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Impact of Self-Instructional Modules on Clinical Governance: Enhancing Nursing Care Quality Among Staff Nurses

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Abstract

The study focuses on exploring the impact of self-instructional modules (SIMs) on nursing care quality and clinical governance among the staff nurses in the private hospitals of the District of Kanyakumari, Tamil Nadu. The study utilised a quasi-experimental pre-test/ post-test design and included 300 staff nurses in different control and experimental groups. The experimental group used SIMs that addressed significant issues of clinical governance in a period of six months. Data was gathered through interviews, patient satisfaction checklists and structured questionnaires. Quantitative data showed significant changes in response times, sufficiency of explanations, patient satisfaction, and benevolence of nursing personnel and perceived competence in the experimental group, and the p-values of all indicators were less than 0.001. Patient satisfaction as measured by the pre-test mean scores increased by 43.5% to 77.2 % after the intervention, which is evidence of SIM's effectiveness. The qualitative analysis identified themes including positive patient feedback, development of better communication abilities and improved confidence to support the findings of the quantitative analysis. The findings of the present research are consistent with the current literature on returns of planned educational interventions in the healthcare sector and emphasise the importance of continuous professional growth in the formation of nursing care quality and clinical governance. The findings indicate that involving SIMs in routine educational initiatives can help develop a patient-centred care model, improve communication between nurses and patients, and streamline best practices. Strategies to implement SIMs in healthcare facilities include using technology to facilitate learning that is accessible, motivating participation, continuous support and follow-up, and having implementation plans.

Keywords: Healthcare Training Programs, Quasi-experimental Design, Nurse-patient Communication, Continuous Professional Development, Patient Satisfaction, Nursing Care Quality and Clinical Governance.

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Introduction and Background

Clinical governance is a process used to enhance and sustain the quality of patient care in a health system. It ensures that the patients receive the best possible care, and a culture of continuous accountability and betterment is instilled in the healthcare bodies (Beşik & Cırık, 2025). The idea emerged in the late 20th century as a revival of safety and quality considerations in healthcare with the aim of integrating infinite quality perfection programs in a unifying system. Effective clinical governance encompasses planning, monitoring, relationships, responsibilities, procedures, policies, leadership behaviours and improvement mechanisms aimed at contributing to good clinical outcomes, safe and high-quality clinical care (Balding, 2008; Halligan & Donaldson, 2001).

Self-instructional modules (SIMs) are educational resources that are intended to support self-directed learning among healthcare professionals (Hesketh et al., 1994). The modules usually include tests, drills and guided materials that enable the learners to acquire skills and knowledge at their own pace. Sims may enhance clinical competence in the context of nursing; they can provide nurses with the current information on new healthcare protocols, clinical guidelines, and best practices (Lucero et al., 2010; Abohadida et al., 2025). SIMs can help provide a higher quality of care delivered by nurses by facilitating professional growth and active learning (Choure et al., 2015).

The nursing care is a crucial aspect of general satisfaction and patient outcomes with the healthcare services. Studies have indicated that the contentment of the patient with nursing care is directly correlated to the experienced quality of care, which entails so many dimensions including responsiveness, technical competence, empathy and communication (Lynn et al., 2007). With the essential importance of nurses, a range of problems related to the provision of healthcare, such as insufficient access to continuous education, staff shortages, and workload, may slow down the process of continuous provision of high-quality care. Programs such as SIMs can help identify these problems that can be used to close the gap between desired standards and the actual practice of care.

Problem Statement

Discrepancies in Nursing Care Quality are present due to a combination of factors; nursing care quality may vary significantly, including the variation in the resources, experience, and training. The lack of quality care is often reflected in the lack of proper communication with patients, failures to adhere to certain guidelines, and inconsistency in clinical practice. Such gaps may result in the escalation of healthcare expenses, reduced satisfaction, and poor patient outcomes.

Obstacles to Adhering to Clinical Governance Standards by Staff Nurses: The barriers that the Staff nurses commonly experienced that impeded their capacity to adhere to clinical governance standards. The problems consist of the lack of organisational support to realise the quality improvement projects, the lack of access to the professional development offers, and high ratios of patients to nurses. In addition, lifelong learning and adaptation are required in the ever-evolving nature of healthcare that may be difficult to attain without adequate support and resources.

Purpose of the Study

The objective of the research is to determine the Effect of SIMs on the Quality of Nursing Care. To assess the effectiveness of self-instructional modules in improving the skills and knowledge of staff nurses with regard to clinical governance is the objective of the research. This study aims to determine whether these educational resources can deliver compliance with clinical governance standards and improve patient outcomes. These outcomes will provide insights into the potential of SIMs in order to facilitate continuous professional growth and foster a culture of excellence with regard to the nursing practice.

H01 (Null Hypothesis): The level of clinical governance knowledge between the staff nurses prior to and after the introduction of self-instructional modules does not significantly differ.

H1 (Alternative Hypothesis): The level of clinical governance knowledge between staff nurses pre- and post-implementation of self-instructional modules is significantly different.

H02 (Null Hypothesis): The quality of nursing care provided to staff nurses before and after the implementation of self-instructional modules is not significantly different.

H2 (Alternative Hypothesis): The quality of nursing care provided by staff nurses in the pre- and post-implementation (after implementation) of self-instructional modules is significantly different.

In the section I the background and problem statement of the study are provided. The section II analyzes the literature concerning the applicable topics in clinical governance and self-instructional modules. The section III describes the research methodology, which consists of design, sampling, intervention and collection of data. In section IV, the data

analysis and results are discussed and provided with statistical interpretation and figures. The section V will address the findings as it relates to the literature. The section VI is the conclusion of the study which contains major findings, implications and future scope.

Literature Review

Clinical governance has been established as a structured framework for enhancing the quality of healthcare, patient safety and accountability in healthcare organisations. It incorporates leadership, policies, monitoring mechanisms and continuous improvement practices to guarantee high standards of care delivery (Veenstra et al., 2017). Previous research underlines that the concept of clinical governance developed out of the traditional quality assessment methods into a more holistic model that focuses on collective accountability within the medical community, a plan-based approach to implementation, and lifelong learning (Sciacovelli et al., 2011). Clinical governance requires the active role of healthcare personnel, in particular, nurses, since they are the ones who have direct contact with the patients and provide services directly (Dsilva et al., 2022). One of the aspects of clinical governance is quality of nursing care that is also strongly associated with patient outcomes and satisfaction (Findik et al., 2010). Studies show that nursing care quality in healthcare environments differs because of training, experience, and organizational support differences (Wagner & Bear, 2009). Patient satisfaction is a common term applied to measure the quality of care, and its factors include communication, responsiveness, competence, empathy, and timely service. Research also indicates that effective measurement instruments and systematic evaluation strategies are required in order to determine the quality of nursing care (Mrayyan, 2006). The enhanced nursing performance results in improved patient experiences, more trust, and better healthcare outcomes.

Self-instructional modules (SIMs) have been cited to be effective in improving knowledge, skills, and professional competence among healthcare workers. The modules offer structured learning and self-paced learning, case-based learning, and testing that advances clinical knowledge. In multiple studies, SIMs have shown a great contribution to the knowledge and clinical practices of nurses and their compliance with healthcare practices in terms of infection control, legalities of care, biomedical waste disposal, and patient safety (Manoj, 2016). SIM training has been established to enhance clinical performance and decision-making skills as well, and it is thus a viable method of ongoing professional development in the medical environment. Heavy workload, inadequate access to continuous training, and resource shortage are some of the issues that nurses have to struggle within the context of developing healthcare systems, particularly in India (Sujitha, 2020; Kaur & Kaur, 2018). To overcome these issues, self-instructional modules offer a cost-effective and flexible solution to the challenges since they allow continuous education without interfering with the regular clinical tasks. Previous studies validate the fact that SIMs have the capability of improving theory and practice in various aspects of healthcare, such as patient education, rehabilitation, and clinical processes (Paswan, 2018). Nevertheless, the majority of the literature reviews concentrate on particular clinical outcomes or knowledge gain instead of analyzing the overall effect on clinical governance and the overall quality of nursing care. Thus, it is evident that the overall effects of SIMs on clinical governance and quality of nursing care should be researched. The current research fills this gap by considering the impact of self-instructional modules on clinical governance awareness, patient satisfaction, communication, response time, and professional competence among staff nurses (Benny, 2025; Komal et al., 2025). The study, based on a quasi-experimental design, shows important positive change in the experimental group, thus showing that organized self-learning interventions have the ability to enhance the quality of governance practices and the quality of nursing care as a whole. The paper discussed clinical governance and self-instructional modules (SIMs) in isolation, but the impact of the two on nursing care has not been extensively studied. Majority of SIM related researches have concentrated on improvement of knowledge and not on the clinical governance practices in general. The evidence on the effect of SIMs on patient satisfaction, communication, and response time in real-world hospital settings is also lacking. Very limited quasi-experimental researches have been performed in Indian healthcare facilities with sufficient sample size and control-experimental comparison. The long-term impacts of SIMs on nursing performance are not well studied as well. This paper fills these gaps by incorporating SIMs in clinical governance and assessing their role in influencing the quality of nursing care in a formal hospital-based environment.

Methodology

Research Design

This study is descriptive in Nature in the quality of nursing care and clinical governance among staff nurses and it is applied in assessing the effects of self-instructional modules (SIMs). This design was chosen to enable the comparison of the results to be made before and after the intervention within the same groups, where the between-group variability

is controlled. In order to come up with a comprehensive analysis on how well the intervention has been achieved, both qualitative and quantitative data has been incorporated in this approach of mixed-methods.

The quantitative data were collected through patient satisfaction checklists and structured questionnaires, whereas the qualitative data were obtained by analysing open-ended responses to surveys and interviewing patients and nurses to grasp their vision on the quality of care and clinical governance. This two-fold method of combining personal data with numerical data ensures a strong assessment of the effects of the SIMs.

Participants

The research employed purposive sampling technique to identify the staff nurses in the selected private hospitals in the Kanyakumari District, Tamil Nadu. All respondents were selected using pre-determined inclusion and exclusion criteria. The overall study sample was 300 staff nurses, 150 of whom were in the control group and 150 in the experimental group.

Staff Nurse Selection Criteria According to the Following Criteria, Participants were Selected Very Carefully

- **Inclusion Criteria**
  - Registered nurses who work in sampled hospitals in Kanyakumari District, Tamil Nadu.
  - Nurses who take direct part in activities of clinical governance and patient care.
  - Consent to participate in the study and provide informed consent.
- **Exclusion Criteria**
  - Nurses who do not have direct care with the patient.
  - Nurses who did not want to participate or provide informed consent.

The selection of the participants was made according to certain inclusion criteria and exclusion criteria. The inclusion criteria included the following: registered nurses with sampled hospitals in the Kanyakumari District whose responsibilities included clinical governance and patient care and informed consent. Exclusion criteria eliminated nurses who did not work directly with patients or did not wish to take part in the study. This choice was appropriate to make certain that those with the appropriate experience and involvement in clinical governance activities were targeted in the study.

Intervention

The self-instructional modules (SIM) utilized in the current study aimed to address the key areas of clinical governance such as, principles of clinical governance, patient safety and risk management, quality improvement and clinical audit, evidence-based practice, and ethical practices in nursing and professional accountability. Every module was organised in terms of self-assessment questions, case studies, interactive tasks, and specific learning materials to facilitate active involvement and learning among the staff nurses. There was a systematic process in the implementation of SIMs. First, a pre-intervention assessment was carried out to gather baseline data on the knowledge and perceptions of the nurses towards clinical governance through structured questionnaires. The SIMs were then made available to the experimental group where the participants had a time frame of six months to take the modules at their own speed. Periodic support and monitoring sessions were scheduled during this period to clarify the doubts and to support the main ideas. Upon the completion of the modules, a post-intervention evaluation was conducted with the help of the same structured questionnaires to assess the knowledge and perception changes. Moreover, the patient satisfaction was determined by the use of checklists that were given by the nurses to gauge the difference in the quality of nursing care at the end of the intervention.

Data Collection

Instruments and Tools Used for Calculating the Quality of Nursing Care and Clinical Governance

The data used in this research were gathered through the administration of structured questionnaires, perception surveys, and patient satisfaction checklists. The knowledge of staff nurses on clinical governance was measured using structured questionnaires whose scores were rated on a five-point scale between "Excellent to Poor (Tool 3: Nursing in-charge knowledge on clinical governance). The survey of the perceptions of nurses and their perception of the concept of clinical governance was conducted to assess the concepts of the nurses (Tool 5: Perceptions of staff on CG concept). Moreover, the quality of nursing care was measured using patient satisfaction checklists, which included the use of essential indicators, including the overall care, response time, and helpfulness (Tools 6 and 7). Data collection

involved six months, i.e. between January 1, 2023, and June 30, 2023. Data collection was done with ethical approval of the respective hospital authorities and ethics committees. Informed consent was obtained in writing in all of the participating nurses and patients to ensure that they participated voluntarily. Pre-tests were used to determine pre-test baseline data by giving pre-tests to both the control and experimental group to determine initial knowledge and perceptions. The self-instructional modules were then adopted among the experimental group. Six months later, post-tests were done with the same instruments in order to assess the effectiveness of the intervention. At the same time, the data on patient satisfaction were gathered. During the research, all data was kept confidential by anonymizing the responses and keeping all the information collected in a safe place.

Data Analysis

Statistical Analysis and SPSS 29.0 Software The type of statistical analysis that was used in his study was both inferential and descriptive to analyze the collected data. In order to sum up the demographic traits of the baseline information and the participants, some descriptive statistics were applied such as, standard deviations, means, % ages and frequencies. Inferential statistics, such as ANOVA, chi-square tests, and t-tests, were used to assess the effectiveness of the self-instructional modules (SIMs) in improving the quality of nursing care and clinical governance.

- The means of the control and experimental groups before and after the interference were compared with the T-test.
- Chi-square tests were done so as to approximate the relationship between the categorical variables, including the level of knowledge and demographic variables.
- ANOVA was used to examine the differences in mean scores across many groups, as well as to adjust for the possible confounding factors.

To do preliminary cleaning and organization, the data were keyed in to Microsoft excel and then to be examined in detail the data is then further exported to IBM SPSS Statistics version 21. Due to its strength in complex statistical analysis and its ability to produce visualization and detailed reports, SPSS was selected.

Qualitative Analysis (where necessary) The qualitative data were gathered through interviews with patients and staff nurses and open-ended survey questions. The responses were then analysed and transcribed using thematic exploration to identify the general patterns and themes linked to the experience of the participant using the SIMs and their observations of the clinical governance.

Table 1: indicates the Demographic Characteristics of Participants

Demographic Characteristic	Category	Control Group (n=150)	Experimental Group (n=150)
Age	20-29 years	39.3%	38.7%
	30-39 years	10.0%	7.3%
	40-49 years	33.3%	36.7%
	50-59 years	17.3%	12.3%
Gender	Male	5.3%	9.3%
	Female	94.7%	90.7%
Education	B.Sc. in Nursing	78.0%	85.3%
	GNM	22.0%	14.7%
Experience	0-5 years	24.7%	20.7%
	6-10 years	11.3%	17.3%
	11-15 years	18.0%	23.3%
	Above 15 years	30.0%	28.7%

The demographic data provided in table 1 will give a full description of the characteristics of the staff nurses who participated in the exploration.

The age spread of the participants was between 20 and 59 years. The highest age group in both control and experimental groups was 20-29 years (38.7% experimental, 39.3% control). This hypothesizes that a significant proportion of the nursing staff is comparatively young. The second most common age group was 40-49 years, having 33.3% and 36.7% in the control and the experimental group respectively. This demonstrates a proportional number of middle-aged and young nurses in the exploration.

The most significant age of participants in both groups was female (94.7% in the control and 90.7% in the experimental group). This gender distribution is common in such a profession as nursing that is dominated by females. The majority of the nurses is equipped with a B.Sc. in Nursing, with the control group proportion of 78.0% and the experimental proportion of 85.3%. The rest of the members were General Nursing and Midwifery (GNM) qualification, 22.0% in the control group and 14.7% in the experimental group. This indicates that there is a great professional education among the participants and this is significant in preserving high standards of nursing care.

The experience of the participants was diverse. In the control group, 24.7% had 0-5 years of experience, 11.3% had 6-10 years, 18.0% had 11-15 years, and 30.0% had more than 15 years of experience. In the experimental group, 20.7% had 0-5 years of experience, 17.3% had 6-10 years, 23.3% had 11-15 years, and 28.7% had more than 15 years of experience. This diversity of the levels of experience suggests that the study consisted of a diverse sample of nurses whose practical knowledge and expertise levels varied.

Impact of SIMs on Clinical Governance

Pre- and Post-Intervention Comparison The effectiveness of the SIMs was determined through comparing pre-test and post-test scores of the control group to the test scores of the experimental group. The findings revealed that there was an interesting trend in the perceptions and knowledge of clinical governance that was present in the staff nurses in the experimental group in comparison to the control group.

Knowledge of Clinical Governance

- Pre-test mean score: Control group: 41.3%, Experimental group: 63.3%
- Post-test mean score: Control group: 62.7%, Experimental group: 85.3%

Their differences in the post-test scores were statistically significant ($p < 0.001$), indicating that the SIMs had a significant positive effect on the knowledge of the nurses of clinical governance.

Statistical Significance and Key Findings

- The experimental group demonstrated a remarkable increase in their awareness and knowledge of the principles of clinical governance, and 22% of the development rate was compared to the development rate of the control group of 21.4%.
- The difference in the level of knowledge between the experimental and control groups was statistically significant in many aspects of clinical governance ($p < 0.001$) is evidenced by the modification of the chi-square tests.
- The thematic analysis was supported by qualitative data showing that when using the practices of clinical governance, the nurses of the experimental group felt more competent and confident.

These fallouts underscore the effectiveness of SIMs in enhancing the practices and knowledge among the staff nurses on clinical governance, resulting in evolved patient outcomes and quality of nursing care. These findings challenge H01 and show that there is significant improvement in clinical governance knowledge among staff nurses and the null hypothesis is rejected ($p < 0.001$).

Impact of SIMs on the Quality of Nursing Care

Pre- and Post-Intervention Comparison To determine the influence of self-instructions modules (SIMs) on nursing care quality, pre-test and post-test design were used. The pre- and post-intervention data were compared in terms of many significant indicators regarding the quality of nursing care, which included the overall competence and kindness of the nursing staff, response time, sufficiency of explanations, and patient satisfaction.

Fig. 1 shows the demographic representation of the participants in the control and experimental groups. The findings indicate that most of the respondents fall in the 20-29 age group in both groups and then the 40-49 age group. The gender ratio shows that there is a predominantly female population, which is characteristic of the nursing profession. The main educational qualification is B.Sc. Nursing and the experience levels of the participants are mixed, which guaranteed a balanced sample population in the research.

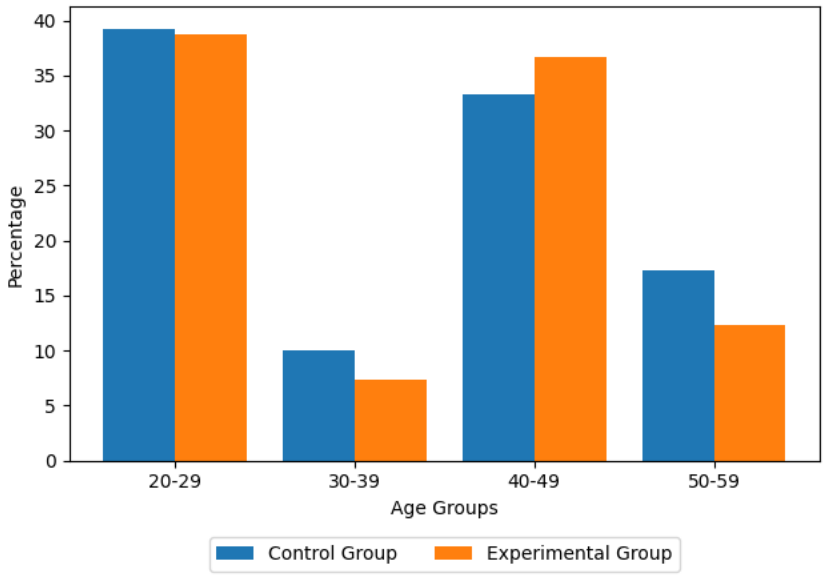


Fig. 1: Age Distribution of Participants

Table 2: Displays the Impact of SIMs on the Quality of Nursing Care

Indicator	Group	Post-Test Mean Score (%)	Pre-Test Mean Score (%)	p-value
Patient Satisfaction	Experimental	77.2	43.5	< 0.001
	Control	45.5	41.0	0.12
Adequacy of Explanations	Experimental	78.6	33.7	< 0.001
	Control	41.3	34.3	0.08
Response Time	Experimental	81.5	45.2	< 0.001
	Control	48.7	44.5	0.15
Competence and Kindness	Experimental	82.3	40.1	< 0.001
	Control	42.0	39.8	0.18

Table 2 reveals that the pre-test mean patient satisfaction in the experimental group was 43.5% that was significantly ($p < 0.001$) enhanced to 77.2% after the intervention. Conversely, there is a slight change of 41.0 per cent to 45.5 per cent ($p = 0.12$) in the mean score of the control group. This interesting development in the experimental group determines the significant positive effect of SIMs on patient satisfaction. The mean score of the pre-test adequacy of explanations of the experimental group was 33.7% and it increased to 78.6% after the intervention ($p < 0.001$). The mean score of the control group in the pre-test is 34.3 and it only increased to 41.3 when it was subjected to the intervention ($p = 0.08$). This demonstrates that SIMs can greatly enhance communication skills of the nurses, making them more proficient in providing sufficient explanations to the patients.

In the case of the time of response, the pre-test mean score of the experimental group has evolved to 81.5% after the response ($p < 0.001$) compared to 45.2%. As the average score of the control group showed a slight increase of 44.5 to 48.7 ($p = 0.15$). The remarkable reduction in the duration of response in the experimental group suggests that SIMs develop the productivity of the patient care.

Competence and kindness mean scores in the pre-test of the experimental group have increased significantly to 82.3% after the intervention ($p < 0.001$) compared to 40.1%. A small increase in the control group was also observed with a mean score of 39.8% escalating to 42.0% ($p = 0.18$). The advantages of SIMs can be emphasized by the significant enhancing of the scores of the experimental group in the areas of professional development, particularly in the area of capability of the nursing staff and also in the area of perceived kindness. Table 2 outcome tests H02 and indicates that the quality of nursing care has improved significantly ($p < 0.001$), and thus the null hypothesis is rejected.

The main findings of the study indicate that the implementation of SIMs had a significant beneficial impact on various factors related to the quality of nursing care. The statistical exploration shows that the experimental group was characterised by significant improvement in the overall nursing competence, response times, communication, and

patient satisfaction in comparison with the control group. These developments were statistically significant, with the p-values being less than 0.001 for most indicators, which showed the effectiveness of SIMs in enhancing the quality of nursing care.

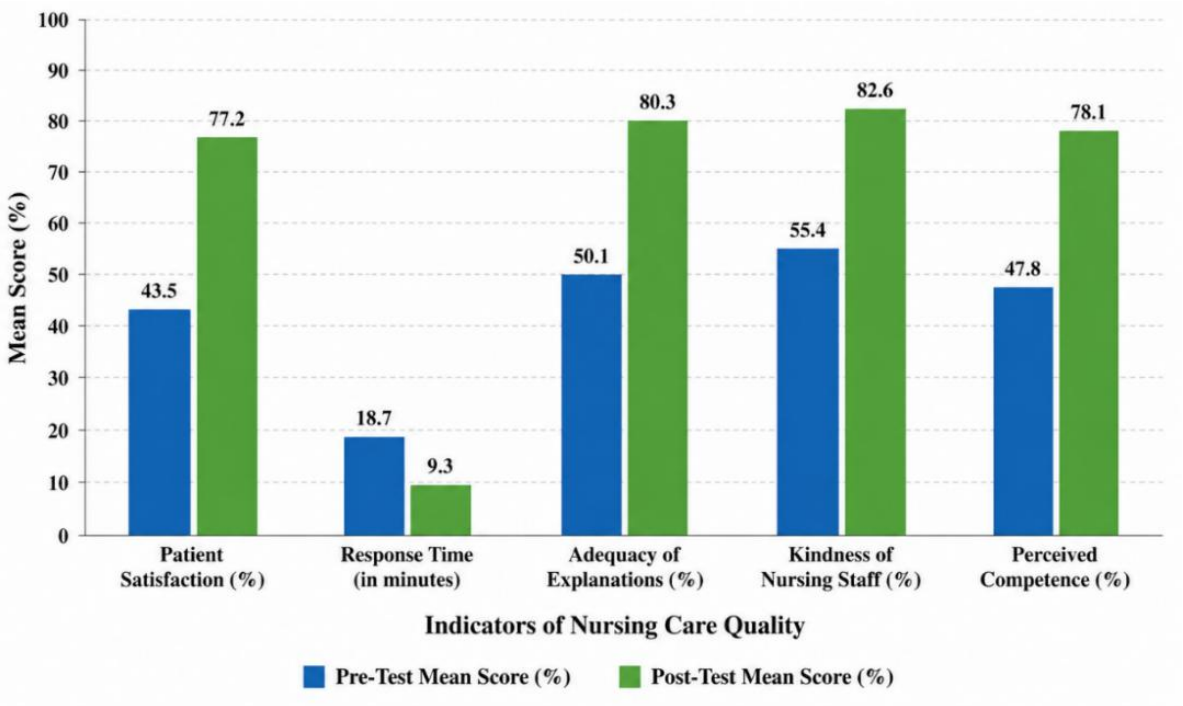


Fig. 2: Impact of Self-Instructional Modules on Nursing Care Quality

Fig. 2 shows that the quality indicators in nursing care have improved significantly following the use of self-instructional modules. Patient satisfaction, adequacy of explanations, response time, and perceived competence in the experimental group significantly increased relative to the pre-test values. Conversely, the control group is marginally improving. These results strongly represent that self-instructional modules positively influence the improvement of nursing care.

Table 3: Displays the Effectiveness of Self-Instructional Modules on the Quality of Nursing Care

Group	Indicator	p-value	Post-Test Mean Score (%)	Pre-Test Mean Score (%)
Experimental	Patient Satisfaction	< 0.001	77.2	43.5
Control		0.12	45.5	41.0
Experimental	Adequacy of Explanations	< 0.001	78.6	33.7
Control		0.08	41.3	34.3
Experimental	Response Time	< 0.001	81.5	45.2
Control		0.15	48.7	44.5
Experimental	Competence and Kindness	< 0.001	82.3	40.1
Control		0.18	42.0	39.8

The quality of nursing care improved in the experimental group which used SIMs as indicated in table 3. The mean score of patient satisfaction in the experimental group increased to 77.2% compared to 43.5% whereas the control group only increased to 45.5 per cent. The p-value of less than 0.001 indicates that the development is statistically significant. Similarly, perceived competence and kindness of nursing staff, response time, and the sufficiency of explanations exhibited significant changes in the experimental group, and the p-values of all indicators were less than 0.001. Conversely, these indicators did not significantly change in the control group, and p-values would indicate no statistical significance. Table 3 results confirm H02, that is, the quality of nursing care improved significantly following the intervention.

These hypothesize that the SIMs effectively enhanced many characteristics on the quality of nursing care that includes overall competence of the nursing staff, efficiency, communication and patient satisfaction.

Discussion

The results of this research indicate that self-instructional modules (SIMs) play an important positive role in clinical governance awareness and nursing care quality in staff nurses. The findings were clear showing that patient satisfaction, response time, communication, and perceived competence were improved following the intervention. This indicates that clinical skills and professional behavior can be improved in nursing practice successfully by the help of structured learning tools. The statistical effectiveness of SIMs on the development of nursing performance and on clinical governance standards is confirmed by the improvement in post-test scores ($p < 0.001$). The findings of the study support the notion that lifelong learning is a significant factor in enhancing healthcare systems. SIMs offer learning in pace whereby the nurses learn some of the important concepts like patient safety, evidence-based practice, and ethical responsibility. This contributes to appropriate decision-making and enhanced patient-centered care. The findings also point to the idea that the increase in the level of patient satisfaction is directly linked to enhanced communication and explanation clarity. One more significant observation is that there is a decrease in the time to respond and the enhancement in nursing competence within the experimental group. This implies that SIMs do not only enhance theoretical knowledge but also practical clinical performance. SIMs are flexible and can be repeated in learning, unlike traditional training methods, which assist in long-term learning. Comprehensively, the research advocates the idea that the incorporation of SIMs in the mainstream nursing educational programs can fill the theory-practice divide. It also enhances clinical governance through accountability, standards of care and improvement of healthcare delivery. Thus, SIMs may be viewed as an efficient educational approach to enhance the quality of nursing care in hospitals.

Conclusion

The present study reflects the fact that self-instructional modules (SIMs) are effective to enhance the awareness of clinical governance and positive nursing care among staff nurses. The results are clear that nurses who were trained using SIM-based training were significantly better in terms of their knowledge, clinical performance, communication, and patient care outcomes, as compared to their counterparts in the control group. The statistical outcomes ($p < 0.001$) are a solid confirmation that the intervention positively and significantly influenced both the clinical governance knowledge and nursing care quality indicators. The increase in patient satisfaction, response time, and the adequacy of explanations and perceived competence underline the clinical usefulness of SIMs. These advances posit that organized self-learning aids can assist nurses to enhance their decision-making, communication skills with patients, and provide more efficient and patient-centered care. Moreover, SIMs also facilitate the process of continuous professional development as they enable nurses to study at their own pace, which is particularly convenient in the hectic healthcare setting. The research also affirms that clinical governance can be enhanced by educating participants, which will result in improved accountability, compliance with standards, and provision of healthcare. Through incorporation of SIMs in normal hospital training, hospitals can achieve uniform skills acquisition and services quality. Finally, SIMs are an effective, affordable, and versatile training approach to nursing professionals. They can be greatly implemented to lead to better healthcare outcomes, enhance clinical governance systems, and foster a culture of life-long learning within nursing practice. Future research can investigate the long-term effects and applicability to various healthcare environments to further confirm these results.

References

Veenstra, G. L., Ahaus, K., Welker, G. A., Heineman, E., van der Laan, M. J., & Muntinghe, F. L. (2017). Rethinking clinical governance: healthcare professionals' views: a Delphi study. *BMJ open*, *7*(1), e012591. https://doi.org/10.1136/bmjopen-2016-012591

Sciacovelli, L., O'Kane, M., Skaik, Y. A., Caciagli, P., Pellegrini, C., Da Rin, G., ... & IFCC WG-LEPS. (2011). Quality Indicators in Laboratory Medicine: From theory to practice: Preliminary data from the IFCC Working Group Project "laboratory Errors and Patient Safety". *Clinical chemistry and laboratory medicine*, *49*(5), 835-844. https://doi.org/10.1515/CCLM.2011.128

Balding, C. (2008). From quality assurance to clinical governance. *Australian Health Review*, *32*(3), 383-391. https://doi.org/10.1071/AH080383

Halligan, A., & Donaldson, L. (2001). Implementing clinical governance: turning vision into reality. *BMJ, 322*(7299), 1413-1417. https://doi.org/10.1136/bmj.322.7299.1413

Lucero, R. J., Lake, E. T., & Aiken, L. H. (2010). Variations in nursing care quality across hospitals. *Journal of Advanced Nursing, 66*(5), 1035-1045. https://doi.org/10.1111/j.1365-2648.2009.05090.x

Lynn, M. R., McMillen, B. J., & Sidani, S. (2007). Understanding and measuring patients' assessment of the quality of nursing care. *Nursing Research, 56*(3), 159-166. https://doi.org/10.1097/01.nnr.0000270025.52242.70

Findik, U. Y., Unsar, S., & Sut, N. (2010). Patient satisfaction with nursing care and its relationship with patient characteristics. *Nursing & Health Sciences, 12*(2), 162-169. https://doi.org/10.1111/j.1442-2018.2009.00511.x

Wagner, D., & Bear, M. (2009). Patient satisfaction with nursing care: a concept analysis within a nursing framework. *Journal of advanced nursing*, *65*(3), 692-701. https://doi.org/10.1111/j.1365-2648.2008.04866.x

Mrayyan, M. T. (2006). Jordanian nurses' job satisfaction, patients' satisfaction and quality of nursing care. *International nursing review*, *53*(3), 224-230. https://doi.org/10.1111/j.1466-7657.2006.00439.x

Beşik, S., & Cırık, İ. (2025). The Role of Dispositions and Metacognitive Experiences in the Process of Solving Mathematical Problems. *Çukurova Üniversitesi Eğitim Fakültesi Dergisi*, *54*(3), 1051-1105. https://doi.org/10.14812/cuefd.1616021

Dsilva, F., Mathew, S., & Joseph, G. (2022). Effectiveness of a self-instructional module on knowledge and observed practices of nurses with regard to prevention of central line–associated blood stream infection: A before–after intervention study. *Journal of Health Management*, *24*(2), 233-239. https://doi.org/10.1177/09720634221087809

Sujitha, T. S. (2020). Effect of Self-instructional module on Knowledge and Attitude on Legal aspects of Psychiatric care among nurses. *International Journal of Nursing Education and Research*, *8*(2), 171-174. http://dx.doi.org/10.5958/2454-2660.2020.00038.1

Abohadida, R. M., Mansy, H. F., Badr, E. A., El-Ashry, A. M., & Mohamed, H. I. (2025). Self-Instructional Module Regarding Ventilator-Associated Pneumonia Care Bundle Prevention on Pediatric Nursing Internship Students' Knowledge and Clinical Performance: A Randomized Control Trial. *Nursing & Health Sciences*, *27*(2), e70117. https://doi.org/10.1111/nhs.70117

Benny, B. (2025). An experimental study to assess the effectiveness of self-instructional module regarding indwelling catheter on the knowledge of staff nurses working in Cancer Hospital and Research Institute, Gwalior, MP. *International Journal of Nursing Education and Research*, *13*(2), 88-90. http://dx.doi.org/10.52711/2454-2660.2025.00018

Hesketh, T. M., Zhu, W. X., & Zheng, K. H. (1994). Improvement of neonatal care in Zhejiang Province, China through a self-instructional continuing education programme. *Medical education*, *28*(3), 252-259. https://doi.org/10.1111/j.1365-2923.1994.tb02706.x

Manoj, M. G. (2016). Effectiveness of self instructional Module on Perception of Needs among Family Members of ICU patients. *International Journal of Advances in Nursing Management*, *4*(4), 388-394. https://doi.org/10.5958/2454-2652.2016.00086.X

Komal, S. C., Chaitra, S., Lingaraj, L., & Ramya, R. (2025). A Study to Assess the Effectiveness of Self-Instructional Module on Post Abortion Care (PAC) Among Staff Nurses Working in Maternity Wards of Selected Hospitals, Bangalore, Karnataka. *A and V Pub International Journal of Nursing and Medical Research*, *4*(3), 171-175. https://doi.org/10.52711/ijnmr.2025.32

Choure, N., Chandrawanshi, H. K., Rajput, M. S., Sehgal, S., Patliya, M. E., & Sarkar, P. D. (2015). The effectiveness of self instructional module on cardiac rehabilitation. *International Journal of Nursing Sciences*, *2*(3), 317-323. https://doi.org/10.1016/j.ijnss.2015.07.004

Paswan, M. V. (2018). To assess the effectiveness of Self Instructional Module (SIM) on knowledge regarding life style modification among Myocardial Infarction patients admitted in selected hospitals in Vidarbha Region. *Asian Journal of Nursing Education and Research*, *8*(2), 247-267. http://dx.doi.org/10.5958/2349-2996.2018.00050.2

Kaur, A., & Kaur, P. (2018). A study to assess the effectiveness of self instructional module on biomedical waste management among the staff nurses of the selected hospitals of Ludhiana, Punjab. *Int. J. Adv. Nurs. Manag*, *6*(1), 62-66. http://dx.doi.org/10.5958/2454-2652.2018.00014.8