

**Factors influencing clinical teaching at Bwaila and Kamuzu Central Hospitals by
registered nurse midwives**

MSc (Nursing and Midwifery Education) Thesis

By

Beatrice Annala Kaunga Kaluwa

(BSc. Nursing Education) – University of Malawi

**A thesis submitted to Faculty of Nursing in partial fulfillment of the award of a Master's
Degree in Nursing and Midwifery Education**

University of Malawi

Kamuzu College of Nursing

May 2015

Declaration

I, Beatrice Kaluwa, hereby declare that the thesis titled “**Factors influencing clinical teaching at Bwaila and Kamuzu Central Hospitals by registered nurse midwives**” is my original work and has not been presented for any other awards at the University of Malawi or any other university. All sources used have been acknowledged in the reference.

Beatrice Annala Kaunga Kaluwa

Signature _____

Date _____

Certificate of approval

The undersigned certify that this thesis represents the student's own work and effort and has been submitted with our approval.

Angella Chimwaza, PhD. (Associate Professor)

Supervisor

Supervisor: _____ Date: _____

Alfred Maluwa, PhD. (Associate Professor)

Second Supervisor Member,

Supervisor: _____ Date: _____

Dedication

I dedicate this dissertation to my husband, Charles and to my lovely daughters Memory and Tiwonge who have made my study years possible because of their love, support and understanding. I also dedicate this thesis to my lovely Mum, late Dad and Aunt Overtine Zgambo for opening the doors of my education and for their continuous prayers and support.

Acknowledgement

I would like to thank the Almighty God for seeing me through my studies from childhood to this far and for giving me the strength and courage to complete this study. I also wish to express my sincere thanks and appreciation to the following:

- Associate Professor A. Chimwaza (PhD) and Co- Supervisor Associate Professor A. Maluwa (PhD) for their support and guidance during the period I was engaged in my research project. Your comments and support made me to work hard.
- Nurse Education Partnership Initiative (NEPI) for granting me the scholarship to study for Master of Science Degree in Nursing and Midwifery Education at Kamuzu College of Nursing.
- Ministry of Health for allowing me to pursue this course.
- Dr Alide, the then Director Kamuzu Central Hospital for allowing me to collect data at KCH.
- Dr M. Mwale, the Lilongwe District Health Officer for letting me use Bwaila Hospital for data collection.
- Dr J. Nkhambule, the Kasungu District Health Officer for allowing me to pretest the study tool at KDH.
- Classmates for academic support.

Abstract

Clinical teaching is teaching which takes place in a clinical area for an individual or a group of students and usually involves patients and clinical procedures. Registered nurse midwives in this study provided clinical teaching to nursing students. As clinical teachers, registered nurse midwives play a crucial role in the development of the nursing students professionally. However, evidence from literature indicates that although clinical teaching enhances clinical learning, registered nurse midwives are confronted with different challenges as they engage in the experience. For example, lack of training in clinical teaching, shortage of nursing personnel and increased numbers of students to teach.

The objectives of the study were to describe the role of registered nurse midwives in clinical teaching, identify factors that promote clinical teaching, describe benefits of clinical teaching to registered nurse midwives, and describe challenges faced by registered nurse midwives during clinical teaching. This descriptive study used quantitative methods and data were collected using a structured questionnaire. Data were analyzed using SPSS version 16.0. Descriptive statistics were computed and results were reported as frequencies and percentages.

The study showed the following results: 100% of the respondents were aware of their role in clinical teaching and appreciated that clinical teaching offered them the opportunity to reflect on and improve their practice. Ninety-nine percent of the respondents also indicated that they were proud to see students developing professionally. However, the following are some of the challenges that were met by registered nurse midwives in the course of teaching students: 98% of the respondents were not trained in clinical teaching, 97% indicated increased workload due to shortage of the nursing staff, 85% said they had inadequate clinical resources and teaching space,

91% had large numbers of students to be taught and supervised by a single clinical supervisor, and these registered nurse midwives did not receive rewards for the service (91%).

The results call for the government through Ministry of Health and Ministry of Education to continue training of more nurse midwives into the healthcare system as it is currently doing to increase nursing staff in the country. In addition, the government in collaboration with nursing colleges should train all registered nurse midwives to be fully prepared clinical teachers to equip them with necessary skills for teaching roles. Nursing colleges should also increase their effort in sourcing resources to be used by students in the clinical area in combating inadequacy of the resources during clinical placements. Regarding increased workloads due to increased intakes of the students in the colleges, registered nurse midwives as clinical facilitators should just be encouraged and motivated through use of incentives in their role as there are no immediate solutions to the problem.

Key words: clinical teaching, nurse education, student nurse.

List of tables

Table 1: Demographic characteristics of the respondents-----	25
Table 2: Other factors promoting clinical teaching-----	27
Table 3: Challenges faced by RNMs during clinical teaching-----	28
Table 4: Contributing factors to the challenges of clinical teaching-----	29

Contents

Declaration.....	i
Certificate of approval	ii
Dedication.....	iii
Acknowledgement	iv
Abstract.....	v
List of tables.....	vii
List of appendices	xii
List of abbreviations and acronyms	xiii
Definition of terms.....	xiv
Chapter 1	15
Introduction and background	15
Introduction.....	15
Background.....	17
Problem statement.....	22
Justification for the study	23
Broad objective	23
Specific objectives	23
The specific objectives were to:.....	23
Chapter 2.....	24
Literature review.....	24
Introduction.....	24
Literature search strategy	24
Role of the registered nurse midwife in cleaning teaching	25
Factors promoting clinical teaching	25
Challenges faced by registered nurse midwives during clinical teaching.....	29
Conclusion	30
Chapter 3.....	31
Research design and methodology.....	31
Introduction.....	31
Research design	31
Setting	31

Exclusion criteria	32
Study population	32
Sample size and sampling method	32
Data collection	33
Data analysis	35
Ethical considerations	35
Study limitations	36
Chapter 4.....	37
Results of the study.....	37
Introduction.....	37
Demographic characteristics of the respondents.....	37
Role of a registered nurse midwife in clinical teaching.....	40
Factors facilitating clinical teaching	40
Other factors promoting clinical teaching.....	40
Benefits of clinical teaching to registered nurse midwives.....	41
Challenges faced by registered nurse midwives during clinical teaching.....	42
Factors contributing to the challenges of clinical teaching	43
Summary	44
Chapter 5.....	45
Discussion, recommendations and limitations.....	45
Introduction.....	45
Role of a registered nurse midwife in clinical teaching.....	45
Factors facilitating clinical teaching	46
Benefits and rewards of clinical teaching to registered nurse midwives	51
Challenges faced by registered nurse midwives during clinical teaching.....	52
Recommendations.....	54
Study limitations	55
Conclusion	56
References.....	57
Lekhuleni, E. M, Van der Wal, D. M. & Ehlers, V.J. (2004). Perceptions regarding the clinical.....	60
accompaniment of student nurses in the Limpopo Province. <i>Health South Africa.....</i>	60
<i>Gesondheid</i> , 9(3).....	60

FIGURE 1: Timeline for the study	65
FIGURE 2: Budget estimates.....	66
Justification for the budget.....	67
APPENDICES	68
APPENDIX A: PARTICIPANT INFORMATION SHEET ABOUT THE STUDY	68
APPENDIX B: CONSENT FORM	70
APPENDIX C: DATA COLLECTION TOOL	71
APPENDIX D: LETTER OF SUPPORT FOR RESEARCH.....	75
APPENDIX E: PERMISSION FROM KASUNGU DISTRICT HEALTH OFFICE	76
APPENDIX F: PERMISSION FROM LILONGWE DISTRICT HEALTH OFFICE.....	77
APPENDIX G: PERMISSION FROM KAMUZU CENTRAL HOSPITAL.....	78
APPENDIX H: CERTIFICATE OF ETHICS APPROVAL	79

List of figures

Figure 1: Timeline for the study-----	51
Figure 2: Budget estimates-----	52

List of appendices

Appendix A: Participant information sheet about the study-----	54
Appendix B: Consent form-----	56
Appendix C: Data collection tool-----	57
Appendix D: Letter of support for research proposal-----	61
Appendix E: Permission from Kasungu District Hospital-----	62
Appendix F: Permission from Lilongwe District Health Office-----	63
Appendix G: Permission from Kamuzu Central Hospital-----	64
Appendix H: Certificate of ethics approval-----	65

List of abbreviations and acronyms

COMREC- College of Medicine Research and Ethics Committee

DHO- District Health Office

HD- Hospital Director

KCH- Kamuzu Central Hospital

KCN- Kamuzu College of Nursing

KDH- Kasungu District Hospital

NGO- Nongovernmental organizations

NMCM – Nurses and Midwives Council of Malawi

RN- Registered Nurse

RNM- Registered Nurse Midwife

SPSS- Statistical Package for Social Sciences

Definition of terms

Clinical teaching

Clinical teaching is the means by which student nurses learn to apply the theory of nursing, facilitating integration of theoretical knowledge and practical skills in the clinical setting which becomes the art and science of nursing.

Clinical teacher

A clinical facilitator is a person who facilitates student learning in the clinical area and supports the growth and development of the student with the purpose of socializing him/her into the professional role.

Nursing education

Is the process of teaching nursing students theoretical and practical skills of caring with the purpose of preparing them for their duties as professional nurses.

Clinical setting

Setting in which the primary purpose is the delivery of nursing and medical care in a one on one provider/patient relationship and includes hospitals, clinics and community health centres.

Chapter 1

Introduction and background

Introduction

Nursing education relies heavily on registered nurse midwives to support nursing students through clinical teaching during clinical learning experiences by providing guidance and encouragement to students as they provide care to patients. Students look to these registered nurse midwives for wisdom about decisions and tasks in the health care setting during practical placements (Gaberson & Oermann, 2010). Nursing colleges utilize registered nurse midwives to provide clinical teaching for students to develop skills and competencies to deliver quality care. Clinical teaching provides opportunities to students to integrate theory with practice for their future role as professional nurses (Billings & Halstead, 2009; Dalton, 2005). Most of the students' clinical time is spent with these registered nurse midwives than with college instructors.

In Malawi, nurses graduate as nurse midwives to carry out both nursing and midwifery roles due to critical shortage of the nursing staff in the country. Registered nurse midwives are the ones that provide clinical teaching to student nurses during students' clinical placements. These registered nurse midwives are normally those with a one year work experience to offer better knowledge and skills to students as they practice according to their level of education and clinical placement. Sometimes these nurses start clinical teaching soon after graduating because of the critical shortage of the experienced registered nurse midwives. Because of such a challenge, Malawian registered nurse midwives do not necessarily wait to undergo special training in clinical teaching because of the great demand of clinical teaching and shortage of the

registered nurse midwives in the country. Those who are lucky and have had clinical teaching training are called preceptors. For the sake of this study, the investigator used the term registered nurse midwives whether trained in clinical teaching or not who supervise nursing students in the clinical area. Therefore, these registered nurse midwives have been referred to as clinical teachers, clinical instructors, clinical supervisors, and clinical educators. These names have been used interchangeably in the study.

The goal of clinical teaching is to provide a structured and supportive bridge for students' transition from student nurse midwife to nurse midwife practitioner hence the need for guidelines to assist its facilitation (Mabuda, Potgieter, & Alberts, 2008; Pillay, & Mtshali, 2008; Rose, 2007). Policies and standards are put in place to outline the requirements and expectations of the parties involved in clinical teaching such as registered nurse midwives, faculty members and students (University of Mississippi Medical Center School of Nursing, 2012). Well stipulated policies and guidelines for clinical teaching help to receive support from regulatory and professional bodies and other stakeholders involved in the nursing education (Asirifi1, Mill, Myrick, & Richardson, 2013).

The investigator identified that countries in North America, Europe, Australia and others in Africa have conducted many studies on factors that influence clinical teaching and learning and there is none from Malawi (Andrew & Roberts, 2003; Asirifi1, Mill, Myrick, Richardson, 2013; Brammer, 2006; Brammer, 2008; Claudia, DePaoli, Hertach & Bower, 2012; Dube & Jooste, 2006; Fox, Henderson & Malko-Nyhan, 2006; Hautala, Saylor & O'Leary-Kerr, 2007; Hyrkas & Shoemaker, 2007; Luhanga, Yonge & Myrick, 2008; Monareng, Jooste & Dube, 2009; Padayachee, 2014; Zilembo & Monterosso, 2008). The observed gap has prompted the

researcher to conduct a study on factors that influence clinical teaching at Bwaila and Kamuzu Central Hospitals by registered nurse midwives during clinical teaching.

Background

Nursing education programs were moved from hospitals to university and college settings to improve quality of education and give recognition to nursing as a discipline with academic as well as practice dimensions (Budgen & Gamroth, 2007). Since nursing is predominantly a practice based profession, it is vital that nursing education continues to have a strong practical element despite its full integration into higher education institutions (Myrick & Yonge, 2005). Practical knowledge in clinical area is significant for the enhancement of the professional development of the student nurse (Carlson, Wann-Hansson & Pilhammar, 2009). For professional development to occur, registered nurse midwives play a crucial role since clinical teaching not only enables students to integrate the knowledge with skills associated with caring for patients but also gives learners the opportunity to internalize the role of the nurse as a caregiver (Andrews & Roberts, 2003).

Clinical teaching begins when a person affects the professional life of someone else by fostering insight and identifying needed knowledge of the learner to expand the other person's abilities. Student learning in a clinical placement experience is an essential part of preparation of students for their role as nurses (Andrews & Roberts, 2003; Brammer, 2008). Success of this learning partnership depends on the characteristics of the registered nurse midwife and of the learners (Asirifi1, Mill, Myrick, & Richardson, 2013; Brammer, 2006; Burns, Beauchesne, Ryan-Krause & Sawin, 2006). Registered nurse midwives are role models whom others strive to emulate. The caliber of the registered nurse midwife is an important factor in assisting the

student to learn because if the nurse does not have suitable attributes and qualities to excel in their role, it hinders students' clinical performance and perception of professional practice.

Effective registered nurse midwives show competence and willingness to learn from others in order to model right knowledge in the students (Baltimore, 2004; Billings & Halstead, 2009; Bradshaw & Lowenstein, 2011). Such nurse midwives have excellent communication skills, a positive attitude towards learning and teaching, and the ability to stimulate critical thinking in the students (Altmann, 2006; Turner, 2007; Kleffner, 2010). Bradshaw and Lowenstein (2011) explained that effective registered nurse midwives learn to integrate essential knowledge, attitudes, and skills into care that involves best and evidence based practices that promote patient safety and student understanding.

Supportive relationship between a student and a registered nurse midwife is another essential factor that motivates learners to learn (Andrews & Roberts, 2003; Mee, 2004; Pfeil, 1999). The quality of the relationship of the student with the registered nurse midwife directly affects the outcome of the student as students become stressed with the people they work with other than workload (McGowan, 2006). Pfeil's study (1999) described the relationship as fundamental because it promotes student's support and guidance. Supportive registered nurse midwives have respect for students and in so doing, they create a safe environment for students' professional growth (Bix & Baldwin, 2002; Mee, 2004; Luhanga, Billay, Grundy, Myrick & Yonge, 2010). Studies have shown that there are also other factors that influence clinical teaching by registered nurse midwives (RNMs) such as training in clinical teaching, workload, recognition and rewards, support for the nurse midwife, and student motivation (Anderson, 2008; Bukhari, 2010; Kidd, 2010; Monareng, Jooste & Dude, 2009).

Training in clinical teaching is one of the important factors related to the success of clinical teaching and learning of the nursing students (Dilbert & Goldenburg, 1995; Smedley, Morey & Race, 2010). Training provides standardized content for guiding students and newly graduated nurse midwives to improve their knowledge and skills (Jeggels, Traut & Africa, 2013; Lee, Tzeng, Lin & Yeh, 2009; Monareng, Jooste & Dude, 2009). The training is very important in meeting the responsibilities of the clinical teacher to effectively guide the student in the learning process (Anderson, 2008; Botma, Jeggels, & Uys, 2012; Smedley, Morey & Race, 2010).

Training improves effectiveness of registered nurse midwife's clinical teaching skills which consequently increase their confidence leading to a more positive attitude towards students and clinical teacher functioning. Yonge, Krahn, Trojan, Reid and Hasse's (2002) study in Canada reported that over half of the clinical teachers believed they required training for the role including guidance in teaching. Lack of training can negatively influence clinical teaching. This was observed in a study conducted in Ireland by Varley, MacNamara and Mannix-McNamara (2012) in which majority of the final year student nurses who were participants expressed that clinical learning was not helpful to them because most of the clinical teachers lacked teaching skills due to lack of training.

Workload for RNMs is another factor that influences clinical teaching (Bukhari, 2010; Varley, MacNamara and Mannix-McNamara, 2012). Registered nurse midwives as clinical teachers require more time to cope with the demands of their position because they are also expected to fulfill the responsibilities of a full patient assignment (Kidd, 2010; Mantzorou, 2004). Nurse midwives also expressed concern that they had difficulties in managing their own workload and monitor and evaluate student nurses concurrently (Lekhuleni, Van der Wal, &

Ehlers, 2004; Varley, MacNamara & Mannix-MacNamara, 2012). Bukhari's study (2010) also revealed that heavy workloads interfered with teaching roles because apart from clinical teaching, these nurses had patient workload and management responsibilities.

Registered nurse midwives also require support from managers for them to be effective clinical instructors. Duffy (2009) stated that clinical nurses' support extends to management because nurse managers have a profound influence on all team members to find ways of reducing clinical teachers' workload through effective planning and careful work organization in clinical settings. Similarly, clinical teachers requested support from managers to perform their clinical teaching role accurately after observing that they had no time for clinical teaching (Bukhari, 2011; Kidd, 2010). Hautala, Saylor, and O'Leary-Kelley (2007) found that increased workload is a source of stress.

Lack of recognition and rewards is another factor that impacts clinical teaching. Dibert and Goldenberg in 1995 examined the relationships among registered nurse midwife clinical teachers' perceptions of benefits, rewards, support and commitment to the clinical teaching role. Findings indicate that RNMs as clinical teachers probably become more committed to the role if they know that worthwhile benefits, rewards and support will be accorded to them. In the same study, program leaders also expressed concern about the risk of burnout if clinical teachers' efforts are not appropriately rewarded. Kemper's study in 2007 also found that some of the clinical teachers enrolled in the study felt that they were not getting proper recognition for their work because they were not rewarded and this made them not to be committed enough to their role.

Kalischuk, Vandenberg and Awosoga (2013) also found that student factors such as lack of motivation in their learning have an impact on clinical teaching. Some students come to the

clinical area with unexpected level of skills compared to the level of their learning. Registered nurse midwives as clinical facilitators complain that unmotivated students show no interest in their learning and this makes their skill level to be of lower standard (Joubert, & De Villiers, 2015; Kalischuk, Vandenberg & Awosoga, 2013; Luhanga, Yonge & Myrick, 2008). Kalischuk, Vandenberg and Awosoga (2013) further expressed that working with unmotivated students overwhelms the registered nurse midwife because as a clinical teacher, she/he feels like forcing students to engage in things which they are not prepared for and yet this RNM is already stressed up with increased workload issues and large numbers of the students to teach.

In Africa and sub-Saharan region, a number of studies have been done on clinical teaching. In 2013, Asirifi¹, Mill, Myrick and Richardson conducted a study whose purpose was to explore Ghanaian nursing students, clinical nurse preceptors and nurse educators' perceptions regarding their clinical teaching experience. Findings indicated that clinical teaching using preceptorship approach in Ghana was not well established. In South Africa Padayachee (2014) investigated the role of the clinical preceptor in enhancing nursing education at a nursing college. Results of the study indicated that the clinical nurse teacher/preceptor is a mentor and a guide who facilitates the correlation of theory and practice in nursing education. The results also suggested that clinical teachers are really needed to overcome problems experienced by students in the clinical practice.

Another study in Africa was conducted in Botswana by Monareng, Jooste, and Dube in 2009. Results were similar to those studies done in Western and European countries (Yonge, Krahn, Trojan, Reid & Hasse, 2002; Hautala, Saylor, & O'Leary-Kelley, 2007; Smedley, Morey & Race, 2010; Bukhari, 2011 & Kidd, 2010; Varley, MacNamara & Mannix-McNamara, 2012). The results showed that these registered nurse midwives as clinical teachers had inadequate

orientation on clinical teaching, inadequate time to carry out teaching roles, high numbers of students against one teacher, and lack of management support to motivate them in their role. Other findings were students lacking motivation in their learning and clinical nurse midwives focusing much on clinical needs rather than clinical teaching (Bukhari, 2011; Luhanga, Yonge & Myrick, 2008; Hautala, Saylor, & O'Leary-Kelley, 2007).

The investigator found no studies on clinical teaching targeting registered nurse midwives in Malawi. This was a serious finding and needed attention because clinical teaching is vital to the development and socialization of the students in the nursing profession and knowledge obtained from these registered nurse midwives can greatly influence clinical teaching and nursing education in the country. This study therefore, determined factors which influence clinical teaching by registered nurse midwives at Bwaila and Kamuzu Central Hospitals. The ultimate goal of the study was to provide data that would help to strengthen preparation of the registered nurse midwives as clinical teachers in Malawi to improve clinical teaching and nursing practice in the country.

Problem statement

Registered nurse midwives facilitate student learning through role modeling, coaching and directing to support the growth and development of the student with the purpose of socializing him/her into a professional role. Studies elsewhere have shown that clinical teaching requires RNMs to undergo training to equip them with necessary skills for supervising students. Kamuzu College of Nursing in Malawi started training clinical preceptors sometime back for the same purpose and later on, Mzuzu University also joined. Even though some RNMs were trained in this role, observations and experience showed that clinical teaching was still carried out by any RNM working in a particular department. This practice makes both trained and untrained

RNMs taking up such roles. The investigator therefore used these RNMs as clinical instructors to investigate factors that influence clinical teaching at Bwaila and Kamuzu Central Hospitals.

Justification for the study

Although studies are acknowledging the importance of having trained clinical instructors in clinical settings, these trained RNMs as clinical instructors or teachers are not adequate to facilitate clinical teaching in Malawi and teaching hospitals depend on any RNM to provide teaching roles in the country. Since most teaching hospitals utilize RNMs as clinical teachers, the investigator needed to learn from these RNMs the factors that influence their role at Bwaila and Kamuzu Central Hospitals. Results of this study will help to identify and address gaps and challenges that affect students' teaching and learning. In turn, the study will help to improve clinical teaching and learning since these results will be disseminated to different nursing colleges and teaching facilities through publication. The study will also act as a baseline for further studies on clinical teaching in the country.

Broad objective

The aim of the study was to determine factors that influence clinical teaching at Bwaila and Kamuzu Central Hospitals by registered nurse midwives in Lilongwe, Malawi.

Specific objectives

The specific objectives were to:

- describe the role of registered nurse midwives in clinical teaching.
- identify factors that promote clinical teaching by registered nurse midwives.
- describe benefits of clinical teaching to RNMs during students' placements.
- describe challenges faced by RNMs in the course of clinical teaching.

Chapter 2

Literature review

Introduction

This chapter presents a review of literature related to factors that influence clinical teaching. Specifically, the review has covered role of a registered nurse midwife in clinical teaching, factors that promote clinical teaching, benefits of clinical teaching to registered nurse midwives, and challenges faced by registered nurse midwives during clinical teaching. The investigator included literature on preceptorship because it is a formalized way of clinical teaching upon being trained as a clinical teacher. In addition, preceptors are registered nurse midwives. The researcher has followed the integrative method of literature review. Whittemore and Knafl (2005) explain that integrative method summarizes past empirical and theoretical literature thereby giving full picture of the topic of interest.

Literature search strategy

Information was obtained from journals, internet, books and other relevant documents. Several data bases were used to search for primary research articles to ensure comprehensive literature. The databases were PubMed, Science Direct and Scirus. Additionally, Google advanced search engine was also used. Search terms included clinical teaching AND clinical teacher qualification, clinical teaching AND/OR benefits/rewards, clinical teaching AND clinical instructor support and lastly, clinical teaching AND challenges. In addition, a manual search was conducted at Kamuzu College of Nursing library from Nursing Education books particularly on teaching strategies. The literature search was divided into: role of a registered nurse midwife in clinical teaching; factors influencing clinical teaching such as training, support for clinical

educators, benefits of clinical teaching to clinical educators; and challenges faced by clinical teachers during students' clinical placements.

Role of the registered nurse midwife in cleaning teaching

Literature shows that registered nurse midwife's role in clinical teaching is multifaceted such that one acts as an instructor, role model, coach, facilitator, and evaluator during clinical placements to make sure that students' educational goals are met (Andrews & Roberts, 2003; Asirifi1, Mill, Myrick, & Richardson, 2013; Bradshaw & Lowenstein, 2011; Brammer, 2006; Burns, Beauchesne, Ryan-Krause & Sawin, 2006; Hyrkas, & Shoemaker, 2007). Registered nurse midwives as clinical facilitators, help to socialize students in the profession and this role is critical to the successful integration of students into the nursing profession through acquisition of knowledge and skills (Eta, Atanga, Atashili & D'Cruz, 2011; Jeggels, Traut & Africa, 2013; Monareng, Jooste & Dube, 2009; Young & Paterson, 2007). In Australia, Brammer in 2006 also conducted a study to explore registered nurses' understanding of their clinical role in student learning. Findings showed that RNMs understanding of their role include facilitator and teacher or coach, role modeler and supervisor. The approaches promote student learning thereby contributing to nursing education. In addition, registered nurse midwives also act as caregivers as well as managers.

Factors promoting clinical teaching

Training in clinical teaching

Studies on clinical teaching show that registered nurse midwives as clinical educators require special training in clinical teaching to equip them with necessary knowledge and skills for teaching and supervising students (Botma, Jeggels, & Uys, 2012; Eta, Atanga, Atashili &

D'Cruz, 2011; Jeggels, Traut & Africa, 2013; Myrick, Luhanga, Billay, Foley & Yonge, 2012; Monareng, Jooste & Dube, 2009; Smedley, Morey & Race, 2010; Yonge & Myrick, 2004).

Formal clinical training provides nurse instructors with standardized content for guiding students and increases their knowledge of the teaching and learning process thereby increasing their confidence (Lee, Tzeng, Lin & Yeh, 2009).

Lack of knowledge in clinical teaching makes clinical instructors fail to understand their role in nursing education (Varley, MacNamara & Mannix-McNamara, 2012; Yonge & Myrick, 2004). Myrick, Luhanga, Billay, Foley and Yonge in 2012 conducted a study which aimed at examining whether an evidence based approach to preceptor preparation influenced clinical educators in assuming the role. Having gone through the training, participating clinical educators indicated that their approach to clinical teaching was influenced by the knowledge and understanding gained from the training. Participants acquired a new understanding of the clinical teacher role which was more reflective and reflexive than before the training.

Literature further shows that training in clinical teaching improves communication skills of the clinical educators with students (Bradshaw & Lowenstein, 2011; Anderson, 2008; Zilembo & Monterosso, 2008; Altmann, 2006). Anderson (2008) also recommended inclusion of principles of role modeling, caring behaviors and provision of constructive feedback in preceptor training. Altmann's study (2006) found that good communication skills obtained from clinical teaching training enable registered nurse midwives to stimulate critical thinking in the students. Nurses who are critical thinkers learn to integrate essential knowledge, attitudes, and skills into care that involves best and evidence based practices that promote patient safety (Bradshaw & Lowenstein, 2011; Zilembo & Monterosso, 2008).

Support for registered nurse midwives as clinical teachers

Support for registered nurse midwives as clinical teachers is a crucial factor in clinical teaching (Bukhali, 2011; Varley, MacNamara & Mannix-MacNamara, 2012). Studies on support for clinical teaching identify three kinds of support that clinical educators need in the course of teaching students and these are: educational support which equips them with necessary knowledge for teaching students; administrative support which deals with staffing issues in times of increased workload for clinical educators; and benefits of clinical teaching to the clinical educators (Varley, MacNamara & Mannix-MacNamara, 2012; Bukhali, 2011; Kidd, 2010; Warren & Denham, 2010; Hautala, Saylor & O’Leary-Kelley, 2007; Henderson, Fox & Nyhan, 2006). Further review of literature shows that support for clinical instructor enhance teaching and student learning opportunities, promote positive partnerships between faculty members and clinical educators, and promotes registered nurse midwives’ personal and professional growth (Duffy, 2009; Kidd, 2010; Warren & Denham, 2010). Support for clinical educators therefore helps them to function effectively (Hautala, Saylor & O’Leary-Kelley, 2007; Varley, MacNamara & Mannix-MacNamara, 2012).

In addition to support, clinical registered nurse midwives require adequate space for teaching. Clinical educators and students require space to further their teaching and learning process which may be in form of discussions and feedback (Eta, Atanga, Atashili & D’Cruz, 2011; Yonge, Myrick, Ferguson & Luhanga, 2005). Adequate physical structures within the clinical settings are an integral part of the clinical teaching and learning environments because not all objectives can be achieved at the bedside teaching (Mabuda, Potgieter, & Alberts, 2008; Myrick & Yonge, 2005). Research findings on space and clinical teaching show that students

learn better when they have enough space because they are free to practice and discuss patients' issues privately (Yonge, Myrick, Ferguson & Luhanga, 2005; Myrick & Yonge, 2005).

Benefits of clinical teaching to registered nurse midwives

Literature review revealed that benefits of clinical teaching to registered nurse midwives include an increase in wages or compensatory time, tuition for continuing education as an avenue to career advancement, and also being a change agent on the working unit (Hyrkas & shoemaker, 2007; Kemper, 2007; Lillibridge, 2007). Apart from financial benefits, the other benefit of clinical teaching is professional and personal satisfaction of the registered nurse midwife after participating in the growth and development of a student (Dibert & Goldenberg, 1995; Dube & Jooste, 2006; Myrick & Yonge, 2005; Wilson, Fegan, Romence, Uhe & Dione, 2011; Wright, 2002). Lillibridge who conducted a study in 2007 which utilized clinical nurses to teach leadership and management skills to senior nursing students commented that clinical educators require additional benefits from training colleges to motivate them to work hard in their role. The investigator suggested opportunities for continuing with their education to develop professionally and an access to college library resources and research opportunities. Lillibridge (2007) further explained that in some situations, clinical educators may be awarded additional faculty status which may bring certain privileges and entrance to participate in other aspects of the educational program such as serving on committees or attending college lectures and workshops to further their knowledge and skills.

The outlined benefits bring recognition to registered nurse midwives as clinical educators and evidence shows that they become committed to their role if they are recognized (Asirifi, Mill, Myrick, Richardson, 2013; Dibert & Goldenberg, 1995; Eta, Atanga, Atashili & D'Cruz, 2011; Hyrkas & shoemaker, 2007; Usher, Nolan, Reser, Owen & Tollefson, 1999). External

acknowledgement and recognition are important and demonstrate that clinical educators are valued (Schoonbeek & Henderson, 2011). Continuous recognition of RNMs as clinical teachers can sustain their interest in facilitating students' learning (Henderson & Eaton, 2013).

Challenges faced by registered nurse midwives during clinical teaching

Challenges experienced by registered nurse midwives as they teach students in the clinical area include lack of training in clinical teaching, stress due to workloads and high student/clinical teacher ratio (Asirifi1, Mill, Myrick, Richardson, 2013; Bukhari, 2011; Kidd, 2010; Wong & Wong, 1987). Lack of clinical teaching training makes registered nurse midwife educators fail to teach students accordingly (Sorensen & Yankech, 2008). These clinical educators have a degree of uncertainty as to what is expected of them without any training and they become uncomfortable with the role (Smedley, Morey & Race, 2010; Myrick, Luhanga, Billay, Foley and Yonge, 2012).

Besides lack of clinical teaching training, clinical educators also develop stress when they are not assisted in their work and this result into failure to teach students effectively (Usher, Nolan, Reser, Owens & Tollefson, 1995; Henderson, Fox & Nyhan, 2006; Monareng, Jooste, & Dube, 2009). Evidence further reveals that most clinical educators feel that teaching is stressful and increases their normal workload due to the extra responsibility of teaching students (Hautala, Saylor, & O'Leary-Kelley, 2007; Yonge, Hagler, Cox & Drefs, 2008).

High student enrolments also put pressure on the registered nurse midwives as clinical facilitators irrespective of their years in clinical teaching or educational qualifications teaching nursing students in the clinical settings (Asirifi1, Mill, Myrick, Richardson, 2013; Hutchings, Williamson & Humphreys, 2005; Research Paper, 2009; Tamiko, 2000). Large numbers of

students make clinical teaching difficult because the atmosphere becomes chaotic and stressful and this compromises students' learning (Harrison, 2004; Raisler, O'Grady, & Lori, 2003).

Conclusion

Several factors have been highlighted to influence clinical teaching. The factors include training in clinical teaching, support through adequate nursing staff and material resources for client care, rewards for clinical educators and required ratios of educator/student ratio. These factors if well addressed make clinical educators become committed to their role. However, if these facilitating factors are not in place, registered nurse midwives are faced with challenges of increased workload, lack of motivation, failure to teach students accordingly due to inadequate resources for clinical teaching, and loss of trust in their managers. Lack of studies on factors influencing clinical teaching in Malawi prompted the researcher to conduct this study. Next chapter describes methodology of the study.

Chapter 3

Research design and methodology

Introduction

This section outlines methods and procedures employed in the study which includes research design, setting, inclusion and exclusion criteria, population and sample size, data collection tool, validity and reliability of the research tool, data collection, data analysis, ethical considerations, presentation of the results and study limitations.

Research design

A descriptive design using quantitative methods was used for this study to gain information about clinical teaching at Bwaila and Kamuzu Central Hospitals in order to provide a picture of the situation (Polit & Beck, 2008).

Setting

The study was conducted in Lilongwe district. Lilongwe is bordered with Ntcheu district to the south, Salima to the east, Dowa to the north and Mchinji to the west. The study was specifically conducted at Kamuzu Central Hospital and Bwaila hospital. The facilities were chosen because they are teaching hospitals and you can find many registered nurse midwives at one place in different departments though not enough for students' learning without walking long distances to find them. In addition, Bwaila is a referral health facility for all health centres within Lilongwe district while KCH is a referral hospital for the central region of Malawi. The facilities are also used for teaching purposes for students of various programs and colleges such as College of Medicine, Malawi College of Health Sciences, KCN, and Daeyang College of

Nursing. The study targeted registered nurse midwives with at least 1 year work experience and above.

Inclusion criteria

The inclusion criteria was all registered nurse midwives who had at least one year work experience working at KCH and Bwaila hospitals and had given consent to take part in the study. The respondents were registered nurse midwives who provided clinical teaching and were holders of Diploma in nursing, Bachelor of Science in nursing or Master's Degree in any nursing program.

Exclusion criteria

The exclusion criterion was a registered nurse midwife who had less than 1 year work experience and those coming from other institutions on locum shifts due to shortage of the nursing personnel.

Study population

During the study, Kamuzu Central Hospital had about 70 registered nurse midwives and Bwaila Hospital had about 42 totaling to 112. The study targeted all the registered nurse midwives meeting the criteria because the population was small and was also directly involved in the clinical teaching of the students. The whole population was included in order to get a true picture of the results under discussion during analysis and also to make logical generalization about the population under study.

Sample size and sampling method

The researcher used convenient sampling to select 87 respondents who provided clinical teaching at Bwaila and Kamuzu Central hospitals. The respondents were those who taught

students and met the inclusion criteria. The method was chosen because the researcher wanted to get as much respondents as possible.

Data collection

Study instrument

A self-administered questionnaire was used to collect data (Appendix A). The questionnaire was in English and all participants were fluent in English. The tool was divided into seven sections. Section A was about demographic characteristics of the subjects while section B was looking at their knowledge and role in clinical teaching. Section C sought information on support for clinical educators, D was on other factors promoting clinical teaching and E was benefits of clinical teaching to registered nurse midwives as clinical educators. Challenges faced by registered nurse midwives in the course of teaching students were in section F and G identified contributing factors to the challenges.

Validity

Content validity is the degree to which an instrument measures what it purports to measure (Polit, & Beck, 2008). The tool was designed by the investigator with knowledge gained from nursing education books such as the ones written by Billings and Halstead (2009), Bradshaw and Lowenstein (2011) and De Young (2003). After designing the tool, the investigator asked 3 nurse educators who are experts in clinical education to review the questionnaire to ensure coverage of all areas needed for the study.

Reliability

The questionnaire was pre-tested in Kasungu which is one of the busy hospitals in Malawi (Appendix D). The facility is also utilized by Mzuzu University, St. John's College of

Nursing and Kamuzu College of Nursing for students' clinical learning. Pretesting was done on ten registered nurse midwives who met the same criteria as for the prospective study participants and aimed at ensuring appropriate wording, length and sequencing of the research questions. After pretesting, feedback was sought from respondents to refine quality of the questions and corrections were made in concerned areas.

Recruitment of respondents

The principal investigator sought permission from the Hospital Director, the District Health Officers, and the matrons. After meeting departmental in- charges, the investigator met and briefed study respondents privately about the study and recruitment criteria. Respondents were told about the purpose of the study and written consent was obtained from them before recruiting them into the study. A self-administered questionnaire was given to study respondents and details of how to fill it were also explained to them. During the explanation, participants were encouraged to ask questions for further clarification to promote understanding. The investigator also included a phone number and email addresses on the study information sheet for further contact in case respondents required more information from the researcher. Respondents were also given chance to fill the questionnaire at their own time and the researcher collected them on the agreed time personally in their various duty stations. Completed consent forms and questionnaires were handled by the investigator only and were kept in sealed envelopes and lever arch file under lock and key to ensure privacy and confidentiality. Study questionnaires will be kept safe until completion of dissemination process to provide evidence of the study.

Data analysis

After collecting all the questionnaires, data were analyzed using Statistical Package for Social Science (SPSS) version 16.0. Descriptive statistics were computed and results were reported as frequencies and percentages in tables. The variables were: characteristics of the respondents which included sex, qualification, work experience, and clinical teaching training; role of a registered nurse midwife in clinical teaching; benefits of clinical teaching to registered nurse midwives; support for registered nurse midwives as clinical teachers; factors promoting clinical teaching; and challenges faced by registered nurse midwives as clinical teachers during students' clinical placements.

Ethical considerations

The study ensured fair and equal treatment of the respondents and these respondents were also protected from any form of harm. Rights of human subjects need to be protected when they are used as study participants (Polit & Beck, 2008). To ensure respondents' protection, the investigator sought permission from the Hospital Director and District Health Officers of KCH, Lilongwe and Kasungu DHOs. The proposal was also sent to College of Medicine Research and Ethics Committee (COMREC) and was approved.

Use of a study information sheet and consent form ensured protection of the participants. Consent was obtained from the subjects who wanted to join after giving them adequate information about the study (Appendix A & B). Criteria for inclusion in the study were also explained to subjects. Participation was also voluntarily and respondents were free to withdraw anytime they wanted without risking their job (Appendix A) and could also refuse to answer any question. The signed consent sheets were kept separately from responded questionnaires to prevent linkage of information.

The researcher used numbers on questionnaires instead of names to ensure anonymity and protection of respondents' privacy and confidentiality. Data collected was sealed in envelopes and questionnaires were filed in the lever arch file for researcher's access only and were kept under lock and key. Thereafter, questionnaires will be destroyed by burning after ensuring complete analysis and dissemination of the data to ensure that data will not be traced back to respondents (Appendix A).

There were no physical risks associated with the study. Respondents were also informed that they would not be paid for taking part in the study. Potential risks that respondents could have encountered in this research might be psychosocial in terms of the time it took for them to respond to the questionnaire. Respondents would also be uncomfortable with some of the questions and topics about their personal situation.

Study limitations

The study was conducted at Bwaila and Kamuzu Central Hospitals only due to limited funds and time to do it at a larger scale such as Lilongwe district or Malawi as a whole. Therefore, it would be difficult to generalize the findings countrywide.

Chapter 4

Results of the study

Introduction

This chapter presents the findings of the study whose aim was to determine factors that influence clinical teaching at Bwaila and Kamuzu Central Hospitals by registered nurse midwives in Lilongwe District. Data collection was performed using a structured questionnaire which was administered to registered nurse midwives that met study criteria through self-administration. The objectives were to: describe the role of registered nurse midwives in clinical teaching, identify factors that promote clinical teaching during clinical placements, describe benefits of clinical teaching to registered nurse midwives, and describe challenges faced by registered nurse midwives during clinical teaching. Demographic characteristics of the respondents are presented first followed by role of a registered nurse midwife in clinical teaching, factors facilitating clinical teaching, benefits of clinical teaching to registered nurse midwives, and challenges faced by registered nurse midwives in the course of teaching nursing students. Data were analyzed using descriptive statistics. Tables have been used to present the findings.

Demographic characteristics of the respondents

Characteristics of the respondents have been presented in Table 1. The table shows sex, qualification, work and teaching experience, and training on clinical teaching of the respondents. A total of 87 registered nurse midwives participated in the study. About 74% (n = 64) of the respondents were from Kamuzu Central Hospital and the rest were from Bwaila. Eighty five percent (n = 74) were females and 58% (n = 50) were holders of Bachelor of Science in Nursing.

About 70% of the respondents had a 1-5 years' work experience as registered nurse midwives and 82.8% had a 1-5 years clinical teaching experience. In regards to clinical teaching training, 97.7% were not trained (Table 1).

Table 1: *Demographic characteristics of the respondents*

Characteristics	Frequency	Percentage
Sex		
Males	13	14.9
Females	74	85.1
Qualification		
Diploma in nursing	34	39.1
Bachelor of Science in nursing	50	57.5
Master's degree in nursing	3	3.4
Work experience		
1-5 years	61	70.1
6-10 years	21	24.1
11-15 years	2	2.3
16-20 years	1	1.1
21-25 years	1	1.1
26-30 years	0	0
31-35 years	1	1.1
Teaching experience		
1-5 years	72	82.8
6-10 years	11	12.6
11-15 years	2	2.3
16-20 years	1	1.1
21-25 years	0	0
26-30 years	1	1.1
Training in clinical teaching		
Trained	2	2.3
Not trained	85	97.7

Role of a registered nurse midwife in clinical teaching

Registered nurse midwives as clinical teachers were asked to indicate their roles in clinical teaching and all respondents responded that they facilitate learning of the students and also act as role models during clinical placements. Ninety-nine percent (n = 86) of the respondents indicated that they act as resource persons to nursing students. In regards to support of students to develop communication skills, 97% (n = 84) stated that they play this role. About 97% (n = 84) of the respondents also indicated that they guide students to develop skills to manage their departments and personnel.

Factors facilitating clinical teaching

Respondents were also asked on support regarding staffing, equipment and material resources which they get from the hospital management and training colleges to enhance clinical teaching. Ninety-two percent (n = 80) responded that hospital managers do not provide them with adequate nursing staff and sometimes these registered nurse midwives work alone on a shift which makes them unable to teach students adequately. About 91% (n = 79) of the respondents indicated that they are not given extra time for clinical teaching roles but carry out teaching services concurrently with patient care services. About 78% (n = 68) of the respondents indicated that registered nurse midwives as clinical educators are not provided with adequate clinical equipment and other resources for carrying out teaching services to students. About 71% reported to have received support from faculty members.

Other factors promoting clinical teaching

Apart from support and benefits, respondents were also asked to identify other factors that facilitate clinical teaching and results are summarized in Table 2. The table shows that 99% (n = 86) of the respondents indicated that friendly and supportive workmates play a big role in

making clinical teaching a success. Students eagerness to learn and good registered nurse midwife/student relationship was mentioned by 99% (n = 86) of the respondents in promoting clinical teaching. Furthermore, about 98% (n = 85) of the respondents indicated that good registered nurse midwife/faculty educator relationship is another important factor that promotes effective clinical teaching (Table 2).

Table 2: *Other factors promoting clinical teaching*

Characteristics	Frequency	Percentage
Availability of teaching and learning resources	85	97.7
Friendly and supportive nursing staff	86	98.9
Adequate infrastructure	74	85.1
Manageable registered nurse midwife/student ratio	78	89.7
Teaching students who are eager to learn	86	98.9
Good RNM/student relationship	86	98.9
Good RNM /faculty educator relationship	85	97.7

Benefits of clinical teaching to registered nurse midwives

Information was sought from registered nurse midwives to determine their benefits as clinical teachers. All respondents answered that clinical teaching helps them to improve their professional knowledge and critical thinking skills. About 99% (n = 86) of the respondents indicated that they were also proud to see students growing professionally. Ninety-two percent indicated that they are not rewarded materially and all respondents refused getting salary increments for the service. However, all respondents said that clinical teaching strengthens their performance skills and offers them the opportunity to reflect on their practice.

Challenges faced by registered nurse midwives during clinical teaching

Challenges which registered nurse midwives face in the process of teaching students are summarized in Table 3. About 97% (n = 84) of the respondents indicated that workload is one of the challenges impacting negatively on clinical teaching. Regarding inadequate clinical resources and infrastructure for accurate teaching and for a one to one discussion with students respectively, was indicated by 95% (n = 83). Lack of rewards for clinical educators and high numbers of students to teach as challenges were identified by 91% (n = 79). Eighty-six percent (n =75) of the respondents indicated that students report to the clinical area with no objectives.

Table 3: *Challenges faced by registered nurse midwives during clinical teaching*

Item	Frequency	Percentage
Lack of knowledge on clinical teaching	66	75.9
Increased workload	84	96.6
No support from managers and colleges	58	66.7
Unfriendly and unsupportive faculty	30	34.5
Inadequate resources and infrastructure	83	95.4
No rewards and incentives	79	90.8
No objectives from faculty members	16	18.4
Overwhelming numbers of students	79	90.8
Students lacking basic knowledge and skills	38	43.7
Students not willing to learn	71	81.6
No updates for knowledge and skills	70	80.5
Teaching unprepared students	75	86.2

Factors contributing to the challenges of clinical teaching

Details of the contributing factors to the challenges of clinical teaching are summarized in Table 4. Ninety-seven percent (n = 84) of the respondents indicated that shortage of the nursing personnel in the healthcare system contributes heavily to the challenges of clinical teaching. Lack of orientation for clinical teaching roles was pointed out by 95% (n = 83) of the respondents. The other serious contributing factor is poor working conditions (91%). Eighty-nine percent (n = 77) thought that increased intakes of the students in the colleges also contributes to the challenges faced by registered nurse midwives in the process of teaching nursing students.

Table 4: *Contributing factors to the challenges of clinical teaching*

Item	Frequency	Percentage
Teaching undisciplined students	72	82.8
No orientation for teaching role	83	95.4
Shortage of nurses on the wards	84	96.6
Increased intakes of the students in the colleges	77	88.5
No finances for rewards and incentives	59	67.8
No coordination between colleges and hospitals	57	65.5
Poor working conditions	79	90.8
Students lacking theoretical knowledge in certain skills	56	64.4

Summary

In conclusion, findings of this study were summarized in the following categories: personal, institutional, student related and others. Personal factors constituted of training on clinical teaching on the part of the registered nurse midwives, work experience and benefits of clinical teaching to registered nurse midwives. Human and material resource, and infrastructure fell under institutional factors and student related factors were students motivation to learn, students preparation for daily clinical learning through preparation of objectives and also discipline of the students. Other factors included registered nurse midwife/student ratio, registered nurse midwife/faculty relationship, registered nurse midwife/student relationship, and workload.

The study showed that almost all registered nurse midwives were not trained in clinical teaching and most of them started teaching students in their first year of work. All the respondents were aware of their role in clinical teaching and were proud to see students growing professionally into qualified professionals. Despite their hard work, all respondents did not get incentives or rewards for their service and also worked under stressful conditions due to inadequate staffing and scarce resources. High numbers of students to teach and students failing to prepare objectives on daily basis were also challenges faced by these nurse midwives. However, respondents acknowledged support provided by faculty staff when teaching students. The next chapter discusses main findings of the study and recommendations. The discussion has followed study objectives.

Chapter 5

Discussion, recommendations and limitations

Introduction

This chapter discusses the findings and limitations of the study whose purpose was to determine factors that influence clinical teaching. Recommendations for practice and for further research are made. The objectives of the study were to: describe the role of registered nurses in clinical teaching, identify factors that promote clinical teaching, describe benefits of clinical teaching to registered nurse midwives, and describe challenges faced by registered nurse midwives during clinical teaching.

Main findings of the study were that registered nurse midwives were aware of their role in clinical teaching and were proud to see students growing professionally into qualified professionals (99%), good registered nurse midwife/faculty educator relationship (98%), lack of training in clinical teaching (98%), increased workload due to shortage of nursing staff, lack of adequate clinical resources and teaching space (95%), large numbers of students to be taught by a single clinical teacher (91%), no rewards and incentives for registered nurse midwives (91%) and lack of support for registered nurse midwives as clinical teachers from managers (67%).

Role of a registered nurse midwife in clinical teaching

Despite lack of training in clinical teaching, respondents in the study had good knowledge on the roles of a registered nurse midwife in clinical teaching and learning. All respondents responded that they facilitate learning of the students by acting as role models during clinical teaching. Ninety-nine percent of the respondents stated that they act as resource persons and facilitators of professionalism in the students in terms of adhering to standards of

nursing profession and portraying desirable behavior as they practice in the clinical area. Respondents also indicated that they guide students to develop management skills (97%). This means that registered nurse midwives' knowledge of their role in clinical teaching and nursing education as a whole automatically forces them to teach students. This is an important finding because it signifies that despite lack of training in clinical teaching, registered nurse midwives have a role in teaching of students. This is in agreement with what other studies found about roles of a clinical teacher in nursing education (Dibert & Goldenberg, 1995; Hyrkas & Shoemaker, 2007; Kidd, 2010). Padayache (2014) and Monareng and Jooste (2009) also acknowledge the role of a clinical educator in nursing education. They indicated that clinical educators assist students with development of skills and critical thinking during clinical placements. This implies that all registered nurses midwives as clinical educators know their role in nursing education and training in clinical teaching just makes them to be fully aware of their role.

Factors facilitating clinical teaching

Training of the clinical teachers in clinical teaching

It is worth noting that almost all (98%) registered nurse midwives in this study were not trained in clinical teaching to provide best clinical teaching. This means that student nurses are taught by registered nurse midwives who have limited knowledge in clinical teaching. The finding is similar to Schonwetter, Lavagne, Mazurat and Nazarko's (2006) study which state that student nurses are taught by nurses who are experts in practice settings but have limited or no prior training in teaching. Studies point out that clinical teachers become uncertain of their role without training in clinical teaching (Botma, Jeggels, & Uys, 2012; Bukhali, 2011; Myrick, Luhanga, Billay, Foley & Yonge, 2012; Smedley, Morey & Race, 2010). Having noted the

importance of training in clinical teaching to clinical teachers, Hautala, Saylor and O'Leary-Kerr (2007) suggested the need for clinical teaching training to make them expert clinical teachers. Literature recommends training of all registered nurse midwives before taking the role to allow them to function effectively as they are key to effective preparation of the nurse midwives (Dibert & Goldenberg, 1995; Fox, Henderson & Malko-Nyhan, 2006; Hautala, Saylor & O'Leary-Kerr, 2007; Hyrkas & Shoemaker, 2007; Monareng, Jooste & Dube, 2009;).

Lack of training in clinical teaching makes registered nurse midwives feel ill prepared to undertake clinical teaching roles and many of them feel not confident to teach and assess students. Neary (2000) also commented that lack of training makes some clinical teachers employ avoidance plans when teaching and assessing students' progress or competence because they are not sure of what they are doing. This implies that registered nurse midwives may not be sufficiently equipped for the role because they lack guidelines and skills. Lack of guidelines to assist clinical teachers on how to effectively teach students compromise students' learning outcomes (Karuhije, 1986; Morgan & Knox, 1987; Wong & Wong, 1987). Training in clinical teaching helps registered nurse midwives to gain the recommended expertise for teaching nursing students (Smedley, Morey & Race, 2010). In addition, the training prepares the registered nurse midwife to teach quality clinical skills and offers a structure for learning about mentoring and leadership and this helps them to produce competent nurse midwives who can carry out safe patient care (Warren & Denham, 2010). This calls for the need of collaboration between health facility managers and training institutions to consider training all registered nurse midwives to equip them with necessary knowledge and skills for teaching students. In addition, some registered nurse midwives like bedside teaching compared to classroom teaching. Such nurse midwives need to continue with their education through further training in clinical

teaching. Since in Malawi there are no such high training programs in clinical teaching, training institutions for higher education need to design curricula and courses for clinical teaching to assist such registered nurse midwives to specialize in the field of their choice.

The study also found that students were taught by any registered nurse midwife working in the department. The finding concurs with the views of the Association of Registered Nurses of Alberta (2005) which states that registered nurses should supervise nursing students in nursing education programs practicing in the clinical settings. The Association feels that registered nurses are professional role models and are expected to impart right knowledge, skills, attitudes and judgment in the provision of safe, competent and ethical care (Association of Registered Nurses of Alberta, 2005). However, Kaviani and Stillwell (2000) refute the belief that every registered nurse midwife is capable of teaching nursing students because these researchers think that clinical teaching is a skill and that it cannot be assumed by every registered nurse midwife by virtue of their knowledge and expertise in nursing as explained earlier on that they still need orientation and training in clinical teaching. The University of Mississippi Medical Center School of Nursing (2012) also recommends prospective clinical teachers to have worked for at least twelve months or more to gain experience professionally. Clinical teachers' clinical experience helps them to offer personal and professional development gains in the students particularly in terms of increased self-esteem, knowledge and skills (Charleston & Happell, 2004). Monareng, Jooste and Dube in 2009 pointed out that lack of experience with skill deficiency leads to high levels of stress in the clinical teacher.

This is contrary to the findings of this study where majority of the respondents indicated that they started teaching students in their first year of work before gaining necessary expertise in their practice. This means that nursing students could be inadequately taught because of lack of

experience of the clinical educators. The implication calls for the need of orienting all registered nurse midwives joining the service in clinical teaching roles to equip them with necessary skills. This is because they take up teaching role immediately after graduating due to the critical shortage of the registered nurse midwives in the healthcare system. In addition, curricula for clinical teaching programs should also be regulated to promote uniformity among the teaching health facilities to enhance quality nursing care countrywide.

Support for clinical teaching

Respondents in this study acknowledged the support provided by faculty members from colleges. This is a good finding because faculty members are engineers of nursing education and need to be on the forefront in the teaching services. Some studies on clinical teachers' perception of faculty support during clinical teaching show evidence that involvement of the educational faculty helps to allay clinical teachers' fears about teaching and learning and in so doing, registered nurse midwives feel more confident in managing students with problems regarding clinical practice (Luhanga, Yonge & Myrick, 2008; Zilembo & Monterosso 2008). Luhanga, Yonge & Myrick, 2008) further said that faculty support is very important as it creates an enabling environment for clinical teachers to make critical and challenging ethical decisions about students' clinical competence. Claudia, DePaoli, Hertach and Bower (2012) stressed that limited amount of time that faculty have to interact with clinical teachers is significant to ease their stress. This means that faculty members should work in collaboration with clinical teachers during students' clinical placements to achieve better results of clinical teaching. Mantzorou (2004) concludes that clinical teachers require nurturance and support from both management and colleges to function and develop satisfactorily.

On the other hand, ninety-two percent of the respondents indicated that clinical teachers were provided with insufficient clinical equipment (78%). Ninety-two percent of the respondents indicated that clinical teachers worked alone on a shift due to nursing staff shortages. Because of the nursing shortages, most respondents indicated that they did not find time for clinical teaching roles because of the increased demands of patient care. Lack of fellow nurses support leads to stress due to overworking (Hautala, Saylor, & O'Leary-Kelley, 2007). Participants in Bukhari (2011) and Hautala, Saylor, and O'Leary-Kelley (2007) studies recommended clinical teachers to be given support in form of extra human and material resources to help them teach students adequately. Myrick and Yonge (2005) also asserted that supporting clinical teachers is essential to provide students with the opportunity to link theory and practice as unsupportive clinical teachings are unrewarding experiences for both clinical teachers and students. The implication in this study is that clinical teaching is done inadequately due to critical shortage of the nursing personnel. The implication therefore, calls for the government to continue training more nurses into the healthcare system as is currently the case to increase number of clinical teachers in the system and to combat nursing shortages respectively.

Registered nurse midwives as clinical teachers and student relationship

Apart from training and support, respondents in this study also identified good clinical teacher/student relationship, and eagerness of the students to learn as other factors promoting effective clinical teaching. Regarding good relationship, Pfeil's study (1999) described the relationship as fundamental because it promotes support and guidance of the student. To establish the relationship, social interactions have to be there which are normally initiated by the registered nurse midwife as a clinical facilitator to promote trust, interest and warmth in the student (Luhanga, Yonge & Myrick, 2008). In promoting the relationship, Mee (2004)

suggested that these registered nurse midwives need to enter the relationship with an open and prepared mind to achieve the prescribed objectives in order to promote student's learning (Mee, 2004). Birx and Baldwin (2002) acknowledged that improving the clinical educator and students relationships is a step towards the development of a caring practitioner relationship. Luhanga, Billay, Grundy, Myrick and Yonge (2010) added that the centrality of the relationship is essential for the successful integration of the student into professional competence. The social and emotional security provided by such caring relationships enable students to express their strengths and weaknesses for them to get necessary help from the clinical teachers. Supportive relationship makes students become open to honest and positive criticisms which help them to mature personally and professionally.

Eagerness of the students to learn is another factor influencing clinical teaching and has been discussed in the challenges faced by registered nurse midwives under students failing to prepare objectives when reporting for clinical duties.

Benefits and rewards of clinical teaching to registered nurse midwives

All respondents in this study indicated that clinical teaching helps them to increase and strengthen their professional knowledge. In addition, 99% of the respondents also indicated that they feel delighted to see students growing into qualified nursing professionals. This is in line with what Baltimore (2004) stated that most clinical nurse educators become contented with personal enrichment and nonmonetary benefits of clinical teaching. Some registered nurse midwives teach because of their love for the profession so as to improve quality of patient care (Eta, Atanga, Atashili & D'Cruz, 2011). Kitchin (1993) also indicated that clinical teaching increases the registered nurse midwives' self-esteem as he/ she is recognized for his/her clinical expertise, teaching ability and professionalism. Dilbert and Goldenberg's study in 1995 also

identified a sense of being needed, professional recognition, and self-esteem as the benefits that were identified by most nurses for being clinical educators. Further, Kidd (2010) and Wright (2002) noted that most highly regarded benefits of being a clinical facilitator were opportunities to help students integrate into nursing staff, sharing knowledge and skills, teaching, and personal satisfaction. Intrinsic rewards and opportunities for personal and professional growth were also identified by Henderson, Fox and Malko-Nyhan in 2006 and were the most important reasons for taking clinical teaching role among the participants in the study. This means that clinical teaching is beneficial to the registered nurse midwives despite lack of financial rewards.

However, Morton-Cooper and Palmer (1993) and Eta, Atanga, Atashili and D’Cruz, (2011) concurred that there is a risk of burnout if the highly qualified and valued staffs are repeatedly under additional obligations without rewarding them with money or promotions. Expectations of the clinical teachers and preceptors inclusive need to be understood and addressed in order to retain them in the service (Usher, Nolan, Reser, Owens & Tollefson, 1999). Kidd (2010) explained that when employees are not rewarded, they are not motivated to work and this leads to failure to meet stated goals.

Challenges faced by registered nurse midwives during clinical teaching

Many clinical teachers experience challenges in the course of teaching students in the clinical area as agreed by Irby (1995). Apart from lack of training, lack of adequate resources and shortage of the nursing staff, large numbers of students to teach as indicated by 91% of the respondents and unwillingness of the students to learn (82%) were the other major challenges faced by the registered nurse midwives. Results also showed that the challenges were also contributed by an increase in the intakes of the students in the colleges. For example, anecdotal

notes indicated that Kamuzu College of Nursing in 2012 enrolled about 150 students in first year and in 2013, the number increased to over 200 students.

An increase in the number of students being enrolled in the nursing colleges puts more pressure on the understaffed clinical teachers during clinical placements. Dube and Jooste (2006) in Botswana found that effective supervision of students by clinical teachers was very challenging due to high clinical teacher/student ratio which was related to government's policy to train more nurses. Such policies influence negatively on the implementation of clinical teaching. In 2009, Monareng, Jooste and Dube found that 1 clinical teacher supervised about 23 students. In Malawi, the ratio is 1: > 20 yet the Nurses and Midwives Council of Malawi (2013) recommend 1:5 to ensure effective clinical teaching. Raisler, O'Grady, and Lori (2003) explained that it is a challenge to teach big numbers of students because they make the ward environment stressful and chaotic. The clinical nurse educator fails to teach each student adequately and quality of clinical teaching gets compromised (Harrison, 2004). Tamiko (2000) said that students' numbers should be moderated before taking them to clinical sites considering number of registered nurse midwives available at a health facility or in a particular department.

Hutchings, Williamson and Humphreys (2005) explained that demands on support for learners with their increase in numbers also create challenges to service providers to accommodate them. The increase in the number of students also creates shortage of supplies for basic patient care such as gloves and aprons. The implication is that large numbers of students also contribute to human and clinical resource challenges in clinical areas. A clinical setting rich in learning experiences but lacking a supporting environment discourages the learners in seeking experience and results in the loss of learning and growth opportunities (Mabuda, Potgieter, & Alberts, 2008). However, such challenges will continue in Malawi because of increased student

intakes and few teaching hospitals. This calls for good collaboration between colleges and health institutions in sourcing resources so that colleges can also be in a position to look for donations from well-wishers such as gloves and other basic items for students' use in the clinical area rather than leaving everything in the hands of the hospital managers.

The study also found that 82% of the respondents indicated that some students come to the clinical area with characteristics of showing unwillingness to learn. Students who show no interest in their learning exert pressure on the registered nurse midwives who are clinical educators because he/she does not feel comfortable with them (Joubert & De Villiers, 2015; Kalischuk, Vandenberg & Awosoga, 2013; Luhanga, Yonge & Myrick, 2008). This is in agreement with Cederbaum and Klusaritz (2009) who said that some clinical teachers also face difficulties with students due to personality conflicts which make them lose interest in their learning. Murphy's (2008) advice in such cases is that clinical teachers and faculty should discuss how to address students' special issues which make them not fit in the nursing service due to personality problems, attitude and questionable clinical competence because such issues cannot be tackled by registered nurse midwives alone as doing so can increase their stress and fail to teach wholeheartedly.

Recommendations

The major findings of the study which influence clinical teaching were: lack of training in clinical teaching among the respondents, shortage of the nursing staff, inadequate resources, lack of incentives and rewards for clinical teachers, large numbers of students to teach, and most respondents started teaching students in their first year of working as qualified nurse midwives. Furthermore, there is no research on clinical teaching targeting registered nurse midwives on factors influencing their teaching experiences in Malawi. Recommendations have therefore been

made on how clinical teaching can be improved in the nursing practice, education, management and research. The following are some of the recommendations.

- The government through Ministry of Health in collaboration with nursing colleges should train all registered nurse midwives to equip them with necessary knowledge regarding clinical teaching because most of them work as clinical teachers.
- Training institutions should design curricula and courses for training on clinical teaching to upgrade trained registered nurse midwives to specialize in the field.
- The government through Ministry of Health should continue training of the nurse midwives as it is doing to combat shortages of the nursing staff in the healthcare system.
- Health facility managers should find means of rewarding registered nurse midwives to motivate them to continue with their role of teaching and supervising students through clinical teaching despite being overwhelmed by large numbers of the students.
- Nursing colleges should increase their effort in sourcing resources for basic care practice which are used by students in the clinical area because of the increase in the intakes which exerts pressure on the teaching hospitals.
- Faculty and registered nurse midwives should be encouraged and supported in research work to promote evidence based practice by doing more research on clinical teaching.

Study limitations

The study was carried out in only two health facilities namely, Bwaila and Kamuzu Central Hospitals in Lilongwe district and randomization was not done. It is therefore difficult to generalize the findings as data were generated from only two hospital facilities due to limitation of funds. The findings would have been more solid and reliable if many more health facilities from all the 3 regions of the country were included. However, study results can still identify

areas that can be used by stakeholders to effectively develop strategies for promoting clinical teaching in the country. It is therefore, the hope of the investigator that these results will be used as a basis for further research in clinical teaching.

Conclusion

The study identified factors that influence clinical teaching at Bwaila and Kamuzu Central Hospitals. Main factors identified were: registered nurse midwives being aware of their role in clinical teaching, good faculty support, lack of clinical teaching training among the clinical teachers, shortage of the nursing staff and clinical resources to enhance clinical teaching, large numbers of students to teach and lack of rewards for clinical teachers. Lack of training was the major issue among the respondents because it made them to teach students differently. It is therefore, the hope of the investigator that information obtained from this research will assist stakeholders to design better ways of improving clinical teaching in the named institutions and countrywide to promote quality in nursing profession.

References

- Anderson, D. (2008). Preceptor training: a vital component to reducing first-year turnover. *Med/Surg Matters*, 17(6), 4–6.
- Andrews, M. & Roberts, D. (2003). Supporting student nurses learning in and through clinical practice: the role of the clinical guide. *Nurse Education Today*, 23, 474 – 481.
- Altmann, T. K. (2006). Preceptor selection, orientation, and evaluation in baccalaureate nursing Education. *International Journal of Nursing Education Scholarship*, 3(1)1.
- Asirifi1, M.S., Mill, J.E., Myrick, F.A., Richardson, G. (2013). Preceptorship in the Ghanaian context: “Coaching for a winning team”. *Journal of Nursing Education and Practice*, 3(12).
- Baltimore, J.J. (2004). The hospital clinical preceptor: essential preparation for success. *Journal of Continuing Education in Nursing*, 35, 133-140.
- Billings, D.M. & Halstead, J.A. (2009). *Teaching in Nursing: A Guide for Faculty*. (3rd ed). St. Louis: Saunders Elsevier.
- Birx, E. & Baldwin S. (2002). Nurturing staff-student relationships. *Journal of Nursing Education*, 41 (2), 86-88.
- Botma, Y., Jeggels, J & Uys, L. (2012). Preparation of clinical preceptors. *Trends in nursing*, 1(1).
- Bradshaw, M.J. & Lowenstein, A.J. (Ed) (2011). *Innovative Teaching Strategies in Nursing and Related Health Professions*. (5th ed). Boston: Jones and Bartlett Publishers.

- Brammer, J. (2006). A phenomenographic study of registered nurses' understanding of their role in student learning: An Australian perspective. *International Journal of Nursing Studies*, 43, 963–973.
- Budgen, C. & Gamroth, L. (2008). An overview of practice education models. *Nurse Education Today*; 28 (3), 273–283.
- Bukhari, E.A. (2011). Nature of preceptorship and its impact on clinical nursing care from the perspectives of relevant nursing staff. Thesis University of Manchester. Faculty of Medical and Human Sciences. Retrieved from www.manchester.ac.uk/escholar/uk-ac-man-scw:155973. Accessed on 15/09/2013.
- Burns, C., Beauchesne, M., Ryan-Krause, P. & Sawin, K. (2006). Mastering the preceptor role: challenges of clinical teaching. *Journal of Pediatric Health Care*, 20(3), 172-183.
- Cederbaum, J. & Klusaritz, H.A. (2009). Clinical instruction: using the strengths based approach with nursing students. *Journal of Nurse Education*, 48 (8):422 – 428.
- Carlson, E., Wann-Hansson, C. & Pilhammar, E. (2009). Teaching during clinical practice: strategies and techniques used by preceptors in nursing education. *Nurse Education Today*, 29(5), 522-526.
- Charleston, R. & Happell, B. (2004). Preceptorship in psychiatric nursing: Australian impact evaluations form an Australian perspective. *Nurse Educator*, (5):129-135.
- Claudia, D.H., DePaoli, S., Hertach, M. & Bower, M. (2012). Enhancing the effectiveness of nurse preceptors. *Journal for Nurses in Professional Development*. 28(4).
- Craddock, E. (1993). Developing the facilitator role in the clinical area. *Nurse Education Today*, 13: 217 – 224.

- Dibert, C. & Goldenberg., D. (1995). Preceptors' perceptions of benefits, rewards, supports and commitment to the preceptor role. *Journal of Advanced Nursing*, 21, 1144–1151.
- Dube, A. & Jooste, K. (2006). The leadership characteristics of the preceptor in selected clinical practice settings in Botswana. *Curationis*. 29(3) 24-40.
- Eta, V.E.A., Atanga, M.B.S., Atashili, J. & D’Cruz, G. (2011). Nurses and challenges faced as clinical educators: a survey of a group of nurses in Cameroon. *Pan African Medical Journal*, 8: 28.
- Jeggels, J.D., Traut, A. & Africa, A.S. (2013). A report on the development and implementation of a preceptorship training program for registered nurses. *Curationis*, 36(1), 1- 6.
- Gaberson, K. & Oermann, M. (2010). *Clinical Teaching Strategies in Nursing* (3rd ed.). New York, NY: Springer.
- Harrison, S. (2004). Overcrowded placements hinder student learning. *Nursing Standard*, 18(22), 7.
- Hautala, K.T., Saylor, C.R. & O’Leary-Kelley, C. (2007). Nurses' perceptions of stress and support in the preceptor role. *Journal for Nurses in Staff Development*, 23(2), 64-70.
- Henderson A., Fox R., Malko-Nyhan K. (2006). An evaluation of preceptors' perceptions of educational preparation and organizational support for their role. *Journal of Continuing Education in Nursing*, 37 (3), 130-136.
- Hutchings, A., Williamson, G.R. & Humphreys, A. (2005). Supporting learners in clinical practice: capacity issues. *Journal of Clinical Nursing*, 14, 945–955.
- Hyrkas, K., & Shoemaker, M. (2007). Changes in the preceptor role: Re-visiting preceptor’s perceptions of benefits, rewards, support and commitment to the role. *Journal of Advanced Nursing*, 60(5), 513-524.

- Irby D.M. (1995). Teaching and learning in ambulatory care settings: a thematic review of the literature. *Academy Medicine*, 70(10):898-931.
- Joubert, A. & De Villiers, J. (2015). The learning experiences of mentees and mentors in a nursing school's mentoring programme. *Curationis*, 38(1),
- Kalischuk, R.G., Vandenberg, H. & Awosoga, O. (2013). Nursing preceptors speak out: An empirical study. *Journal of Professional Nursing*, 29(1), 30-38.
- Karuhije, H.F. (1986). Preparation for clinical teaching: perceptions of the nurse educators. *Journal of Nurse Education*, 25(4):137 – 144.
- Kaviani, N. & Stillwell, Y. (2000). An evaluation study of clinical preceptorship. *Nurse Education Today*, 20 (3), 218-226.
- Kid, M. (2010). Perceptions of critical care nurse preceptors related to rewards, benefit, support and commitment to preceptor role. *Research Paper*. College of Applied Sciences and Technology, Ball State University. Retrieved from cardinalscholar.bsu.edu/bitstream/.../1/KiddM_2010-3_BODY.pdf. Accessed on 20/08/2013.
- Lee, T., Tzeng, W., Lin C. & Yeh, M. (2009). Effects of a preceptorship program on turnover rate, cost, quality and professional development. *Journal of Clinical Nursing*, 18, 1217– 1225.
- Lekhuleni, E. M, Van der Wal, D. M. & Ehlers, V.J. (2004). Perceptions regarding the clinical accompaniment of student nurses in the Limpopo Province. *Health South Africa Gesondheid*, 9(3).
- Lillibridge, J. (2007). Using clinical nurses as preceptors to teach leadership and management to senior nursing students: A qualitative descriptive study. *Nurse Education in Practice*, 7, 44–52.

- Luhanga, F.L., Billay, D., Grundy, Q., Myrick, F. & Yonge, O. (2010). The one-to-one relationship: is it really key to an effective preceptorship experience? A review of the literature. *International Journal of Nursing Education Scholarshi*, 7(1), 21.
- Mabuda, B.T., Potgieter, E. & Alberts, U.U. (2008). Student nurses' experiences during clinical practice in the Limpopo Province. *Curationis*, 31(1), 19-27.
- Mantzorou, M. (2004). Preceptorship in nursing education: Is it a viable alternate method for clinical teaching? *ICUS NURS WEB J(NURSING. GR)*, 1- 10.
<http://cfde.emory.edu/teaching/resourcebuharticle/> Clinical Teaching Mantzorou.pdf.
 Accessed on 18th April, 2015.
- Mee, C. (2004). Removing nurses from the menu. *Nursing*, 34(6), 8.
- Mogan, J. & Knox, J.E. (1987). Characteristics of best and worst clinical teachers as perceived by university nursing faculty and students. *Journal of Advanced Nursing*, 12: 331 – 337.
- Monareng, L.V., Jooste, K., & Dube, A. (2009). Preceptors' and preceptees' views on student nurses' clinical accompaniment in Botswana. *Africa Journal of Nursing and Midwifery*, 11 (2), 115–129.
- Murphy, B. E. (2008). Positive precepting: Preparation can reduce the stress. *MedSurg Nursing*, 17(3), 183-188.
- Myrick, F. Luhanga, F. Billay, D., Foley, V., & Yonge, O. (2012). Putting the evidence into preceptor preparation. *Nursing Research and Practice*, 2012, 1-7.
- Myrick, F. & Yonge, O. (2004). Enhancing critical thinking in the preceptorship experience in nursing education. *Journal of Advance Nursing*, 45(4), 371–380.

- Myrick, F. & Yonge, O. (2005). *Nursing Preceptorship: Connecting Practice & Education*. Philadelphia: Lippincott Williams & Wilkins.
- Padayachee, P. (2014). *The role of the clinical preceptor in enhancing nursing education at a nursing college* (Unpublished Masters dissertation). Stellenbosch University, South Africa.
- Penman, J. & Oliver, M. (2004). Meeting the challenges of assessing clinical placement venues in a Bachelor of Nursing program. *Journal of University Teaching and Learning Practice*, 59 – 73.
- Pfeil M (1999) Preceptorship: the progression from student to staff nurse. *Journal of Child Health Care* 3 (3), 13-18.
- Pillay, P. & Mtshali, N.G. (2008). Clinical supervision and support for bridging program students in the greater Durban area. *Curationis*, 31(4), 46-56.
- Polit, D. F. & Beck, C. T. (2008). *Nursing Research: Generating and Assessing Evidence for Nursing Practice*. (8th ed.). Philadelphia: Lippincott.
- Raisler, J., O’Grady, M. & Lori, J. 2003. Clinical teaching and learning in midwifery and women’s health. *Journal of Midwifery and Women’s Health*. 48 (6): 398-406.
- Registered Nurses Association of Ontario (2004). *Preceptorship Resource Kit*. Toronto, Canada.
- Schoonbeek, S., & Henderson, A. (2011). The journey of building a learning culture. *Journal of Continuing Education in Nursing*, 42(1), 43- 48.

- Schonwetter, D.J., Lavigne, S., Mazurat, R. & Nazarko, O. (2006). Students' perceptions of effective classroom and clinical teaching in dental and dental hygiene education. *Journal of Dental Education*, 70(60): 624 – 635.
- Smedley, A., Morey, P. & Race, P. (2010). Enhancing the knowledge, attitudes and skills of preceptors: an Australian perspective. *Journal of Continuing Education Nursing*, 41(10), 451-61.
- Sorensen, H., & Yankech, L. (2008). Precepting in the Fast Lane: Improving Critical Thinking in New Graduate Nurses. *The Journal of Continuing Education in Nursing*, 39(5), 208-216.
- Tamiko, H. (2000). Study of the difficulties faced by the nursing school teachers in clinical teaching. *Bulletin of the Japanese Red Cross College of Nursing*, 14: 31 – 34.
- University of Mississippi Medical Center School of Nursing (2012). BSN Preceptor Handbook. Retrieved from . Accessed on 18/09/2013.
- Udlis, K.A. (2008). Preceptorship in undergraduate nursing education: An integrative review. *Journal of Nursing Education*, 47(1), 20-29.
- Usher, K., Nolan, C., Reser, P., Owens, J., & Tollefson, J. (1999). An exploration of the preceptor role: Preceptors' perceptions of benefits, rewards, supports and commitment to the preceptor role. *Journal of Advanced Nursing*, 29(2), 506–514.
- Varley, L., MacNamara, C. & Mannix-McNamara, P. (2012). Preceptorship: Exploring the experiences of final year student nurses in an acute hospital setting. *Journal of Hospital Administration*, 1(2).
- Wang-Cheng, R.M., Fulkerson, P.K., Barnas, G.P. & Lawrence, S.L. (1995). Effect of student and preceptor gender on clinical grades in an ambulatory care clerkship. *Acad Med*, 70(4):324-6.

- Whittemore, R. & Knaf, K. (2005). The Integrative Review: updated methodology. *Journal of Advanced Nursing*, 52(5), 546-553.
- Wong, J. & Wong, S. (1987). Towards effective clinical teaching in nursing. *Journal of Advanced Nursing*, 12: 505 – 513.
- Wright, A. (2002). A preceptoring in 2002. *Journal of Continuing Education in Nursing*, 33(30):138 – 141.
- Yonge, O., Hagler, P., Cox, C., & Drefs, S. (2008). Listening to preceptors. *Journal for Nurses in Staff Development*, 24(1), 21-26.
- Yonge, O., Krahn, H., Trojan, L., Reid, D., Hasse, M. (2002). Supporting preceptors. *Journal for Nurses in Staff Development*, 18(2), 73-77.
- Yonge, O., Myrick, F., Ferguson, L. & Luhanga, F. (2005). Promoting effective preceptorship experiences. *Journal of Wound, Ostomy and Continence Nursing*, 32(6), 407–412.
- Young, L.E. & Paterson, B.L. (2007). *Teaching nursing: Developing a student-centered learning environment*. Philadelphia: Lippincott Williams & Wilkins.
- Zilembo, M. & Monterosso, L. (2008). Nursing students' perceptions of desirable leadership qualities in nurse preceptors: A descriptive survey. *Contemporary Nurse*, 27(2), 194- 206.

FIGURE 1: Timeline for the study

Activity	Jan/Feb 2013	Mar/Apr/ May 2013	Jun/July/ Aug 2013	Sept/Oct 2013	Nov 2013	Dec/Jan/ Feb 2013	Mar/ April 2014
Topic searching							
Proposal development							
Submission of proposal to supervisor							
Submission to COMREC							
Pretesting and data collection							
Data analysis & report writing							
Submission of dissertation							

FIGURE 2: Budget estimates

Item	Description	Quantity	Rate per item		Amount	
			K	T	K	T
	Printing paper	3	1,	900	5,	700
	Pens	50		100		500
	Envelopes	10		200	2,	000
	Pencil	2		20		40
	Rubber	2		75		150
	Staple machine, pins	1 each	2,	500	2,	500
			Subtotal		10,	890
Printing and photocopying	Photocopying research tools		20,	000	20,	000
	Proposal printing and binding				5,	000
	Printing and binding of dissertation				20,	000
			Subtotal		K 45,	000
Transport and accommodation					20,	000
Proposal submission fee					35,	000
Allowance	Statistician	2 days	15,	000	30,	000
10% contingency					14,	089
			Subtotal		K 99,	089
		GRAND	TOTAL		K 154,	089

Justification for the budget

(a) Stationery

The study will demand papers for questionnaires, letter writing and other writings in the process of data collection and analysis. Envelopes will be used for carrying research questionnaires and consent forms from residential area to data collection sites and vice versa. Questionnaires will be stapled hence the need for stapler machine and staple pins. A memory stick will be needed for storing information for the proposal and dissertation and other important information for the study.

(b) Transport and allowances

The researcher will need money for transport and lunch. This includes transport to collect data on literature review from resource centers, conduct a pretest study and collect data respectively to and from school and Bwaila and KCH and also Lilongwe and Kasungu District Health Office. The researcher will also travel to bind proposals and dissertations. Phone calls will also require money for communication with supervisors, study sites and other resource persons hence the need for the 10% contingency. The researcher will also be assisted by a statistician because she is not an expert in the field. Submission of the proposal to COMREC also requires a fee.

(c) Printing and binding

Funds will also be needed for printing and binding of the research proposals and dissertations before submission.

APPENDICES

APPENDIX A: PARTICIPANT INFORMATION SHEET ABOUT THE STUDY

Nursing as a professional discipline relies on its practitioners to teach students in the clinical area. Clinical teaching is teaching which takes place in a clinical area for an individual or a group of students and usually involves patients and clinical procedures and is supported by nursing faculty from training institutions. Registered Nurses found in the healthcare facilities are expected to contribute to the socialization, education, and overall development of the nursing students for them to become competent practitioners. This study will determine factors influencing clinical teaching at Bwaila and Kamuzu Central Hospitals by RNMs. The findings will assist nursing colleges and health institutions to find ways of improving clinical teaching. Quality learning experiences promote thorough preparation of the graduates desired to provide quality care.

Invitation to participate in the study

As a registered nurse midwife supporting nursing students in the selected institutions, you are invited to participate in this study and before you decide to take part, it is important that you understand what will be involved in the study. You are free to ask questions where you are not clear. Participation in this study is voluntary and you are requested to read the whole information on this sheet to get informed about the study.

Do I need to take part in the study?

You are free to take part or to withdraw and even refuse to participate in the study without losing your job. If you accept to take part in this research, you will be asked to sign a consent form to show acceptance and an informed choice. You are also informed that your records will be kept private and not be given to anyone else. To protect your privacy, you will be

identified by a study number only and not your name. The records will be destroyed at the end of the study. Refusal to participate in the study will not affect your job.

What will happen during the study?

If you agree to take part in the study, you will sign a consent form provided and then answer the questions on the questionnaire.

Are there any benefits for participating in the study?

You will not benefit anything from participating in this study as a participant however, the information you will provide shall help in determining factors that influence clinical teaching by taking into account all responses to improve clinical teaching in the country. There are no monetary benefits from the study.

Who to contact in case of any concern

Any concerns about the study should be forwarded to Beatrice Kaluwa (Principal investigator), Kamuzu College of Nursing, Lilongwe campus, Private Bag 1, Lilongwe. **Cell phone:** 0999584005 **OR** 0888335410 and **E-mail:** bkaluwa@ymail.com. You can also contact: COMREC Secretariat, P/Bag 360, Chichiri, Blantyre 3 or on **Telephone:** 0111871911

APPENDIX B: CONSENT FORM

Study title: ‘Factors influencing clinical teaching at Bwaila and Kamuzu Central Hospitals by Registered Nurse Midwives.’

I have read the attached information sheet for this study and have understood the purpose of the study and the tasks involved while participating in the study.

I have understood that am free to withdraw any time without giving reasons and that this will not influence security of my job.

I have understood that there is no risk associated with the study.

I have understood that the provided information will only be accessed by the investigator.

I have understood that there will be no any financial benefit for participating in the study.

I have understood on how to contact the investigator and other relevant authorities.

I therefore, voluntarily agree to participate in the study.

-----	-----	-----
Respondent’s name	Respondent’s signature	Date

-----	-----	-----
Investigator’s name	Investigator’s signature	Date

APPENDIX C: DATA COLLECTION TOOL

Factors influencing clinical teaching at Bwaila and Kamuzu Central Hospitals by Registered Nurse Midwives.

SECTION A: GENERAL INFORMATION

Respondent identification number: -----

Name of health facility: -----

Sex: Male / Female

SECTION B: KNOWLEDGE AND EXPERIENCE

1. What is your highest level of qualification? (Circle single response)

<i>Item</i>	<i>Response</i>
Diploma in Nursing	1
Bachelor of Science in Nursing	2
Master's degree in Nursing	3

2. How long have you been working as a Registered Nurse midwife (RNM)? (Indicate number of years in the space provided)

_____ Years.

3. For how long have you been teaching nursing students? (Indicate number of years in the space provided).

_____ Years.

Questions 4 - 10 have items on various aspects of clinical teaching. Please circle on Yes (1) or No (2) to indicate your opinion on each item.

Key

1: You agree that it is true.

2: It is not true.

4. Did you receive any orientation on clinical teaching after graduating as a Registered Nurse midwife?

<i>Item</i>	<i>Yes</i>	<i>No</i>
You received a training in clinical teaching	1	2

5. What is your role as a registered nurse midwife in clinical teaching?

<i>Item</i>	<i>Yes</i>	<i>No</i>
Acting as a resource person for students	1	2
Facilitating learning of technical skills to students	1	2
Acting as a role model for students	1	2
Supporting students in developing communication skills	1	2
Providing guidance to students in developing abilities for managing the departments and personnel	1	2
Facilitating the internalization of professional ethics, standards and behavioural patterns to students	1	2

SECTION C: SUPPORT

6. What type of support do you get as clinical teachers from hospital management and colleges?

<i>Item</i>	<i>Yes</i>	<i>No</i>
You are provided with adequate resources for carrying out clinical teaching roles	1	2
You are allocated with enough nurses on duty	1	2
You are given extra time for clinical teaching services during students' placements	1	2
You are visited by faculty members who assist you when need arises	1	2
You are provided with adequate infrastructure for one to one discussion between registered nurse midwives and students	1	2

SECTION D: OTHER FACTORS PROMOTING CLINICAL TEACHING

7. What other factors promote clinical teaching?

<i>Item</i>	<i>Yes</i>	<i>No</i>
Availability of the teaching and learning resources	1	2
Friendly and supportive staff	1	2
Availability of clients with different conditions	1	2
Adequate infrastructure	1	2
Manageable registered nurse midwife/student ratio	1	2
Teaching students who are eager to learn	1	2
Good nurse/student work relationship	1	2
Good relationship between nurses and educators	1	2

SECTION E: BENEFITS OF CLINICAL TEACHING TO REGISTERED NURSE MIDWIVES AS CLINICAL TEACHERS

8. What benefits do you get from clinical teaching as clinical teachers?

<i>Item</i>	<i>Yes</i>	<i>No</i>
Improve own knowledge base and critical thinking skills	1	2
Proud to see students growing and developing professionally	1	2
Opportunities to attend meetings and conferences	1	2
Opportunities for continuing education	1	2
Opportunities for promotions and monetary reward	1	2
Salary increments	1	2
Opportunity for employment in colleges of nursing	1	2
Opportunities to strengthen teaching skills and influence practice	1	2
Opportunity to reflect on and evaluate one's own practice	1	2

SECTION F: CHALLENGES FACED BY REGISTERED NURSE MIDWIVES AS CLINICAL TEACHERS

9. What challenges do you face in the process of teaching nursing students?

<i>Item</i>	<i>Yes</i>	<i>No</i>
Lack of knowledge on clinical teaching	1	2
Increased workload	1	2
Lack of support from managers and colleagues	1	2
Unfriendly and unsupportive faculty members	1	2
Inadequate resources and infrastructure	1	2
No rewards and incentives	1	2
Faculty members do not give us objectives to be achieved by the students	1	2
Overwhelming numbers of students to precept	1	2
Teaching students who lack basic knowledge and skills	1	2
Teaching students who are not willing to learn	1	2
No opportunities for updates of knowledge and skills	1	2
Teaching unprepared students who do not bring their daily objectives to the clinical area	1	2

SECTION G: CONTRIBUTING FACTORS TO THE CHALLENGES

10. What could be the contributing factors to the challenges?

<i>Item</i>	<i>Yes</i>	<i>No</i>
Teaching undisciplined students	1	2
No orientation for teaching role	1	2
Shortage of nurses working on the wards	1	2
Increased intakes of student in the colleges	1	2
No finances for rewards and incentives	1	2
Lack of coordination between training institutions and health facilities	1	2
Poor working conditions	1	2
Students lack theoretical knowledge in certain skills	1	2

THANK YOU FOR TAKING YOUR TIME TO RESPOND TO THE QUESTIONNAIRE!!

APPENDIX D: LETTER OF SUPPORT FOR RESEARCH

UNIVERSITY OF MALAWI KAMUZU COLLEGE OF NURSING

PRINCIPAL
MALATA, A
DIP NURS, MRN
B.Sc., MN, PhD



P/BAG 1, LILONGWE
MALAWI TELEPHONE 01 751 622/200
TELEGRAMS: NURSING

FAX: 01 756 424
EMAIL: principal@kcn.unima.mw

14th October, 2013

TO WHOM IT MAY CONCERN

LETTER OF SUPPORT FOR RESEARCH PROPOSAL- BEATRICE KALUWA

This is a letter of support for a study in “*Factors influencing Preceptorship*” which the above mentioned student is conducting in partial fulfillment of her master’s degree in Nursing and midwifery Education. The study will be a baseline for formulation of a policy and standard guidelines on Preceptorship in the country so that issues of required qualification for preceptors and expectations of the training colleges and health facility management in terms of monitoring, evaluation and support, including student preparation should all be highlighted in the guidelines. Such developments will make the program to receive adequate support from policy makers, regulatory and professional bodies, and other stakeholders involved in nursing education to improve quality of nursing in Malawi. The study will also act as a baseline for further studies on Preceptorship in Malawi.

A handwritten signature in cursive script, reading 'C N Chihana', written in black ink.

Christina N. Chihana B.Sc. Med.

**Senior Lecturer and Coordinator of MSc. Degree in Nursing and Midwifery
Education Program**

APPENDIX E: PERMISSION FROM KASUNGU DISTRICT HEALTH OFFICE

University of Malawi,
Kamuzu College of Nursing,
Private Bag 1,
Lilongwe.
25th September, 2013.

The District Health Officer,
Kasungu District Hospital,
P. O. Box 19,
Kasungu.

Dear Sir/ Madam,

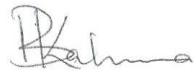
REQUEST FOR PERMISSION TO PRETEST A QUESTIONNAIRE AT KASUNGU
DISTRICT HOSPITAL

I write to request for your permission to pretest a questionnaire for a study titled "*Factors influencing preceptorship.*" The study will be conducted at Kamuzu Central Hospital and Bwankulu Hospital in Lilongwe.

I am a student pursuing a Master of Science Degree in Nursing and Midwifery Education at Kamuzu College of Nursing and I am supposed to carry out a research study in partial fulfillment for the award of the degree. The findings will assist nursing colleges and health institutions to find ways of making preceptorship an effective strategy for clinical nursing education. Quality learning experiences promote thorough preparation of the graduates desired to provide quality nursing care.

I look forward to your favourable response to my request.

Yours faithfully,



Beatrice Kaluwa.



APPENDIX F: PERMISSION FROM LILONGWE DISTRICT HEALTH OFFICE

Ref. No.:
Telephone No.: **265 727017**
Telefax No.: **265 727817**
Telex No.:
E-Mail: **lilongwedho@malawi.net**

Please address all communications to:
The District Health Officer



Lilongwe District Health Office
P.O. Box 1274
Lilongwe
Malawi


1st October ,2013

**RE: PERMISSION TO CONDUCT A RESEARCH STUDY AT
BWAILA HOSPITAL**

Permission has been granted to the bearer of this letter
Beatrice Kaluwa

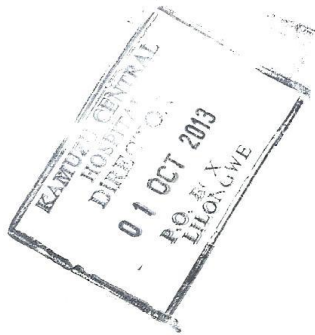
To conduct a study at Bwaila Hospital.
" Factors influencing preceptorship "

Any assistance rendered would be appreciated.

PP

Dr. Mwawi Mwale
DISTRICT HEALTH OFFICER

Ministry of Health & Population
Lilongwe District Health Office
DISTRICT MEDICAL OFFICER
02 OCT 2013
P.O. Box 1274
Lilongwe

APPENDIX G: PERMISSION FROM KAMUZU CENTRAL HOSPITAL



University of Malawi,
Kamuzu College of Nursing,
Private Bag 1,
Lilongwe.
25th September, 2013.

The Hospital Director,
Kamuzu Central Hospital,
P.O. Box 149,
Lilongwe.

Approved you may
proceed with the
study
Munyaho
01/10/13

Dear Sir/ Madam,

REQUEST FOR PERMISSION TO CONDUCT A STUDY AT KAMUZU CENTRAL
HOSPITAL

I write to request for your permission to carry out a study at Kamuzu Central Hospital titled
"Factors influencing preceptorship."

I am a student pursuing a Master of Science Degree in Nursing and Midwifery Education at
Kamuzu College of Nursing and I am supposed to carry out a research study in partial fulfillment
for the award of the degree. The findings will assist nursing colleges and health institutions to
find ways of making preceptorship an effective strategy for clinical nursing education. Quality
learning experiences promote thorough preparation of the graduates desired to provide quality
nursing care.

I look forward to your favourable response to my request.

Yours faithfully,


Beatrice Kaluwa.

APPENDIX H: CERTIFICATE OF ETHICS APPROVAL



**CERTIFICATE OF ETHICS
APPROVAL**

This is to certify that the College of Medicine Research and Ethics Committee (COMREC) has reviewed and approved a study entitled:

P.10/13/1482 – Factors Influencing Preceptorship version 2 dated January 2014 by Beatrice Kaluwa

On 30th January 2014

As you proceed with the implementation of your study, we would like you to adhere to international ethical guidelines, national guidelines and all requirements by COMREC as indicated on the next page



Mwapasa
Dr. V. Mwapasa- Chairperson (COMREC)

31/01/14
Date