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Mwafulirwa, Hellen Katimbe

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PERCEPTIONS OF REGISTERED NURSES AND NURSE EDUCATORS ON THE ADEQUACY OF AN EDUCATION MODULE IN PREPARING NURSING GRADUATES FOR THE ROLE OF CLINICAL TEACHING IN MALAWI

Hellen Katimbe Mwafulirwa

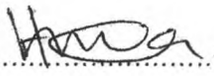
A research report submitted to the Faculty of Health Sciences, University of the Witwatersrand, in partial fulfilment of the requirements for the degree of

Master of Science in Nursing

Johannesburg, 2016

Declaration

I, Hellen Katimbe Mwafulirwa declare that this Research report is my own work. It is being submitted for the degree of Master of Science in Nursing in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at this or any other University.



.....Signature of candidate

3rd May 2016

Dedication

I dedicate this work to my husband, Elwyn Mwafulirwa and my two sons Anesu Michael and Tafara Denzel for having to spend stressful times without me.

Abstract

In Malawi, the educational role of registered nurses is formally acknowledged and is, therefore, regarded as one of the required competences of a professional nurse. However, it is not known if the registered nurses are well prepared to perform the role of clinical teaching. The purpose of this study was to explore and describe the perceptions of registered nurses and nurse educators on the adequacy of an education module in preparing nurse graduates for the expected role of clinical teaching in Malawi.

An exploratory, descriptive qualitative study was conducted. Data were collected in two phases. In Phase 1: Focus group discussions with nine graduate registered nurses in their first year of practice, using the nominal group technique were conducted. In Phase 2: Semi- structured interviews with three nurse educators actively involved in the teaching of the education module were conducted. Data were analysed using the Braun and Clarke steps of thematic content analysis.

Results of both phases have shown that the module was not adequate in preparing the student registered nurses for the role of clinical teaching. The findings revealed some strengths and weaknesses in the module. The module provides the necessary theories relating to education and that the module equips the nurses with knowledge to be able to provide health education. The module lacks practical experiences and assessment on clinical teaching, and that the component of clinical teaching is silent in the delivery of the module.

The research revealed that there is no synchronisation of practice, education and legislation of nursing in the Nurse Education Institution in which the study was conducted.

It is recommended that educational reforms should be put in place to ensure nurse training programmes produce graduates who are fit for their prescribed responsibilities which include clinical teaching.

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Chapter 1

1.0 Introduction and Background

1.1 Introduction

Clinical education is an important component in training of all health care disciplines because it enables the students to apply the didactic knowledge they learn in class as theory into practice. It enables the learners to practise through the application of theory, feedback and reflection on their clinical practice experience (Hughes & Quinn, 2013). It is, therefore, essential to put in place effective clinical teaching programmes within the nursing education setting for the success of training and education of nursing students (Ruesseler & Obertacke, 2011).

Clinical teaching, clinical preceptorship, clinical supervision and mentorship are terms often used interchangeably in most literature to describe clinical education. They are used to describe the process of facilitating student clinical learning for the purpose of attaining professional competence (Mellish, Bruce, & Klopper, 2010). This is done by utilising different clinical education models in line with the mission and philosophy of the relevant nursing education institutions (Hughes & Quinn, 2013). Clinical nursing education occurs in an effort to bridge the theory-practice gap as nursing is both a science and an art (Okoronkwo, Oyia-Pat, Agbo &Okpala, 2013). A nursing student needs to employ all the learning domains to be able to function effectively as a professional nurse; these are cognitive (theory), affective (attitudes) and psychomotor (skill) domains (Hughes & Quinn, 2013). It is, therefore, important that nurse education is made fit for purpose by graduating nurses who are well equipped to take up the prescribed responsibilities.

1.2 Background

Malawi is a Sub-Saharan country with an estimated population of 14.5 million (National Statistical Office of Malawi, 2012). Like most countries in this region it has a health system that has been crippled by high disease burden and inadequate resources. This has also affected the nursing profession causing a high shortage of nurses who are supposed to be the back-bone of the health sector (Bandazi, Malata, Palen, van Zenkernagel, Dohrn &Yu-Shears, 2013). The nursing education sector responded to the need for more nurses by increasing student intake which strained the available educators, and clinical staff who are part of the teaching team (Bandazi et al., 2013; Malata, 2014). This has created high nurse: student ratios and high educator: student ratios in the clinical areas and education institutions, respectively. This has translated to reduced contact clinical teaching time with the student.

Nurse educators in Malawi are supposed to perform clinical teaching, classroom teaching, skill laboratory teaching, assess students in both theory and practice amongst other duties as well as self-development, research and college/class administration and coordination. This leaves the educators with very little time and opportunity to be constantly available for the students in the clinical areas. Quality clinical teaching has been compromised further with the increased number of students being admitted into nurse education institutions. The increase in the intake of students is in an effort to address the shortage of nurses in the country (Bandazi et al., 2013). This increase leaves the professionals involved in both classroom and clinical overwhelmed with responsibilities.

Nurse education in Malawi has always utilised registered nurses working in the various teaching hospitals in the country. These registered nurses just like the educators have

other duties assigned to them, thus ward management, and providing nursing care to patients who are under their care.

The Ministry of Health in Malawi indicates that supervision of students is one of the roles of a registered nurse (Malawi Government Ministry of Health, 2011). This means that even at their first appointment in the various academic hospitals, registered nurses are expected to perform the role of clinical teaching. This is in line with the Nurses and Midwives Council of Malawi's scope of practice for registered nurses which states that they shall "participate in the teaching of student nurses" (Nurses and Midwives Council of Malawi, 2008, p. 12). This translates to the fact that every registered nurse is legally mandated to teach and supervise students in the clinical area.

Clinical education is a core component of nursing education hence the need to put in place effective and efficient programmes to help prepare nurses to perform the art and science of nursing. In Malawi, the educational role of registered nurses is formally acknowledged therefore, it is vital to make clinical teaching one of their required competence. The curriculum for registered nurses' training at both diploma and bachelor's degree levels in Malawi includes a module on education called Principles and Practice of Education which falls under the General Nursing subject. This module is designed to prepare the students for their professional teaching responsibility. It aims at enabling students to develop beginning skills in teaching which will be applied to individuals, families and communities in a variety of settings.This module focuses on both pedagogical and andragogical approaches to learning. The objectives are that at the end of the module the student should be able to:

- Explain the nature of educational psychology

- Apply selected theories of learning used in a variety of teaching/learning situations
- Apply principles of andragogy and pedagogy to a teaching/learning situation
- Discuss the characteristics of a good teacher and various types of learners
- Explain the principles of teaching and learning and their application to nursing
- Discuss various types of teaching strategies
- Demonstrate skills in the development and selection of appropriate teaching and learning aids
- Explain methods used in evaluating teaching and learning processes.

The module is delivered in the second year of training during the first term. This module is delivered in twenty hours at five hours a week for four weeks. The module covers, psychology as applied to education, teaching methodologies and evaluation of the teaching and learning. The module comprises of theory only. The main themes in the content are: Introduction to Education, Principles of Teaching and Learning, Theories of Learning, Teaching and Learning Environment and Teaching Strategies. The module is compulsory and students are assessed theoretically through assignments (forty percent of final mark) and an examination (sixty percent of the final mark).

Despite having this education module in nurse training in Malawi, nurses have demonstrated lack of knowledge in clinical teaching. Also, the module mainly focuses on the theory and science in education but does not tackle the art (practical skills) of teaching. The module is classroom based as students are not given the opportunity to practice what they are taught. Clinical aspects of teaching are therefore not adequately covered as the content lacks clinical teaching approaches, models and clinical assessments which form the basis of clinical teaching. This has prompted the introduction of a postgraduate course in clinical preceptorship at one of the Universities in Malawi.

Recent studies done in Malawi have shown that despite clinical teaching being inscribed as the role of every registered nurse; it has not been effectively implemented, marking lack of knowledge and skills in clinical teaching as one of the causes amongst others (Katete, 2014; Luhanga-Nyirenda, 2014). A study done in Nigeria by Okoronkwo et al in 2013 revealed that clinical teaching requires knowledge and competence for an instructor to be able to transfer knowledge to the student for effective learning and that "nurse training programmes should seek to teach skills identified as most effective and persons with skills perceived as effective should be employed as clinical teachers" (Okoronkwo 2013 p. 68). It is only logical that "production of trained and competent staff through high-quality undergraduate education is essential for the achievement of desired health outcomes" (Johnson, Fogarty, Fullerton, Bluestone & Drake, 2013 p. 6).

1.3 Problem statement

Undergraduate education is supposed to focus on the acquisition of competencies that are needed immediately upon entry into the workforce (Johnson et al., 2013). In Malawi registered nurses' scope of practice allows them to teach student nurses, hence the inclusion of an education module in their curriculum. Despite the inclusion of this education module, registered nurses appear not to be adequately prepared for their role as clinical teachers. This was drawn from anecdotal evidence and the limited research available. This study therefore sought to obtain the perceptions of registered nurses and nurse educators about the current preparation of nursing graduates for the clinical teaching role in a selected academic hospital and nursing college in Malawi.

1.4 Purpose of the study

The purpose of the study was to explore and describe the perceptions of registered nurses and nurse educators on the adequacy of an education module in preparing the nurses for the expected role of clinical teaching in a selected academic hospital and nursing college. This will contribute to the reviewing and refining of the module and policies regarding clinical teaching.

1.5 Research Questions

- What are the perceptions of the registered nurses working at an academic hospital in Malawi, on the adequacy of an education module in preparing them for the expected role of clinical teaching?
- What are the perceptions of the nurse educators at a nursing college in Malawi, on the adequacy of an education module in preparing their students for the role of clinical teaching?

1.6 Objectives of the study

- To describe the perceptions of registered nurses at an academic hospital in Malawi on how adequate an education module was in preparing them for the role of clinical teaching.
- To describe the perceptions of nurse educators at a nursing college in Malawi on the adequacy of an education module in preparing their students for the role of clinical teaching.

1.7 Significance of the Study

This study will contribute to the reviewing and refining of current registered nurse education programmes in order to equip graduates with the necessary skills, knowledge and attitudes to perform their role as clinical teachers and mentors in the clinical units. This is likely to provide a foundation for analysis of the Principles and Practice of Education module in order for it to meet the needs on the market. This may also inform the relevant stakeholders on who should do clinical teaching thus answering the question should every registered nurse be involved in clinical teaching?

1.8 Definition of key terms used in this study

Registered nurse - is a qualified professional nurse who is appearing in the Nurses and Midwives Council of Malawi register in accordance with the Nurses Act of Malawi (1995). In this study, this will refer to newly qualified nursing college graduates within the first year after graduation.

Nurse educator – is a registered nurse who has been trained in the speciality of nurse education and is currently practising as a lecturer in a nursing education institution.

Clinical teaching – clinical accompaniment performed by a registered nurse aimed at guiding and assisting student nurses in learning the art and science of nursing. The term 'clinical teaching' in this study will be used to describe the supervisory, facilitator, mentor and teaching role of the registered nurse in clinical practice for undergraduate nursing and midwifery.

Perceptions - The way in which something is regarded, understood, or interpreted. (Oxford University, 2010).

Adequacy - The state or quality of something being satisfactory or acceptable (Oxford University, 2010).

Education module - Refers to a module in the applied sciences course within the curriculum for registered nurses in Malawi called "Principles and Practise of Education". It aims at equipping registered nurses with skills in teaching.

Nursing graduates - Registered nurses who have qualified and licenced to practice as prescribed in the Nursing Act of Malawi 1995 (Nurses and Midwives Act, 1995).

1.9 Conclusion

This chapter has given the introduction and the background of the study. This was in an effort to make the reader understand what led the researcher to identifying the gap and the need for studying the perceptions of the graduate registered nurses and the nurse educators about the adequacy of the preparation of registered nurses for the role of clinical teaching. The rest of the chapters consist of the methodology, findings, discussion of the findings and recommendations.

Chapter 2

2.0 Literature review

2.1 Introduction

A literature review provides a picture of what is known and not known about the research problem (Brink, van der Walt, & van Rensburg, 2012). This helps the researcher in identifying gaps thereby stimulating research ideas. The researcher's search focused on peer reviewed journals, policy documents, books, and published and unpublished research. The search engines used were Cumulative Index of Nursing and Allied Health Literature (CINHAL), Health Internetwork Access to Research Initiative (HINARI), PubMed and Google scholar. The search for electronic resources was made mainly through the University of the Witwatersrand Health Sciences Library.

The researcher reviewed literature from Malawi, Africa and globally for literature on the preparation of undergraduate registered nurses for the role of clinical teaching. It was noted by the researcher that most literature focused on post graduate education than undergraduate education. This finding also revealed that there may not be much research work done on the preparation of undergraduate registered nurses for the role of clinical teaching. This is despite the fact that most countries worldwide use registered nurses to support clinical teaching, just like in Malawi. The literature review also aimed at defining clinical teaching in nurse education and to describe an effective clinical teacher. It also covers the use of registered nurses in clinical teaching and the clinical teaching model being used in Malawi and its challenges.

2.2 The Aims of Clinical Teaching in Nursing Education

Clinical teaching, clinical preceptorship, clinical supervision and mentorship are terms often used interchangeably in most literature to describe clinical education. In this document the writer will be using the term "clinical teaching" to relate to the above mentioned terms. Quinn and Hughes (2013 p. 380) define clinical teaching as 'a formal process of professional support and learning which enables the individual practitioner to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex clinical situations'. Another definition of clinical teaching is that it is a group conference or one-on-one interaction in which patient(s) are observed, studied, discussed, demonstrated on and is directed towards the improvement of nursing care provided by the nursing student (Hybadard P.A Office of the Director of Medical Education, 2013).

The primary aim of clinical teaching is to create a context in which the student can acquire the experience needed to become an independent professional (Bruce, Klopper, & Mellish, 2013). According to Bruce, et al., (2012, p.254) "clinical teaching aims to produce a competent professional nurse who is capable of providing nursing care based on sound knowledge and decision making." Basically the aim is to be able to produce a professional who is competent. Nursing being a profession of mainly practice and skill is unique because students should be able to do nursing activities in real life situations. In nursing education, it is important to link the classroom, skills laboratory and the clinical environment because students must be able to apply theory and simulations in real clinical practice. This is because the nursing field requires clinical skills to care for the patients in a real life situation (Hybadard P.A Office of the Director of Medical Education, 2013). In view of this it is essential for student nurses to be placed in relevant areas of practice under the supervision of a competent clinical teacher. This will enable bridging the gap between theory and practice. This background forms the bases for clinical

education which is facilitated and directed by a clinical teacher/ educator/ preceptor /facilitator / supervisor.

2.3 The use of Registered Nurses as Clinical Teachers

A clinical teacher is a professional responsible for showing students how to behave in a particular context (Bruce, Klopper, & Mellish, 2013). This involves assisting students in developing clinical competence and confidence in making transition to the role of professional nurse (Madhavanpraphakaran & Balachandran, 2014). Clinical teachers include the lecturers and clinical instructors in nurse education institutions and the registered nurses working in the various teaching hospitals and communities. A clinical teacher must be competent and experienced in the relevant clinical setting. He or she must always follow strict rules, etiquette, and act as a role model and learning resource for the students (Quinn & Hughes, 2013). A clinical teacher should be able to assess skills, evaluate needs, provide learning experiences and help students upgrade their knowledge and skills. It is, therefore, important that a clinical teacher is competent enough to purposefully guide and support students, based on their uniqueness, by innovatively creating opportunities that make it possible for their growth from passiveness to involvement, independence and critical thinking (Bruce, et al., 2013).

Clinical teaching is mainly the responsibility of the registered nurse according to Bruce,et al. (2013), it is so because the registered nurses spend most of their working time in the clinical setting unlike the lecturers or clinical instructors. This implies that they are able to provide day-to-day supervision in the clinical setting as they spend more time with the students. Nurse educators are few as a result cannot be in the clinical sites frequently. They also have other responsibilities like, classroom teaching, skills laboratory teaching, research, student assessments, and other administrative tasks. Students have preferred

clinical teaching to be done by their lecturers (Gausi, 2014) more than by the registered nurses in the clinical area, this will remain a challenge as the lecturers are not always available and their clinical skills may not be as good as the nurses in the clinical area who have the opportunity to practice more, perfect skills and constantly renew their knowledge hands on.

A study done in China where graduate students were used as preceptors, revealed that they were competent in the clinical teaching of nursing students, despite the need for continued improvement and additional training (Lin, Hou, Wang & Han, 2014). These preceptors used the pedagogical training acquired in their undergraduate training to teach nursing students during their clinical placement. Malawi is also using registered nurses, even those who have just graduated to provide clinical teaching. Chilemba (2015) in a study on the analysis of the education process of graduate nurses in Malawi observed that the educational preparation was not good enough as there were reports of poor performance amongst the graduate nurses. There are also clinical teaching programmes put in place for further training but these are done at a very low scale. Malawi`s nurse education curriculum for registered nurses at both diploma and bachelor's degree levels has a module to prepare the students for the clinical teaching role amongst other teaching responsibilities, for this reason, every nurse is expected to provide clinical teaching and supervision upon entry into the workplace regardless of the experience and exposure to further postgraduate education programmes.

There is a need for the governments to invest in undergraduate nursing education for it to provide nurses who are competent at the time of their entry into the workforce (Johnson et al., 2013) thereby reducing expenditure incurred through in-service and postgraduate training. The government may use these resources for other developmental activities.

Malawi like all low income countries need to consider maximising the effectiveness and efficiency of education and training for nurses. Johnson et al., (2013) further highlights that undergraduate education for health professionals including nurses should focus on the acquisition of competencies that are needed immediately upon entry into the workforce.

2.4 The Malawian Clinical Teaching Model, Nurse Education and Challenges

The use of registered nurses as part of the clinical teaching team is widely used not only in Malawi but the whole world. In Malawi registered nurses are responsible for clinical teaching and it is inscribed in the Nurses and Midwives Council of Malawi nurses' scope of practice for registered nurse states that, a "registered nurse shall participate in the teaching of students" (Nurses and Midwives Council of Malawi, 2008, p. 12). The Ministry of Health also includes the teaching of students as one of the roles of a registered nurse (Malawi Government Ministry of Health, 2011). This is in disregard of the experience one has, meaning every registered nurse is expected to teach in the clinical area following graduation and licensure with the Nurses and Midwives Council.

In a report entitled "The adherence of five nursing schools in Africa to regional educational standards," which included a nursing school in Malawi revealed that ensuring quality clinical teaching was a major challenge due to shortage of academic staff. The report also noted that there was inadequate preparation of the clinical teaching areas and a low level of training of registered nurses in the ability to teach in the clinical setting (Mtshali, Uys, Kamanzi, Kohi & Opare, 2007). An integrative literature review done by Omansky, (2010) revealed challenges faced by registered nurses doing clinical teaching. These challenges

included role ambiguity, role conflict and role overload. It is, therefore, necessary to equip nurses in the clinical areas with adequate knowledge, skills and attitudes essential for clinical teaching like supervising students, conducting clinical assessments and evaluating student's overall performance (Bruce et al., 2013). Registered nurses' pedagogical competence is significant in assisting them to facilitate learning during clinical practice. However, their preparation has focused less on clinical teaching strategies (Carlson, Wann-Hansson, & Pilhammar, 2009) and more on theoretical aspects. In their study the authors concluded that increasing knowledge in how the registered nurse actually teaches the students during clinical practice will help facilitate nursing education programmes (Carlson et al, 2009).

The curriculum for registered nurse education in Malawi provides a module called Principles and Practice of Education which is expected to give the student registered nurses studying for either diploma or bachelor's degree the basics of education. Despite having this education module in nurse training, nurses have demonstrated a lack of knowledge in clinical teaching. This was revealed in a study by Katete which has shown that some registered nurses providing clinical supervision lack knowledge in effective clinical teaching (Katete, 2014). However, there is no work done to assess the preparation of the registered nurses for the expected role of clinical teaching. Also, the module mainly focuses on the theory and science in education but does not tackle the art (practical skills) of teaching. The module is classroom based as students are not given the opportunity to practice what they are taught in clinical practice. Clinical aspects of teaching are, therefore, not adequately covered as the content lacks clinical teaching approaches, models and clinical assessments which form the basis of clinical teaching. This is a sign that there is inconsistency between theoretical and practical training, and conflict between educational objectives and outcomes of training.

It is legally and professionally sound for every registered nurse to participate in clinical teaching but recent studies have shown that some lack knowledge and skills in performing this role effectively (Katete, 2014). Okoronkwo et al., (2013) in their study, revealed that clinical teaching requires knowledge and competence for an instructor to transfer knowledge to the student for effective learning and that 'nurse education programmes should seek to teach skills identified as most effective and persons with skills perceived as effective should be used as clinical teachers (Okoronkwo et al., 2013).' Several studies have revealed that nurses lack knowledge and that they generally have negative attitudes towards students on clinical placement (Msiska et al., 2014; Katete, 2014).

However, there is little that is documented in Malawi (including research) on the preparation of these nurses for the role of clinical teaching. Programmes have been put in place to support clinical education in Malawi with organisations like Nursing Education Partnership Initiative (NEPI) and International Training Education Centre on Health (I-TECH) providing support to nursing faculties by providing training and mentorship to faculty members/nurse educators (Holman, Muyaso, Msiska, Namate, Wasili & Jacobs, 2015). Little has been done to support the registered nurse who is with the student at the clinical placement area. This effort to address the need for quality clinical education has not been effective at bridging the need for an effective clinical education model. An effective clinical education module should put the registered nurse at the core as he/she spends more time with the students and the patients. The use of registered nurses may be a solution to the shortage in faculty availability and student preparation, therefore, the need to improve efficacy to clinical teaching skills to registered nurses in training.

The need for competent clinical teachers in Malawi has prompted the introduction of a postgraduate course in clinical preceptorship at one of the universities in Malawi.

However, it is only logical that 'production of a trained and competent staff through quality undergraduate education is essential for the achievement of desired health outcomes' (Johnson, Fogarty, Fullerton, Bluestone, & Drake, 2013).

Johnson et al., (2013) further, highlights that undergraduate education for health professionals including nurses should focus on the acquisition of competencies which are needed immediately upon entry into the workforce. This includes clinical teaching. It is also important that more research is conducted to evaluate the efficacy of undergraduate nursing programmes in preparing registered nurses for the role of clinical teaching.

2.5 Conclusion

This chapter captured the relevant literature. Literature search has revealed that there is not much work down on how undergraduate nurses are prepared for the role of clinical teaching. Most literature is on postgraduate nurses and preceptorship training done on the job. Chapter three will discuss the methodology of this study.

Chapter 3

3.0 Methodology

3.1 The research design

This was an exploratory, descriptive qualitative study. Descriptive study designs are crafted to gain more information about characteristics within a particular field of study. Their purpose is to provide a picture of situations as they happened (Burns & Groove, 2009). An exploratory approach was chosen because the researcher aimed at exploring the nurses' and educators' perceptions and how they viewed the quality of clinical teaching and the preparation of nurses during their training. Qualitative research helps to discover qualitative aspects of human behaviour such as meanings, experience and understanding (Brink, van der Walt, & van Rensburg, 2012). This study comprised of two phases which were linked to the objectives of the study.

3.2 The research setting

The hospital and college in which data was collected were in same city in Malawi. This was to ensure that the researcher can access the study participants easily.

Phase 1: The research setting was an academic hospital in Malawi. This was chosen because there is a lot of clinical teaching taking place at such a hospital. Academic hospitals are also the main referral facilities in Malawi hence more registered nurses are placed in these facilities and the chosen nurse education institutions place their students at this hospital.

Phase 2: Nurse Educators were from a nursing college which trains registered nurses and is located in the same city as the academic hospital in which Phase 1 of the study was conducted.

3.3 Population and sampling

Sampling in qualitative research depends on the purpose and philosophical basis of the study, therefore, the adequacy of the sample must be justified by the researcher. However, it is important to have an adequate sample for depth and richness of data collected because an inadequate sample size reduces the quality and credibility of the research findings (Burns & Groove, 2009). It is important to have a sample size that will enable saturation of data. This is the reason total sampling was used in this study. Total sampling is when the entire population with particular characteristics, experiences, knowledge and skills to an event are used as study participants (Lund Research, 2012). This method included all members within the population thereby ensuring wide coverage and to allow for in-depth exploration on subject matter

Phase 1: The study population were registered nurses who recently graduated from a nursing college and working at an academic hospital in the same city in Malawi. The participants were registered nurses who were within their first year of practice following graduation. The researcher managed to obtain consent from all the 10 graduate registered nurses however, on the day of the focus group discussion, one did not turn up. So a total of 9 registered nurses participated in the focus group discussion.

Phase 2: All the lecturers who are actively involved in teaching the education module (Principles and Practice of Education) at diploma level were approached and they all consented to participating in the study. A total of 3 interviews were done.

3.4 Inclusion and Exclusion criteria

3.4.1 Inclusion Criteria

Registered nurses:

- All registered nurses who graduated from the chosen nursing college within their first year of working at an academic hospital at a selected city in Malawi
- Those who had not gone through the clinical preceptorship course (post-graduate clinical teaching course) offered by one of the universities in Malawi.

Nurse Educators:

- Those actively involved in the teaching of the education module (Principles and Practice of Education)

3.4.2 Exclusion criteria

Registered nurses:

- Registered nurses who were not trained at the chosen nursing college. These were excluded because different colleges may deliver the module differently and these may affect the results as the context is different.
- Registered nurses who had gone through the clinical preceptorship training (post-graduate clinical teaching course). These were excluded because they are exposed to further training and preparation for the role of clinical teaching. So the additional training will also present differences in findings.

Nurse Educators:

- Those who were not actively involved in the teaching of the education module (Principles and Practice of Education) because they would not have the experience of teaching the module.

3.5 Data Collection

According to Burns & Grove, 2009, data collection is a precise, systematic gathering of information relevant to the research purpose or specific objectives of the study.

3.5.1 Data Collection procedures

In both phases a list of the possible participants was obtained from the staff information register at the institutions in which the study was conducted. They were then approached and given information sheets then invited to participate. Consent was obtained when they signed the consent form.

3.5.2 Data Collection Methods

Phase 1: The researcher used focus group discussions in this phase. The focus group discussions utilised the nominal group technique. Focus groups allow participants to present perceptions as the environment is usually permissive and nonthreatening (Burns & Groove, 2009). The nominal group technique promotes participation and prevents dominancy of opinions (Stewart & Shamdasani, 2015). In this study the nominal group technique also allowed people of an almost similar characteristic to interact freely with less anxiety. The researcher also used this method as a way of promoting trustworthiness of findings as the registered nurses participated in the identification of themes and subthemes. The use of focus group and nominal technique made data collected richer as the environment was nonthreatening. This promotes individual participation, interaction and enhances credibility of research findings. The following steps of the nominal group technique were used as outlined in a review paper on methods of developing consensus by James and Warren-Forward (James & Warren-Forward, 2015):

1. All the 9 participants were placed in a room. They were presented with the question; "what are your opinions on the adequacy of the module; Principles and Practice of Education in preparing you for the role of clinical teaching?"
2. They were asked to write their personal opinions on a piece of paper first without discussing. The researcher provided 30 minutes for individual brainstorming and writing down of the ideas.
3. They were then put in two groups of 5 and 4 participants respectively. Members selected a group leader who helped in the collection of the required information. In addition the group leader facilitated the discussions within the group. The group shared the ideas one person each time (round-robin way) then all were recorded on a flip chart. No criticism was allowed, however, clarity of information was encouraged.
4. Group leader then facilitated the compilation and consolidation of the ideas. The consolidated ideas were then presented to the whole group of 9 participants for a plenary session to identify main themes. All this was also documented on a flip chart.
5. The researcher then collected the information for further analysis using the Braun and Clarkes steps in thematic content analysis.

Phase 2: The researcher and the educators engaged in face to face semi-structured interviews. These are appropriate in exploratory qualitative research studies (Brink, Van der Walt & Van Rensburg, 2012). A semi-structured interview guide was used to direct the discussions (Appendix 10). The questions were then followed by probes (Appendix 10) accordingly as this added information and clarity to the initial ideas. The dialogues were recorded on a digital voice recorder for transcription and thematic analysis.

3.5.3 Focus group and Interview Questions

Registered nurses' discussion question: "What are your opinions on the adequacy of the module; Principles and Practice of Education in preparing you for the role of clinical teaching?"

Nurse Educators' interview questions: The guiding questions and probes have been outlined on the interview guide (Appendix 10 on page 73).

3.6 Data Analysis

Data from both phase 1 and 2 were analysed manually using the following 6 steps of thematic content analysis by Braun and Clarke (Braun & Clarke, 2006):

Step1: Familiarising self with data

The researcher immersed self in the data through repeated reading and came up with an initial list of ideas and interesting points.

Step 2: Generating initial codes

The researcher identified initial codes from the listed ideas and points of interest.

Step 3: Searching for themes

The researcher then analysed the codes broadly and came up with themes.

Step 4: Refining the themes

The researcher further analysed the themes as some collapsed into each other and others were broken down. According to Braun and Clarke the researcher should consider internal homogeneity and external heterogeneity of the themes.

Step 5: Defining and naming themes

At this point the researcher defined and further refined the themes.

Step 6: Producing the report

The researcher did the final analysis and write up of a report on the themes. The report shall tell the story generated by the data in a way that convinces the reader of the merit and validity of the analysis (Braun and Clarke, 2006).

3.7 Trustworthiness

Validity and reliability in qualitative research is concerned with the accuracy and truthfulness of the scientific findings (Burns & Groove, 2009). Lincoln and Guba in their seminal work of 1980 substituted reliability and validity with "trustworthiness" (Lincoln & Guba, 1985). Shenton (2004) further divided trustworthiness into four (4) components; credibility, transferability, dependability and confirmability (Shenton, 2004).

3.7.1 Credibility (Internal validity)

Credibility refers to how congruent the findings are to the reality (Shenton, 2004). In this study, this was ensured by having a sample with two groups of participants as the sample covered registered nurses and nurse educators. Experts (persons who have experience with the study phenomenon) were used as study participants. In this study nurse educators who were actively involved in teaching the module and the registered nurses that have passed the education module and are participating in clinical teaching presently were used as study participants. The interviews were recorded in order to provide for referential adequacy.

3.7.2 Transferability (External validity)

Transferability refers to the extent to which the findings of the study can be applied to another situation (Shenton, 2004). He highlighted this as a challenge in qualitative studies as context is a key factor in this type of research. This study ensured that the study

phenomenon (sample and study setting) is well documented for the reader to have a picture of the context which will enable transferability of the findings.

3.7.3 Dependability (Reliability)

Dependability is the ability to show that if the study is repeated in a similar context, it will show the same findings (Shenton, 2004). This led Lincoln and Guba (1985) to conclude that dependability and credibility are related and complement each other (Cohen & Crabtree, 2008; Lincoln & Guba, 1985). This was achieved through the use of overlapping methods. In this case, data source triangulation was used by using focus group discussions, individual interviews and field notes. In this study dependability was ensured by the combination of focus groups and individual interviews. The use of effective communication skills was employed to enable extraction of information which addresses the subject matter accordingly and to enhance the interviews and focus groups.

3.7.4 Confirmability (Objectivity)

This refers to the measures put in place in ensuring that the study findings are a result of the experiences and ideas of the participants and not the preferences of the researcher. Peer review by the Supervisor was employed to exclude prejudice and bias and to help in exploring meanings and codes. The researcher has also prepared a 'decision trail' (Sandelowski, 1986) to ensure that the data are auditable. Therefore, a portfolio of all documents relating to the study has been created and will be made available on request.

3.8 Ethical Considerations

3.8.1 Respect of Autonomy and informed consent

Participants were informed of the nature of the research through reading the information sheet (Appendices 1 and 2) and they were given an opportunity to ask questions when they were not clear. Participants were assured that they can make their own decision and will not be forced to participate. Refusal to participate did not and will not expose them to any form of prejudice. Consent (Appendices 3 and 5) was obtained from the participants without any form of coercion and they were told that they were free to withdraw without any penalties at any time during the study.

3.8.2 Non-Maleficence

Participating in this study did not expose the participants to any risks.

3.8.3 Confidentiality

Phase 2 (interview) participants were kept anonymous throughout the study apart from the participants in the focus group discussion. Confidentiality is not guaranteed with the focus group discussions but however, the participants were encouraged to keep in confidence all the deliberations and the names of people involved.

3.8.4 Permission and Approval from authorities

- Peer review was done at the Department of Nursing Education in the Faculty of Health Sciences at the University of the Witwatersrand

- Permission and approval was obtained from the Post Graduate Research Committee at of the University of the Witwatersrand
- Permission and approval was obtained from the University of the Witwatersrand Human Research Ethics Committee (Medical) (Appendix 11).
- Permission and approval was also obtained from the Malawi Ministry of Health's National Health Research Committee (Appendix 12).
- Permissions were obtained from the academic hospital and the nursing college where participants were recruited (Appendices 13 and 14).

3.9 Dissemination of Results

The researcher plans to publish the results in the nursing journals and the Malawi Medical Journal. The researcher shall also make use of conferences within and outside Malawi to present the findings of the study. Copies of the research report shall be placed in all participating institutions and at the University of the Witwatersrand. Research findings shall also be communicated to relevant stakeholders like the Nursing Directorate at the Ministry of Heath Malawi and the Nurses and Midwives Council Malawi.

3.10 Conclusion

This chapter covered the methodology utilised in this study. This is in an effort to keep the reader notified on how the researcher went about collecting the data. This also helps in ensuring trustworthiness of the findings and understanding the context in which the study was done. The results of the study are presented on the next chapter, chapter four.

Chapter 4

4.0 Findings of the study

4.1 Introduction

This chapter will capture the findings of the focus group discussion with the registered nurse graduates and interviews with the nurse educators who are involved in the teaching of the module. The findings will be presented in two phases thus; phase one is the focus group discussions with the registered nurses and phase two is the interviews with the nurse educators.

4.2 Phase 1 Findings

Phase 1: the registered nurses were asked to respond to the question: "what are your opinions on the adequacy of the module; Principles and Practice of Education in preparing you for the role of clinical teaching?"

The results of Phase 1 revealed strongly the strengths and the weaknesses of the module. The graduates pointed out what they benefitted from the module but they also expressed the challenges in the module.

The themes and subthemes that emerged from phase 1 are summarised in Table 1.1.

Table 1.1: Summary of phase 1 findings

Themes	Subtheme	Descriptions from the RNs
Strengths in the module	Registered nurses are equipped with basic knowledge on principles of education	"The theory is adequate as we were taught on the different teaching methodologies and strategies which can be used in teaching"
	Registered nurses are able to apply the theory learnt to practice in other courses	"We used the skills mainly in other courses like when giving health education and teaching patients and clients in the community."
	Well qualified lecturers	"The module was delivered by competent and well trained education lecturers"
	Registered nurses learnt creative ways of teaching different learners	"The education module includes principles that help the educators on how to impart knowledge to students i.e. the module states that knowledge is based from known to unknown or simple to complex, helps educators to be effective teachers."
Weaknesses in the Module	Module consists of theory only	"The module is more of theory than practical because there is no platform to showcase the educational skills. This leaves the

		registered nurse with no confidence to perform the role when the time comes"
	Module does not prepare graduates for clinical teaching	"Are we really clinical teachers? This was never emphasised in our learning"
	Inadequate learning resources	"Lack of adequate and ideal resources to enable retention of knowledge and skills.
	Module is taught too early in training	"The module is delivered in 2nd year. I wish it was in 3rd year as with the management module"
	Poor supervision of the student registered nurses	"Poor mentorship (supervision)"

4.2.1 Strengths

Registered nurses are equipped with basic knowledge on principles of education

It came out strongly from the registered nurses that the module had enough content to orient them to the basic principles of education in general. To some they even expressed that they felt that the content was too much. The knowledge also helped them with setting their own educational goals.

> "Theoretically it helped us in coming up with objectives when going to the ward and to be able to evaluate nursing care provided" (Group A).

"The theory is adequate as we were taught on the different teaching methodologies and strategies which can be used in teaching and different learning needs" (Group B).

"The module has theories which helps the educators with application of knowledge as they are teaching students, however, there is need to break them down to suit the clinical setting" (Group A).

The module also made the graduates appreciate the different learning needs amongst students. Now they appreciate that 1st year students have different learning needs as compared to 3rd year students, therefore, they need to be treated differently and according to their different, unique needs. It also came out strongly that the registered nurses appreciated the need to utilise self-exploratory (innovative) methods of teaching and learning and that through own searching the students learnt better.

Registered nurses are able to apply the theory to practice in other courses

The graduates appreciated the knowledge they gained from the module as it helped them in other clinical nursing modules in setting own learning objectives and providing health education. They felt well equipped to come up with lessons to teach patients and clients.

"We used the skills mainly in other courses, like when giving health education, when teaching clients in the community (Community Health Nursing)" (Group B).

Well qualified lecturers

The registered nurses pointed out that the lecturers who guided them through the module were well qualified nurse educators and they were all trained in nurse education at university level.

> "The module was delivered by competent and well trained education lecturers" (Group A).

The nurse educators' qualification were in line with the country's licensure requirements as they all had additional education degrees (Nurses and Midwives Council of Malawi, 2008) at Masters level.

Registered nurses learnt creative ways of teaching different learners

Education requires the utilisation of creative and innovative teaching methods. It is therefore, very essential for registered to know their students and to utilise the modern methods of teaching and learning. It came out strongly in the discussion that the content learnt in the module provided knowledge on use of different teaching methods. The well-educated lectures also made the student nurses utilise self-exploratory methods in their learning. This method of teaching has proven to promote critical thinking and retention of knowledge (Hughes & Quinn, 2013).

> "The education module includes principles that help the educators on how to impart knowledge to students i.e. the module states that knowledge is based from known to unknown or simple to complex, helps educators to be effective teachers." (Group A)

"The module helped registered nurses to be creative and come up with effective teaching methods for students with different learning needs" (Group A).

"The module helped registered nurses to know how to handle students who have different learning needs i.e. approach to 1st year students is different to a third year student" (Group A).

"It helps to equip registered nurses with knowledge skills and attitude on various teaching, learning and assessment methodologies which enables registered nurses to effectively deliver information and skills to learners at clinical area" (Group B).

4.2.2 Weaknesses

Module consists of theory only

The participants felt that the module was more of theory and there was no objective for practical teaching/learning. This is ironic since one of the objectives of the module is to enable the students to apply selected theories of learning used in a variety of teaching/learning situations.

The participants felt that an education module needs to comprise of skills that are taught to students and that students should show competence in. There is a strong need for the students to be exposed to practise in order for them to experience what it is like to teach. This would also help boost their confidence in teaching students.

"The module is more of theory than practical because there is no platform to showcase the educational skills. This leaves the registered nurse with no confidence to perform the role when the time comes" (Group A).

Despite the education module giving them the rich theoretical knowledge, the registered nurses felt there was a need to expose them to practical learning as with other applied science modules. They gave an example of the management module in which they were given an opportunity to put into practise the theory they learnt. The practical experience they had has helped them to take up managerial responsibility with much easy than the teaching responsibility.

> "Lack of practical exposure leaves us unsure of what is expected of us as registered nurses with regards teaching students in the clinical area. Unlike in the management module which gave us the exposure to management issues during training" (Group B).

The participants also pointed out that they felt the content was too complex for them to apply on their own without the support of the lecturers. They strongly felt that the practical would have helped them appreciate the application of the theory into practice.

> "Some theories are too complex to apply in nursing education e.g. the Gagne theory, we cannot utilise them in clinical teaching. Maybe if the opportunity to practise was given during training it would have been better" (Group A).

It is, therefore, the responsibility of a nurse educator to take student nurses through the complex theories and help them in the application (Hughes & Quinn, 2013). This process will be accommodated in the practical exposure where the students will be exposed to the application of the theories.

The module was designed for classroom teaching only

The participants expressed that they were initially shocked that they are supposed to assist with the teaching and assessment of students in the ward. This was not emphasised during their training, and they were not prepared to perform that role. This exclamatory question came out strongly during the discussion,

> "Are we really clinical teachers?" (Group B).

> "No emphasis was placed on how to teach fellow nurses and there was no exposure. It's like the module was not meant to prepare us for clinical teaching but for health education to clients and patients and classroom teaching" (Group B).

The regulatory body of nursing in Malawi (Nurses and Midwives Council of Malawi, 2008) acknowledges the role of registered nurse in clinical teaching of nursing students. However, the document does not clarify the qualification needed for this registered nurse to perform the clinical teaching role.

Inadequate learning resources

The participants pointed out that the lack of an ideal environment for teaching and learning proved a challenge to the delivery of the module. They never got to appreciate the use of other teaching tools as they were not available for them to see and even get to use them.

"The institution lacks of adequate and ideal resources to enable retention of knowledge and skills" (Group B).

A study by Msiska (2014) which assessed the "life world" of Malawian undergraduate nursing students revealed inadequate resources as one of the main challenges experienced by the students. This leads to negativity which may affect students learning.

Module is taught too early in training

Some participants felt that the module was taught too early in the training. It is delivered in their 2nd year of training. They feel it is better if the module is taught later in the training for easier recall of the information when they start work.

"The module is delivered in 2nd year. I wish it was in 3rd year as with the management module" (Group B).

Poor supervision of the student registered nurses

Some group members pointed out that; supervision was not adequate by the lecturers and the qualified registered nurses at the clinical area. As shown by the following words:

"Poor mentorship (supervision)" (Group B).

Hughes and Quinn (2003 p.369) pointed that "students have the right to expect support from key individuals within each clinical placement to enable them to identify learning opportunities."

Adequate student support through supervision, coaching and mentorship is undoubtedly paramount for effective and efficient clinical placements.

4.3 Phase 2 Findings

The Phase 2 of the study explored the perceptions of the nurse educators on the adequacy the education module in preparing the graduates for clinical teaching role. The themes and subthemes that emerged out of the Phase 2 of the study are shown in Table 1.2.

Table 1.2: Summary of Phase 2 findings

Themes	Sub theme	Descriptions from the Nurse Educators
Strengths	Students are taught important educational concepts	"There is a module on Principles and Practice of Education whereby they are taught the theories and some components of education."
	Students are prepared to provide health education	"But when we are teaching them in class emphasis is on teaching patients and guardians (laughing) yaaaaaaah."
Weaknesses	Module does not prepare the students for clinical teaching	"Yah, this is an eye opener, I also didn't think of that. The way I have been implementing this module it was just classroom teaching and theories, but I didn't take time to think of clinical teaching."
	Module consists of theory only	"Yah I agree that indeed there is a gap in the clinical area as most of the registered nurses are not able to teach students or staff because they lack the practical component of it, they have the theory of teaching clients and

		patients but fail to translate the same knowledge to teach students uuuuumh."
	Module has too much content	"They were saying this module is too much, it's not fit for this cadre of nurses. Registered nurses at diploma are not instructors. I say really because it came up when we were developing the curriculum."

Phase 2 of the study also aimed at cross checking and clarification of issues which were identified in phase 1. Since the participants in phase 2 were the nurse educators who are involved in the teaching of the module, they were better placed to provide answers and clarification of the issues which were raised in the focus group discussion with the registered nurses.

4.3.1 Strengths

Students are taught important educational concepts

The educators acknowledged that the module teaches the students the basic principles of education. The module comprises of education theories and teaching methodologies. When asked how they prepare the students for the role of clinical teaching one educator said:

> "There is a module called Principles and Practice of Education in which the registered nurse students are taught the theories and some components of education." (P2)

Students are prepared to provide health education

The educators unanimously pointed out that the module mainly prepares the students for health education. Students are supposed to give health education to patients and clients, so the module prepares them to perform this role.

> "But when we are teaching them in class emphasis is on teaching patients and guardians (laughing) yaaaaaaah."

Health education is an important aspect of nursing practice; therefore, there is a need for registered nurses to be prepared for this role (Halse et al., 2014). It is of great value that registered nurses are prepared to give health education.

4.3.2 Weaknesses

The module does not prepare students for clinical teaching

The educators strongly felt that the graduates' failure to translate the knowledge into practice may be because the module is incomplete because, currently, the course outline does not have an objective to cover the clinical teaching, according to the educators. However, as already stated in phase 1 findings, one of the objectives of the module is to enable the students to apply selected theories of learning used in a variety of teaching/learning situations. This objective could have been used to incorporate a clinical component into the module.

The educators also agreed that the module does not prepare the students to teach in the clinical area but it prepares them for giving health education to patients.

"I think we just missed it. I think it's an area we need to revisit, yaaaaaaah. (P1)

"Because aaaaaaaaah because they are really supposed to be teachers in the clinical area not only for patients and guardians but also for the nurse students. But when we are teaching them in class emphasis is on teaching patients and guardians (laughing) yaaaaaaah." (P3)

The educators agreed that they had observed that registered nurses in the clinical areas do not feel confident and comfortable with supporting students' learning during their clinical placements. During the interviews the educators believed that the reason for lack of confidence may be that they are not ready to perform the role of clinical teaching because the preparation may not be adequate.

"Yah I agree that indeed there is a gap in the clinical area as most of the registered nurses are not able to teach students or staff because they lack the practical component, they have the theory of teaching clients/patients but fail to translate the same knowledge to teach students uuuuumh." (P1)

"Yah, this is an eye opener, I also didn't think of that. The way I have been implementing this module it was just classroom teaching and theories, but I didn't take time to think of clinical teaching." (P3)

During the interviews the educators also pointed out that the implementation of the module was good enough. The students are taught more on how to teach in class; a role

they are not expected to perform instantly. The immediate role of clinical teaching is not captured in the teaching of the module.

> "I would say the module is adequate, but what matters is its implementation. It has all the concepts regarding theory. Focus is put on patients and clients and not how they can teach fellow staff and students in the clinical area. So the gap is there" (P2)

A recommendation came up on that; the module objectives should also capture clinical teaching. This is on the belief that if there is a clear objective on clinical teaching, emphasis will be placed on addressing the teaching and assessment of the objective.

> "I feel we need to add the objective on clinical teaching so that when someone is preparing for classes or the course outline there should be an objective to say; by the end of this course the student should be able to teach students in the clinical area." (P1)

Module consists of theory only

The nurse educators said the module has enough theory and that the content was enough. Despite the educators agreeing with the fact that the content given was enough they all sited the lack of a practical component within the module as a gap. When asked to explain why then the graduates feel inadequately prepared and are not confident to perform clinical teaching, one educator said:

"Yah I agree that indeed there is a gap in the clinical area as most of the registered nurses are not able to teach students or staff because they lack the practical component of it, they have the theory of teaching clients and patients but fail to translate the same knowledge to teach students uuuuumh." (P2)

During the interviews, there was a general consensus that the module had some weaknesses and was, therefore, not adequate in preparing registered nurses for clinical teaching. The nurse educators came up with recommendations to address the gaps which they identified in the module. The educators recommended the need to capture clinical education in the designing, implementation and the assessment of the students. Some suggested incorporating the module into other courses in order to provide room for assessment of the students. They said students may also be paired up with fellow students in order to facilitate teaching of junior students through mentorship whilst the senior student is having an opportunity to practice clinical teaching.

"There is a need for the curriculum to incorporate the issue of preceptorship and mentorship. Once the students are in the clinical area, the senior students should be empowered to teach the young ones. In that way they gain capacity utilising the same principles." (P2)

"Yah they do not apply the knowledge maybe because there is no emphasis on assessment and application so there is a need to give them projects to work on in the clinical area because mainly it is just theory." (P2)

Module has too much content

The findings revealed that the module has too much content for the level of students. There is a great need to align the roles and responsibilities of registered nurses according to their qualification that is separating those with diploma from those with degrees. One educator was shocked at the fact that registered nurses at diploma level are supposed to teach or supervise students in the clinical area. The participant constantly said if "really they are clinical teachers". When asked why the participant said:

> "I am saying that because I have never seen them being prepared to be clinical teachers. There was an argument when we were coming up with the topics for the module on education; there were participants from the affiliating university heeeeee, they were saying this module is too much; it's not fit for this cadre of nurses because registered nurses at diploma are not clinical instructors. So I say really because it came up when we were developing the curriculum." (P3)

This inconsistency leaves the educators unclear on what to teach registered nurses training at different levels. Therefore, there is a need to answer the question; "are they really supposed to be clinical teachers?"

> "We have to refocus on what we want them to be. If we really want them to be clinical teachers as per scope of practice then when reviewing our curriculum we need to incorporate that, even the assessments have to be done in such a way we are not neglecting the part of clinical teaching" (P3)

4.4 Conclusion

This chapter captured the findings of the study for both phase 1 and phase 2. The themes that emerged from both phases were stated. The findings from phase one and two revealed some similarities. Both the registered nurses and the educators cited some strengths and weaknesses in the module. Similar themes were identified and these are that the module consists of theory only, does not prepare students for clinical teaching; students are prepared to provide health education to patients and clients. Chapter five will discuss the findings, highlight recommendations, limitations and conclusions of the study.

Chapter 5

5.0 Discussion of the results, Recommendations, Limitations and Conclusion of the Study

5.1 Introduction

This last chapter of the report consists of the discussion of the results of the study. This will be followed by the proposed recommendations made by the researcher. A conclusion on the whole study will then follow.

5.2 Discussion of the results

The purpose of this study was to explore the opinions of registered nurses and nurse educators on the adequacy of the Principles and Practice of Education Module in preparing registered nurses for the role of clinical teaching. This study has revealed that the education module does not prepare the registered nurses for clinical teaching. The module prepares them to provide health education and is more inclined towards classroom teaching; a role which the registered nurse does not assume immediately following graduation. The clinical teaching aspect which the registered nurse assumes soon after graduating is presumably ignored as it is absent in the module and the educators of the module do not give it attention when delivering the course.

Registered nurses in the clinical area contribute extensively to clinical education, not only of nurses but doctors and other health care professionals. Nursing is an art and science so it is essential that the registered nurses are well prepared for both theory and skill for them to perform their roles effectively. Clinical teaching is one of the prescribed roles of a

registered nurse, so it is therefore important for them to be prepared theoretically and practically for this role. Clinical practice is important as it prepares nurses to become competent practitioners (Kaphagawani & Useh, 2013). Undergraduate education is supposed to prepare nurses who are competent at the time of their entry into the workforce (Johnson et al., 2013). This is congruent with the findings by Chilemba (2015) that, learning for practice in nursing is an absolute requirement for positive outcomes in healthcare delivery and nursing education. There is therefore, a need for the undergraduate student registered nurses to be awarded the opportunity to practice the art of education; a module objective which is either not adhered to or is misinterpreted by the nurse educators.

New nurse graduates continue to experience difficulties in balancing their preparation for practice with the expectations of the workplace (Kantar, 2012). They find themselves facing a responsibility they were not prepared to tackle which is that of clinical teaching. This is also observed through a question asked by the registered nurses who participated in this study; "are we really clinical teachers?" It is therefore important that registered Nurses are well prepared for the clinical teaching role as prescribed by their scope of practice and job description. In this study, it has shown that there is a discrepancy between the nursing regulation (scope of practice), the employer (job description) and the nursing education institution (curriculum). A curriculum is supposed to respond to the needs of the market. This study has revealed failure by the education module (Principles and Practise of Education) in the diploma in nursing course for registered nurses in providing the relevant knowledge as required by the employer and regulatory institution regarding clinical teaching. It is the responsibility of the nursing education system to ensure it provides relevant education which meets the needs of the market. However, the immediate role of providing health education to patient has been well covered in this education module. Giving health education is important nursing practice; therefore, it is

essential for registered nurse training programmes to prepare nurses for this role (Halse, Fonn & Christiansen, 2014).

It has simply been an assumption that registered nurses who have graduated from nursing colleges can instantly perform the prescribed roles which include clinical teaching the day after they graduate (Ramani & Leinster, 2008). The findings of this study have revealed that the registered nurses who participated in this study feel inadequate to teach students and staff in the clinical area. The participants cited lack of practical experience and confidence as the causes for their failure to perform. This failure may be because they are not adequately prepared for the role of clinical teaching. It may be important to give the nurses time to grow in the profession before overwhelming them with the teaching responsibility which they were not prepared to perform.

One of the aims of clinical teaching is to help students increase their clinical independence (Schupbach, 2012). A newly qualified nurse is currently working towards obtaining own independence in the practice environment, so giving them the teaching role will be overwhelming. Deliberate efforts should therefore be put in place to help nurture these registered nurses to transit successfully from student to professional life (Kamuzu College of Nursing, 2015) as they go through the novice to expert continuum. This finding concurred with the findings in a study by Omansky (2010). She found that providing preceptor clinical experiences to student created a significant amount of stress for the nurse. Teaching requires skill, so there is a need for clinical teachers to have practical experience during their preparation for this role. An ideal clinical education programme should have a practical education strategy to be used when teaching students (Ramani & Leinster, 2008). Theory needs to be supplemented with practical training for easier application of the skills learnt.

Supervision is an important part of clinical teaching as it allows students to develop the necessary skills, knowledge and attitudes to help them improve (Hughes & Quinn, 2013). The registered nurses pointed out that there was poor clinical supervision during their placements in the various allocations. The teaching of motor skills involves the provision of information and opportunity for practice under supervision. Quality supervision by the lecturers and clinical teachers would have exposed the student registered nurse to the skills required in clinical teaching as learning also takes place through assimilating. So, lack of supervision deprived the students of the chance to live and experience the clinical teaching environment thereby making the experience abstract. Inadequate number of clinical teachers and lecturers (Bandazi, et,.al, 2013) might have been the contributing factor to the poor supervision. It is therefore, essential to ensure there are adequate numbers of professional nurses to perform clinical teaching which is likely to translate to quality supervision of students.

The nurse educators proposed the use of peer education in order to provide the opportunity for practical experience. Peer education has proven to increase students' acquisition of skills. A study done in England in which the authors were evaluating the effectiveness of peer education revealed it was effective (Priharjo & Hoy, 2011). " It is hoped that the experience of peer teaching will prepare nursing students for the future roles as nurse educators for patients, students and other staff" (Priharjo & Hoy, 2011 p. 42), therefore, utilising peer teaching may help the students gain some confidence in providing clinical teaching. Learning acquired through experience is more relevant than just providing theory (Quinn & Hughes, 2013). It is, therefore, evident that practical (experiential) learning is important in preparing nurses for their expected roles which include clinical teaching. Experiential learning as one of the contemporary and innovative learning strategy promotes retention of knowledge, critical thinking and problem solving skills which are essential for registered nurses (Chilemba, 2015).

It has been very interesting to learn that the education module covers enough theory to expose the registered nurse student to creative ways of teaching and teaching different types of learners. The student registered nurses confess that they have knowledge to appreciate that the learning needs and approach for a first year student is different to that of a final year student. Hughes and Quinn, 2013 further elaborated that; when planning to teach motor skills, the clinical teacher has to consider the level at which the student must learn the skills. This knowledge is very vital for a clinical teacher as he/she is responsible for teaching students at different levels making levelling of content vital in planning, implementation and evaluation of the students (Dearnley, 2013). However all this knowledge is nothing if it is not translated to practice (Hughes and Quinn, 2013).

There is, therefore, a need for adequate preparation of registered nurses for the prescribed professional roles. This may help them to reduce the stress levels as the nurses are ready to take up the clinical teaching role as much as they do with other prescribed roles like providing nursing care and managerial responsibilities.

5.3 Recommendations

5.3.1 Nursing Practice

Nursing is both a science and art, so it is essential to create a favourable environment for clinical teaching. It is within the job description of a registered nurse to provide clinical education to nurses in the clinical area. It is therefore the responsibility of nurse managers in the teaching hospitals to ensure that registered nurses are well oriented to their roles and responsibilities accordingly, these include providing clinical education. I would also propose the introduction of a clinical education department in all teaching hospitals. This department should be responsible for managing clinical education and needs of staff and students during clinical placement. There is also a need to clarify the clinical teaching role

of registered nurses. Is every registered nurse a clinical teacher? Educational qualifications, preparation, experience and interest should be considered when defining a clinical teacher. There is need for the regulatory body to look into defining who should be a clinical teacher and how should they be prepared for this role. There is a need to revise the legislation in order to suit current trends and practices. All these efforts may contribute to a positive practice environment which will support clinical education in an effort to have quality nursing education.

5.3.2 Nursing Research

This research only explored the opinions of the registered nurses and educators from only one institution. It is my belief that the findings from this study will initiate further research to other institutions. There is also a need to find out the opinions of the nurses and educators of registered nurses trained at bachelor's degree level in order to determine their preparation for the clinical teaching during their training. It is essential to find out if the same findings apply to nurses trained at bachelor level as much as those trained at diploma level since only nurses with diplomas participated in this study.

5.3.3 Nursing Education

Quality nursing education is supposed to respond to the needs of the work place. A meaningful nursing curriculum should be designed to respond to the scope of practice of the cadre being trained and on the relevant skills needed by the employers. The researcher agrees with the recommendations made by the nurse educators that there is a need to review the objectives of the Principles and Practice of Education Module of the diploma in nursing training to ensure that they address clinical teaching. One of the objectives of the Principles and Practice of Education module is "apply selected theories of learning used in a variety of teaching/learning situation," clinical education is an

important aspect of nurse teaching and learning, so it is important for nurse educator to ensure students are helped in the application of the theories they have learnt. The participants of phase 1 of this study also recommended that future students be allocated in the clinical areas to practice the skills they learn from this module.

I would also like to concur with the recommendations made by Chilemba in her study that there is a need for educational reforms in the Malawi nursing education system and that curricula should also be designed to enhance the instilling of confidence, critical thinking, reasoning and creativity in the learner (Chilemba, 2015). Nurse graduates possessing these skills are very likely to adapt quickly to situations in the clinical environment which include clinical teaching.

In order to provide the registered nurse students with the opportunity to practice clinical teaching, I recommend the introduction of clinical placement for role taking in which students are placed in the clinical area to actually assume the roles they are expected to perform after graduating. These include management, clinical teaching, research and evidence based practice. This will give the students the opportunity to practice the theory learnt. This will also enable the nurse educators to supervise and provide the necessary support and encouragement before the students take the registered nurse role in the various teaching hospitals. This may mean than nurse education institutions are likely to produce a nurse who is fit for purpose as the students will be provided with the practice opportunity which is missing in the current curriculum.

5.4 Limitations of the study

The study was done at one nurse education institution and one teaching hospital. The result may not be a true reflection of the whole country hence the need to duplicate the study at other institutions. The results of this study may not be generalised as it took a qualitative approach in an effort to generate initial data as the area under study has not be explored before.

5.5 Conclusion

Nursing education and practice should be able to communicate to each other. The scope of practice, job descriptions and the curriculum are supposed to synchronise to ensure quality at all the levels that is; statutory, practice and education. Some research studies which were done in Malawi have revealed that registered nurses are not willing to teach, they are not skilled and that they demonstrate negative attitudes towards teaching (Luhanga-Nyirenda, 2014; Katete, 2014). These conclusions were made without looking at the preparation given to these nurses for this role. This study has shown that the preparation of registered nurses at diploma level in one nursing college in Malawi for the clinical teaching role is not adequate therefore their failure to teach effectively may be as a result of this inadequate preparation during undergraduate training. As much as there are efforts being made to train registered nurses in preceptorship (Phuma-Ngaiyaye, 2015; Kamuzu College of Nursing, 2015) it may take long to have the adequate numbers on the ground to effectively and efficiently conduct clinical teaching considering the current high numbers of students enrolments and placements in the available teaching hospitals. So it is, therefore, necessary to put down measures to equip all registered nurses with the necessary knowledge, skills and attitudes in clinical teaching as early as during their undergraduate training. This may help in preparing the registered nurses for the expected

role of clinical teaching of students. Clinical teaching will then be the responsibility of every registered nurse rather than the few who are trained during postgraduate training. Malawi needs a clear clinical education model which is designed to meet the needs and challenges of the country rather than just adopting the usually Eurocentric models which may not address the country's needs.

Appendix 1: Information sheet for Registered Nurse

Good day

I am Hellen Katimbe Mwafulirwa a student pursuing MSc in Nursing at the University of the Witwatersrand, Johannesburg in South Africa. I invite you to participate in my study which is in partial fulfilment to my studies of which I am required to do a research. The title of my research is ***Perceptions of Registered Nurses and Nurse Educators on the Adequacy of an Education Module in Preparing Nursing Graduates for the Role of Clinical Teaching in Malawi.***

Participation will involve you being a member of a focus group discussion to obtain your views on the adequacy of the education module in preparing you for the role of clinical teaching. This focus group discussion will be informal and will take approximately one hour, including a plenary session to present the ideas a nominal group approach will be used. There are no known risks associated with your participation in this study.

I will not be able to ensure your confidentiality during this focus group discussion as you will be a group of nurses as well from the same hospital. However, you are not to discuss the members involved and deliberations to outside parties. The results of the study will be utilized in ensuring quality nursing education which feeds into nursing practice.

Participation is voluntary, and refusal to participate will not be used against you in anyway. You can also withdrawal at any point during the data collection period except when data has been processed as I would not be able to identify and retreat your contributions.

I would, therefore, like to request your consent to participate in the study. If you have any questions or you need clarification you can contact me on +27842129841or +265888511187. Should you have any concerns about any aspect of this study or want to report any problem about this study, you can contact the Human Research Ethics Committee (Medical) Chairperson of the University of the Witwatersrand using the

following details: Prof. P. Cleaton-Jones, HREC Chairperson, Tel. +27 (011) 717-2301, peter.cleaton-jones@wits.ac.za. Secretariat: Ms Zanele Ndlovu, Tel. +27 (011) 717-1252, zanele.ndlovu@wits.ac.za or langutani.masingi@wits.ac.za.

Yours Sincerely

Hellen Katimbe Mwafulirwa

Appendix 2: Information sheet for Nurse Educator

Good day

I am Hellen Katimbe Mwafulirwa a student pursuing MSc in Nursing at the University of the Witwatersrand, Johannesburg in South Africa. I invite you to participate in my study which is in partial fulfilment to my studies of which I am required to do a research. The title of my research is ***Perceptions of Registered Nurses and Nurse Educators on the Adequacy of an Education Module in Preparing Nursing Graduates for the Role of Clinical Teaching in Malawi***

Participation will involve engaging in an interview with the researcher to obtain your views on the adequacy for the education module in preparing your students for the role of clinical teaching. The interview will be recorded on a digital recorder. This interview will take approximately one hour. There are no known risks associated with your participation in this study.

To maintain confidentiality and anonymity, you will not be called by name; a reference number will be used to refer to you and to protect your identity. There will not be any link to attach you to the data you have provided throughout the collection and reporting. The recordings will be kept safely by the researcher for a minimum period of 2 years if the research is published and for 6 years if not published. The data will be destroyed after the mentioned period of time. The results of the study will be utilized in ensuring quality nursing education which feeds into nursing practice. You are free to ask questions and if in the middle of the interview/ discussion you feel you cannot continue, you are free to withdraw without being prejudiced.

I would, therefore, like to request your consent to participate in the study. If you have any questions or you need clarification you can contact me on +27842129841or +265888511187. Should you have any concerns about any aspect of this study or want to

report any problem about this study, you can contact the Human Research Ethics Committee (Medical) Chairperson of the University of the Witwatersrand using the following details: Prof. P. Cleaton-Jones, HREC Chairperson, Tel. +27 (011) 717-2301, peter.cleaton-jones@wits.ac.za. Secretariat: Ms Zanele Ndlovu, Tel. +27 (011) 717-1252, zanele.ndlovu@wits.ac.za or langutani.masingi@wits.ac.za.

Yours Sincerely

Hellen Katimbe Mwafulirwa

Appendix 3 Consent Form

I, hereby confirm that I have been informed of the study by Hellen Katimbe Mwafulirwa entitled ***Perceptions of Registered Nurses and Nurse Educators on the Adequacy of an Education Module in Preparing Nursing Graduates for the Role of Clinical Teaching in Malawi.*** I fully understand the nature, conduct, benefits and risks of my participation as presented in the information sheet that I have read.

I agree to participate in the focus group discussion or to be interviewed by the researcher and that the data collected during this study can be quoted directly in an anonymous manner.

I agree to participate in the focus group discussion / oral interview.

I am also aware that I may withdraw my participation at any stage without any form of prejudice.

I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.

Name:

Signature:

Date:

I Hellen Katimbe Mwafulirwa, herewith confirm that the above mentioned individual has been fully informed about the nature, conduct, benefits and risks of the above study.

Researcher's Name:

Signature:

Date:

Appendix 4: Permission for audio recording during interview

Good day

I would like to request your permission to tape/digitally-record this interview. The reason for the recording is to ensure accuracy and reliability during the analysis of the research results. Your real name will not be used during the interview and these records will not be given to anyone other than those involved in the study. I will destroy these records once they are no longer required to be used in this study.

Thank you

Hellen Mwafulirwa

MSc Nursing Student (Department of Nursing Education)

University of the Witwatersrand

Appendix 5: Consent to Audio Recording

I.....have been informed that I am going to be tape/digitally recorded by Hellen Mwafulirwa during this study's interview session, which I consent to participate in. I understand the reason for the tape-recording and I understand that the records will be destroyed after the research project is completed. I hereby agree/consent to the interview being tape/digitally recorded in this study.

Participant Signature.....

Date:.....

Appendix 6 Permission request letter (Hospital)

34 Sydney Carter Street

Roosevelt Park

Johannesburg

hmwafulirwa@yahoo.com

The Hospital Director

Queen Elizabeth`s Central Hospital

P.O. Box 95

Blantyre

Dear Sir,

REQUEST TO CONDUCT A STUDY AT YOUR INSTITUTION.

I am a student at the University of the Witwatersrand, Johannesburg in South Africa. I am currently pursuing a Master of Science Degree in Nursing Education. In partial fulfilment for the degree, I need to conduct a research. I therefore request for permission to conduct a research titled: "***Perceptions of Registered Nurses and Nurse Educators on the Adequacy of an Education Module in Preparing Nursing Graduates for the Role of Clinical Teaching in Malawi".*** Participants to the study will be registered nurses who graduated from Malawi College of Health Sciences with one work experience at your institution. The participants will be those who have not been exposed to post graduate training in clinical preceptorship.

The objectives of the study are:

- To describe the perceptions of registered nurses at an academic hospital in Malawi on the adequacy of an education module in preparing them for the role of clinical teaching.
- To describe the perceptions of nurse educators at a nursing college in Malawi on the adequacy of an education module in preparing their students for the role of clinical teaching.

Participants will be required to participate in a focus group discussion which will last about one hour. The results will be communicated to interested parties, including your office. The findings may help improve nurse education and influence policies on regarding clinical teaching.

Attached are the approval letters from my university and National Research Ethics Committee, and a copy of the proposal.

I will be very grateful if you consider my request.

Yours sincerely,

Hellen Katimbe Mwafulirwa

Appendix 7 Permission request letter (College)

34 Sydney Carter Street

Roosevelt Park

Johannesburg

hmwafulirwa@yahoo.com

The Executive Director

Malawi College of Health Sciences

Private Bag 396

Chichiri

Blantyre 3

Cc: The Campus Director, Blantyre Campus

Dear Sir,

REQUEST TO CONDUCT A STUDY AT YOUR INSTITUTION.

I am a student at the University of the Witwatersrand, Johannesburg in South Africa. I am currently pursuing a Master of Science Degree in Nursing Education. In partial fulfilment for the degree, I need to conduct a research. I therefore request for permission to conduct a research titled: "***Perceptions of Registered Nurses and Nurse Educators on the Adequacy of an Education Module in Preparing Nursing Graduates for the Role of Clinical Teaching in Malawi***," at your institution. The objectives of the study are:

- To describe the perceptions of registered nurses at an academic hospital in Malawi on the adequacy of an education module in preparing them for the role of clinical teaching.

- To describe the perceptions of nurse educators at a nursing college in Malawi on the adequacy of an Education Module in preparing their students for the role of clinical teaching.

Participants to the study will be nurse educators teaching the education module. They will participate in an interview with the research which will take approximately one hour. The findings may help improve nurse education and influence policies on regarding clinical teaching. The results will be communicated to interested parties, including your office.

Attached are the approval letters from my university and National Research Ethics Committee, and a copy of the proposal.

I will be very grateful if you consider my request.

Yours faithfully,

Hellen Katimbe Mwafulirwa

Appendix 8: Samples of Focus Group notes

Group A

- Theoretically it helped us to come up with objectives when going to the ward and to be able to evaluate the nursing care provided.
- The education module includes principles that help the educators on how to impart knowledge to students i.e. the module states that knowledge is based from known to unknown or simple to complex, helps educators to be effective teachers.
- The module helped registered nurses to be creative and come up with effective teaching methods for students with different learning needs.
- The module helped registered nurses to know how to handle students who have different learning needs i.e. approach to 1st year students is different to a third year student
- The module is more of theory than practical because there is no platform to showcase the educational skills. (No practical experience is acquired). This leaves the registered nurse with no confidence to perform the role when the time comes.
- The module doesn't tally with the ward set up situation as it has no clinical examples and experiences.
- The Module has theories which help the educator with application knowledge as you are teaching the students, however there is need to break them down to suit the clinical setting
- Some theories are too complex to apply in nursing education e.g. Gagne and we cannot utilise them in clinical teaching. May be if the opportunity to practise was given during training it would be better.

Group B

- It helps to equip registered nurses with knowledge skills and attitude on various teaching, learning and assessment methodologies which enables registered nurses to effectively deliver information and skills to learners at clinical area.
- There are no adequate practical sessions to promote mastery of most of skills and application of theories which render good retention of subject matter preparing one to impart reasonable and relevant skills to learners
- There was use of self-exploratory teaching and learning e.g. case studies, clinical assignment, which encourages students to search knowledge on their own thereby promoting good understanding of subject matter.
- Poor mentorship (supervision)
- Lack of adequate resources and ideal resources to enable proper retention of skills
- We used the skills mainly in other courses like when giving health education when teaching clients and patients in the community (community nursing)
- No emphasis on how to teach fellow nurses no exposure. It's like the module was not meant to prepare us for clinical teaching but for health education to clients and patients.
- Lack of practical exposure leaves us unsure of what is expected of us as Registered Nurse with regards teaching students in the clinical areas. Unlike management module which gives us the exposure of ward management issue during training.
- Lecturers when they find us in the wards they just expect us to deliver, (teach, supervise, and do assessment) but honestly we do not have the confidence to do that.
- The module is delivered in 2nd year. I wish it was in 3rd year as with the management module so that we are able to remember when we start work.
- Are we really clinical teachers? This was never emphasised in our learning

- The lecturers were all well qualified

Appendix 9: Sample interview manuscript with Nurse Educator

Interview 3

Hellen: Thank you very much for accepting to participate in this study

P3: thank you

Hellen: before we start I would like to give a brief background which will give direction to this discussion. The Nurses and Midwives Council of Malawi scope of practice for registered nurse indicates that a registered nurse is a clinical supervisor/teacher in the clinical area, it's also in their job description for Ministry of health. So being one of the lecturers that teach registered nurses, I would like to know how you prepare your students to take up this role.

P3: OK. There is a Module ... whereby we teach them nursing education but mostly it involves theory. They are taught in class how to teach be it in class or in the clinical area but they are prepared for that role to teach. Yaaaaaah.

Hellen: OK

P3: uuuummmmh

Hellen: studies have shown that they lack knowledge and confidence to teach and in the focus group discussion with them they pointed out lack of confidence in taking up the role of clinical teaching.

Both laughing

P3: ..... that they lack confidence .. maybe it's the way they are prepared. That module on education, most of the times it's like how they are going to conduct teaching sessions, characteristics of a learners, so may be because they are not oriented on the other hand on how to be a real teachers like the BSc Education speciality. They are trained to teach

as they provide care and not necessarily clinical instructors. Mostly focus is on patient care- patient care- patient care. Even the information they are given is biased towards patient care not necessarily being a clinical instructor. For that role they are not really prepared because the way we prepare them is within patient care, if we really want them to be clinical instructors the preparation would not have been the same.

Hellen: So what's your opinion on that?

P3: Alright; if their role is indeed to be clinical instructors then that component has be incorporated in the module. Thus the way we supervise them on how patient care is being delivered/ conducted or done, it should be the same as that on how clinical instructor is being done. In that way they can be confident. That's why we find that even after training here, for them to be preceptors they undergo another training meaning ours was not sufficient to prepare them for that role of being a preceptor. Yaah.

Hellen: what's your opinion? Is it the problem within the system or delivery or the designing of the module and curriculum.

P3: I think it is the designing of the syllabus. This is not captured. What I see is like most of it is theoretical; it's like you preparing them to be classroom teachers not necessarily clinical teachers.

Hellen: OK

P3: yaaaah

Hellen: when I was having focus group discussion with the nurses, one of the issues which came out is that, in the management module, they are given the opportunity to practice. Would it be possible to do it in the education module and if so how can it be done?

P3: yaaaah, yes that's why I said, the way we prepare them for nursing on how to deliver care, so if they are really to be clinical instructors then we should do the same. That

component of clinical teaching should be there so that when they are in the clinical area we also supervise them to see how they are giving the instructions to the students. That component is silent. The focus has been patient care, patient care, patient care; clinical instruction zero and yet yes they are given that responsibility to teach students, even our own students we rely that the registered nurse will assist us with training of these students and yet they are not prepared in that way that they will be giving clinical instruction.

Hellen: ok. In your talking you are constantly saying 'really', if really they are clinical teachers, would you please clarify this 'really'

Both laughing

P3: I am saying that because most of the preparation ..... I have never seen them being prepared to be clinical instructors. Even there was an argument when we were developing this current curriculum, when we were coming up with the topics of the module on education; there were supervisors from Kamuzu College of Nursing heeeeeee, they were saying this education module is too much, it's not fit for this cadre of nurses. Registered nurses at Diploma are not instructors. That's why I keep on saying that because it came out when we were developing the curriculum. Uuuuuuuumh.

Hellen: ok

P3: so it gave me a question mark to say are they not supposed to b clinical instructors. Some of them are being recruited in nursing colleges as clinical instructors. Eheee. Some even teach in the classroom. That component is like thrown away, it's not being followed.

Hellen: so in your conclusion or general opinion would you say the module is adequate or not, and why.

P3: For that role of clinical instruction; it is not adequate, yes!

Hellen: why

P3: we have to refocus on what we want them to be. If we really want them to be clinical instructors as per scope of practice then when reviewing our curriculum we need to incorporate that, even the assessments have to be done in such a way we are not neglecting that part of clinical teaching. That's why now the assessment reflects on patient education, uuuuuumh, and yet yes the module for management does that, uuuuumh; they are placed at districts to practice yaaah since they say they will be nurse managers. But the area of instruction ..... (laughing) is not there.

Both laughing

Hellen: alright

P3: there is no clinical placement for that.

Both laughing

Hellen: thank you very much. I don't know if you have anything more to say or add or comment.

P3: Aaaaaaah. This is an eye opener, I also didn't think of that. The way I have been implementing this module it was just classroom teaching, theories, but I didn't take time to think of clinical teaching. So this is an eye opener to say yes, yes, yes they really deserve that practice.

Hellen: Alright thank you very much for your time, I really appreciate.

Appendix 10: Interview Guide

- How do you prepare your students for the role of clinical teaching?
- What are your opinions on the adequacy of the module; Principles and Practice of Education in preparing your students for the role of clinical teaching?"
- What is your general perception on the education module?
- What recommendations would you make on improving the relevancy of the module?

Probes:

- Please explain your opinions
- Would you please clarify your point

Appendix 11: Ethics Clearance Certificate Witwatersrand University

R14/19 Ms Hellen Katimbe Mwafuriwa

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

CLEARANCE CERTIFICATE NO. M150457

NAME: (Principal Investigator)	Ms Hellen Katimbe Mwafuriwa
DEPARTMENT:	Nursing
PROJECT TITLE:	Perception of Registered Nurses and Nurse Educators on the Adequacy of an Education Module in Preparation Nursing Graduates for the Role of Clinical Teaching in Malawi
DATE CONSIDERED:	24/04/2015
DECISION:	Approved unconditionally
CONDITIONS:	
SUPERVISOR:	Disebo Rita Maboko
APPROVED BY:	Professor A Woodiwiss, Co Chairperson, HREC (Medical)
DATE OF APPROVAL:	05/08/2015

This clearance certificate is valid for 5 years from date of approval. Extension may be applied for.

DECLARATION OF INVESTIGATORS

To be completed in duplicate and ONE COPY returned to the Secretary in Room 10004, 10th floor, Senate House, University.
I/we fully understand the conditions under which I am/we are authorized to carry out the above-mentioned research and I/we undertake to ensure compliance with these conditions. Should any departure be contemplated from the research protocol as approved, I/we undertake to resubmit the application to the Committee. **I agree to submit a yearly progress report.**

Principal Investigator Signature Date 20/05/2015

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

Appendix 12: Certificate of Approval Malawi

Telephone: + 265 789 403
Facsimile: + 265 789 431
e-mail mohdocentre@gmail.com
All Communications should be addressed to:
The Secretary for Health

In reply please quote No. MCD/4/06c

MINISTRY OF HEALTH
P.O. BOX 30377
LILONGWE 3
MALAWI

16th July 2015

Helen Mwafulirwa
University of Witwatersrand

Dear Sir/Madam,

RE: Protocol #1555/1438: Perceptions of registered nurses and nurse educators on the adequacy of an education module in preparing nursing graduates for the role of clinical teaching in Malawi

Thank you for the above titled proposal that you submitted to the National Health Sciences Research Committee (NHSRC) for review. Please be advised that the NHSRC has reviewed and **approved** your application to conduct the above titled study.

- **APPROVAL NUMBER** : NHSRC # 1555/1438
  The above details should be used on all correspondence, consent forms and documents as appropriate.
- **APPROVAL DATE** : 16/7/2015
- **EXPIRATION DATE** : This approval expires on 16/7/2016
  After this date, this project may only continue upon renewal. For purposes of renewal, a progress report on a standard form obtainable from the NHSRC secretariat should be submitted one month before the expiration date for continuing review.
- **SERIOUS ADVERSE EVENT REPORTING**: All serious problems having to do with subject safety must be reported to the National Health Sciences Research Committee within 10 working days using standard forms obtainable from the NHSRC Secretariat.
- **MODIFICATIONS**: Prior NHSRC approval using standard forms obtainable from the NHSRC Secretariat is required before implementing any changes in the Protocol (including changes in the consent documents). You may not use any other consent documents besides those approved by the NHSRC.
- **TERMINATION OF STUDY**: On termination of a study, a report has to be submitted to the NHSRC using standard forms obtainable from the NHSRC Secretariat.
- **QUESTIONS**: Please contact the NHSRC on Telephone No. (01) 789314, 0888544413 or by e mail on mohdocentre@gmail.com
- **Others**
  Please be reminded to send in copies of your final research results for our records as well as for the Health Research Database.

Kind regards from the NHSRC Secretariat.

.....
FOR CHAIRMAN, NATIONAL HEALTH SCIENCES RESEARCH COMMITTEE

SECRETARY FOR HEALTH
2015 -07- 16
P.O. BOX 30377, LILONGWE 3

PROMOTING THE ETHICAL CONDUCT OF RESEARCH
Executive Committee: *Dr. C. Allain (Chairman), Prof. S. Meghraoui (Vice Chairperson)*
Registered with the USA Office for Human Research Protections (OHRP) as an International IRB
(IRB Number IORG0000985 IWA00005976)

Appendix 13: Letter of Approval, College

Malawi College of Health Sciences

Central Office

Tel: (265) 01 756 908/752 208
Fax: (265) 01 753 144/01750709
Email: [illegible]

P.O. Box 30368
Lilongwe 3
Malawi

Ref.NHACD/MCHS/1 **24 July 2015**

Mrs. Hellen Mwafulirwa
Malawi College of Health Sciences
Blantyre Campus
P/Bag 396
Blantyre 3

THRO: The Principal, Blantyre Campus

Dear Mrs. Mwafulirwa

MASTERS DEGREE RESEARCH

I refer to the approval from the National Health Sciences Research Committee dated 16 July 2015

You can proceed to conduct the Research on "Perception of Registered Nurse and Nurse Educators on Adequacy of an Education Module in Preparing Nursing Graduates for the Role in Clinical Teaching in Malawi".

I wish you the best in your research and studies.

Yours sincerely

T.G. Masache
EXECUTIVE DIRECTOR

Appendix 14: Approval letter, Hospital

Telephone: (265) 01 874 333 / 677 333
Facsimile: (265) 01 876578
Email: queenshosp@sdnemw.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

17th June, 2015

Heller Katimba Mwaŵulirwa
P/Bag 396
Chichiri
BLANTYRE 3

Dear Heller,

PERMISSION TO CONDUCT A RESEARCH STUDY

This is to inform you that permission has been granted to conduct a research entitled **"PERCEPTIONS OF REGISTERED NURSES AND NURSE EDUCATORS ON THE ADEQUACY OF AN EDUCATION MODULE IN PREPARING NURSING GRADUATES FOR THE ROLE OF CLINICAL TEACHING IN MALAWI"** at Queen Elizabeth Central Hospital.

We will appreciate if a copy of your findings is shared with the hospital.

All the best in your studies.

Yours faithfully,

Lucy Chigwenembe (CNO)
FOR: HOSPITAL DIRECTOR

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