implied that both teaching methods (modified lecture and self-instructional module) were equally effective in improving students' cognitive learning outcomes. Although the teaching strategies differ in delivery style and learner engagement but both of them achieved similar results in terms of academic performance. This finding is important in nursing education as both modified lecture and self-instructional module can be adopted in teaching without compromising academic performance.

- *There is No Significant Difference Between Modified Lecture and Self-Instructional on Students' Satisfaction*

The hypothesis that stated that there is no significant difference between modified lecture and self-instructional module on students' satisfaction revealed that there was a statistically significant difference ($p < 0.001$) in students' satisfaction between those taught using the modified lecture and those instructed with self-instructional module. This implied that the instructional methods significantly influenced learners' satisfaction with the teaching-learning process especially as students' satisfaction is an important indicator of instructional effectiveness, as it reflects learners' engagement, motivation and perceived value of the

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educational experience. However, the mean difference of 0.43 indicated that students taught using modified lecture reported significantly higher satisfaction levels than those taught using self-instructional module probably because the self-instructional module was a new instructional strategy for the students. Furthermore, the mean difference indicated that the difference in students' satisfaction was not only statistically significant but also educationally meaningful as it plays a crucial role in shaping students' learning experiences.

V. CONCLUSION

Based on the descriptive findings of this study, it was concluded that the students in the modified lecture group slightly performed better academically and they were more satisfied with modified lecture method compared to students in the self-instructional module group. The inferential findings concluded that there was no statistically significant effect of modified lecture and self-instructional module in terms of academic performance, hence, both teaching methods are comparably effective academically. Notably, a strong significant difference was observed in students' satisfaction levels favouring modified lecture over self-instructional module.

RECOMMENDATIONS

In view of the findings of this study the following recommendations were made:

- Based on the finding that students taught using modified lecture or self-instructional module perform similarly academically, it is recommended that educational regulatory bodies (such as Ministry of Education, Nursing and Midwifery Council of Nigeria) should develop policies to promote innovative and evidence-based teaching methods like modified lecture and self-instructional module to enhance learning outcomes, as both methods yielded comparable academic results.
- Educators should continue using modified lecture in colleges of nursing and incorporate innovative teaching strategies, as students reported higher satisfaction with this method based on the finding in this study.

➢ *Contributions to Knowledge*

- There is no significant effect (p =0.758) of modified lecture and self-instructional module in relation to academic performance. Therefore, the null hypothesis is retained.
- There is significant difference (p <.001) between modified lecture and self-instructional module in relation to students' satisfaction. Therefore, the null hypothesis is rejected.

➢ *Limitations of the Study*

The followings were the identified limitations of the study:

- From most of the literature reviewed, it showed that most of the studies were carried out on modified lecture versus traditional methods among nursing students as such few literatures and related studies were available for review in this study despite all the effort made by the researcher. This limited the researcher's discussion of finding in relation to other authors' findings. The researcher had to sort for similar materials from other disciplines but only found few.
- The study respondents were basic nursing year two students. However, the first semester year two basic nursing students were merged with post basic nursing students in one of the study settings. To obtain reliable data especially implementing the self-instructional module, the researcher included all the students who consented during and after the implementation phases. The post basic nursing students' data collected were excluded after the study by data segregation using their year of study and programme of study. Hence, data contamination was minimized.

➢ *Suggestions for Further Studies*

- Similar studies on modified lecture versus self-instructional module on students' academic performance and satisfaction is suggested. This will provide more materials for literature reviews to future researchers on similar research title.
- The data in this study was collected from year two basic nursing students only, as such in similar future studies, it is suggested that all the years of study and or other programmes of study (National Diploma in Nursing, Higher National Diploma in Nursing) should participate in the study. This is to ensure a good representation of respondents in all the years of study/programmes of study and also good conclusion can be drawn from the findings of the study related to year of study/programmes of study.

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QUESTIONNAIRE

Research Title: Modified Lecture Versus Self-Instructional Module on Academic Performance and Satisfaction among Year-two Nursing Students at Colleges of Nursing, Abuja.

- *Section A: Demographic Characteristics*

1. Gender (a) Male [ ] (b) Female[ ]
2. Age (years) …….
3. Year of entry (basic nursing) ……..

- *Section B: Students' Satisfaction with the Teaching Method*

Table 6 Students' Satisfaction with the Teaching Method

S/N	Statements	SA	A	D	SD
1.	This method supports my learning well.				
2.	It provides varied materials and activities that help me learn.				
3.	I like the way my instructor teaches with this method.				
4.	The materials used motivate me and improve my learning.				
5.	The method suits my learning style.				
6.	I am confident that I understand the content taught.				
7.	I am confident the teaching covered key curriculum content.				
8.	I am confident I am gaining the skills and knowledge I need.				
9.	My instructors use helpful resources to support my learning.				
10.	I take responsibility for my learning in class or out of class.				
11.	I know where and how to get help when I do not understand a topic.				
12.	I know how to use simulation exercises to learn important skills.				
13.	The instructor is responsible for my learning needs				

(Adapted from Jeffries & Rizzolo, 2006)
SA-Strongly agree, A-Agree, D-Disagree, SD-Strongly disagree

Standardized Test

Course: Community Health Nursing Course 1

Pseudonym……

PART I

Read carefully and choose the correct answers from the options provided. Each correct answer attracts two (2) marks while incorrect answer attracts zero (0) mark.

1. Types of communities include:
   a) Geographic community, community of interest and community of solution.
   b) Urban community and rural community only
   c) Community of interest, community of solution, community money laundering.
   d) Geographic community, urban community and rural community.

2. The fundamental characteristics of a community include all the options EXPECT
   a) A particular name
   b) Identity and belonging
   c) Independency feeling
   d) Dependency feeling

3. When people cohabit over time, their lives begin to share commonalities through daily interactions. This statements best describes:
   a) A group of people
   b) The feeling of oneness
   c) Naturality

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d) Home instinct of special attachment

4. Which of the following is a characteristic of a Healthy Community?
   a) The physical environment of the community is both clean and safe
   b) The community environment fulfills only selected people's basic requirements.
   c) The environment fosters social disharmony and fully engages everyone.
   d) Resources are utilized sustainably for the benefit of few members.

5. All the followings are necessary components of community health nursing EXPECT
   a) Provision of needed health services in the community.
   b) The community must minimize the members potentials
   c) The care of vulnerable groups in the community
   d) The community must be a partner in planning and evaluating health care.

6. The school health programme has how many key components?
   a) 6
   b) 5
   c) 4
   d) 3

7. The following are the part of the components of school health programme
   a) Healthful school environment, school finance services and skill-based acquisition,
   b) Healthful school environment, school feeding services and skill-based health education.
   c) Healthful school environment, skill-based acquisition and school health services.
   d) School finance services, school health services and healthful school environment.

8. The following are the characteristics of a healthful school environment EXCEPT
   a) School location, school size and building
   b) Water supply and maintenance of sanitation standards
   c) Recreational facilities and equipment
   d) Provision of school financial services

9. The characteristics of school, home, and community relationships are as follows EXCEPT:
   a) Regular parental visits to the school
   b) Engaging the community for school health programme
   c) Active engagement of schools in community outreach efforts.
   d) Barriers in communication regarding students' health status between school health personnel and families.

10. One of the roles of Parent-Teacher Association in the school is
   a) Serve as an informal link of communication on school matters between the teachers and parents.
   b) Promote indiscipline in the schools.
   c) Disengage in any school activities/processes.
   d) Provides financial and volunteer support for school health initiatives

11. One of the Principles of occupational health is
   a) Few workers possess rights
   b) Stakeholder participation is not essential in policy development
   c) Policies must be adhered to willingly
   d) Occupational safety and health policies need to be established

12. Occupational health services are structured based on the scale of the factory or industry. The services are categorized into:
   a) Vertical and horizontal scale industries
   b) Small, medium and large-scale industries
   c) Public and private scale industries
   d) Small, minute and big scale industries

13. Occupational Hazards are classified into:
   a) Physical, spiritual, chemical, biological, and psychosocial hazards.
   b) Physical, mechanical, chemical and biological, hazards
   c) Physical, mechanical, chemical, biological, ergonomic and psychosocial hazards
   d) Physical, mechanical, chemical, biological, spiritual and psychosocial hazards

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PART II

Read carefully and indicate if the statement is true or false. Each correct answer attracts one (1) Mark while incorrect answer attracts zero (0) mark.

14. A community can be perceived in three dimensions: as a place, as a social system, and as a collection of individuals.
    Answer……

15. Community health nursing practice follows a systematic approach in which a collaborative intervention plan is crafted with the community to address identified needs.
    Answer……

16. The aim of the school health programme is to enhance the health status of learners and staff, thereby enabling them to become redundant members of society.
    Answer……

17. The occupational health team include doctors, nurses, pharmacists, laboratory scientists, ergonomists, epidemiologists, psychologists, and physiologists.
    Answer……

18. Occupational health encompasses the well-being of workers in healthcare services only.
    Answer……

ANSWERS TO SECTION E (STANDARDIZED TEST)

PART I

1. A
2. C
3. D
4. A
5. B
6. B
7. B
8. D
9. D
10. D
11. D
12. B
13. C

PART II

14. True
15. True
16. False
17. True
18. False

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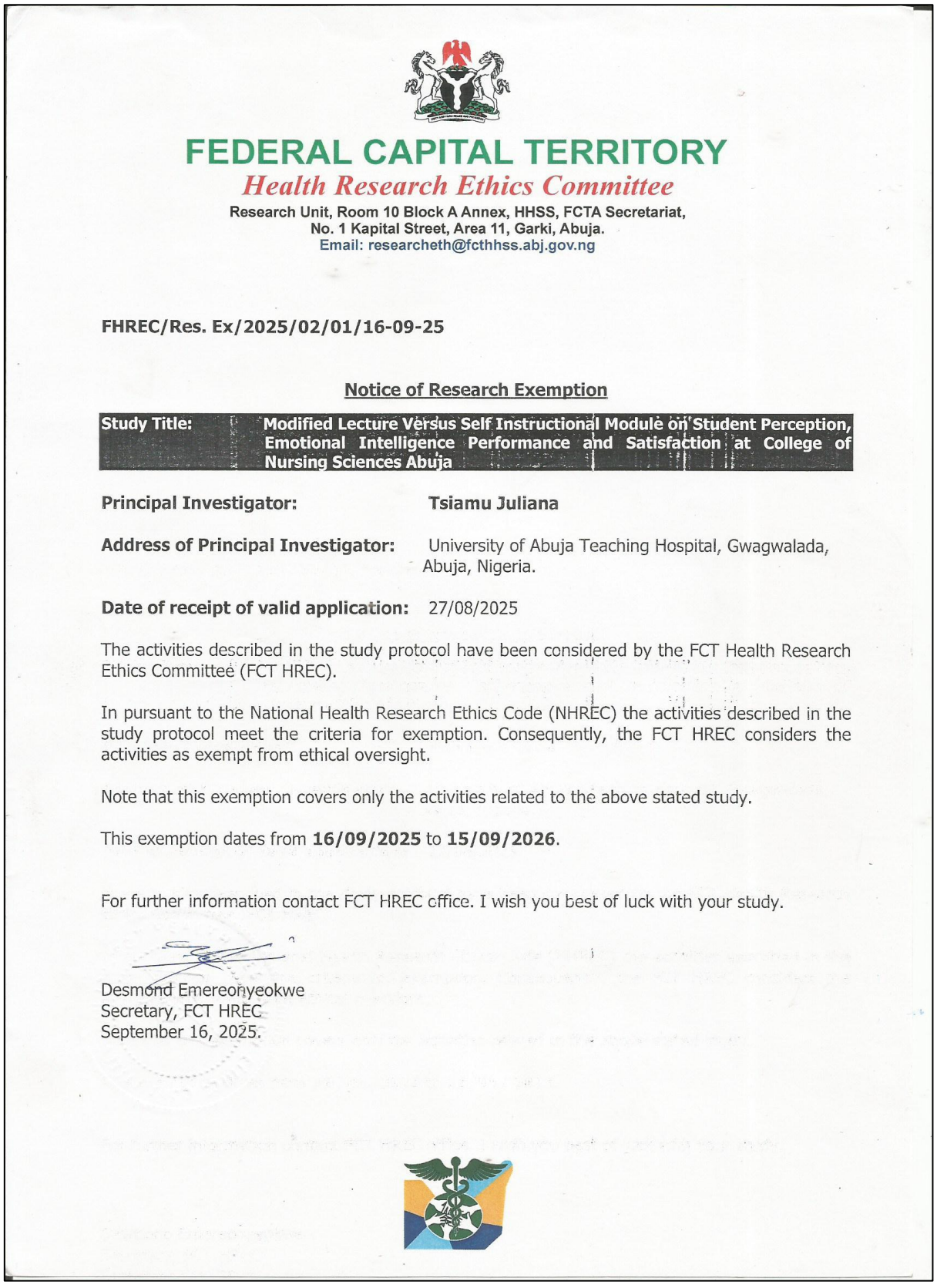

FEDERAL CAPITAL TERRITORY

Health Research Ethics Committee

Research Unit, Room 10 Block A Annex, HHSS, FCTA Secretariat,
No. 1 Kapital Street, Area 11, Garki, Abuja.
Email: researcheth@fcthhss.abj.gov.ng

FHREC/Res. Ex/2025/02/01/16-09-25

Notice of Research Exemption

Study Title:	**Modified Lecture Versus Self Instructional Module on Student Perception, Emotional Intelligence Performance and Satisfaction at College of Nursing Sciences Abuja**

Principal Investigator: **Tsiamu Juliana**

Address of Principal Investigator: University of Abuja Teaching Hospital, Gwagwalada, Abuja, Nigeria.

Date of receipt of valid application: 27/08/2025

The activities described in the study protocol have been considered by the FCT Health Research Ethics Committee (FCT HREC).

In pursuant to the National Health Research Ethics Code (NHREC) the activities described in the study protocol meet the criteria for exemption. Consequently, the FCT HREC considers the activities as exempt from ethical oversight.

Note that this exemption covers only the activities related to the above stated study.

This exemption dates from **16/09/2025** to **15/09/2026**.

For further information contact FCT HREC office. I wish you best of luck with your study.

Desmond Emereonyeokwe
Secretary, FCT HREC
September 16, 2025.

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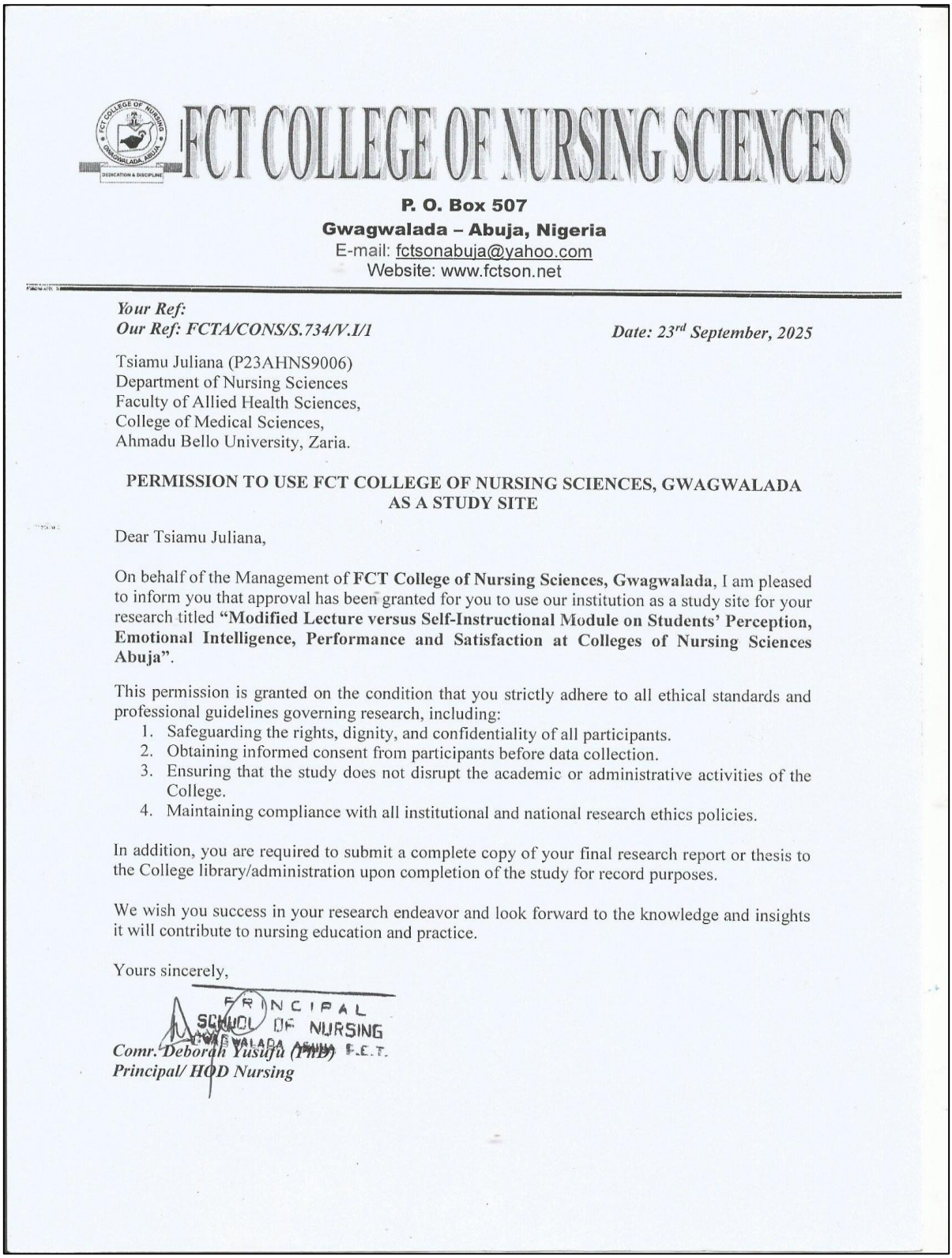

FCT COLLEGE OF NURSING SCIENCES

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Your Ref:
Our Ref: FCTA/CONS/S.734/V.I/1 *Date: 23rd September, 2025*

Tsiamu Juliana (P23AHNS9006)
Department of Nursing Sciences
Faculty of Allied Health Sciences,
College of Medical Sciences,
Ahmadu Bello University, Zaria.

PERMISSION TO USE FCT COLLEGE OF NURSING SCIENCES, GWAGWALADA AS A STUDY SITE

Dear Tsiamu Juliana,

On behalf of the Management of **FCT College of Nursing Sciences, Gwagwalada**, I am pleased to inform you that approval has been granted for you to use our institution as a study site for your research titled **"Modified Lecture versus Self-Instructional Module on Students' Perception, Emotional Intelligence, Performance and Satisfaction at Colleges of Nursing Sciences Abuja"**.

This permission is granted on the condition that you strictly adhere to all ethical standards and professional guidelines governing research, including:

1. Safeguarding the rights, dignity, and confidentiality of all participants.
2. Obtaining informed consent from participants before data collection.
3. Ensuring that the study does not disrupt the academic or administrative activities of the College.
4. Maintaining compliance with all institutional and national research ethics policies.

In addition, you are required to submit a complete copy of your final research report or thesis to the College library/administration upon completion of the study for record purposes.

We wish you success in your research endeavor and look forward to the knowledge and insights it will contribute to nursing education and practice.

Yours sincerely,

PRINCIPAL
SCHOOL OF NURSING
GWAGWALADA ABUJA F.C.T.

Comr. Deborah Yusufu (PhD)
Principal/ HOD Nursing

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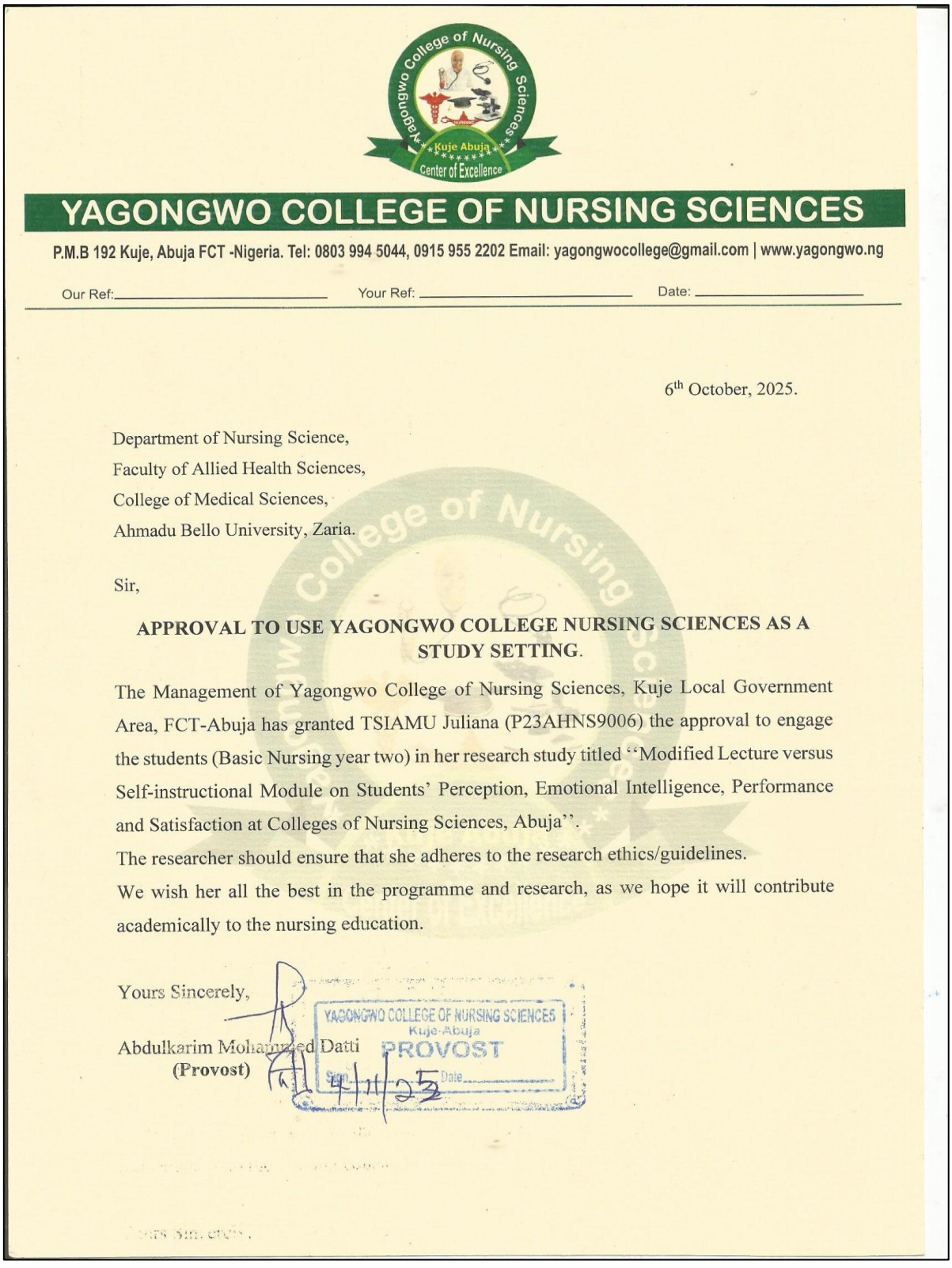

YAGONGWO COLLEGE OF NURSING SCIENCES

P.M.B 192 Kuje, Abuja FCT -Nigeria. Tel: 0803 994 5044, 0915 955 2202 Email: yagongwocollege@gmail.com | www.yagongwo.ng

Our Ref:_____ Your Ref: _____ Date: _____

6th October, 2025.

Department of Nursing Science,
Faculty of Allied Health Sciences,
College of Medical Sciences,
Ahmadu Bello University, Zaria.

Sir,

APPROVAL TO USE YAGONGWO COLLEGE NURSING SCIENCES AS A STUDY SETTING.

The Management of Yagongwo College of Nursing Sciences, Kuje Local Government Area, FCT-Abuja has granted TSIAMU Juliana (P23AHNS9006) the approval to engage the students (Basic Nursing year two) in her research study titled ''Modified Lecture versus Self-instructional Module on Students' Perception, Emotional Intelligence, Performance and Satisfaction at Colleges of Nursing Sciences, Abuja''.

The researcher should ensure that she adheres to the research ethics/guidelines.

We wish her all the best in the programme and research, as we hope it will contribute academically to the nursing education.

Yours Sincerely,

Abdulkarim Mohammed Datti
(Provost)

YAGONGWO COLLEGE OF NURSING SCIENCES
Kuje-Abuja
PROVOST
Sign Date 4/11/25