



KAMUZU COLLEGE OF NURSING

PERCEPTIONS ON THE COMMON ROLES OF QUALIFIED NURSES/MIDWIVES  
TOWARDS STUDENT NURSES LEARNING IN THE CLINICAL SETTING AT QUEEN  
ELIZABETH CENTRAL HOSPITAL

MSc (NURSING & MIDWIFERY EDUCATION) THESIS

BY

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Submitted in partial fulfillment of the requirement for the degree of Master of Science  
(Nursing and Midwifery Education)

MARCH, 2016

## DECLARATION

I, hereby declare that this thesis is my own original work and has not been submitted to any other institution for similar purposes. Where other people's work has been used acknowledgements have been made.

FLORENCE LUHANGA –NYIRENDA

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Full Legal Name

A handwritten signature in blue ink on a white background with horizontal lines. The signature appears to be 'FNH' followed by a stylized flourish.

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Signature

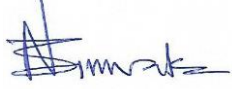
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## CERTIFICATE OF APPROVAL

The undersigned certify that this thesis represents the student's own work and effort and is being submitted with my approval and has not been submitted to any other institution for similar purposes.

**Signature:**  \_\_\_\_\_

**Date:** 12<sup>th</sup> April, 2016

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## **DEDICATION**

This work is dedicated to my husband Kelvin for his untiring support throughout the entire period of my study.

My two lovely sons, Vitumbiko and Marumbo who endured my absence most of the times when i was not available as a mother.

My late parents, Matati and Loveness Luhanga, for their hardworking spirit and encouragement instilled in me to be focused and aim high in life. That made me to be what i am today.

## **ACKNOWLEDGEMENT**

I would like to thank God Almighty for giving me good health and wisdom throughout the period of writing this thesis. I would also like to extend my sincere gratitude and deep appreciation to the following people for their contribution towards realization of this thesis:

Mr. A.N.K. Simwaka, my supervisor deserves a lot of thanks for his professional, patience, and constructive guidance throughout the study period which has enriched my social and academic life beyond the frame of this study.

Dr. G. Msiska, Dr. E. Kabuluzi, and Dr. A.O. Maluwa are also acknowledged for their professional knowledge on research which has enlightened me to come up with this thesis.

My workmate, Mrs. Hilda Gausi, for exchange of academic ideas during the study period.

Finally, but not least, the participants for their cooperation, without which, the study would not have been successful.

May God Almighty bless you all abundantly.

## **ABSTRACT**

The aim of the study was to explore the perceptions on the common roles of qualified Nurses/Midwives of Queen Elizabeth Central Hospital specifically in Chatinkha Maternity wards towards teaching student nurses in the clinical setting. Fifteen qualified nurses/midwives who were working with students from the training institutions of southern Malawi were interviewed. The fifteen qualified nurses/midwives were conveniently sampled and data was collected using a semi-structured interviews. Data was tape recorded and analysed by using eight steps of content analysis. Five main themes emerged: experience of qualified nurses/midwives to teach students /nurses in the clinical area, poor orientation of qualified nurses/midwives towards clinical teaching, inadequate resources, congested clinical learning environment and increased workload for qualified nurses/midwives. The study revealed that most nurses/midwives were more than willing to teach student nurses. It also revealed that nurses/midwives do quite a number of activities in clinical teaching such as orienting students in the ward, demonstrate different procedures to students, and teach them how to manage the wards and subordinates, supervise their procedures and managerial tasks like staff allocations, writing rosters, delegating duties to subordinates among several others. The study also revealed that they lacked proper orientation in clinical teaching, and no preconference meetings between the hospital and the colleges before sending students to the clinical setting.

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## ABBREVIATIONS AND ACRONYMS

AIDS.....	Acquired Immune Deficiency Syndrome
CHAM.....	Christian Hospitals Association of Malawi
COMREC.....	College of Medicine Research Committee
EN/M .....	Enrolled Nurses
HIV.....	Human Immunodeficiency
MOH.....	Ministry of Health of Health
NMT.....	Nurses Midwife Technicians
NSs .....	Nursing Students’
NRHSN.....	National Rural Health Students’ Network
PMTCT.....	Prevention of Mother-to–Child Transmission of HIV/AIDS
PN/M.....	Professional Nurses/Midwives
QECH.....	Queen Elizabeth Central Hospital
RN/M.....	Registered Nurses/Midwives

## DEFINITIONS OF TERMS

Role : Means a part or character someone performs or the function or Position of a person.

Perceptions : Perception is the process by which organisms interpret and organize sensation to produce a meaningful experience of the world

Qualified Nurse/

Midwife : Can either be:

An Enrolled nurse Midwife who has obtained a certificate in nursing and midwifery from a recognized institution has been endorsed by nurses and midwife council of Malawi.

**OR**

A Nurse Midwife Technician who has obtained a college diploma in Nursing and Midwifery and has been endorsed by nurses and midwife council of Malawi

**OR**

A Registered Nurse midwife who has obtained a University diploma in Nursing and Midwifery has been endorsed by nurses and midwife council of Malawi.

**OR**

A professional nurse is a person who is qualified and competent to independently practice comprehensive nursing/midwifery in the manner and to the level prescribed and who is capable of assuming responsibility and accountability for such practice (South Africa, 2005:62).

**Student nurse** : An individual who is following a three years programme leading to a college diploma or four year Baccalaureate programme at any nursing institution that trains Nurses/Midwives

**Clinical environment** : The clinical learning environment is the environment in which students perform skills related to needs of patients and provide physical, psychological, spiritual and social support (utilizing a holistic approach) to patients, in order to promote and maintain safe, effective patient care.

**Clinical Setting** : Are primarily places of patient care, with quality and safety outcomes for patients paramount.

**Clinical practice** : It is a systematically developed statement to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances.

## **CHAPTER ONE**

### **INTRODUCTION & BACKGROUND**

#### **1.0 INTRODUCTION**

Clinical learning provides nursing students with the opportunity to develop a wide range of skills through experience with patients and their problems. Its strengths are that it is highly relevant to future professional practice, integrates students into health care teams and provides role modeling by qualified nurses/midwives. The quality and safety of health care is a global concern and as such these considerations are dependent on proficient staff and adequate resources being available within clinical areas. Further to this, quality and safe health care relies on the effective educational preparation of nurses. Nursing is a professional practice discipline and what nurses and student nurses learn in clinical practice is more important than what is demonstrated in a classroom (Potgieter, 2012).

This is why the training of nurses requires theory and practical teaching. After undergoing theoretical learning, students are expected to learn clinical skills in various clinical settings.

This is due to the fact that clinical learning activities provide real life experiences and opportunities for transfer of knowledge to practical situations (Oermann & Gaberson 2007; Walker, 2005). In particular, consideration needs to be given to creating clinical context where students learn to integrate their theoretical knowledge with practice, and nurses are assisted to keep abreast of health care knowledge. Clinical settings that encourage staff and students to learn through applying and reflecting on their

knowledge and practice can assist experienced nurses to question and explore their own practices (Crotty, 2010). Students and novice staff also learn through observation of behaviours and practices and the practices of nursing staff are important in role-modeling attitudes and behaviours (Brammer 2006; Henderson & Winch 2007, Henderson et al.2010).

Therefore, the community of nurses with which students and novice staff engage in the clinical setting directly influences how students and novices perform their practice, make sense of their knowledge and contribute to safe and contemporary care (Egan & Jaye 2009).

Apart from learning the skills, students are able to experience the real world of nursing in addition to the responsibilities of the nurse and develop interpersonal relationship with others (Benner et al. 2009; Sharif et al. 2005). Clinical practice allows students to become socialized into the norms and culture of the nursing profession (Fitzgerald et al. 2011). This indicates the importance of clinical practice in nursing education. Therefore, learning in the clinical practice should be effectively facilitated in order to adequately prepare nursing students for the work they do after qualifying.

In collaboration with the nurse educator, clinical nurses are supposed to enhance knowledge and skills of student nurses in the clinical setting. However, it is common that nurse educators and staff nurses expect students to perform at an expert level without giving them sufficient time to practice and refine their performance (Oermann & Gaberson, 2009). Learning is critical in the clinical area for the translation of theory into practice. According to Oermann & Gaberson (2009), the clinical nurse's roles include creating conducive learning environment for clinical

learning, guiding and facilitating learning, evaluating and assessing learning and providing feedback after evaluating learners' performance. He or she also provides feedback after evaluating learners' performance in the clinical area. The clinical setting needs to provide experiences that foster student learning and development. The aim of clinical practice learning is to enable students develop the clinical competence, (An Bord Altranais, 2003) and become safe, caring, competent decision-makers willing to accept personal and professional accountability for evidence-based nursing/midwifery care. Each nurse/midwife has a duty to provide students with clinical support to help them question, analyse, reflect upon their practice and develop autonomy in decision-making to enable them become safe, caring and competent nurses/midwives. The clinical environment is a learning environment where students are socialized into the profession. Since nursing is a practice profession, it is imperative that the clinical environment offer students opportunities to develop skills necessary for nursing practice.

### **1.1 Background information**

The qualified nurse/midwife is a pillar in socializing nursing students in the profession. However, the existing health care delivery system lacks quality as evidenced by outcry from the public that quality of nursing care should improve (Kadango, 2007). Macfarlen et al. (2007) state that clinical practice prepares nursing students to become competent practitioners who will be able to provide quality health care and promote health of the people they serve (WHO 2005). Apart from learning the skills, students are able to experience the real world of nursing in addition to the responsibilities of the nurse and develop interpersonal relationship with others (Benner et al. 2009; Sharif et al. 2005). Clinical practice allows students to become

socialized into the norms and culture of the nursing profession (Fitzgerald et al. 2011). This indicates the importance of clinical practice in nursing education. Therefore, learning in the clinical practice should be effectively facilitated in order to adequately prepare nursing students for the work they do after qualifying.

Though clinical teaching is important in bridging theory practice gap, it is faced with a lot of challenges including shortage of resources such as nurse educators and clinical nursing staff, teaching resources and increased number of students due to increase in enrollment in response to consumer demand (Caffrey & Frelick,2006; Kadango,2007; Tveit et al.,2009). Student nurses/midwives clinical learning is a vital component as it provides the student nurses/midwives with the opportunity to develop knowledge, skills and attitudes needed to enable them function effectively (Hossein et al 2010). Students feel confident and motivated to learn in an environment where they are respected.

The quality of nurse education depends largely on the quality of the clinical experience that student nurses receive in the clinical setting (Henderson et al. 2006). Since 1990s, supporting students in a clinical setting has been a mutual responsibility of the nurse educators and the clinical nurse globally. Clinical performance increases if students are given necessary support in the clinical environment (Elcigil & Sari 2007). However, various studies have identified a number of factors which tend to reduce the benefit that student nurses are supposed to obtain from the clinical practice. For example, Papastarou et al (2009) realize that student nurses perceived serious deficits in practice learning. They further said that not only do they frequently report negative experiences and dissatisfaction in the practice setting, but also they anticipate hostility and difficulties communicating with staff. Cheraghi et al. (2012) in their study said that poor relationship may lead to frustration and demotivation thus,

negatively affecting students learning in acquisition of knowledge and skills to become competent practitioners.

Addis and Karadag (2003) highlight the difficulties which include: nurses who lack clinical teaching training and therefore not comfortable to supervise, insufficient co-operation between nursing schools and hospitals, the paucity of the clinical nurse specialists and nurse lecturers being insufficiently qualified to supervise clinical learning properly. Raisler, O'Grady, and Lori (2003) also add that large numbers of students make supervision difficult; they crowd the wards, decrease the number of procedures performed by a student and reduce learning opportunities. They further state that the atmosphere in the health facility may be chaotic and stressful, as hospitals and practices merge, dissolve and change to survive. These can have a negative impact on student learning and therefore the quality of the learning environment and clinical supervision that students receive may be compromised. As a result of all these factors, student nurses may graduate with inadequate clinical skills. Studies have revealed that a greater part of student clinical learning takes place as a result of the interactions which occur between the nurses and the students Atack et al (2000), Taylor (2000); Rotem (1995). Emanuel & Pryce-Miller (2013) conclude that appropriate clinical placements are an essential part of pre-registration nurse education. They provide students with the opportunity to learn practical skills and gain knowledge, so students' learning is heavily dependent on the quality of support mentors provide. However, the role of clinical nurses in teaching students is poorly explored. Considering the significance of this, the researcher investigates the role that the clinical nurses plays in supporting students in the clinical area to enable them graduate with appropriate knowledge, skills, and attitude to offer quality nursing

care in the health care delivery system. As such, the study looked into the role of qualified nurses towards student nurses in the clinical setting. On the other hand, the role of clinical nurses in teaching students is poorly explored (Jackson and Mannix 2001).

## **1.2 Problem statement**

A qualified nurse/midwife plays an important role in socializing nursing students in the nursing and midwifery profession through clinical teaching. Clinical practice learning enables students develop clinical competence and become safe, caring, competent decision-makers in their provision of nursing/midwifery care. Although it is required of the qualified nurses/midwives to participate in clinical teaching, it has been noted that most of them rarely participate in clinical teaching of nursing students. Because students receive little or no support in the clinical setting during their training, they end up displaying poor clinical competencies at the end of the training. Therefore it is necessary that qualified nurse/midwives support students in clinical area so that students graduate with necessary knowledge, skills and appropriate attitudes to be able to provide quality nursing care in the health care delivery system.

## **1.3 Significance of the study**

The study investigated the perceptions on the common roles of qualified nurses/midwives towards student learning in clinical setting. The findings may improve understanding of the current situation regarding the performance of the qualified nurses/midwives in the clinical setting. It may also help the students to emulate, build trust in the qualified nurse and be able to provide care to patients. In addition, the study may help the qualified nurses/midwives to model student nurses

towards this noble and caring profession, to raise awareness on the part of the nursing staff and nurse educators to understand the expectations of students when they are allocated to the wards for clinical experience. The results may also inform nursing staff of better ways to supervise students and this study has provided baseline information for future research in the same area of the qualified nurses' roles in clinical teaching. Information obtained the qualified nurses/midwives can provide guidance on how students can be taught in the clinical area to become dependable nurses by clients and patients' needs and preferences as well as managing the health facilities in Malawi.

Furthermore, the problems identified on qualified nurses/midwives towards student learning in the clinical setting may form a starting point for making recommendations to teaching hospitals as well as training institutions to devise strategies to address the problems and improve students' clinical teaching. The RN makes a considerable difference to the student's experience. Furthermore, students begin to construct a personal identity of becoming a nurse through a process of developing confidence, confirmation of nursing practices and assimilating knowledge. Although it is required of the qualified nurses/midwives to participate in clinical teaching, it has been noted that most of them rarely participate in clinical teaching of nursing students (Grigulis, 2010; Ngalande, 2010; Kachiwala, 2006; and Attack et al 2000) hence the need to conduct this study.

## **1.4 Research objectives**

### **1.4.1 Main objective**

The main objective of the study is to explore the qualified nurses/midwives' perceptions on their role in student nurses' learning in the clinical setting at QECH.

### **1.4.2 Specific objectives**

- To determine the level of support that qualified nurses/midwives get from teaching institutions for student nurses' supervision in clinical practice.
- To assess how increased numbers of student nurses' affect qualified nurses/midwives' performance in clinical practice.
- To identify main activities that qualified nurses/midwives perform in clinical teaching of student nurses in clinical practice.
- To establish the kind of relationship that exists between student nurses and qualified nurses/midwives in clinical practice.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

Nursing is a practice discipline which provides positive experiences for students in the practice setting essential for learning to occur. Learning experiences in the practice setting have an effect on the degree and type of learning that takes place, as well as a significant impact on how students are socialized into the nursing profession. One part of the learning stems from the types of experiences available on any given unit and even greater part of the learning takes place as a result of the types of interactions that occur between the nurses and the students.

The literature review revealed that most studies on the role of qualified nurses towards student learning in the clinical setting have been conducted overseas such as the study conducted by Sharif and Masoumi (2005), Eaton, Henderson, Winch. (2007), and Emanuel, Pryce-Miller,(2013) just to mention a few. However, only a few studies were done in the South African and Malawian context by Kaphagawani & Useh, (2013).

The limited research information available regarding to the situation in Southern Africa and the complaints by student nurses about clinical practice stimulated this research. Across 30 years of research, the literature is common with reports of continuing and complex problems surrounding the clinical placement experience, accompanied by concerns about students' competence and confidence to practice

(Lovett-Jones & Lathlean, 2008). The last decade has seen these concerns echoed beyond academia into the public health arena, shown in a surge of government reports investigating the issue across health jurisdictions globally (Levett-Jones & Lathlean, 2008).

## **2.2 Establishing the kind of relationship that exists between student nurses and qualified nurses/midwives in clinical practice**

Nursing is a practice discipline, and clinical teaching of nurses takes place in clinical learning environment because this is the ideal place where students can meet the real life situation (Oermann & Gaberson, 2009, Levett-Jones et al, 2006). While clinical experience is “undisputed as a key to professional competence”, it is not surprising that it is the most difficult to manage (Courtney-Pratt et al, 2011 p 1382). This difficulty has been attributed in part to the tension created when clinical learning occurs in environments designed for clinical service rather than education (Berntsen et al 2010; Henning et al, 2011). There is a need to recognise clinical practice and learning environments as one thing, rather than dissociated entities that make the transition from student-learner to learner-worker more difficult; Newton et al 2009; Koontz et al 2010; Gallagher et al 2012). A study conducted by Kaphagawani, and Useh, (2013) found that students perform better both academically and clinically if they have social support from peers and qualified nurses. Similarly, a study done by Phillips & Vinten (2010) recommended that education support is a requisite for a good student learning outcome. The study also encouraged qualified nurses/midwives to be trained or be updated in clinical teaching. This is in agreement with a study conducted by Armitage and McMaster (2000) who suggested that the relationship that develops between student and supervisor, mentor or preceptor contributes to the rural experience. Such a positive relationship has a strong impact on students’ experience

(Yonge, 2007). However, the National Rural Health Students' Network (NRHSN) guidelines (2012) suggest that supervisors should actively engage students about their learning experience; it may mean allocating time for formal teaching, encouraging the student, creating learning opportunities, and providing regular feedback.

### **2.3 Activities that qualified nurses/midwives perform in clinical teaching of student nurses in clinical practice**

In Malawi, Registered nurses/midwives working in hospitals are required to participate in clinical teaching of nursing students who are attached for their clinical practice (Berman and Snyder, 2012; NMCM, 2008). In a study conducted by Mochaki (2001) revealed that that qualified nurses are expected, upon completion of training, to be competent in teaching both clients and fellow nurses. He found out that qualified nurses/midwives do quite a number of roles to the student nurses in the clinical setting such as orienting students on various activities in the ward, demonstrate different procedures to students, and teach them how to manage the wards and subordinates, supervise their procedures and managerial tasks like staff allocations, writing rosters, delegating duties to subordinates among several others. Both, the theory and practical components of nurse training are important in equipping nurses with knowledge, attitudes and competencies to provide quality care. The study also revealed that they lack proper orientation in clinical teaching, and no preconference meetings between the hospital and the colleges before sending students to the clinical setting. If students are inadequately taught while on training, they will graduate with limited skills and this may affect their competencies in nursing practice.

Attack et al (2000) conducted a study which revealed that a greater part of student clinical learning takes place as a result of the interactions which occur between the nurses and the students. Similarly, Jackson and Mannix (2001) conducted

a qualitative study, which explored the role of clinical nursing staff in students' clinical learning from students' perspective. The results of the study revealed that undergraduate nursing students highly value the teaching input of clinical nurses and consider activities such as explaining and questioning to be integral to their learning. The study results also revealed the importance of attitudes and behaviour of clinical nursing staff to the learning experience of students. The results identified helpful and unhelpful interactions which facilitate or hinder students' clinical learning, respectively. The most helpful behaviours identified included understanding, being friendly, showing interest and explaining. Unhelpful behaviours included passiveness of the nurses which made the students feel excluded, ignored and disliked. Cheraghi et al (2008) also reflect the importance of attitude of clinical nursing staff towards promotion of clinical learning. The study revealed that there was a less caring attitude towards students by nurses.

Open communication was defined as being direct and not passing the student and going straight to the teacher or other nurses when a conflict or concern developed. It was also important for the students to receive regular feedback in constructive and positive forms. Other components of a beneficial relationship with staff included the sharing of knowledge and decision-making with the students, and viewing the students as part of the nursing team. In such cases, qualified nurses need to be friendly and openly communicate with the students and give them feedback according their needs.

A study conducted by Brammer (2006) on Registered Nurses' understanding of their role in student learning in Australia, found that Registered Nurses' understanding varied from a focus that is student-centred, to completion of workload-centred. It also ranged from Registered Nurse control, to a preference for no contact

with students. Sometimes, nurses think having students around is a burden and as such would not want to have students around them. In this case, some students may have positive learning experiences while others will have limited learning opportunities. Other students will have opportunities to be taught by qualified nurse if the focus is on students and not on workload.

#### **2.4 The level of support that qualified nurses/midwives get from teaching institutions for student nurses' supervision in clinical practice**

It is believed that conducive clinical learning environment is an integral part of student nurses' clinical experience according to Bezuidenhout, (2003) who conducted a study on the role of the ward manager in creating a conducive clinical learning environment for student nurses. The findings revealed that the following factors were significant for the learning environment to be conducive: guidance and support offered by staff, feedback about performance at regular intervals, observation of role models, for example, competent, professional nurses performing skills, nurses rendering quality care, being allowed to ask question and availability of learning opportunities and learning aids.

Likewise, a study done by Carlson, et al (2003) revealed that students experience uncertainty due to lack of opportunities to develop competence in providing nursing care. The contributing factors towards this experience are: unavailability and inaccessibility of staff due to time constraints; shortage and/or absence of equipment to fulfill nursing duties and meet the needs of patients; conflict in the expectations of nursing school personnel and clinical nursing personnel in hospitals, as well as a lack of awareness among senior professionals of the needs and problems of nursing students in the clinical health care environment. Furthermore, the students experienced the nature of the clinical learning programme as disrupting the

continuity in patient care learning experiences, and the guidance and support by nursing personnel in the clinical learning environment as inadequate.

In a study conducted by Wilkblad, (2001) facilitating and obstructing factors for learning in clinical practice were identified by students. Facilitating factors included being allowed to take responsibility, being allowed to work independently, having opportunities to practice tasks and receive feedback, collaborating with staff and supervising others, gaining an overview of the setting, and gaining a sense of control. Obstructing behaviors were identified as a lack of a student-supervisor relationship, organizational shortcoming in supervision, and experience of students' own shortcomings. The negative supervisor behaviors were described as taking over, making condescending comments, being irritated or not interested and not giving feedback or opportunities to reflect. Other supervisor behaviors, which negatively impacted student learning were not knowing the educational objectives and abilities of the students, staff uneasiness from lack of guidelines for nursing care, stress on the ward and lack of time, and not allowing students to take part in patient care activities.

In a study of students perceptions of the effectiveness of mentors by (Suen and Chow 2001), roles identified as essential to that of a mentor were befriending, assisting, guiding, advising, and counseling. Scores of the effectiveness of mentors as perceived by students improved after the mentors attended workshops and were provided with materials to assist them with their mentoring roles. Also, the students were given the opportunity to meet with the academic staff to improve communication between the clinical setting and the university. Students felt that many mentors did not achieve the befriending role adequately; most students prepared themselves to be part of the team, but found they were treated as guests. Because of the job stress, the students expected the mentors to have a counseling role, but found

this role to be weak. Effective mentoring could not be established without sufficient relationship building between mentors and mentees. Therefore, qualified nurses need to be friendly to the student nurses so that students can achieve their goal of becoming carers.

## **2.5 Effects of increased numbers of student nurses on qualified nurses/midwives' perceptions in clinical practice**

Malawi is currently having a nurse midwife density capacity of 0.59 per 1000 people compared to the recommended density capacity of 25 per 1000 people (WHO, 2006). As such, working with nursing students may add to the existing stress of a staff nurse. Staff nurses who work with student nurses must cope with staffing shortages, demanding patients, administrative and liability issues while incorporating a student nurse into their work routine. Staff nurses share their patients with the student nurses and often relinquish patient care responsibilities to them. Amid the environmental stress, the schools of nursing expect the clinical environment to be a teaching environment that supports and nurtures nursing students while maintaining the highest standard of practice. Internationally, there is an increasing demand to educate nurses within the clinical practice environment. Clinical practice settings that encourage teaching and learning during episodes of care delivery can be powerful in educating both the existing nursing workforce and nursing students. While as in training, nursing students are taught by nurse tutors, lecturers, clinical instructors, preceptors and qualified nurses. In Malawi, Grigulis (2010) reported that the number of student nurses has increased, but the infrastructure and resources to support their training, especially in terms of enhancing their clinical practice were still dwindling. Tutors were few and were primarily occupied with teaching in classrooms and as such were not able to join their students in the wards during clinical practice. He further

noted that the students were assisted by enrolled nurses/midwives who are not qualified to teach in the clinical area. This supports Viva, Sundby, & Malata (2012) that nurse and midwife population ratio is 1:144,000 which is below the WHO recommended ratio of 1:1000. In the same vein, Ngalande (2010) also reported that shortage of registered nurses/midwives in the clinical area poses a major challenge for students as they attempt to acquire basic competencies.

Moeti et al (2004:82) share similar views, in that financial constraints on healthcare, high bed occupancy, and shortage of staff and equipment, exacerbate the situation, as staff become frustrated and depressed by the lack of resources, leaving them with little energy and time to effectively attend to the needs of student nurses. It therefore appears that there are a variety of factors which have a negative influence on student nurses' learning during clinical practice.

While Attack, et al, (2000) studied student nurses-staff relationships in the clinical practice model, and found that the relationship between nursing staff and student nurses is the key component in clinical practice. Both student nurses and staff described role perceptions, staff characteristics, and work- place environment as important were factors influencing this relationship, and the student nurses' learning. Friendly relationships with the staff were found to be an important element in student nurses' learning and socialisation. Clinical practice takes place in the clinical environment because that is where the students meet real situations. Chapman & Orb (2000) argue that it is not possible to simulate completely real clients who are sick, distressed, afraid and anxious in a laboratory setting.

## **2.6 Conclusion**

In conclusion, literature reviewed show that a number of studies have been done globally, regionally and nationally regarding perceptions on the common roles of qualified nurses/midwives in clinical teaching but it is yet to be seen if this has made any impact on the student nurses. This literature also indicated that in some countries such as South Africa, Australia, Sweden, Iran and Turkey, some recommendations and policies were made on clinical teaching of nursing students by qualified nurses/midwives.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0 Introduction**

In this chapter, the research design and methodology are discussed. This includes the research design, study setting, study population, eligibility criteria, pilot study, data collection, the instrument including its trustworthiness, dependability, conformability, transferability and the ethical issues considered during this study.

#### **3.1 Research design**

Descriptive qualitative design was used to collect data about the perceptions on the common roles of qualified nurses/midwives towards student learning in the clinical setting represented what was going on at only one point in time. The design depicted the participants in an accurate way. It was chosen because it is all about describing the qualified nurses/midwives who took part in this study. Attitudes, beliefs and opinions are common perceptions in which these qualified nurses/midwives think about issues whereas practices are their actual behaviours. In addition, these reflected the roles of qualified nurses/midwives in the clinical learning setting of Chatinkha wards.

#### **3.2 Study setting**

The study was conducted at Queen Elizabeth Central Hospital in Chatinkha maternity wards which include: Antenatal and Clinic, Obstetric and Gynaecological Labour, postnatal, Nursery and operating theatre. The hospital is the largest

government referral health facility in Malawi where most student nurses in the Southern part of Malawi do their practices.

### **3.3 Study population**

Population refers to the entire group of persons (n) who meet the criteria that the researcher is interested in studying (Brink et al., 2012). In this study, fifteen nurses/midwives who are currently working at Chatinkha maternity and have the role of supervising students from all the training institutions of Southern Malawi were included. A convenient sample involving 15 qualified nurses/midwives currently working at Queen Elizabeth Central Hospital (QECH) in Chatinkha Maternity wards was used.

### **3.4 Sampling Method and Sample Size**

A sample of 15 nurses/midwives was selected using convenient sampling. The researcher used convenience sampling because subjects were selected because of their convenient accessibility and proximity to the researcher. This sampling technique was also useful in documenting that a particular quality of a substance or phenomenon occurs within a given sample. A convenience sample is simply one in which the researcher uses any subjects that are available to participate in the research study. Nurses/midwives with work experience of 10, 5, 3 and 0 to 2 years were included in the study since the length of service may have an impact on their role in students' learning in the clinical area. This method ensured that male nurses/midwives are also included in the sample. This included all nurses/midwives available during the time of study. In the course of sampling, data saturation was reached after interviewing 13 qualified nurses/midwives; however, two more were added to validate the results, making the sample to be 15 qualified nurses/midwives. Data saturation is the term applied to the point at which no new data emerge (Creswell, 2009).

### **3.4.1 Inclusion criteria**

Burns and Groove (2008) defines inclusion criteria as a list of characteristics essential for membership of or eligibility in the target population. The criterion defines who is included in the population for which the study was designed (Polit & Beck 2008). All Registered nurses/midwives, nurses/midwives technicians and enrolled nurses/midwives and professional nurses working at Queen Elizabeth Central Hospital (Chatinkha maternity wards) who were involved in clinical teaching of students were included. All qualified nurses/midwives who had the ability and willingness to provide informed consent and those who had worked for more than one year up to 10 years while supervising students.

### **3.4.2 Exclusion criteria**

All nurses who were not involved in clinical teaching of students in the clinical setting but are working on locum basis. All nurses who were not willing to sign informed consent.

### **3.5 Study Period**

The study period was from 2013 to 2014 (Appendix 1). Data was collected for a period of four weeks in the month of June 2014. The study was conducted during this period to meet the deadline of the organization which sponsored my study.

### **3.6 Pre-test**

Parahoo (2006) emphasizes that conducting a pre-test is the first and the most efficient way to find out about the quality of the interview guide. Pre-testing assisted in determining if there were flaws, limitations, or other weaknesses within the interview design and allowed the researcher to make necessary revisions prior to the implementation of the study (Kvale, 2007). A pre-test was conducted with

participants that had similar interests as those that participated in the study. It also assisted the researcher with the refinement of research questions.

Testing the data collection tool was conducted among four qualified nurses/midwives at Queen Elizabeth Central Hospital in Chatinkha maternity ward where student nurses were attached for clinical practice. The researcher obtained consent and conducted the semi-structured interviews to four (4) qualified nurses/midwives.

### **3.7 Data Collection**

Data was collected by means of a semi-structured interview schedule developed for the study. It reported on the meanings, concepts, definitions, characteristics, metaphors, symbols and descriptions of the qualified nurses/midwives' roles towards student learning in the clinical setting. It was more subjective and exploratory in nature as it solicited information from the qualified nurse/midwives.

The main source of data collection was by the use of a tape recorder aided by the use of semi-structured and in-depth interview guide (Appendix iii) Data collection was divided into two sections. Section A contained demographic data and Section B collected information related to the perceptions on the common roles of the qualified nurses/midwives towards student teaching in the clinical setting. The interview guide allowed flexibility in coverage enabling the researcher to follow up interesting topics in the interview as well as ensuring that all key areas are addressed (Watson & Hughies, 2007). Open ended questions allowed the researcher to follow the participant's lead, to ask clarifying questions and to facilitate the expression of the experience by the participant (Speziale & Carpenter, 2007). Firstly, the guide obtained demographic data of the sample participants (Appendix C, part (i). The first objective

was achieved through questions 1-5 part (ii), the second objective was achieved through questions 1-5 of part (iii), the third objective was achieved through questions 1-5 of part (iv) and the last objective was achieved through questions 1-5 of part (v).

### **3.8 Data analysis**

Data was analysed simultaneously with data collection. Following the interviews, the researcher listened to the tape before the next interview to ensure that data collected was appropriate to the study. The researcher did the transcription herself to ensure accurate transcription. It also helped to decide if there was need for follow-up. Thereafter, an independent person listened to the recorded interview and verified the transcription to establish whether the interviews made sense.

Data was analyzed by using eight steps of qualitative content analysis which is a process designed to condense raw data into categories or themes based on valid inference and interpretation. Qualitative content analysis was used because it defines itself within this framework as an approach of empirical, methodological controlled analysis of texts within their context of communication, following content analytical rules and step by step models, without rash quantification (Creswell, 2009). The eight steps were as follows:

#### **Step 1: Preparing the Data**

The researcher started by preparing the data which was transformed into written text before analysis could start.

## **Step 2: Defining the Unit of Analysis**

Then the researcher unitized the basic units before they could be coded, and differences in the unit definition affected coding decisions as well as the comparability of outcomes with other similar studies, (De Wever et al., 2006).

## **Step 3: Developing Categories and a Coding Scheme**

After that, the data was categorised and a coding scheme was derived from three sources: the data, previous related studies, and theories (Berg, 2001). The researcher developed coding scheme early in the process.

## **Step 4: Testing Coding Scheme on a Sample of Text**

When sufficient consistency had been achieved, the researcher applied the coding rules to the entire corpus of text. During the coding process, the researcher checked the coding repeatedly, to prevent “drifting into an idiosyncratic sense of what the codes mean” (Schilling, 2006).

## **Step 5: Coding All the Text**

All the text was coded and when sufficient consistency had been achieved, the coding rules were applied to the entire corpus of text. During this process, the coding was checked repeatedly to prevent “drifting into an idiosyncratic sense of what the codes mean” (Schilling, 2006). Because coding proceeded while new data continued to be collected, new themes and concepts emerged and were added to the coding manual.

## **Step 6: Assessing Coding Consistency**

After coding the entire data set, it was rechecked on the consistency of the coding.

### **Step 7: Drawing Conclusions from the Coded Data**

Then the researcher made sense of the themes or categories identified, and their properties. At this stage, inferences and present reconstructions of meanings derived from the data were made.

### **Step 8: Reporting Methods and Findings**

For the study to be replicable, the researcher monitored and reported analytical procedures and processes as completely and truthfully as possible. Data was presented in narrative form.

#### **3.9 Trustworthiness**

Trustworthiness refers to the degree to which the participants have been fully included in the research process and have had the opportunity to reflect and comment on their story and retold by the narrative researcher (Munhall, 2007). To ensure trustworthiness of the results, four criteria which are credibility, dependability, conformability and transferability of maintenance of strictness was done. But also, a second person was allowed to listen to the interviews and check the transcription (Polit & Beck, 2008). All interview materials, transcriptions, documents, findings, interpretations, and recommendations, were kept, to be available and accessible to the supervisor and any other researcher, for the purpose of conducting an audit trail.

#### **3.10 Credibility**

Credibility refers to confidence in the truth of the data and interpretations of them (Polit & Beck, 2010). This study attempted to establish confidence in the truth of the findings from the qualified nurses/midwives on their role toward student nurses learning at QECH. To ensure credibility, the researcher shaded more light on the

research questions if they were not clear during the in-depth interview. The researcher also gave participants a chance to participate or refuse to participate in order to ensure that data collection involved only those who are genuinely willing to participate and prepared to answer questions freely and honestly. Participants were encouraged to be frank. The researcher also made sure that all participants were taken through the same main question, debriefing with informants, and any additional information was taken into consideration during analysis (member checks). The participants were interviewed to the point at which there was data saturation (prolonged engagement) and the interviews were tape-recorded and transcriptions were made of each interview (referral adequacy). The researcher went back to some of the participants, to ascertain whether the transcribed data was a truthful version of their experiences.

### **3.11 Dependability**

Dependability is the stability of data over time and conditions (Polit & Beck, 2010). The researcher addressed the dependability issue by reporting in details all processes within the study hence allowing another researcher to repeat the work. This process include: the research methods and its application, detailed collection of data and evaluation of the study. In addition, the participants were accorded equal chance, time and space to ask and give information if the responses were inadequate or if they needed more time.

### **3.12 Conformability**

Conformability is the potential for congruence between two or more independent people about data accuracy, relevance or meaning (Polit & Beck, 2010). Conformability was achieved by checking accuracy of information several times before transcription. This ensured that the data reflect as accurately as possible the perceptions and experiences of the participants (Polit & Beck, 2008). Reviewing of

the responses together with the participants was done to confirm that the information was from the participants hence distinguishing participants' response from the views of the researcher.

### **3.13 Transferability**

Transferability refers to the extent to which qualitative findings can be transferred to other settings as another aspect of a study's trustworthiness (Polit & Beck, 2010). Transferability was achieved by a literature control after the collection of the data where similar findings of other research studies were reported. The research methodology and context of the research were described thoroughly. The study provided sufficient descriptive data in the research report so that consumers who in this case are the qualified nurses can evaluate the applicability of the data to other contexts. Sufficient thick description of the phenomenon under investigation were provided to these qualified nurses for them to have a proper understanding of it, compare the instances of the findings and recommendations described in the research report with those that they have seen and emerge.

### **3.14 Ethical consideration**

Ethical consideration in research ensures that the subjects are treated with justice and protected from harm coming from research activities. It also ensures that researcher is aware of his/her responsibilities and respect of subjects rights (Burns & Grove, 2001). Prior to commencement of the study, the researcher obtained ethical approval for the study from College of Medicine Research and Ethics Committee (COMREC) through Kamuzu College of Nursing. Upon being granted the ethical approval, the researcher sought permission from the Hospital Director of Queen Elizabeth Central Hospital (Appendix F). Thereafter, participants were allowed to sign a consent form (Appendix B) to indicate their willingness to participate in the

study. This helped to ensure respect of the participants. Then, the participants were assured that they were free to withdraw from the study at anytime if they wished and that decision would not affect their work. Anonymity and confidentiality were guaranteed by using codes instead of names of the participants both on the interview guide and on the consent form (Appendix B), while confidentiality was achieved by guarding against unauthorized access to the data. Participants were informed that there will be no monetary benefits for taking part in the study. Finally, after data analysis, the instruments were kept in a cupboard under lock.

### **3.15 Dissemination of results**

The report will be submitted to KCN Postgraduate Academic Committee of Masters of Science in Nursing Education thesis. It will then be presented at Dissemination seminars with authorities from QECH and representatives from other hospitals to advance knowledge. Copies of the final report will be sent to KCN Library and College of Medicine Secretariat. In addition, the researcher will publish the study in peer reviewed journal. Lastly, the researcher may utilize local and international conferences to disseminate the results in order to reach the majority.

## **CHAPTER FOUR**

### **RESULTS OF THE STUDY**

#### **4.0 Introduction**

This chapter presents the findings of the study on the perceptions of the qualified nurses/midwives towards student learning in the clinical setting at Chatinkha Maternity wards of QECH. The results are presented using qualitative content analysis. The chapter presents a summary of the responses from the 15 participants. The sections are divided into two as follows: the first section describes the demographic data and the second section describes the participants' responses on their role as qualified nurses towards student learning in the clinical setting.

#### **4.1 Demographic result**

Data was collected on the following demographic characteristics; the participants' sex, age, marital status, years of experience, and cadre of nursing. In this section, a summary of the demographic characteristics is presented.

**Table 1 : Demographic results**

Attribute	Description of attribute	Value	Percentage of total (%)
Participants	Number (N)	15	100
Age	Average age (Mean)	35	N/A
Experience	Average years of experience	3	N/A
Gender	Male	5	33
	Female	10	67
Marital Status	Single	4	27
	Married	9	60
	Widowed	1	7
	Divorced	1	7
Qualification	EN/M	5	33
	NMT	5	33
	RN/M	2	13
	PN/M	3	20

Amongst the fifteen participants that were interviewed, ten were females while five were males. The youngest nurse interviewed was 25 years while the oldest was above 63 years. The average age of the fifteen participants was 35. Nine of the 15 nurses/midwives interviewed were in the age range of 25-40 while 6 were 40 years and above.

**Table: 2 Themes and Subthemes of the Study**

In this study, five major themes emerged from the interviews conducted with qualified nurses/midwives that had an impact on student learning. These include: experience of teaching student nurses in the clinical setting, poor orientation of qualified nurses/midwives in clinical teaching, inadequate resources, clinical learning environment and increased workload for the qualified nurses/midwives.

The sub-themes identified were: Shortage of nurses working in the clinical setting lack of pre-conference meetings between the training institution and the teaching hospital, inadequate supervision of tutors, not ideal resources for clinical teaching (human and materials resources), qualified nurses/midwives interpersonal relationships, increased number students in the clinical setting, lack of feedback meetings between the hospital and training institutions as follows:

<b>Theme</b>	<b>Subtheme</b>
Experience of qualified nurses/midwives in teaching student /nurses in the clinical setting.	Shortage of nurses working in the clinical setting.
Poor orientation of qualified nurses/midwives.	Lack of pre-conference meetings between the hospital and teaching institution.  Inadequate supervision of tutors.
Inadequate resources.  Clinical learning environment.	Not ideal resources for clinical teaching (Human and material resources).  Qualified nurse/midwives Interpersonal relationships.  Preparations of students before clinical setting placement.

## **4.2 Experience of qualified nurses to teach students /nurses in the clinical setting**

All qualified nurses/midwives who were interviewed felt that they have a duty to teach student nurses because they too were taught by other qualified nurses to become what they are today. However, most participants said that experience in supervising students matters a lot. They said that the more you work with the students the more knowledge one gains in supervising students and vice versa.

One qualified nurse/midwife who had just worked for four months in the labour ward after qualifying from one of the training institutions said: You are a newly qualified nurse/midwife allocated to the labour ward and they expect you to supervise students while you are still behaving like a student yourself and you are also expecting to learn from other qualified nurses (Participant 13).

While another participant said:

My experience with students is that some students are willing to learn but others for example who are getting a diploma in nursing feel they already know most of the things and would sometimes want to lead you as a qualified nurse instead of being led. Experience helps a qualified nurse to ably teach students. Some students who are in their final year feel they know everything (Participant 05).

## **4.3 Poor orientation of qualified nurse/midwives**

Despite a wealth of research on clinical education learning in clinical practice is still a problem (Croxon and Maginnis 2008). Most qualified nurses/midwives bemoaned lack of collaboration between these two institutions; they said usually there were no meetings. They said that when training institutions do not involve them in

their planning of students clinical placements. Yet, when these students are sent to clinical setting, the lecturers and tutors hardly visit them and there are no preconference meetings held to have the training institutions', teaching hospitals' as well as the students' expectations during the students' stay in the clinical area.

Most nurses said that they lack orientation on how to teach students. They said students come to the clinical area at different levels and they do not know whether they are teaching them the right things since most of the times students just come to the wards without their tutors to demonstrate what they are supposed to be taught. Some qualified nurses/midwives cited examination of a woman in labour, postnatal and even a baby in postnatal or nursery as things that change daily with ongoing research. This is what some of the participants said:

As nurses who most of the times work with these students, but we are not oriented on how to teach the students as you know things change daily with ongoing research like how to perform vaginal examination for a woman in labour, how to examine postnatal mothers and even babies in nursery (Participant 04).

While another nurse fixed by saying:

There is need for tutors to orient the qualified nurses on how to supervise students considering that students come to the clinical setting at different levels. Because sometimes we take it for granted and teach students anyhow, just because they are students and are under our care (Participant 06).

One nurse lamented:

We need orientation from the tutors. We, nurses are different. Some are knowledgeable while others are not and tend to just delegate any work to these students because they want to go away for example to the bank or to do their own businesses (Participant 14).

One nurse/midwife said:

We are supposed to have meetings before students are sent to the clinical site so that we know what to teach the students according to their level. There is also need to motivate the qualified nurses/midwives and encourage them to develop positive attitudes towards students. In the same vein, qualified nurses/midwives should also be provided with orientation on how to teach the student nurses in the clinical setting the right things so as to enable them efficiently support student learning. This is essential as sometimes the unwillingness to teach students by the nurses might be related to lack proper knowledge (Participant 09).

#### **4.4 Inadequate resources in the clinical area used to teach students nurses**

Most participants complained that they have inadequate resources to teach student nurses which included both human and material

They had this to say:

Most of the things that we teach students we just improvise because resources are not enough. For example when I want to teach the student how to conduct breech delivery, the drapes are not enough as a result we end up improvising with the patients zitenje as wraps which are not sterile. Unfortunately, the students think that that is the way things are supposed to be done and this sticks into their mind (Participant 02).

The situation became more frustrating when equipment, which was supposed to be used for patient care, was not available. While another one said:

We do not have adequate resources in our ward for example where performing a procedure which requires that we need to use sterile gloves , we end up using surgically clean gloves like when catheterizing a patient who is going to theatre for an operation (Participant 09).

#### **4.5 Congested clinical learning environment**

The overall objective of clinical practice is to provide student nurses with meaningful learning opportunities in every area of placement according to the level of

training, to ensure that on completion of the program the student nurse is able to nurse efficiently. This implies that student nurse should be able to demonstrate the ability to solve problems effectively and apply a scientific approach to nursing from the initial assessment to the rehabilitation of the patient or client. Most of the participants said that most of the times student/nurses were congested in the wards.

While smiling a qualified/nurse/midwife had this to say:

At certain times, we have more student nurses in the ward as compared to patients and even the qualified nurses. This makes it very difficult to supervise the large number of students as such it was not easy to know which student reported late on duty but also to know if all students are available per shift” among so many factors. We have a lot to do which are managerial activities, teaching supervising fellow nurses as well as teaching and supervising student nurses among so many activities (Participant 03).

(Participant was laughing while saying the above words).

A conducive and supportive learning environment for student nurses depends on the availability of placement support systems, such as supervision, mentorship, preceptorship and relationships between the faculty, student nurses and clinical staff.

While another nurse said:

It is difficult to demonstrate a procedure due to too many students. After all, when there is a breech delivery it is not fair to our patients to be seen by many students because every student would want to see the delivery.

(Participant14).

#### **4.6 Increased workload for the qualified nurse/midwife**

Most qualified nurses/midwives talked about increased workload because most nursing institutions have increased student intake but they do not normally supervise their students. They depend on the qualified nurses to do the job of teaching and supervising the students which is very difficult because when students are in large numbers, it is difficult to follow all of them

This was evidenced by saying:

Because of what the students call “ufulu”, you look at their code of dressing; punctuality at work is very poor. Nursing performance these days has gone down as compared to our times. Some students look down on qualified nurses that they cannot teach them. The solution is that before students are sent to the clinical area, they should be told that they should respect and obey all qualified nurses since registered nurses are not adequate to teach the increased number of students. I think as an enrolled nurse i can perform much better according to my experience (Participant 01).

As part of the academic preparation for the nursing profession, students are required to take part in clinical rotation work in various local health care settings, under the supervision of staff at the facilities and faculty of the department of nursing.

#### **4.7 Conclusion**

The results indicate that most qualified nurses/midwives know the importance of teaching the students while in the clinical setting. However, a few had some uncertainties because of some challenges like increased workload, shortage of materials and the attitude of the students. The study also found out that there was no or little orientation given the nurses/midwives for them to teach students effectively. Most importantly, the study revealed that most qualified nurses/midwives were enrolled nurses and nurse technicians may be good at assisting student nurses to develop psychomotor skills but may lack the ability to promote development of analytical and critical thinking skills.

## **CHAPTER FIVE**

### **DISCUSSION OF RESULTS**

#### **5.0 Introduction**

This Chapter presents the discussion of the findings and how they relate to the published information. It also includes the conclusion and recommendations from the study.

With regard to the association between some of the demographic characteristics and nurses attitude scores, no significant results were found. The results also found that most participants were females and this is consistent with the World Health report (WHO; 2006), which indicates that over 70% of health service providers in Africa are female nurses. Historically, females have dominated the nursing profession because of their caring role in societies. This is in agreement with Hlongwa (2003) who said that the majority of nurses in Republic of South Africa are females. While in Malawi, male nurses were first recruited in 1989, and these few male nurses are mostly working in non-governmental organizations where they are not involved with direct patient care.

Professional and caring interactions between students and staff nurses are vital to augment not only student education, but also the outlook of nursing (Porter and Willing, 2001). However, the study found that most qualified nurses/midwives who in this case were either EN/M or NMT who were lower in rank than RN/M were willing to teach student nurses irrespective of their cadre. If these students are being taught by less experienced nurses/midwives, they may end up coming out of the training institution half baked and not able to provide quality care to patients and

clients. In this regard, as graduates, students will be required to have adequate knowledge and skills and to be able to transform competencies into effective performance (Zhang et al., 2001). It is during their clinical placement that students are expected to develop the relevant knowledge, skills and competence (Chan, 2002), to develop their capacity for "knowing how" as well as for "knowing that" (Cope et al., 2000; Dunn et al., 2000) and to expand their perceptions of their future role as nurses midwives technicians as well as registered nurses.

It is suggested that qualified nurses/midwives nurses are crucial to students' clinical learning and contribute to their learning experience (Nolan 1998; Jackson and Mannix 2001; Brammer 2006). In the same way, Attack et al (2000) reveal that a greater part of student clinical learning takes place as a result of the interactions which occur between the nurses and the students.

While preparing student nurses to practice independently and provide safe and effective care remains the cornerstone of nursing education programmes, clinical teaching and learning takes place in the clinical setting, where students are in contact with patients and other health workers. In this setting, students are supported, learning is valued, a structure for exploration is provided, the freedom to ask questions is enhanced, different opinions are encouraged and accepted and the development of each student is fostered. In order to achieve this aim, clinical teaching should be based on theory and be applied in practice. To support the above statement, students need to be supervised, clinical assessments conducted and students be continuously evaluated on their overall clinical performance (Mellish, Brink & Paton 2008). The study found out that they are many activities done which these qualified nurses/midwives do to the student nurses to promote clinical learning. Lack of supervision may lead nursing

student nurses' learning incorrect procedures as they lack guidance, become incompetent and lose interest in nursing profession as they feel frustrated in their work due to incompetence. It is suggested that students have to be given opportunities to practice different tasks to gain confidence, become perfect and learn from the mistakes they will make (Lofmark and Wikblad 2001). As much as this suggestion is ideal, the number of students in the nursing colleges has increased in such that students are not given adequate opportunities to learn. The increase of students' numbers may lead to students not being competent to some tasks when completing their training hence unable to provide quality care (Heller et al. 2005).

Learning also takes place if nursing students are given the opportunity to practice real nursing by doing. Task participation can be referred to as students offered opportunities to learn and getting involved in providing holistic patient care and not merely doing a list of tasks (Henderson et al. 2012). While Grealish and Ransie (2009) argue that task participation and accomplishment facilitates learning than mere application of theory to practice. However, if students are able to participate and accomplish a task that is challenging then theory is been translated into practice therefore, learning takes place. Good mentoring depends upon well-planned learning opportunities and the provision of support and coaching for students which should also incorporate an appropriate level of supervision (RCN, 2002). There were several activities that the qualified nurses/midwives did in order to promote clinical learning. The study confirmed that the qualified nurse/midwives performed a number of activities to promote student learning in the clinical setting. The activities included: orienting the students, demonstrating procedures, supervising students while performing procedures, teaching them managerial skills, doing case presentations among others. In order to become competent practitioner, student nurses need to be

guided and supervised (Kaphagawani, & Useh, 2013). Sharif F., and Masoumi S., (2003) conclude that the clinical instructor or mentors can play an important role in student nurses' self-confidence, promote role socialization, and encourage independence which leads to clinical competency.

This is in agreement with Attack et al (2000) who maintain that nurses' actions have a large impact on student nurses gaining a sense of belonging in the unit and in the profession.

However, there were some factors that affected the qualified nurses/midwives in clinical teaching. Supporting, guiding and conducting timely and fair evaluations. But in some studies students felt that this role is not fulfilled as clinical nurse educators take more a role of evaluation than supervision which is mainly done by nursing staff who lack teaching experience and may not know the needs of the students (Sharif and Masoumi 2005). In addition, heavy workload and attitudes of staff compromised supervision (Maben 2006; Chuan and Barnett 2012). Clinical performance increases if students are given necessary support in the clinical environment (Elcigil and Sari 2007).

On the other hand there were several factors that affected the qualified nurses/midwives in clinical teaching. However it is worth to note that, though most qualified nurses/midwives who participated in the study were either enrolled nurses/midwives and nurse/midwives technicians who were in large numbers according to a study done by Aukerman (2007) who found out that in Malawi, there were 384 registered nurses (RNs) and 1,834 enrolled nurses working in government hospitals concurring with Grigulis (2010) who found out that there were 119 RN/M, 161 EN/M and 447 NMT. These nurses are of lower cadre but mostly played a greater role towards students learning in the clinical setting. This means that nursing

students interact closely with ENs than with RNs and this might have implications on the quality of the clinical learning experiences. A study conducted by Msiska (2012) suggested that registered nurses/midwives with whom student nurses interact with in the clinical setting influence their sense of belonging and learning. While Hegarty et al (2008) indicate that undergraduate programmes should enable student nurses to develop skills in analysis, critical thinking, problem solving and reflective practice and this requires that those facilitating clinical teaching should operate at such a level. That is why Msiska (2012) concluded that, these enrolled nurses/midwives may be good at assisting student nurses to develop psychomotor skills but may lack the ability to promote development of analytical and critical thinking skills. While Likando (1995) in his study suggested that both registered nurses/midwives and enrolled nurses/midwives should supervise student nurses if we are going to have nurse/midwives who will provide quality care when they qualify. Though, this is contrary to what Mongwe (2001) concluded that only registered nurses/midwives should be supervising student in the clinical setting.

In addition, there were other challenges that made these qualified nurses/midwives' role in clinical teaching difficult. Nurses are the first role models for students in clinical settings. They can have a significant role on students' motivation. In addition, there were other challenges that made these qualified nurses/midwives' role in clinical teaching difficult. It has been criticised, however, for being disorganized, lacking in evidence-based rigour and failing to provide students with adequate opportunities for observed practice.

The result support a study conducted by Murathi, Davhana-Maselesele & Netshandama (2005), in which they said that because of poor communication between the college and the clinical staff, qualified nurses at times find themselves

in situations where they fail to meet the students' expectations. However, Chapple et al (2004) in their study found that inadequate support is offered to student nurses during their clinical experiences due to nurse lecturers and clinical nurses' failure to fulfil their roles. This is agreement with what (Mochaki 2001) found out in his study that teaching of students is not the responsibility of qualified nurses/midwives but that of College tutor as they are paid for teaching both theory and practice. Qualified nurses cited poor orientation of qualified nurses/midwives in clinical teaching, inadequate resources in the clinical teaching and the clinical learning environment as some of the challenges that restrict their teaching in the clinical area. The study confirms that there is poor orientation between the teaching institutions and the clinical practice institutions. Likando (1995) did a study at University Teaching Hospital (UTH) in Zambia on factors affecting nurse's involvement in clinical teaching of the student nurses found that some of the factors contributing to ineffective clinical teaching were poor relationship between Colleges where students are trained and nursing staff in the clinical area. It was concluded that barriers to qualified registered nurses/midwives and enrolled nurse/midwives getting involved in clinical teaching were; poor relationship between nursing students and qualified nurses, poor relationship between lecturers and qualified nurses, students not willing to be taught by registered nurses and Enrolled nurses and students going for clinical allocations without clinical objectives. In Kachiwala (2006) in Malawi and Grigilus (2010), studies that were conducted in Malawi found out that few nurses participated in clinical teaching. This agrees with Mongwe's study (2001) who reported that nurses did not participate in clinical teaching because it was not perceived as their role. This entails that clinical teaching is not perceived as part of their role similar to findings of Mongwe (2001) & Likando (1995) who said that clinical teaching is not

the role of the nurse. This may be a result of lack of knowledge on the roles of RNs while others may agree depending on their understanding and experience they had during their training as RNs. The only difference was that Mongwe studied RN only while Likando studied both RN and enrolled nurses. However, in Malawi, the qualification of enrolled nurses/midwives phased out in 1997 and was replaced by nurses/midwives technicians. Knowledge is an understanding of a subject which has been obtained by experience or study and which is either in a person's mind or possessed by people generally (Gillard, 2003).

Some nurses/midwives said there is a problem on how to manage too many students and also resources are not enough. We are not given enough support from colleges because students are just dumped in the ward and even if they do something bad, they do nothing about it and students go away with it. That is why Raisler, O'Grady, and Lori (2003) conclude that large numbers of students make supervision difficult, they crowd the wards, decrease the number of procedures performed by a student and reduce learning opportunities. Often times, conflicts arose when staff went to the lecturer, tutor or clinical instructor with concerns about a student, rather than going directly to the student. Some staff perceived working with a student assignment as decreasing their workload. This was particularly true when students were working at a level where they required very little supervision and support. Others perceived students as adding to their workload, especially in areas where fewer nurses were working as a result of changes in staff mix and nurse-patient ratios. Students who required a lot of supervision and support were viewed as time-consuming by staff. Staff found they spent a lot of time supervising, coaching, and stepping in to complete work. One nurse noted there are some nurses who find that

they can be very busy because of their workload and they feel it is extra work in having a student there to guide. For example, if the student needed to draw and give Magnesium Sulphate, the nurse feels that if she/he had to draw this by herself/himself it would save time. So, it takes a little bit more time. This is due to shortage of staff in the clinical setting who can ably supervise students. Much as those training institutions which train registered nurses has increased their intake, but there is still shortage of nurse/midwives. The shortage of registered nurses and midwives in the clinical area poses a major challenge for students as they attempt to acquire basic competencies.

Chapple et al (2004) in their study found that inadequate support is offered to student nurses during their clinical experiences due to nurse lecturers and clinical nurses' failure to fulfil their roles. The result support a study conducted by Murathi, Davhana-Maselesele & Netshandama (2005), in which they said that because of poor communication between the college and the clinical staff, qualified nurses at times find themselves in situations where they fail to meet the students' expectations. The study confirms that there is poor orientation between the teaching institutions and the clinical practice institutions.

The study found that inadequate resources hinder the teaching on student nurses as most procedures are improvised instead of doing the right things. This is in agreement with a study conducted by Dlamini (2011) who found that lack of equipment and supplies, particularly in the practice setting stood out as the main obstacle to the integration of theory and practice. This is precipitated by the fact that clinical learning in Malawi is currently challenged by increasing student numbers, changing health care practices and service pressures, all of which limit the time qualified nurses/midwives can devote to teaching. Mabuda et al (2008) agrees with that as in his study he found out that overcrowded clinical

facilities by large numbers of students in certain disciplines was also cited as hampering effective clinical learning. The study revealed increased workload for qualified nurses/midwives because of increased number of students in the training institutions in the country who are sent to Queen Elizabeth Central Hospital to do their clinical practices. Students learn most effectively in environments that facilitate learning by encouraging and supporting and making them feel they are part of the team (Papp et al, 2003). If the environment is unpredictable, unstructured and overwhelming, students can be left with feelings of vulnerability and anxiety. Papp et al (2003) identified that issues such as staff shortages, a lack of mentors, increased workload, staff feeling threatened by student nurses, and poor teaching skills can contribute to students not feeling supported. This shortage of nurses and midwives forces students to function in roles similar to staff rather than working beside staff role models during their clinical placements, Ngalande (2010). O'Driscoll et al (2010) in their study said that although most mentors are aware of their role in working with student nurses, there are several barriers preventing them from giving the required support, such as organisational constraints, increased workload and perceived negative experiences. Moeti et al (2004) concur with the above findings, stating that due to a shortage of staff and high bed occupancy, it was difficult for the experienced professional nurses to guide and supervise the newly registered ones sufficiently. While Evans and Kelly (2004); Sharif and Masoumi (2005) agreed that conflicting practices between the ideal nursing taught and that of clinical setting results in students being confused, stressed and anxious may indicate that students are not effectively learning to prepare them for work they do after qualifying. However, this is agreement with what (Mochaki 2001) found out in his study that teaching of students is not the responsibility of qualified nurses/midwives but that of college tutors as they are paid for teaching both theory and practice. This is in agreement with Mabuda et al (2008), in their study who found out that ward staff (registered nurses) were not teaching student nurses, apparently

because they did not have the right educational qualification, were not paid to teach student nurses and did not have time due to heavy workloads.

### **5.1 Limitations**

The study was conducted only in maternity wards of Queen Elizabeth Central Hospital due to inadequate funds.

### **5.2 Recommendations**

Much as the study found out that most nurses were willing to teach the students irrespective of their cadres. The study raised pertinent issues regarding the perceptions on the common roles of the qualified nurses/midwives in facilitating clinical learning. It also revealed that qualified nurses/midwives had a potential to facilitate students' learning but at the same time they can also hinder students' learning. In this regard, the researcher made the following recommendations to enhance the qualified nurses/midwives role towards students learning in the clinical setting:

There is evidence that qualified nurses/midwives have a potential to effectively facilitate student learning in the clinical setting. Contrary to existing literature, this current study illustrates that qualified nurses/midwives should assume the teacher role in addition to the supportive role. It is therefore recommend that in Malawi and other countries with a similar educational system, qualified nurses/midwives should aim at maintaining both clinical credibility and competence and also to promote their personal development as role models. It is argued that if qualified nurses/midwives engage in clinical teaching on a regular basis they would

be in a position to maintain their clinical credibility. The following recommendations have been made to achieve clinical credibility:

- Clinical teaching should be a shared responsibility for both qualified nurses/midwives and nurse educators, but the latter should assume a leading role. To do this, there is need for clear agreeable policies between the teaching institutions and the hospitals on student clinical teaching so that every nurse responsible should take part in teaching students.
- Nurse educators should fully support clinical staff through their educational expertise to enhance their clinical teaching abilities.
- Nurse educators should orient clinical staff on clinical teaching and on how best they can support students. It is argued that, if this is done, a conducive learning environment for students, clinical nurses and nurse educators would be created.
- The clinical staff should hold quarterly bilateral meetings to discuss problems affecting the clinical teaching of students. A good clinical learning environment was established through good cooperation between the school and the clinical staff.
- There is need for further studies to investigate what Malawian nursing students would perceive as caring faculty behavior.

In support of this notion, Beck (2001) asserts that caring must become a way of being for both faculty and students.

### **5.3 Conclusion**

The findings of this study and the literature support the need to rethink about the clinical skills training in nursing education. However, all nurses perceived that teaching the student nurses in the clinical setting as their role despite the numerous shortfalls that accompanied this noble cause. It is clear that all themes mentioned by

the qualified nurses/midwives play an important role in student learning and nursing education in general.

There is evidence from literature that the qualified nurses/midwives' roles can either positively or negatively impact students nurses' learning in the clinical setting.

The study findings also revealed that most qualified nurses/midwives were willing to teach student nurses. However, it also revealed some problems and challenges that they face when executing their role in clinical teaching at Queen Elizabeth Central Hospital in Chatinkha maternity wards. They mainly exposed the challenges of learning in resource poor clinical settings. The study revealed that much as qualified nurses/midwives are willing to teach the students, but there are many factors that hinder their role in clinical teaching. Their experience also matters as some nurses/midwives who are in the clinical teaching have less experience. And apart from that, there is increased workload for the qualified nurses/midwives to carry out their role in student learning in the clinical setting. The study also revealed that most nurses/midwives who teach the students are either enrolled nurses or nurses/midwives technicians who are less skilled than registered nurses/midwives. Finally, clinical work is an important integral part of nursing education. The clinical practice is equally important as the theory learned. In addition, the clinical environment provides the necessary practical skills that the students need to help them in their future endeavors as competent and efficient nurses. Therefore, educational institutions, practicing nurses, and student nurses must ensure that clinical learning is optimized.

**Figure 1: Work plan, 2013 To 2014**

Study period in months

Activity	Sep 2013	Oct – Dec 2013	Jan 2014	Feb 2014	Mar 2014	April – Sept 2014	Oct 2014
Topic search and literature review							
Literature review and proposal development							
Submission of proposal to supervisor							
Submission to COMREC							
Pre-test and Data collection							
Data analysis & Report writing							
Submit Dissertation							

**Figure 2: Budget**

<b>ITEM</b>	<b>DESCRIPTION</b>	<b>QUALITY</b>	<b>RATE (K)</b>	<b>AMOUNT (K)</b>
<b>1.0</b>	<b>STATIONERY</b>			
1.01	Printing paper	7	2,500	15, 000
1.02	Flash disc (8 GB)	1	6,500	6, 500
1.03	Lever arc file	2	1,200	4,800
1.04	Flat files	2	500	1,000
1.05	Note pads	3	300	900
1.06	Tape recorder	1	50,000	50,000
1.07	Pens	5	50	50
1.08	Large envelops	10	100	1,000
	<b>SUBTOTAL</b>			<b>79, 250</b>
<b>2.0</b>	<b>PRINTING &amp; PHOTOCOPYING SERVICES</b>			
2.01	Printing the proposal	4	1,000	4,000
2.02	Printing the dissertation	4	2,500	9,000
2.03	Binding the proposal	4	800	3,200
2.04	Binding the dissertation	4	1,000	4,000
2.05	Printing the questionnaire	2	20	40
	<b>SUBTOTAL</b>			<b>20, 240.00</b>
<b>3.0</b>	<b>COMREC SUBMISSION FEE</b>			<b>40,000</b>
<b>4.0</b>	<b>ALLOWANCES &amp; TRANSPORT</b>			

ITEM	DESCRIPTION	QUALITY	RATE (K)	AMOUNT (K)
<b>1</b>	<b>STATIONERY</b>			
1.01	Printing paper	7	2,500.00	17,500.00
1.02	Flash disc (8GB)	1	6,500.00	6,500.00
1.03	Lever arc file	2	1,200.00	2,400.00
1.04	Flat files	2	500.00	1,000.00
1.05	Note pads	3	300.00	900.00
1.06	Tape recorder	1	50,000.00	50,000.00
1.07	Pens	5	50.00	250.00
1.08	Large envelops	10	100.00	1,000.00
	<b>SUBTOTAL</b>			<b>79,550.00</b>
<b>2</b>	<b>PRINTING &amp; PHOTOCOPYING SERVICES</b>			
2.01	Printing the proposal	4	1,000.00	4,000.00
2.02	Printing the dissertation	4	2,500.00	10,000.00
2.03	Binding the proposal	4	800.00	3,200.00
2.04	Binding the dissertation	4	1,000.00	4,000.00
2.05	Printing the questionnaire	2	20.00	40.00
	<b>SUBTOTAL</b>			<b>21,240.00</b>
3	COMREC SUBMISSION FEE			40,000.00
4	<b>ALLOWANCES &amp; TRANSPORT</b>			
4.01	Trips from Lilongwe to Blantyre and back	4	16,000.00/trip	64,000.00
	Refreshments	20	200.00	4,000.00
	<b>SUBTOTAL</b>			<b>108,000.00</b>
	<b>GRAND TOTAL</b>			<b>208,790.00</b>

### **Justification of the budget**

There was need for K187, 550.00 for the research study to be accomplished. The money was used for procurement of stationery, tape recorder, flash disc, printing, photocopying and binding of proposal, proposal submission to COMREC, printing, photocopying and binding of dissertation as well as transport to the study site.

### **Stationery**

Stationery was used for proposal printing, photocopying, printing the questionnaire and transcription of the data. It was also used for proposal printing, photocopying the dissertation.

### **Transport**

Money was used to cater for travelling expenses from Lilongwe to Blantyre to get clearance and collecting data from the study site.

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APPENDICES

Appendix 1: CERTIFICATE OF APPROVAL FROM COMREC



## REQUIREMENTS FOR ALL COMREC APPROVED RESEARCH PROTOCOLS

1. Pay the research overhead fees as required by the College of Medicine for all approved studies.
2. You should note that the COMREC Sub-Committee on Research Participants' Safety will monitor the conduct of the approved protocol and any deviation from the approved protocol may result in your study being stopped.
3. You will provide an interim report in the course of the study and an end of study report.
4. You are required to obtain a continuation approval after 12 months from the date of approval.
5. All investigators who are Medical Practitioners must be fully registered with the Medical Council of Malawi.

## **Appendix 2: Participant information sheet**

Dear Participant.

My name is Florence Luhanga Nyirenda and I am currently pursuing a Master of Science Degree in Nursing and Midwifery Education at University of Malawi-Kamuzu College of Nursing.

I am conducting a research project on **“THE ROLES OF QUALIFIED NURSES/MIDWIVES TOWARDS STUDENT LEARNING IN THE CLINICAL AREA AT CHATINKHA MATERNITY WARDS: NURSE’S PERSPECTIVE”**

Participation in the study is solely voluntarily. You may choose to participate or withdraw from the study at any time and this will not affect your work in any way. Apart from that, participants will be told that the study does not have any foreseeable physical harm or risks to respondents; however, in cases of your emotional or physiological harm, you may forward your concerns and complaints to the researcher at Kamuzu College of Nursing.

I appreciate that you will not benefit from participating in the study. It is believed that the completed study will help student nurses learning in the clinical area. You should bear in mind that in this study no reports will identify you and the results of the study will be given to you if you may wish.

If you agree to participate, I will ask you to sign a consent form. It is estimated that the interview will take about 30 minutes which will be your most convenient and suitable time in a conducive environment.

This study has been approved by College of Medicine Research Committee (COMREC) and the management of Queen Elizabeth Central Hospital. Therefore, you are being invited to take part in this research study that will take place at Chatinkha maternity wards here at Queen Elizabeth Central hospital. We are asking all nurses if you can participate voluntarily. This study will involve all nurses/midwives that work with student nurses who come from all nursing colleges of Southern Malawi. Before you decide to participate in the study, it is important for you to understand why the research is being done and what it will involve. Please ask if there is anything that is not clear or if you want more clarification from the researcher and be assured that participation is voluntary.

This research is an academic requirement in partial fulfillment of the researcher's Master's Degree in Nursing Education and Midwifery.

What is the purpose of the study?

The aim of this study is to explore the role of qualified nurses towards students learning in the clinical area. In this study it is important to look at the role of qualified nurses' play towards students in the clinical area. As such, the findings of this study will help to identify strategies that will help increase the provision of support and motivation to student nurses that will lead to satisfaction of the clients and patients in public and private settings.

Do I have to take part?

You are free to take part or not or to withdraw at any time you desire without giving reasons. Your refusal to take part in the study will not affect the quality of benefits and recognition that you are going to receive from your employers in any way. If you agree to take part you will be asked to sign a consent form. Information about you will be confidential and no one will identify who answered which question as no names will be written on the interview guides but code numbers will be used instead. In addition, no name will be mentioned during the interviews to ensure anonymity. The interview guides, field notes and the tapes will be destroyed at the end of the study. The entire session will take about 30 minutes.

If I take part what will happen to me?

You will be required to answer some questions about your role as a qualified nurse/midwife towards students learning when they are placed in the clinical area under your care. You will be asked to respond to the questions and give explanations and descriptions where necessary. Your responses will be tape recorded and I will also be taking some notes as you are talking. This is to ensure that no information is missed or misunderstood.

What are the possible risks for taking part?

There are no known risks in participating in this study, but in case some questions make you feel uncomfortable, you are free to express your discomfort or decide not to respond. If you choose not to participate or withdraw from the interview at any point, the choice will not affect your work in any way.

What are the possible benefits of taking part?

There are no immediate benefits to you. The findings of the study will assist in identifying strategies which will help nurse students in the provision of care to clients and patients. The understanding is that one day you may be a patient or a client yourself who will be cared for by the same student nurses when they qualify.

I will do my best to ensure that your privacy and confidentiality is maintained, as your name will not be recorded, instead unique study identification numbers will be used, which cannot be linked to you. I will keep this information in a secure place and will only use it for purposes of this study. However, my study supervisor from Kamuzu College of Nursing will have access to the information. You will not pay anything for participating in the study similarly; you will not get any payment or reimbursements for participating in this study.

Who do I contact you if I have questions about the study, my rights and welfare?

If you have any questions about your rights as a research participant, or concerns or complaints about this study, please do not hesitate to contact the following:

The Chairperson, COMREC Secretariat, P/Bag 360, Chichiri, Blantyre 3.

Tel: 01989766

In cases of any emotional or psychological harm, you may contact:

Florence Luhanga Nyirenda (Principal Investigator), Kamuzu College of Nursing  
Private Bag 1, Lilongwe. Cell: 0888864620/0999864620

OR

Mr. A.N.K. Simwaka (Main Supervisor), Kamuzu College of Nursing, Private Bag 1,  
Lilongwe. Cell: 0888854683

### **Appendix 3: Consent form**

Please read and sign this form if you are taking part in this study

1. I have read and (or have had another person read to me) the attached information sheet for this study and have understood the purpose of the study and the problems involved.
2. I agree to voluntarily participate in the study, be questioned and provide answers to the best of my knowledge. I understand that I am free to withdraw any time without giving reasons and this will not influence the health care given to me.
3. I understand that my information will be kept confidentially and will only be accessed by the researcher or those people directly concerned with this study.
4. I understand that I will not benefit financially.
5. I know how to contact the researcher if I need to.

The researcher has read and explained the participant information sheet to me, I have understood, and she has addressed my questions adequately. I therefore willingly agree to take part in the study.

I willingly agree to participate in this study.

Signature

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Date

---

Name of Interviewer

---

Signature

---

Date \_\_\_\_\_

Should you have any further inquiries please do not hesitate to contact: The Chairperson, COMREC Secretariat, P/Bag 360, Chichiri, Blantyre 3.

Tel: 01989766. The secretariat is located at College of Medicine Campus.

## Appendix 4: Interview guide

Participants code..... Date.....

### Part (A): Demographic data

I would like to ask you some questions about your background.

QUESTION NO.	QUESTION	POSSIBLE RESPONSES AND CODES
A1	How old are you?	14- 19.....1 20-25.....2 26-30.....3 Other .....4
A2	What is your present marital status?	Married ..... 1 Divorced ..... 2 Single ..... 3 Separated..... 4 Widow.....5 Other (specify).....6
A3	What is your tribe?	Chewa .....1 Lomwe .....2 Yao .....3 Sena .....4 Tumbuka .....5 Ngoni .....6 Senga .....7 Other (specify) .....8
A4	What languages can you speak enough to have a conversation?	Chewa .....1 Lomwe .....2 Yao .....3 Sena .....4 Tumbuka .....5 Ngoni .....6

		Senga .....7 Other (specify) .....8
A5	Which denomination do you belong to?	CCAP.....1 Roman Catholic.....2 SDA.....3 Islam.....4 None.....5 Other specify.....6
A6	What is your highest level of qualification?	Certificate in Nursing.....1 Diploma in Nursing .....2 Degree in Nursing.....3 Masters level.....4 PHD.....5

### **OBJECTIVE 1:**

To establish the kind of relationship that exists between student nurses and qualified nurses/midwives in clinical practice.

1. Tell me how long have you been working and supervising students about your experience working with students from various colleges of Southern parts of Malawi
2. Do you think years of working experience have an impact on student learning in the clinical teaching
3. Now tell me the importance of teaching student nurses as regards to patient care
4. Tell me your experience working with students from various colleges of southern parts of Malawi
5. How you would describe your relationship with the students?

### **OBJECTIVE 2:**

To determine the level of support that qualified nurses/midwives get from teaching institutions for student nurses' supervision in clinical practice.

1. What support do you need from your superiors in order to assist students under your care?
2. What support do you need from the training institutions to help you assist the students?
3. How can you describe your interaction with the students under your care in the clinical setting?
4. How do you rate student nurses' performance if you delegate any work to them
5. How do the students abide by what you tell them?

### **OBJECTIVE 3**

To identify main activities that qualified nurses/midwives perform in clinical teaching of student nurses in clinical practice.

- 1 What are the activities you do to the students so that they acquire the proper skills for caring?
- 2 Tell me your perception to student learning in the clinical setting?
- 3 Now tell me the importance of teaching student nurses as regards to patient care?
- 4 How free are you in helping your colleagues to model students?
- 5 Tell me what do you do to the students to help them acquire appropriate skills in clinical learning?

**OBJECTIVE 4:**

To assess how increased numbers of student nurses' affect qualified nurses/midwives' performance in clinical practice.

1. Now tell me what expectations do you have from your students in the clinical setting?
2. Tell me, are there any behaviours amongst the qualified nurses that impress you in your colleagues towards student teaching role?

If yes explain

If no explain

3. Tell me how can you rate the other qualified nurses' performance in terms of modeling the students with explanations

Probes:

If good explain

If better explain

If Poor explain

4. Can you explain factors that enhance your role to facilitate clinical teaching?

5. Tell me what is your general comment on how the student nurses are performing in the clinical area.
6. Explain any suggestions on how students can be taught in the clinical area so that they will be able to give the required care to clients and patients.
7. Now tell me any suggestions on how long you can work with the students in order to teach them the right way to care.
8. Explain any challenges that you face in order to support students in the clinical setting?
9. Do you have any suggestions on how you can deal with the challenges?

Probes:

If yes explain

If no explain

**Thank you for your participation in this study**

## Appendix 5: Letter to the Hospital Director

The University of Malawi  
Kamuzu College of Nursing  
Private Bag 1  
LILONGWE  
3<sup>rd</sup> December, 2013

The Hospital Director  
Queen Elizabeth Central Hospital  
P.O.BOX 95  
Blantyre

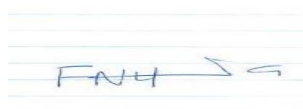
Dear Sir,

### **REQUEST TO CONDUCT A RESEARCH STUDY AT CHATINKHA LABOUR WARDS**

I write to request for your permission to carry out a research study at Queen Elizabeth Central Hospital. I am a student currently studying a Master of Science Degree in Nursing & Midwifery Education at Kamuzu College of Nursing. In partial fulfillment for the degree, I am required to conduct a research study related to nursing & midwifery education practice. The title of my research study is: **“The role of qualified nurses/midwives towards student nurses learning at Queen Elizabeth Central Hospital”**.

I will greatly appreciate if my request is considered.

Yours faithfully,

A handwritten signature in blue ink on lined paper, appearing to read 'FNH JS'.

FLORENCE LUHANGA- NYIRENDA

**Appendix 6: Authorisation letter from the hospital director to conduct a study at Queen Elizabeth Central Hospital**

Telephone: (265) 01 874 333 / 677 333  
Facsimile: (265) 01 876928  
Email: [queenshosp@globemw.net](mailto:queenshosp@globemw.net)

All communications should be addressed to:  
The Hospital Director



In reply please quote **No.**

QUEEN ELIZABETH CENTRAL HOSPITAL  
P.O. BOX 95  
BLANTYRE  
MALAWI

Ref No. QE/10

25<sup>th</sup> June, 2014

Florence Luhanga Nyirenda  
Kamuzu College of Nursing  
Private Bag 1  
**LILONGWE**

Dear Florence,

**PERMISSION TO CONDUCT A RESEARCH AT QUEEN ELIZABETH CENTRAL HOSPITAL**

Thank you for your letter in which you requested to QECH as a site for your research study entitled "The role of qualified Nurses / midwives towards students nurses learning in the clinical settings."

Be advised that permission has been granted.

Remember to provide a copy of your findings to the hospital.

Yours faithfully,

A handwritten signature in black ink, appearing to be 'T.N. Soko'.

T.N. Soko (Mrs.)  
**DEPUTY HOSPITAL DIRECTOR - NURSING  
FOR: HOSPITAL DIRECTOR**

