PERCEPTIONS OF REGISTERED NURSES REGARDING THEIR ROLE OF

CLINICAL TEACHING OF STUDENT NURSES AT STATE TRAINING

HOSPITALS IN WINDHOEK, NAMIBIA

A RESEARCH THESIS SUBMITTED IN FULFILMENT

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BY

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DECLARATION

I, Olivia Emvula, hereby declare that "**perceptions of registered nurses regarding their role of clinical teaching of student nurses at state training hospitals in Windhoek, Namibia**", is a true reflection of my own study and has not been submitted for any degree at any other university.

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DEDICATION

This study is dedicated to all the nurses who are tasked with this immense responsibility of caring for those who cannot care for themselves. A special dedication to those nurses who, despite the challenges they are facing still upholding the ethics of our nobble profession. Continue to be: The eyes for the blind, the ears for those who cannot hear, but most importantly, do not forget about the humanistic nature of nursing.

- To my father, Leonard Markus, thanks for encouraging me to always study and to take education serious. Thanks for laying the foundation of discipline and building my self-confidence.

- To my aunt, Mrs. Sarah Isaacks, thanks for teaching me to be dedicated in whatever I am doing and to believe in myself.

- To my grandmother, meekulu Eva ya Thomas, thanks for always reminding me to pray and to always believe in God.

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- Everyone who contributed in one way or the other.

ABSTRACT

Clinical teaching is an important component of nurses training in Namibia. The study therefore, emphasized the important role registered nurses can play to ensure effective clinical teaching of student nurses.

The aim of the study was to explore the perceptions of Registered nurses regarding their role of clinical teaching of student nurses at training hospitals in Windhoek. The objective of the study was to explore and describe the perceptions of registered nurses regarding their role of clinical teaching of student nurses at state training hospitals in Windhoek.

A qualitative research design was adopted in the study and a total number of ten (10) registered nurses from the two training hospitals were interviewed. An interview guide, an audio recorder and field notes were used as the data collection instruments. The researcher used the face-to-face interview technique of collecting data, while using convenience, purposive sampling and survey approach. Key themes which emerged from the study were: Registered Nurses perceptions regarding their clinical teaching role, Registered Nurses perceptions regarding the availability of resources and Registered Nurses perceptions of the clinical teaching environment.

The study revealed that clinical teaching of student nurses at training hospitals is negatively affected by many factors, such as lack of human resources, lack of materials and equipment, workload, staff shortages as well as personal attitudes of both registered nurses and students. The study recommends an increased in the number of Enrolled

Nurses to be trained to compliment the number of nursing personnel. This in turn will increase and alleviate nursing personnel shortages, thus decrease the workload. Nursing schools need to increase the number of clinical instructors to compliment the efforts of registered nurses in the clinical environment. The MOHSS should ensure that training hospitals are equipped with adequate training equipment and materials.

LIST OF ABBREVIATIONS AND ACRONYMS

MOHSS: Ministry of Health and Social Services

UNAM: University of Namibia

WHO: World Health Organization

RN: Registered nurse

SN: Student nurse

HIV: Human immunodeficiency virus

AIDS: Acquired immune deficiency syndrome.

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CHAPTER 1

INTRODUCTION AND BACKGROUND TO THE STUDY

1.1   INTRODUCTION

Health care keep systems changing as a result of the dynamics of diseases, thus nursing

education must keep abreast in order meeting the challenges of clinical teaching so that

quality nursing care can be given to the patients and clients. However, the nurse can

improve the quality of care given to patients and clients only, when there is a standard

set against which nurses' performance can be measured and assessed (MOHSS, 2013). It

is therefore critical to improve the effectiveness and quality related to clinical teaching

according to the level of training of student nurses to enable students to render quality

nursing care.

Clinical teaching is described as a set of planned experiences designed to help students

acquire skills, attitudes and knowledge by participating in the work setting (Okoronkwo,

Onyia-pat, & Agbo, 2013). Clinical teaching is also the means by which student nurses

learn to apply the theory of nursing, facilitating integration of theoretical knowledge and

practical skills in the clinical setting which becomes the art and science of nursing

(Mabuda, Potgieter, & Alberts, 2008). Learning in the clinical environment is very

important for student nurses and is an integral part of nursing education programs.

Therefore, effective clinical teaching is very crucial for producing knowledgeable and

skilled nurses (Okoronkwo et al., 2013).

Nursing requires integration of practical and theoretical knowledge, because clinical practice is a very important component of professional development of nursing students (Madhavanpraphakaran, Ragda, Jahara, Hayudi & Suresh, 2013). It therefore important that nursing education and training of student nurses should consist of theory and practice. Theory is taught in the classroom, while the clinical practice is mainly taught in hospitals, health centers and clinics where students learn to apply theory into practice (Bruce, Klopper, & Mellish, 2011).

The purposes of clinical teaching are to apply theory in the clinical setting and to guide students to be able to render patient care independently. Clinical teaching further use the theory of nursing to plan nursing care, while guiding learners in planning and execute nursing policies. Clinical teaching also guide students through organizing the principles of nursing care within the context of unit management and in so doing empowering students through accompaniment and skills development. It is through clinical teaching that learners are guided towards effective patient education and patient management and therefore enhancing learner's acceptance of responsibility. An effective strategy to enhance the development of students in becoming knowledgeable in rendering comprehensive nursing care is through the facilitation of clinical teaching (Mellish et al, 2009).

The main purpose of clinical teaching is however, to produce competent, registered nurses who are able to render quality nursing care, which is based on sound knowledge and practiced skills. Clinical teaching in the clinical area therefore enables the student to

correlate theory and practice, because it is in the clinical practice wards where the students come into contact with the real patient. It is only through clinical teaching that student nurses acquire clinical skills needed to practice nursing (Mellish et al., 2009).

The importance of clinical teaching is also emphasized by different researchers. Ip & Chan (2007) states that the aim of clinical education is to develop in the student the professional skills and knowledge needed in lifelong learning and critical thinking, to create self-confidence as a nurse, and to ensure that the nurse is able to make her own decisions and be responsible for their acts and omissions. Clinical teaching is therefore very crucial as it allows student nurses to participate actively in the healthcare team, seek solutions to real life problems and learn by doing while caring for patients, thereby becoming competent practitioners (Kirby, 2007).The student nurses however are accountable for their acts and omissions regarding patient care.

The stakeholders in clinical teaching are registered nurses at training hospitals, MOHSS, student nurses, patients, lecturers from nursing schools, as well as clinical instructors. Equally, Wilson (2008) suggests that nursing education is the responsibility of three keys players: the student, the nursing school, and the clinician. Wilson (2008) further reports that it is the role of all registered nurses to motivate students to learn and reflect on practice. On the other hand, the training institutions are responsible for providing accurate, evidence -based teaching that reflects the current clinical environment. Clinical teaching must be more than imparting a collection of facts; because successful students are those who are able to apply those facts in each unique clinical setting they encounter.

The registered nurse as a clinician therefore has a responsibility to support student development (Wilson, 2008). It is in this view that student nurses from different nursing schools in Windhoek are allocated to Katutura and Central hospitals respectively to acquire clinical nursing skills, to enable them to render quality nursing care.

Registered nurses at state training hospitals, in collaboration with nursing schools in Windhoek are responsible for the clinical teaching of student nurses, to ensure that students are competent to render quality health care to the Namibian nation and globally. This collaboration is also important for the correlation of theory taught in the classroom into practice. The Ministry of Health and Social (MOHSS) services as one of the stakeholders in clinical teaching is responsible for creating conducive environment for registered nurses to conduct clinical teaching of student nurses effectively. It is also the responsibility of the Health Ministry to provide policy guidelines related to specific nursing procedures manuals which are guiding the registered nurses on how to perform certain procedures. Although lecturers are responsible for both theoretical and clinical teaching of student nurses, effective clinical teaching can only be done in collaboration with the registered nurses in the hospitals (Uukule, 2006).Therefore, these registered nurses have a duty to ensure that they guide, supervise and teach those students allocated in the wards.

By implication, student nurses will require clinical guidance and support from registered nurses during their clinical placement. Registered nurses as custodians of these student nurses have a duty to ensure that students are provided with the necessary clinical

support and guidance so that students can develop towards professional growth and maturity.

The registered nurses at these hospitals therefore have a major role to play to promote and facilitate student learning or if not, they will negatively influence the students' ability to apply knowledge and skills. This statement was supported by Waldock (2010) who stated that if registered nurses do not fulfill their function of clinical teaching, it can negatively impact the clinical competence of the student nurses (Waldock, 2010).This was further supported by Okoronkwo et al. (2013), who states that a poorly trained nurse might lead to ineffective nursing care. It is therefore very important that registered nurses adopt effective clinical teacher behaviors which will promote effective clinical teaching, thus enhancing the students learning process.

Waldock (2010) contends that within the nursing profession, nursing education is part of the registered nurse role, including the facilitation of student learning. This facilitation of learning includes clinical teaching of student nurses by registered nurses in the clinical environment. This was also supported by Mellish et al. (2009), who concurred that registered nurse have a clinical teaching role for student nurses.

It is the registered nurses` responsibility to ensure that the bridging of the gap between theory and practice occurs in clinical settings during clinical accompaniment of student nurses. Registered nurses should further ensure that relevant experiences are provided for student nurses to enable learning outcomes to be achieved (Lekhuleni, Van Der Waal & Ehlers, 2004). However, there continues to be a lack of clarity regarding who is

responsible for clinical teaching of student nurses, and what the role of registered nurses entails (Waldock, 2010).The researcher assumed that the lack of clarity with regard to clinical teaching of student nurses by registered nurses might also exist at state training hospitals in Windhoek, thus a need was identified leading to the research study.

It is in view of the aforementioned information that the researcher undertook this research with the aim of exploring the perceptions of registered nurses with regard to their role of clinical teaching of student nurses. This was done in order to identify challenges and factors that may hinder effective clinical teaching of student nurses. If these challenges are identified, it might assist in identifying strategies to improve clinical teaching of student nurses at state training hospitals in Windhoek, and in so doing improve the quality of nurses trained in Namibia.

1.2   BACKGROUND OF THE STUDY

The cardinal functions of registered nurses include administrative, clinical, as well as educational roles. (Ministry of Health and Social Services (MOHSS), 2004).Thus, clinical teaching as part of nursing education is one of the core functions of the registered nurses. Inadequate student accompaniment in the clinical settings would hamper student nurse's professional growth and development, thus producing inadequately prepared and clinically incompetent registered nurses. In turn, this could pose potentially hazardous consequences for the nurses themselves, the nursing profession and their patients/ clients (Lekhuleni et al., 2004).

The challenges associated with clinical teaching is however are not unique to Namibia. A study conducted in South Africa by Iipinge and Venter (2003), also found that expectations with regard to clinical teaching of student nurses were also not met. Similarly, a study conducted in Cameroon, concluded that students' objectives were not met and they were also not taught ideal techniques during clinical placement (Eta, Atanga, Atashili and Cruz, 2011)

1.3   STATEMENT OF THE PROBLEM

The roles of registered nurses include administrative, clinical, professional as well as educational duties (MOHSS, 2011). Despite many references to the importance of effective student learning during clinical practice, the expectations of student nurses are not always met (Uukule, 2006). The researcher also observed during the period of 2005-2009 in which the researcher practiced as a registered nurse at one of the training hospitals in Windhoek, that there is a neglect of clinical teaching by some registered nurses. In addition, the researcher often heard student nurses complaining that they do not get the necessary clinical teaching support and guidance from registered nurses during clinical placement. Sometimes student nurses are left alone to carry out certain activities or care for patients on their own (Uukule, 2006).

It is against this background that the researcher assumes that the clinical teaching role is neglected, or is not well accepted by some registered nurses, thus decided to embark on the study. No published study could be identified in Namibia, thus triggered the researcher to ask the following research question, namely: How do registered nurses at

state training hospitals in Windhoek perceive their role of clinical teaching of student nurses? This prompted the researcher to conduct this study.

1.4   AIM OF THE STUDY

The aim of the study was to explore and describe the perceptions of registered nurses regarding their clinical teaching role of student nurses at training hospitals in Windhoek.

1.5   OBJECTIVES OF THE STUDY

The objectives of this study were to:

- explore the perceptions of registered nurses regarding their role of clinical teaching of student nurses

- describe the perceptions of registered nurses regarding their role of clinical teaching of student nurses

1.6   SIGNIFICANCE OF THE STUDY

As previously stated, clinical teaching is an important component of nurses training in Namibia (MOHSS, 2006).The researcher, therefore considered the study to be in the interests of the nursing profession, since it will contribute to effective clinical teaching of student nurses. The study further might create awareness amongst registered nurses about the importance of their role as clinical teachers, as well as enable them to reflect on the clinical teaching approaches and techniques they utilize during clinical teaching of student nurses. Improved quality clinical teaching of student nurses will ultimately lead to improvement in nurses training, which in turn will lead to quality nursing care. Moreover, it is expected that the research findings could be used to identify and rectify the factors which negatively influence clinical teaching of student nurses.

1.7   THEORETICAL BASIS OF THE STUDY

This study was based on the practice- oriented theory as outlined in the conceptual framework of (Dickoff, James and Wiedenbach, 1968). A conceptual framework refers to "interrelated concepts or abstractions assembled in a rational and often explanatory scheme to illuminate relationships among them" (Polit & Beck, 2012). Nelumbu (2013:56) claims that this theory focus on clinical teaching by answering six questions, namely:

- What or who performs the activity? (Agent)

- What or who is the recipient of the activity?(Recipient)

- In what context is the activity performed? (Context)

- What is the guiding procedure?(Procedure)

- What is the energy source for the activity?(Dynamics)

- What is the end point of the activity?(Terminus)

Similarly, Nursing is a practice-oriented profession where practice is an important component of professional development of nursing students (Madhavanpraphakaran et al. 2013). In nursing education, theory is taught in the classroom and should be integrated into practice during clinical placement (Mellish et al., 2009). In the clinical environment the agents are the registered nurses who serve as clinical teachers and facilitators, thus performing clinical teaching. The student nurses are the recipients of clinical knowledge and skills in the form of clinical teaching. Clinical teaching that takes place in the clinical teaching environment is therefore contextualized to nursing

education. Clinical nursing education is based on the clinical teaching activities and procedures which are aimed at improving students' clinical knowledge and skills.

There is however dynamics or challenges associated with the execution of clinical teaching functions. The terminus, end product or output is as a result of the clinical teaching actions performed by registered nurses. In this study, it will refer to the knowledge, clinical skills, abilities and competencies acquired by student nurses as a result of clinical teaching.

1.8   DEFINITION OF THE KEY CONCEPTS
A concept is a general idea or understanding of something (Polit and Beck, 2012). Concepts defined in this study are derived from the title, however some concepts are also described due to their close link with the main concept, clinical teaching. The concepts described are:

1.8.1   Perceptions
Perception is described as the sensory experience of the world around the person using the five senses (smell, sight, hearing, touch and taste) which in turn influence the way that person thinks and behaves (Wehmeier, 2005). Perception is thus the process by which an individual creates awareness, comprehension or understanding of something, but for this study it refers to the views of registered nurses with regard to how they experience performing clinical teaching of student nurses.

1.8.2   Clinical teaching
Clinical teaching is described as the means by which student nurses learn to integrate theory into practice so that the clinical situation becomes the art and science of nursing

(Mellish, et al., 2009). For this study, it refers to the transfer of clinical skills to students as performed by registered nurses in the clinical environment.

1.8.3   Role
Refers to the function or part to be played by a person or thing in a particular situation (Madhavanpraphakaran et al., 2013). For this study, role refers to the clinical teaching activities that registered nurses are expected to conduct for student nurses

1.8.4   Registered nurse
Refers to persons who have graduated from a recognized nursing school and registered with the Namibian Nursing Council as Registered nurse and who can practice nursing independently (MOHSS, 2004). For this study registered nurse refers to those qualified professional nurses working at Katutura and Windhoek Central Hospitals respectively.

1.8.5   Student nurse
Refers to persons registered at a recognized training institution as student nurses to undergo basic training or post graduate nursing training. (MOHSS, 2004).The South Polit and Beck (2007) defines a student as a person who is undergoing active learning and is studying to qualify to enter a specific profession.

The Online Medical Dictionary (2007) defines a student nurse as an individual who is enrolled in a nursing school for a formal educational degree in nursing. For this study, a student nurse refers to a person who is undergoing training at a nursing school and who is allocated at training hospitals in Windhoek to acquire clinical skills.

1.8.6   Training hospital

A training hospital is a hospital that provides clinical education and training to nurses, doctors and other health professionals. (MOHSS, 2004). For this study it refers to Katutura and Windhoek Central hospitals, where student nurses and other students from other health disciplines are also attached for clinical training

1.8.7   Clinical environment

Ip & Chan (2007) defines clinical environment as a context or setting that surrounds the student nurse during practicing or providing nursing care. For this study, a clinical environment refers to the wards at Katutura and Windhoek Central hospital where students are placed to acquire practical nursing skills under the supervision of registered nurses.

1.8.8   Clinical supervision

Clinical supervision is described as a formal process of professional support and learning that enables students to develop knowledge and competence and to assume responsibility for their own practice (Neshuku, 2015). For this study it is sometimes used as a synonym for clinical teaching.

1.9   SUMMARY

Registered nurses are regarded as resource persons for clinical teaching of student nurses during clinical teaching. The Ministry of Health and Social Services and Nursing Schools in Namibia and all stakeholders are of the expectation that registered nurses would effectively execute their clinical teaching role. It is also expected that registered nurses will ensure that clinical teaching of student nurses will be of high standard to ensure that student nurses are competent to deliver quality nursing care. It is against this

background that the researcher deemed it necessary to explore the perceptions of registered nurses regarding their role of clinical teaching. The purpose of the study, the significance, the study objectives as well as the key concepts related to the research topic was also described in this chapter.

CHAPTER 2

RESEARCH DESIGNS AND METHOD

2.1 INTRODUCTION

In order to fulfill the purpose of the study, the research design, data collection methods, as well as ethical consideration and trustworthiness of the research methods were discussed in this chapter (Mntambo, 2009).

2.2 RESEARCH DESIGNS

The research design for this study was qualitative, explorative, phenomenological, descriptive and contextual in nature.

2.2.1 Qualitative designs

Qualitative methods are associated with words, language and experiences and refer to inductive, holistic oriented methods (Nshimyimana, 2014). Qualitative research design is also defined as a structured way of describing the life experiences and the meaning thereof (Burns & Grove, 2007). By utilizing this approach the researcher was able to comprehend and explain the meaning of what participants experience during their daily lives, namely that of clinical teaching of nursing students in this context (De Voss, Strydom, Fouche & Delport, 2011). A qualitative research approach was used, as the study explored and described the perceptions of registered nurses regarding their role of clinical teaching of student nurses.

2.2.2 Descriptive designs

A descriptive research design is a scientific way that involves observing and describing the behavior of a subject, without influencing it in any way (Nshimyimana, 2014).

A descriptive design is used to expand theory, determine current problems in practice and to identify what others in similar situations are doing (Burns & Grove, 2009). For the purpose of this study, a descriptive design with a qualitative approach was applied in identifying the factors affecting the clinical teaching role of registered nurses in the clinical environment.

2.2.3   Exploratory design
An exploratory study is the way to investigate a phenomenon in order to identify its variables (Pickard, 2007). In this study, exploratory research design was used whereby the lived experiences of registered nurses were explored and described through in-depth interviews. In- depth interviews were found to be more suitable as the researcher was able to obtain rich information about issues that a participant might be reluctant to describe on paper (Mntambo, 2009).

2.2.4   Contextual designs
A researcher should aim at describing and understanding all the events that are relevant to a study in the concrete and natural context in which they occur (Burns & Grove, 2009). The context that the researcher used for the purpose of this study was two selected training hospitals in Windhoek in which student nurses of various levels of training were allocated for clinical practice during their training. Contextual research design means that the study is conducted within its social and physical setting (Creswell, 2006). In this context, the research took place at selected hospital wards where registered nurses are working and where students are allocated for clinical teaching to take place.

2.3   RESEARCH SETTING

This study was conducted at Windhoek Central and Katutura Hospitals respectively. These are the only two state training hospitals in Khomas region of Namibia, complimented by health centers and clinics. Katutura hospital has a bed capacity of 880 with a total of approximately 320 registered nurses. Windhoek Central Hospital has a bed capacity of 855 with approximately 500 registered nurses (MOHSS, 2013). These hospitals serve as training hospitals for both medical and nursing students from different training institutions in Windhoek. The selection of the target population for this study was based on the fact that registered nurses are responsible for clinical teaching of student nurses.

2.4   POPULATION

The term population refers to all elements that meet the sample criteria for inclusion in a study (Burns & Grove, 2009). In this study the target population was the Registered nurses working at both State training hospitals in Windhoek. Clinical teaching is the responsibility of registered nurses who need to supervise and guide students during clinical placement. It is therefore that this category of nurses was selected for the study.

2.5   SAMPLE AND SAMPLING METHODS

A sample represents the selected participants included in a study (Burns & Grove, 2009). A non-probability, purposive, convenience sampling was used based on the availability and willingness of the participants to take part in the interviews. According to Blanche, Durkheim and Painter (2006) the sample must be typical of the population under study Creswell (2007) suggest that in purposive sampling the researcher should select

participants who have experienced the phenomenon or concept that is being explored. Therefore, registered nurses were purposively selected as they are more likely to be knowledgeable about the topic under study.

Sampling refers to the process of choosing a group of people, events, behavior and other components as contributors in a study (Burns & Grove, 2009). Sampling in qualitative research involves two actions such as to set boundaries and to define aspects of cases that the researcher can study within the limits of his\ her time and means. The researcher further needs a frame to help him\ her uncover, confirm or qualify the basic processes that underlie the study (Kuzel, 1992). For this study; sampling was based entirely on the researcher's judgment. The sample size was determined by saturation of data and the dense description of the perceptions of registered nurses. Burns & Grove (2011:67) reasons that "the number of participants in qualitative research is adequate when saturation and verification are achieved in the study area

Neumann (2007) concurs that there are no generally accepted rules regarding sample size in qualitative research. Similarly, the same principle was followed in this research whereby interviews were conducted until data saturation occurred. Saturation occurred after ten interviews were conducted. Saturation of data means that respondents provide no new information or there is redundancy of previously collected data (Burns & Grove, 2011).

Saldana (2009:134) also supported the statement that samples in qualitative studies are generally much smaller than those used in quantitative studies due to the following reasons:

- one occurrence of a piece of data, or a code, is all that is necessary to ensure that it becomes part of the analysis framework;

- Qualitative research is concerned with meaning and not making generalized hypothesis statements

- Qualitative research involves intensive work, thus analyzing a large sample can be time consuming and impractical.

2.5.1 Inclusion criteria

Inclusion sample criteria are described as those sampling criteria or characteristics that the elements or subjects must possess in order to be considered as part of the target population (Burns & Grove, 2011). Participants for this study, namely registered nurses were purposively selected to suit the purpose of the study, therefore, the inclusion criteria comprised of:

- Exclusively registered nurses

- Registered Nurses must have a working experience for two years and longer at the respective hospital in Windhoek

- Only those registered nurses who agree to participate on a voluntary basis.

- Registered nurses who are working day duty during the time of data collection.

2.5.2 Exclusion criteria

- Registered nurses with less than two years' experience at the respective training hospital

- Registered nurses on night duty and those on leave

- Registered nurses who indicated not to participate in the study

- Registered nurses working at maternity wards, operating theatres as well as intensive care units were excluded due to the complexity of practice and the scope in specialized fields.

2.6   DATA COLLECTION METHOD

Flick (2006) state that the collection and analysis of data can be performed using a whole range of methods in qualitative research. Flick lists the following possible data collection methods:

- Semi-structured or narrative-based interviews

- collection of data from focus groups

- making use of audio visual or video film recordings

- Observation and recording of interactions and the use of visual materials such as photographs and films (Mntambo, 2009:123).

For the purpose of this study the researcher utilized narrative- based- individual interviews to allow in depth conversations. The researcher finds this type of data collection method more suitable as the goal was to explore issues (De Voss et al., 2011). Nghipandulwa (2015) one- on- one interviews are more private and minimize the chances of conflict, which are inevitable within group interviews. Field notes/ interview

notes were also utilized to enable the researcher to reflect on the conversations, but moreover to record observations made during the interviews.

During data collection, the following effective communication skills were applied as described by Kelly (2013:77).

- Attending: The researcher employed active listening for what it is said and how it is said and by noting non- verbal cues.

- Responding: The researcher did acknowledge through verbal and non- verbal communication that in fact she is following the conversation.

- Re-assuring: The researcher reassured the respondents that their information will be treated confidential in order to restore confidence and to removes fear.

- Clarification: The researcher made sure to restate and rephrase the question to make it understandable for the respondents.

- Asking open-ended questions :To allow respondent- directed responses

- Asking related questions: This was done to ensure the respondent remain focused on the topic (Kelly, 2013:86).

2.6.1   Data collection instruments
Individual face to face interview were conducted to allow in depth interviews as it is more suitable when the goal is to explore issues. (De Voss et. al, 2011). Field notes/ interview notes were also be utilized to record the data.

2.6.1.1 Individual in - depth interviews

As previously mentioned, data for this research study were collected through individual interviews using audio tape recordings. Face to face interviews were conducted to allow in depth interviews as it is more suitable when the goal is to explore issues (De Voss et. al., 2011). The interview question was tested on registered nurses who were not part of the research study. The participants were informed that all data collected from the interview would be used for the research purposes only. Consent was also obtained from the participants for using an audio recorder to record the interviews. A second tape recorder was available as advised by (De Voss et al., 2011) as a precautionary measure should a technical failure of equipment occurs. Interviews were conducted by the researcher herself. The interviews were transcribed verbatim, and reflective field notes were written immediately following each interview.

2.6.1.2 Field notes

Field notes are notes recorded by the researcher about the participant during the interview (Burns & Grove, 2011). Field notes/ interview notes were also be utilized for reflexivity. Field notes also served as a supplement for the data which cannot be portrayed by audio-taped interviews, such as nonverbal communication (Sipa, 2015).The researcher wrote field notes immediately after each interview to serve as a tool for reflexivity. Different types of field notes were utilized, namely:

Observational notes: These are notes about descriptions of events experienced through watching and listening (Observations).

Personal notes: These notes contained the researcher's personal experiences about the interviews

2.6.2 Data collection procedure

Data collection started with allocation of Registered nurses who meet the inclusion criteria and who indicated their willingness to participate in the study. Enough time and a quiet place was then located in the wards where participants are working, to allow participants to feel comfortable during the interview, and also to allow them to express themselves freely. The researcher was directly conducting the interviews. Each participant was allowed to express him or herself regarding their views for clinical teaching of student nurses. The following structured question was posted to participants: 1."What is your perception of your role of clinical teaching of student nurses?" The interviews were recorded on a tape recorder for validation, retrieval of data and for analysis thereof.

2.6.3 Preparation for individual interviews

Participants were located based on the inclusion criteria. The allocation of participants was based on the convenience sampling method whereby participants were located based on availability. The preparation of the participants for the interviews was facilitated by the nurse in charge at each ward. The nurse in charge informed all nurses about the study and also indicated the aim and objectives of the study.

After the indications of their interest to participant in the study, participants were then provided with a clear explanation of what the study entails. This was done in order to inform participants on what to expect, in order to ensure a relaxed atmosphere for

interviewing. To further prevent any disruptions, a quiet and private room was located. A date, time and place convenient for the participants to engage in the interview were also arranged with the participants.

2.6.4   Pilot study

Pilot study is described as a smaller version of the proposed study which is conducted to develop and refine the methodology (Burns & Grove, 2011). A pilot study was conducted at both training hospitals with registered nurses who were not part of the study. The population of the pilot study comprised of three (3) registered nurses from each hospital respectively. The pilot study interviews were recorded and field notes were taken to pre- test the audio tape recorder and to assist the researcher on the technique to be used during the actual interviews. The reasons for conducting the pilot study were to:

- Determine whether the proposed study was feasible.

- Identify any problems with the interview schedule.

- The main purpose however was to determine whether the questions were clear and understandable to the participants.

- To make the necessary changes based on the outcomes.

The findings and remedial action taken were as follows:

- The interview sessions were too long, thus probing questions were asked to focus on specific aspects.

- The concept "perception" was not well understood by the participants, thus the meaning of the term was explained prior to the interview.

The problems which were identified during the pilot study were corrected.

2.6.5   Measures to ensure trustworthiness

Trustworthiness is a process to establish validity and reliability in qualitative research (Burns & Grove, 2011). Lincoln & Guba's model (1985) was used to ensure trustworthiness in this study. This model refers to trustworthiness as the "truth value" of the study's findings or how accurately the investigator interpreted the experiences of participants. Criteria to ensure trustworthiness include credibility, transferability, dependability and conformability.

2.6.5.1 Credibility

Credibility refers to the degree to which findings and the research methods that are used can be trusted (De Voss et al., 2011).

Table 2. 1: Criteria and their application for credibility

Strategy	Criteria	Application
Credibility	• Prolonged engagement	• The researcher spent sufficient time with the preparation of field work and data collection until saturation was reached. • The researcher is a registered nurse, thus, there is a trust relationship with the participants.
	• Member checking	• Research data was constantly checked with respondents to confirm that the responses are those of the participants
	• Researcher authority	• Both research supervisors are experienced in research. • Consent for research was granted by the University

		of Namibia research committee as well as the MOHSS
	• Structural coherence	• The main focus of the study was on registered nurses. • Findings were discussed within the nursing framework and the scope of practice of registered nurses which stipulate clinical teaching as the role of registered nurses.

2.6.5.2 Transferability

Transferability refers to the extent to which findings can be applied or generalized in other research studies (De Voss et al., 2011). Transferability of a qualitative study may be problematic. To enable transferability, this study will be based on a theoretical framework as advised by De Voss et al., 2011). Transferability is also the process which allows other researchers to apply the study findings to their own setting (Bowen, 2005). In this study, transferability was ensured by using purposive sampling of registered

nurses. A comprehensive description of the data collection methods, research design was

given. The study findings were described in relation to findings from other literature.

Table 2. 2: Criteria and their application for transferability

Strategy	Criteria	Application
Transferability	• Purposive sampling	• A sample of registered nurses was purposively selected suitable for the aim of the study
	• Dense description	• Comprehensive description of data collection methods was given. • A dense description of the research design, findings and literature control was provided to ensure clarity. • Verbatim quotes were provided as part of description of findings

2.6.5.3 Dependability

Dependability of the study requires an audit. The enquiry auditor, generally a peer-verifies the processes and procedures used by the researcher in the study and determines whether they are acceptable, that is, dependable (Brink et al., 2006). In this study the

research methodology for data collection and analysis will be verified by the researcher, supervisor and co-supervisor.

Table 2. 3: Criteria and their application for dependability

Strategy	Criteria	Application
Dependability	Dependability Audit	• Data was recorded and the transcripts are available upon enquiry. • Data findings were control with related literature
	Dense description of the research methods	A comprehensive description of data collection methods
	Coding	Themes and categories identified were agreed on by the researcher and research supervisors.

2.6.5.4 Confirmability

Confirmability refers to the degree to which general findings are supported by the data and not by the biases of the researchers (De Voss et al., 2011). Conformability

guarantees that findings, conclusions and recommendations are consistent with the data and that the evidence can be confirmed by the authors (Brink et al., 2006). Study findings will be shared with participants for them to confirm if findings were correct. Field notes, memos, transcripts and the researcher's reflective report allowed the researcher to follow the process of data analysis. These data collection tools will also be available upon request from the researcher for the reason of trustworthiness.

Table 2. 4: Criteria and their application for confirmability

Strategy	Criteria	Application
	• Conformability audit	• Auditing was done by an independent researcher expert.
	• Reflexive analysis	The use of field notes and tape recorder, which is available upon enquiry.

2.7 DATA ANALYSIS

Data analysis refers to the reduction and display of data, verification and drawing conclusion (Burns & Grove, 2011). This section will give a detailed explanation of the procedures utilized to analyse the interview transcripts of the participants in this study. The audiotape recordings were transcribed verbatim for the purpose of data analysis. Data was analysed according to Tesch's descriptive, qualitative and systematic eight

step method of data reduction (Creswell, 2006). These eight steps followed by the researcher were:

- Step 1: The researcher read through all the transcripts carefully to get a sense of the whole then jot down thoughts as they come into mind.

- Step 2: The most interesting data document from the pile was read through for the meaning, more than the content. The researcher again jots down the thoughts in the margin of the document.

- Step 3: After completing all interview documents, a list of all concepts was made and clustered similar ones together. These concepts were rearranged in three different columns.

- Step 4: The Researcher revisit the data, abbreviate the concepts as codes and wrote the codes next to the appropriate segments of the text. The researcher tried out this preliminary system of data organizing to see whether new categories could be observed.

- Step 5: The researcher tried to find the most descriptive wording for the concepts and turn them into categories. The list of categories was reduced by grouping related concepts together. The researcher proceeded with the capturing of interrelationships by drawing lines between the categories.

- Step 6: A final decision was made on the abbreviations for each category and alphabetize these codes.

- Step 7: After finishing with coding, the researcher assembled the data material belonging to each category in one place and perform preliminary analysis.

- Step 8: Where it was necessary, the researcher recode the existing data (Creswell, 2006).

2.8 ETHICAL ASPECTS

Researchers are guided by three fundamental principles: respect for persons, beneficence and justice. These in turn are based on human rights like the right to self-determination, privacy, anonymity, confidentiality, fair treatment, and protection from discomfort and harm (Brink et al., 2006).

2.8.1 Permission to conduct research

The process of data collection was guided by research ethical guidelines.

2.8.1.1 Permission from institutions

Permission to conduct the research was obtained from the Post graduate Research Committee at the University of Namibia, while permission to collect the data was obtained from the Permanent Secretary from the Ministry of Health and Social Services. Further permission was obtained from the medical superintendents at both training hospitals, the supervisors of the respective wards where data was collected.

2.8.1.2 Permission from participants

Participants were informed about the essential information about the study. Participation in the study was voluntarily. Verbal consent by participants served as agreement to participate in the study.

2.8.2 Principle of respects

Participants are autonomous, in other words, they have the right to self-determination (Van Der Walt & Van Rensburg, 2006).

Therefore, participant's right to autonomy was respected. Right to autonomy implies that individuals had the right to decide whether or not to participate in a study (Brink et al., 2006). Consent to participate in the study was obtained from the participants prior to data collection. Participants were informed that they have a right to refuse to participate or withdraw from the study at any time. Participants also had the right to refuse to answer questions they do not want to answer.

2.8.3 Principle of beneficence

This principle entails a means of securing the well-being of the participant who has a right to be protected from discomfort and harm (Brink et al., 2006). Participants might not be comfortable sharing information regarding staffing strategies with outsiders. An option was provided, namely to give an indication if they do not feel to answer certain questions in an effort to alleviate feelings of discomfort. The benefit of the study for the participants were outlined and explained to them, namely that of contribution to the body of knowledge of their profession.

2.8.4 Principle of justice

This entails the right to fair selection and treatment (Van Der Walt & Van Rensburg, 2006). All respondents had an equal chance to participate in the study. Thus, all registered nurses who met the inclusion criteria and who indicated their willingness to participate were granted the chance to participate in the study. Equal treatment was given to all participants without any form of discrimination. The researcher did not intentionally misled subjects, neither did the researcher withheld or gave them false information that might have influence them to participate in the study, but gave them all

relevant information regarding the study in order for the participants to exercise their right of freedom of decision making.

2.8.5 Confidentiality and anonymity
The participants were ensured that the information they shared was held in confidence. Neither the institution nor the participants were referred to by name. Pseudonyms in the form of numbers were used when direct quotes from the raw data were utilized. The researcher did not record the names, telephone numbers and other linking information, but allocated participants with unique numbers which served as identifiers. All data was locked and stored in a cabinet for at least five years. Only the researcher had access to the cabinet.

2.9 SUMMARY

The design for this study was qualitative, exploratory, phenomenological, descriptive and contextual in nature. A purposive, non-probability sampling was employed whereby registered nurses were selected based on the fact that they are responsible for clinical teaching of student nurses. Individual one- to one interviews were conducted to gain deep insights into the perceptions of registered nurses regarding their role of clinical teaching. Data was analyzed manually following the Tesch data analysis technique. To ensure trustworthiness four measures were applied namely credibility, transferability, dependability and conformability.

CHAPTER 3

DATA ANALYSIS AND LITERATURE CONTROL

3.1   INTRODUCTION

The purpose of chapter three (3) was to analyse the collected data and to describe the findings with regard to the related literature. In a qualitative study results are presented in a narrative format using participants' direct quotations written in italics and supported by existing literature (Sipa, 2015). For this study, participants' direct quotations, therefore also formed parts of the discussions. The main purpose of the study was to explore the perceptions of registered nurses regarding their role of clinical teaching at State Training Hospitals in Windhoek.

3.2   DISCUSSION OF THE THEMES AND SUB -THEMES

During the analysis of data, four major themes with eleven related sub-themes emerged, namely: participants perceived unclear roles and responsibilities in terms of clinical teaching; participants' perceived inadequate resources to facilitate clinical teaching, participants perceive inadequate support, co-operation & collaboration between Registered Nurses, MOHSS and lecturers, and participants perceived poor interpersonal relationships between Registered Nurses and students.

Table 5: Themes and sub-themes

Themes	Sub-themes
Theme 1:Participants perceived unclear roles and responsibilities in terms of clinical teaching	1.1.Participants' perceived responsibilities apart from clinical teaching 1.2.Workload as result of staff shortage 1.3.Burnout and stress as result of workload
2.Participants perceived inadequate resources to facilitate clinical teaching	2.1.Lack of clinical instructors 2.2. shortage of materials and equipment 2.3.Inadequate knowledge and motivation of Registered Nurses regarding clinical teaching 2.4.Registered Nurses lack intrinsic motivation with regard to clinical teaching
3. Participants perceived inadequate support, co-operation& collaboration between Registered Nurses, MOHSS and lecturers from the nursing schools	3.1.Lack of technical support in terms of facilitating clinical teaching from MOHSS 3.2.Lack of co-operation and collaboration in executing clinical teaching between Registered Nurses and lecturers
4. Participants perceived poor interpersonal relationships between	4.1. Registered Nurses perceived mixed attitudes of their colleagues towards

Registered Nurses and students	Student Nurses
	4.2. Registered nurses perceive negative attitudes of Student Nurses towards them.

3.2.1 Theme1: Participants perceived unclear roles and responsibilities in terms of clinical teaching

The study results revealed that there is lack of role clarity in terms of clinical teaching amongst the participants. A role refers to the kind of behavior which is expected from a person in terms of his / her particular place in the social setting or situation (Blackwell's Nursing Dictionary, 2005).

For this study, unclear roles refer to the uncertainty amongst the participants with regard to who is responsible for clinical teaching of student nurses. The study has also revealed that there is role confusion amongst some registered nurses who are of the opinion that they are not responsible for clinical teaching. It seems that some registered nurses are not clear about the responsibilities for clinical teaching. The study further revealed that due to the role confusion, some registered nurses are of the opinion that clinical teaching is the responsibility of nurse lecturers and clinical instructors. In this context, the following were narrated by some participants:

"It is not my job to teach students. I am here for the patients. Why can't the schools send people with their students, because teaching is their job"?

"Why can't their divide the responsibilities so that those caring for patients only care for patients, and those who have to teach students only concentrate on that?"

"Teaching is another burden, really. We are already having a lot to do, now again students" (looking not happy, shaking her head)

"I would say yes and no, because this is firstly the work of lecturers. We are only helping these schools to give practice for their students."

"Hum, ya, they are, because they were trained on how to teach students" (referring to clinical instructors

"In the olden days we had clinical sisters so that when students are in the wards the clinical sisters were there to give them demonstrations on how to do dressings, how to do whatever".

The responsibilities of registered nurses are multifaceted, with various roles and role ambiguities. It is therefore crucial for clarification of roles for effective inter-professional collaboration, because it is found that poorly defined roles can become a source of conflict in clinical teams and reduces the effectiveness of care and service delivery (Brault, Kilpatrick & D`Amour, 2014).

The problem of role confusion is however not unique to the registered nurses in Namibia. Research has proven that it is a common phenomenon that clinical teaching is not always well accepted by some registered nurses where it is found that some Registered Nurses are not always clear on who is responsible for clinical teaching of student nurses.

The issue of role confusion amongst registered nurses regarding various functions or scopes of practice has been ongoing for some time and need some role dissonance

(Gardner, Chang & Duffield, 2007). For improved healthcare provision, it is however very important that nurses have a clear understanding of the various nursing roles (Gardner et al., 2007). It is further stated that clarity is required for regulation in order to provide consistency in the approach to health care (Lowe, Plummer, O`Brien & Boyd, 2012).

Waldock (2010) shared the same opinion of lack of role clarity amongst Registered Nurses, thus stated that there is a continuous lack of clarity around who is responsible for clinical teaching of student nurses. Due to the ongoing role confusion, it is suggested that registered nurses are responsible for clinical teaching of student nurses during clinical placement (Meyer& van Niekerk, 2008).

Equally, the scope of registered nurses in Namibia clearly indicates that clinical teaching forms part of the roles of registered nurses (MOHSS, 2004).This is also in line with the job descriptions of registered nurses at state health facilities which also indicate clinical teaching as one of the key performance areas of registered nurses. Stokes & Kost (2009) concurs that the clinical tutor as a role model plays a crucial role for the successful clinical understanding of nursing students by sharing their clinical experience and knowledge of theory for the practice of nursing and the profession.

In this context, Lekhuleni et al. (2004) are of the same opinion that clinical accompaniment, supervision, guidance and support for nursing students should be shared by a multidisciplinary team including nurse educators, peer group, professional nurses, doctors, dieticians and other allied health professionals.

It is also evident from the study that some Registered Nurses view the students as additional staff and do not necessary view the importance of leaning for students. Similarly, a study conducted in Malawi found that registered nurses perceived the students' presence in the wards as a time when they can have some respite, therefore when students are placed at their wards; some of them simply sit in the nurses' station and delegate work to students. This sometimes hinders the achievement of their learning outcomes (Msiska, Smith & Fawcett, 2014).

3.2.1.1 Participants perceive too many responsibilities apart from clinical teaching
Clinical teaching takes place in the clinical setting where students come into contact with patients and other health workers. Students are primarily in the clinical setting to acquire clinical skills, while also caring for patients under the direct supervision of the ward registered nurses (Meyer & Van Niekerk, 2008).The Registered nurses as clinical teachers, therefore have a responsibility to fulfill different roles such as facilitator, mentor, preceptor, clinical supervisor, role model, etc.

The roles of a registered nurse is therefore complex in terms of combining teaching activities with clinical commitments and complex in terms of contextualizing the activities within different programs, professional requirements and individual learners' needs (Mochaki, 2001).

In this study, the participants expressed that they too have many roles and responsibilities to fulfill, thus making clinical teaching too complex and demanding. A responsibility refers to a duty or task that you are expected to do (Merriam- Webster

Dictionary, 2004). In this study some participants view clinical teaching as an added responsibility from the nursing schools, thus requesting the nursing schools to provide them with clinical instructors, who will solely be responsible for the clinical teaching of student nurses during clinical placement. Some of the participants are of the opinion that their primary role is patient care, therefore not giving priority to clinical teaching. There was however some participants who acknowledged that clinical teaching also form part of the responsibilities of the Registered Nurses. The following are how some participants perceived their different roles:

"Let me just say this role is actually difficult. For example, we as registered nurses do not give enough attention to students, because of the many responsibilities. You are a teacher and also a nurse at the same time"

"I am already a nurse, a cleaner, a porter, administrator, a teacher

"Ooh, you do everything here. You run up and down doing admissions, dusting, writing reports, pushing patients to theatre, Ag, everything"

"*With this many responsibilities one can hardly breathe in this ward. You run here and there, so teaching sometimes cannot take place."*

"Especially in our ward you find you are only two registered nurses, one is busy with doctors rounds and also ordering a lot of things"

"*ya (nodding her ya head). Its time consuming, because you have to do this and this and sometimes you also have to take care of patients and students*

Despite the fact that the cardinal functions of registered nurses comprise administrative, patient care and teaching functions, the main task of a registered nurse in the clinical environment is to render patient care. Mellish et al. (2009) also differ with those Registered Nurses who feel that they are not responsible for clinical teaching, thus stated that it is the duty of Registered Nurses to fulfill different roles such as:

Registered nurses in the wards are expected to serve the role of a clinical teacher. One of the main tasks of a clinical teacher is to support students towards their professional development. This includes helping learners not only to acquire knowledge and clinical skills, but also includes helping students to become self-directed and lifelong learners. Registered nurses as teachers therefore need to promote learning through active involvement of students in health care activities, based on individual student learning needs (Mochaki, 2001).

This role of Registered Nurses as a clinical teacher is however complex in terms of combining teaching activities with clinical commitments, and complex in terms of contextualizing the activities within different programmes, professional requirements and individual learners' needs. It is therefore important for Registered Nurses as teachers to acquaint themselves with students learning objectives in order to get a clear picture of how to plan learning opportunities for students (Mochaki, 2001).

Registered nurses also transmit knowledge to students and assist students to apply the knowledge into practice in order for students to acquire the necessary skills needed for

professional competence. To ensure effective clinical teaching, Registered Nurses should therefore firstly acknowledge the students as adult learners and direct clinical teaching based on the principles of andragogy.

Registered nurses as a clinical facilitator are concerned with making things possible for others through a process which will allow the other person to achieve his/ her goals (Bruce et al., 2011). In this study, it refers to making clinical teaching possible for students in order for them to acquire the necessary clinical knowledge and skills. The RN as a facilitator of learning however needs to have certain abilities to facilitate learning in order for students to grow and prosper. Some of those abilities are such as to demonstrate a climate of trust with the learner, to identify student needs through active listening the learners' needs, to use strategies which are congruent with learners needs and to encourage the learners to release or act out of their feelings (Mellish et al., 2009).

Registered nurses also serve as preceptors. Preceptorship is all about teaching in a supportive environment with ethical dimensions correlating theory and practice. Such an environment could be the wards were students are allocated for clinical skills acquisition. A caring relationship is however essential and forms the basis for student learning and development. It is therefore very important that Registered Nurses serve as preceptors in order to model a caring relationship which is the foundation for student learning. Moreover, preceptorship is an ethical issue, a responsibility that should be recognized by all nurse educators (Walker, Henderson, Cooke & Creedy, 2011).

Clinical supervision is one of the key functions of Registered Nurses. Clinical supervision is define as a support mechanism for practicing professionals in which they can share clinical, organizational, developmental and emotional experiences with another professional in a secure confidential environment in order to enhance knowledge and skills (Lyth, 2000).

Registered nurses as clinical supervisors are task with rendering clinical professional support and learning to student nurses. Registered nurses must develop the knowledge and competence of the student nurse; however students are responsible for their own acts and omission. As a professional, registered nurses must ensure safe practice to their patients by teaching students under their care to improve their clinical competence. Registered nurses must at all times ensure good standards of clinical practice in order for students to emulate their example, but most importantly they should supervise all activities and staff working under their care including student nurses.

Mentoring of students is another function of clinical registered nurses. Mentoring in nursing is a teaching –learning process acquired through personal experience within a one – to one reciprocal career between an experienced nurse and student nurse. Mentoring thus implies a knowledge sharing through a teaching – learning process in which the mentor shares advice and expertise, role development within the novice nurse. Mentoring also provides novice nurses and mentors with opportunities for professional growth and career satisfaction (Mariani, 2012). Mentorship is pivotal to students' clinical experiences and is instrumental in preparing them for their role as confident and

competent practitioners (Myall, Levett –Jones & Lathleon, 2008). Mentoring is a teaching- learning process with a reciprocal role. It is also a career development relationship which fills the gap in knowledge, skills or competence between mentor and student nurses (Bruce et al., 2011). Mentors focus on the person as a whole, the mentees career, growth into professional maturity and professional development. Mentors have adopted a people-centered approach through guidance and support during clinical placement. It is therefore obvious that Registered Nurses at training hospitals to acknowledge and accept their role of being a mentor for students.

Neshuku (2015) also conquer that Registered Nurses should serve the role of a mentor, because the registered nurse should be the mirror of professional conduct to students. Similarly, Mntambo (2009) affirmed that the Registered Nurses are regarded as a mentor who facilitates the tasks of student nurses throughout their training period.

Mariani (2012) suggest that a strong mentoring process could be effective in helping new nurses move through the three phases of reality shock. It is also found that mentoring played a role in novice nurses success, professional satisfaction and leadership in nursing.

The mentoring role of registered nurses is to support students in the clinical area and to act as role model. A mentor should facilitate the learning experiences on placements, undertakes clinical teaching and assess the students practice. Quinn (2007) outlines the characteristic of a good mentor such as approachable, knowledge and motivated to

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teach, supportive, good listener, trustworthy, patient, friendly, experienced, and enthusiastic, demonstrate interest in students. On the contrary, Quinn describe a poor mentor as one that intimidate students, promise breaker, lacking knowledge and expertise, approachable, poor communicator and lacking time for students (Quinn, 2007).

Literature suggest certain common mentoring features and performed by mentors such as focus on the students' needs, helping the mentee to develop professionally and to act as role model by influencing the student nurses to achieve their career goals through directing, support and positive example through role modeling (Hugo, 2010).

Mentors, however require sophisticated interpersonal and educational skills to meet the expectations and demands of a mentoring role. It is therefore suggested that that the recruitment and preparation for mentors should include opportunities for candidates to reflect on mentorship in relation to their own experiences as learners and their aspirations as nurses (Wilson, 2014).

Mentoring however can be very demanding for registered nurses and studies indicated that mentors are often unable to spend as much time as they like with their students (Murray & Williamson, 2009). It was further revealed that a nurse who is reluctant to mentor might be unlikely to engage and invest enough in their mentoring role (Wilson, 2014). It was also found that the standards of education and assessment cannot be maintained if mentors are seriously overstretched or reluctantly engaged in their work.

Registered nurses are also the leaders of the nursing team. Registered nurse as a leader can be defined as someone who facilitates learning by leading a group of student nurses towards professional growth (Bruce et al., 2011). Bruce et al. (2011) further outlines leadership activities which include challenging existing thinking, introducing new ideas, generating, managing and sharing knowledge, testing and changing practices through research, designing models in nursing.

A leader is leading the way and influences the followers towards goal achievement. Registered nurses as leaders should facilitate goal achievement for student nurses by creating an enabling environment. Thus, as a leader registered nurses have to participate proactively in the prevention of or coping with problems in student teaching (Muller, 2009). In the role of group leader, the nurse educator is the referee, detective, diffuser of anxiety, target for hostile feelings and frustration, friend and confidant and ego supporter (Meyer& van Niekerk, 2008).

Registered nurses as leaders must possess the core competencies required such as intra-personal, conceptual, participative, as well as inter-personal competencies (Muller, 2009). It is therefore imperative that Registered Nurses as nurse educators to seek innovative approaches to the teaching- learning process and strive to impact on the development of the profession. Registered nurses therefore must adopt a facilitative leadership who will facilitate the activities of the clinical setting so that the learning needs of students are met (Mochaki, 2001).

It is very important for registered nurse as nurse educators to conduct research on aspects of nursing. Therefore, registered nurses also serve in the capacity of nurse researchers. Registered nurses research roles include conducting and participating in research studies, provision of research consultations to students and preparation and presentation of scholarly articles. Nursing is a dynamic profession with ever changing aspects which requires updated evidence based knowledge. Therefore registered nurses as clinical teachers must conduct research in order to keep abreast with the latest clinical developments.

Adding to the many roles registered nurses have to perform is the role of being a nursing manager. A manager is a person responsible for planning and directing the work of a group of individuals, monitoring their work, and taking corrective action when necessary. The Registered Nurses as nursing educators are tasked with managing educational functions through a variety of management of tools and administrative process. These functions range from managing students' personal and academic issues, referral of students to appropriate resources and support structures within the learning system. They have to manage a range of scheduled activities that are integral to the learning environment and its teaching-learning activities. Registered nurses as nurse educators therefore have activities to manage, such as supervising students' clinical activities, planning and organizing clinical work, monitoring and assuring quality as well as keeping records (Bruce et al., 2011).

Registered nurses are role models for student nurses. A registered nurse as role model is someone student nurses will look to as a good example. If registered nurses live out nursing norms and values according to the nursing profession, students are most likely to adopt them (Mellish et al., 2009). Through role modeling, registered nurses uphold the professional image of the nursing profession. Therefore, registered nurses have a duty to act and behave in such a way that student nurses can emulate their examples. They should therefore model nursing in all aspects of teaching by portraying caring, compassion, competence and comprehension in what he/she does (Mellish et al., 2009).

However registered nurses roles are ambiguous and demanding, Registered Nurses have a legal, professional and ethical duty to ensure that to ensure that all roles and responsibilities are executed accordingly. These however calls for support from the employers and all stakeholders to ensure registered nurses are able to fulfill all their professional duties.

3.2.1.2 Participants perceive workload as a result of staff shortage

This study revealed that registered nurses find it difficult to teach students because of increased workload and staff shortages. Workload refers to the amount of work a person has to perform within a specified time frame (American Heritage Dictionary, 2011). For this study it refers to the amount of work Registered Nurses are expected to perform. Participants mentioned that there is no time to teach students as wards are overcrowded with many patients, but limited staff.

The study confirmed that the hospitals lack the necessary resources needed for its operations. The findings are supported by a report release by the MOHSS (2013), which reported that quantity and quality of service delivery is a function of available resources and their efficient allocation. Resources as perceived by the participants refer to both human and materials and equipment resources.

The study revealed that the majority of the participants have negative views on the clinical teaching environment. Most of the respondents also describe the environment as not suitable for clinical teaching due to a lack of resources, thus making clinical teaching impossible. Shortage of staff was described by respondents as one of the major factors hampering clinical teaching. Shortages of human resources as perceived by respondents refer to both lack of clinical instructors and ward staff.

Staff shortage was one of the major concerns Registered Nurses raised by the registered nurses at both hospitals. The scarcity of qualified health care professionals is and remains a critical challenge at state hospitals in Namibia (MOHSS, 2013). This was confirmed by an audit report on health in Namibia, 2006-2008 as launched by the Office of the Auditor- General. The audit revealed that there is a severe shortage of health workers in the Ministry of Health and Social Services, more specifically in the professional categories such as Doctors, Social workers and registered nurses (MOHSS, 2009).

The health workers' capacity as per World Health Organization (WHO) benchmark should be 2.5 health workers per 1000 population. This implies that health care

institutions have to adhere to the stipulated guidelines in order to deliver efficient health services. However, the study reveals that at state hospitals in Windhoek, the nurse-patient- ratios were not in line with the WHO requirements.

The staff shortage is however not unique to state training hospitals in Windhoek, because it is a basic fact that currently, Africa has an average of one trained health worker per 1,000 population despite the minimum required to sustain coverage of basic health services is 2.5:1000 (Joint Learning Initiative, 2004). On the contrary, the majority of respondents reported on the issue of shortage of staff at both hospitals. The concerns Registered Nurses of shortage of staff in the MOHSS is well known as it was also confirmed by the Permanent Secretary of Health and Social Services, who stated that that there is an acute shortage of health professionals in all medical fields in Namibia. In the New Era Newspaper, the Permanent Secretary of Health in Namibia, cited staff shortage at state health facilities is one of the major challenges that have led to insufficient patient care resulting in poor health outcomes.

It is however a known fact that Sub-Sahara Africa faces a crisis with human resources for health. This was confirmed by the WHO which has estimated that though Sub-Sahara Africa has 25 percent of the world's diseases burden, it possesses only 1.3 percent of the trained health workforce (WHO, 2004).

Low staffing levels and poor practice environment have also been identified as potential indicators of poor quality (Ball, Murrells & Rafferty, 2014). In support of this statement, Rikhotso, Williams & De Wet (2014), stated that hospitals where the nursing students obtain clinical exposure and learning posed a challenge to the professional nurses, due to the imbalance of work between patient care and providing guidance and support to nursing students.

The participants reaffirmed by narrating the following regarding the shortage of staff at their respective hospitals:

"I mean teaching of students is ok, but sometimes not easy. It depends on how much work you have that day"

"Ok. As I pointed out, it is the workload. You can get so busy that even if the students ask you something you just cannot do it. Even if you are willing to do it, you cannot. The workload is too much"

"The work is giving us a lot of stress, because every day work is just too much.

The full wards are killing us really; it is not healthy like this"

"We are not enough and the students are more"

"Ya, the most problems are the time limit and this go together with the shortage of staff"

""(Silent) Hum, ya, we just need more staff. We are trying our best but it is not easy"

"Ya, ya. Staff shortage. Oohh, we are dying here of work. Staff is not there, patients are many. Ag is just too much!"

"Uh, ya, just to get more staff or to appoint someone specifically for students"

"Ya, they don't treasure us also. We are working hard with shortage of staff"

The findings of the study with regard to staff shortage in Windhoek are similar to Malawi. A similar study conducted in Malawi found that registered nurses perceive the students' presence on the wards as a time when they can have some respite and some of them simply sit in the nurses' station and delegate work to students. This sometimes hinders the achievement of their learning outcomes.

Kemper (2007) stated that increased workload and limited time to teach students, and rendering care to patients are common problems identified for the registered nurses reluctance to supervise and teach students. The registered nurses indicated their willingness to teach students, but the workload and staff shortage makes it difficult to conduct clinical teaching for student nurses.

The participants had the following to say regarding the workload:

"We are stressed out; we are burned out, because of the workload in the department."

"I mean teaching of students is ok, but sometimes not easy. It depends on how much work you have that day"

"Ok. As I pointed out, it is the workload. You can get so busy that even if the students ask you something you just cannot do it. Even if you are willing to do it, you cannot. The workload is too much"

"The work is giving us a lot of stress, because every day work is just too much. The full wards are killing us really; it is not healthy like this"

As previously discussed, the nurses are tasked with many different and complex roles and responsibilities. It is therefore not a surprise that registered nurses are experiencing burnout due to the workload.

Workload is not unique to hospitals in Namibia, but seems to be a global problem. Workload of hospital nurses was also found to be a major problem for the American health care system (Hughes, 2008). In America, like in Namibia, nurses are experiencing higher workloads than ever before due to increased demand for nurses, inadequate supply of nurses reduced staffing and increased overtime caused by shortage of staff.

Similarly, Chow & Suen (2011) also found that students in Hong Kong were frustrated by a lack of learning opportunity caused by the demands on registered nurses who similarly were both caregiver and teacher. Workload for registered nurses and how these interfere with their capacity teach students have been similarly reported across a range of nursing settings (e.g., Marks-Maran, (2013). In this context, Aiken, Clarke & Sloane, 2002) commented that a positive work environment can be described as one with job satisfaction and low risk of burnout. Similarly, Billings & Halstead (2005) suggested the following that, if implemented, might improve the quality of clinical teaching for example one nurse needs to be designated to a reasonable number of student nurses. The pairing model can also be applied which requires the interaction of one patient with one student and with one registered nurse. Similarly, clinical teaching can be regarded as a partnership between the instructor and student nurse. The Nursing Schools and the training hospitals could also adopt a joint model that will serve as a guideline for clinical

teaching of students during clinical placement. Equally, a greater use should be made of part-time Registered Nurses who are able to serve as clinical instructors.

These suggestions were supported by some of the participants by reporting that the heavy workload they experience is attributed to many factors, such as a large number of students are allocated in one setting or ward. The participants narrated that the number of students at the training hospitals has increased dramatically over the past 20 years. Initially, the University of Namibia was the only training hospital in Windhoek to train nurses. Currently, the Ministry of Health and Social Services through its Training Centers also train student nurses and so do the Welwitchia University. In this context, the Registered Nurses viewed that despite so many students now been allocated to the two training hospitals, the staff complement did not change to accommodate the increasing number of students allocated to their wards. This contributed to the wards being flawed with different categories of students with different learning needs. The following is what some of the participants have to say:

"Oh, it seems that students are now even more than the sisters in the wards. You see sister, those years it was better, because we only had students from UNAM, but now it is NHTC and Welwitchia. Really, how can the same sisters teach all these students?"

"And nowadays a lot of institutions are giving nursing training. It is really difficult, because students are just becoming more and more. Sometimes you can even have up to fifteen (15) students in the ward. This is really difficult for us".

Another participant felt that the Ministry and Nursing Schools are not sensitive towards Registered Nurse's needs, thus do not act to improve the working conditions of Registered Nurses. To this, the respondent said:

"They don't care about us here in the wards. Even if you complain that students are too many, who will listen to you?"

Large numbers of students in one setting are some of the factors that may contribute to inadequate clinical guidance and support for nursing students (Rikhotso et al., 2014). It was also found that the increase of students' numbers may lead to students not being competent to some tasks when completing their training hence unable to provide quality care (Heller, Oros & Durney- Crowley, 2005). Equally, high student ratio burdens the overstretched professional nurse, thus giving little or no opportunity to provide attention to guide and support nursing students (Mabudaet al., 2008). Tamiko (2000) contents that the higher the number of students, the more difficulties clinical teachers faced in teaching these students. Therefore, it was suggested that in order to reduce the challenges nurses face during clinical teaching, the number of students per Registered Nurses should be moderated.

The patients at these two hospitals have also increased dramatically mainly due to urban migration. It may have contributed to the findings of the study that the Registered Nurses- patient ratio is proportional and therefore, Registered Nurses cannot cope with the increasing number of patients if they have to conduct clinical teaching of students.

This is also one of the reasons given by registered nurses for the neglect of their professional duties including clinical teaching.

The following are some verbatim remarks of Registered Nurses:

"Ok, let me say it problem, because you see like today we are only 3. How can we manage the ward with so many patients and so many students also?"

"Hum, first is the patients, you do also administration like orderings, off duties, etc., then now the students, Ag so many other things"

It was revealed that the workload at state hospitals in Windhoek is attributed by unfilled vacancies, which further increase the workload for existing staff and also decrease the number of skilled clinicians to provide quality services. Other contributing factors are the lack of incentives, depressed morale which are likely to affect the quality of services (MOHSS, 2013).

3.2.1.3 Participants perceived burnout and stress as result of workload

The majority of the participants reported that they were experiencing burnout and stress due to workload. Such factors undermine Registered Nurses ability to render quality clinical teaching to students. Burnout is a type of response to chronic stress can lead to lack of concentration and poor quality to patients and clients. Burnout syndrome was defined as a sustained response to chronic work stress comprising three dimensions: the experience of being emotionally exhausted (emotional exhaustion), negative attitudes and feelings toward the recipients of the service (depersonalization), and feelings of low

accomplishment and professional failure otherwise known as lack of personal accomplishment (Maslach & Jackson, 1996).

In this context, the following participants' respondents as follow:

"*You know, some sisters are also lazy, but some people are also stressed*"

"*The work is giving us a lot of stress, because every day work is just too much. The full wards are killing us really; it is not healthy like this. We are stressed; therefore we sometimes put our stress on the students*"

Most registered nurses enter the field of nursing with the intent to help others and provide empathetic care for patients. However, registered nurses can become victims of the continuing stress of meeting the often overwhelming needs of students, patients and their families. Stress can be defined as any factor that threatens the health of the body or has an adverse effect on its functioning (Martin, 2008).

In line with the definition of stress, it can be concluded that stress has a negative effect of work performance. A study done in Namibia by Haoses- Gorases, Katjire & Goraseb, (2013) on HIV/AIDS related stress and fear amongst nurses at hospitals in Windhoek, found that 98% of nurses felt frustrated and stressed and find it difficult to cope in taking care of patients living with HIV/AIDS. The study further revealed that stress is caused amongst others by workload and stressful working conditions. The study therefore concluded that clinical teaching by registered nurses can be negatively affected if

registered nurses who have the responsibility of teaching students are stressed and frustrated.

The burnout syndrome is regarded as a serious consequence of chronic exposure to work-related stressors (Lasebikan & Oyetunde, 2012).Some researchers further reported that among nurses, the incidence of occupational stress-related burnout is high. They outlined contributing factors such as age of the nurse, years of service, hierarchy of nurse (Lambert, Lambert & Ito, 2004), lack of adequate staff, difficult or demanding patients younger age, male gender, and inadequate clinical supervision (Edwards et al.,2005).. Other factors associated with burnout are excess workload, emotional stress, unevaluated work and underpayment (Vimantaite & Seskevicious, 2006). Factors such as poor leadership, death and dying, conflicts with staff, accepting responsibility, lack of social support, conflict with other nurses, conflict with physicians, presence of stressors related to private life, feeling that the job is threatened were also added to the list by (Stordeur, D` hoore &Vandenberghe, 2001).

3.2.2   Theme2: Participants perceived inadequate resources to facilitate clinical teaching

The participants reported that the hospitals lack the necessary resources needed for its operations. Resources as perceived by the participants refer to both human and materials and equipment resources. The findings on lack of resources are also confirmed by a report release by the MOHSS (2013), which reported that quantity and quality of service delivery is a function of available resources and their efficient allocation.

3.2.2.1 Lack of clinical instructors

A clinical nurse instructor is a registered nurse/midwife who has been allocated and expected to provide teaching to the student nurses in the clinical setting (Uukule, 2006). The study revealed that the lack of adequate clinical instructors at training hospitals put more pressure on the Registered Nurses who at the same time are tasked with caring for patients.

According to the participants, each ward should be provided with clinical instructors who are solely responsible for clinical teaching of student nurses. This, according to the participants will not only ensure effective and sufficient time spent with students during clinical placement, but will also eliminate the burden placed on the Registered Nurses The study also revealed that there is a lack of adequate clinical instructors at training hospitals. Clinical nurse instructors are registered nurses who are responsible and for expected to:

- Perform clinical teaching duties such as supervising nursing students in clinical environment, where they are taught how to perform fundamental nursing skills, such as changing of dressings, administration of medications or other hand-on tasks.

- perform continuous supervision of student nurses

- engage in and assist in the development of clinical knowledge and skills of student nurses,

- Evaluate student nurses and certifying them based on competence where required.

According to the participants, each ward should be provided with clinical instructors who are solely responsible for clinical teaching of student nurses. This, according to the participants will not only ensure effective and sufficient time spent with students during clinical placement, but will also eliminate the burden placed on the Registered Nurses. In the context of the aforementioned findings, the following verbatim remarks were made by participants:

"Yes, we need clinical instructors in each department, trained ones"

"You know there are people here in the hospital that are trained to teach students, but the problem is they also do other work"

"They must bring back the clinical nurses for these part of going through the wards, making sure things are done correct, training the students and the newcomers."

"Hum, clinical teaching for students is ok, because when students come to the ward we do teach them, but they also need clinical instructors to do follow up, especially on one-on- one basis"(laughing)"

""Firstly, more staff must be appointed, then some Registered nurses maybe for students"

Uukule (2006) supports the idea of clinical instructors as stated that clinical nurse instructors have a responsibility of monitoring the student nurses progress in clinical nursing education. Uukule (2006) further cited that student's performance can be

monitored through direct observation, thus direct contact with clinical nurse instructors is necessary.

3.2.2.2. Shortage of materials and equipment

The study has revealed that there is a lack of materials and equipment at both training hospitals. Materials refer to both clinical supplies as well as training materials such as training manuals and clinical guidelines. The participants stated that clinical teaching is not easy due to a lack of clinical supplies such as linen, cotton swabs, dressing packs and many others. Participants further narrated that equipment are old and not always available to enable Registered Nurses to conduct clinical teaching such as demonstrating procedures to students. In this context, participants stated the following:

"Materials are not there to teach students. For example, you want to demonstrate a sterile dressing, but there is not even sterile gauze. What do you do? You just demonstrate using the unsterile one. So, you are teaching students wrong things". (Looking frustrated)

"Oh, Linen! Linen is a big problem at this hospital. There is no linen. Like today, we are having theatre cases, but there is no linen even at the linen bank. So when the patients come back from the theatre we will just put them back into this dirty linen, what can you do? And students are watching this; tomorrow they will do the same. It's not good!"

" hum aha, ya, the challenges are like not enough time, materials, and also equipment, ya, you see when you want for example to demonstrate a procedure and that specific equipment is not there, for example, you want to do a bladder washout, but the pack is

not there. Like in our ward, you hardly get packs for bladder wash out; it's always out of stock. So you end up just teaching students the theory."

"But the hospital is also a problem. There are no materials and equipment. This give us also problems. For example, you want to demonstrate a sterile dressing, but there is no sterile gauze or cotton. So you end up using the unsterile ones. So you are teaching students wrongly"

"Equipment is broken, equipment is old. It takes long to repair equipment".

"Atatata, this one is a problem. You see like in this ward, linen is not there. I went to check at the other ward to borrow me, but they gave me only a few, because they also don't have enough, another thing is clinical supplies from CSSD".

These challenges of shortages of equipment are similar to those reported by Magobe, Beukes& Muller (2010), who in their study also found that students experienced a lack of clinical equipment for patient care, such as baumanometers to measure the blood pressure of patients and professional nurses and their staff compromise by borrowing from other wards. Thus students felt that the clinical environment was not being conducive to learning.

These findings are similar to those found by Neshuku (2015) that at Oshakati training hospital in the Oshana region of Namibia, there is also a lack of materials and equipment. Registered Nurses at this hospital also complained that clinical supervision was difficult due to a lack of sufficient materials and equipment. It is however suggested

that there should be guidelines to assist clinical teachers on how to effectively teach and supervise students in the clinical area (Irby, 2007).

The issue of lack of supplies or functioning equipment appeared to have a direct effect on the registered nurses morale and service delivery. This is evident in the response from one of the participants who narrated the following:

"We struggle really. I think students will not learn the right things if equipment is not they. You want to demonstrate something but with what? Ae, it is not good".

3.2.2.1 :**Inadequate knowledge and motivation of Registered Nurses regarding clinical teaching**

The findings of the study indicate that some registered nurses lack the necessary clinical teaching knowledge. In this context, some participants expressed that they do not get in service training on how to conduct clinical teaching, thus lacking updated knowledge. Some respondents mentioned that they trained years back and need to update their knowledge and skills in order to effectively facilitate clinical teaching. The following are the opinions of the participants in this regard:

"You see like in the wards they can maybe put those training manuals .These books will help us if you do maybe a demonstration on something you follow in that book. Now we just follow our heads. Everyone do his own thing. That is not good. Yes, but maybe we can also get training on different procedures. You see after training you can also forget."

"Some of us don't know if are still on track with the way we teach the students, maybe we must be trained again. In service training will help to refresh us, because some of us are outdated (laughing)."

"Ya, I think we also need in house training or whatever, because we are a bit behind" Some participants expressed that they are not confident when conducting teaching of students.

"Some of us don't know if are still on track with the way we teach the students, maybe we must be trained again"

"Hum, no.as a registered nurse I am trained to teach students, but clinical instructors are more trained, they specialized in that."

"I don't know how to do this teaching correctly. I am just doing it."

The respondents' statements are similar to findings of other studies as indicated below: A study conducted by Bampton (2011) on developing guidelines for clinical nursing education of the Pupil Enrolled Nurse and Midwife, also found that registered nurses in the clinical area lack updated knowledge and skills with regard to clinical teaching. It was also found that no clinical teaching guidelines exist at training hospitals to assist registered nurses with clinical teaching. Similarly, Neshuku (2015) suggested that registered nurses be provided with knowledge and skills in respect of clinical supervision of nursing students. The study further reported that some registered nurses

were out dated, thus need updated knowledge in the form of training of clinical supervision.

A similar study conducted by Mabuda et al. (2008) in the Limpopo Province outlines similar challenges such as in Namibia. The study found that registered nurses could also not offer the necessary clinical teaching, because they lack the educational qualifications.

Another study conducted in Cameroon by Eta et al. (2011) indicated similar challenges faced in Namibia. The study indicated the major challenges faced by registered nurses with regard to clinical teaching as a lack of opportunities to update knowledge and skills.

During the clinical placement period students are supervised by the registered nurses in the clinical setting. These registered nurses do not all necessarily have a nursing education qualification. There is however a need to strengthen the clinical teaching skills of professional nurses order to strengthen professional nurses' clinical teaching expertise, by offering preceptorship training, which is a continuing education course for professional nurses(Mabuda, Potgieter & Alberts 2008). Registered nurses are tasked with mentoring of students, which is not a simple activity and involves the development of "complex, bounded and purposeful relationships supported by knowledge, experience and opportunities for reflection" (Gilmour, Kopeiki & Douche, 2007).

Literature further supports the idea of updating the registered nurses knowledge and skills. Baltimore (2004) found that health providers and nursing schools have a responsibility to provide registered nurses with preparatory courses to assist them in

their clinical teaching role. Sharif & Masoumi (2005) supported this idea by reporting that poor clinical teacher preparation is therefore seen as a common problem to effective clinical teaching. These among others have resulted in the gap existing in nursing theory and practice. Equally, Okoronkwo et al. (2013) concurred that workshops/seminars should be organized for clinical teachers on their roles in clinical teaching. Students also enjoy learning and working under the guidance and support of a knowledgeable professional nurse for their effective professional development (Beukes, Nolte & Arries, 2010).

If Registered Nurses lack the necessary clinical knowledge and experience, it can have serious consequences for the students who in turn will lack knowledge. Learners should be equipped with a sound knowledge base on specific problems, have the ability to reason, solve problems, learn and construct knowledge in their daily practice (De Villiers, 2005). Van Dyk, Jooste, Small &Pretorius (2005) in their study outlined the impact of lack of clinical knowledge may have on any practitioner and suggest that this should be avoided.

3.2.2.2 Registered Nurses lack intrinsic motivation with regard to clinical teaching

The study revealed that some registered nurses lack motivation in teaching, thus neglecting their role of clinical teaching. Intrinsic motivation means performing an action because one enjoys such action, but in this study lack of motivation refers to lack of interest to perform clinical teaching of students. The following verbatim is a testimony to the lack of motivation in some Registered Nurses:

"You see, people differ. Like for myself, I like to teach others. There are those of us who are not interested in teaching".

A study by Dube & Jooste (2006) showed that preparedness and intrinsic motivation for their clinical teaching role is one of the key factors influencing the ability of the registered nurses to supervise students during clinical practice. This study is supported by another study by Lockwood-Rayermann (2006) who found that Registered Nurses are chosen to supervise students in the clinical practice, based on staff availability, but not on the preparedness of registered nurses to serve the role of clinical teaching.

Equally important is the registered nurses approach and willingness to take on the clinical teaching role (Billay & Yonge, 2004).

Similarly, Brammer (2006) found that if Registered nurses are not prepare to supervise students during clinical practice, registered nurses feel frustrated and pass on this frustration on to the students. While literature has confirmed that nurses who possess moral courage embrace the challenge of transforming the profession and the workplace (LaSala, & Bjornson (2010).

3.2.3 Theme3: Participants perceived inadequate support, co-operation & collaboration between Registered Nurses, MOHSS and lecturers from the nursing schools

Registered nurses perceived lack of support from MOHSS & Nursing Schools. Some Registered Nurses stated that they do not get the necessary support to teach students during clinical placement. Support in this regard refer to the technical assistance required by Registered Nurses to execute clinical teaching duties, while co-operation

refs to the way in which the stakeholders in clinical teaching work together to make clinical teaching of student nurses a success. Collaboration on the other hand refers to Registered Nurses and lecturers from the different nursing schools working jointly to facilitate clinical teaching of student nurses.

3.2.3.1 Lack of technical support in terms of facilitating clinical teaching from MOHSS

The study has revealed that there is a lack of technical support from MOHSS in terms of facilitating clinical teaching .The participants are of the opinion that the MOHSS and the different nursing schools do not grant them the necessary support in terms of providing them with the necessary clinical teaching procedure manuals. Haoses- Gorases et.al, (2013) says that nurses who are demotivated and not appreciated for what they are and for what they are doing therefore will never strive for quality in the health care delivery system.

Some Registered Nurses mentioned that the nursing schools do not provide them with the curriculum of students for them to know what to teach students, yet they allocate students to their wards. According to the participants it is very difficult to teach students if one do not have guidelines on what and how to teach students.

Registered Nurses also expressed their dissatisfaction about the fact that they are not consulted to discuss issues pertaining clinical teaching. Registered nurses felt that they are not consulted by the Ministry of Health and Nursing Schools to give their input when

discussing matters pertaining to the training of student nurses. According to the Registered Nurses students are allocated to the wards without any consultation with the Registered Nurses who have to teach, guide and supervise them. Registered Nurses feel that if they were consulted they could give their input on how to integrate theory into practice.

Similarly, Henderson & Eaton (2013) concurred that facilitating student learning is not always recognized as important where priorities of health services are on health care provision. Although they are responsible for clinical teaching of students, registered nurses sometimes feel unappreciated. Neshuku (2015) suggested regular consultations between registered nurses from training institutions / tutors and registered nurses in the wards to discuss how to share the responsibility of supervision of nursing students during practice.

The following are what the respondents indicated:

"This role I would say is not difficult, but the problem is maybe just because we are not supported to do it correctly.

You see like in the wards they can maybe put those training manuals. These books will help us if you do maybe a demonstration on something you follow in that book. Now we just follow our heads. Everyone do his own thing. That is not good".

"It is good if they can also ask us about the training of these students so that we can also give our suggestions.

Why can't the Ministry ask us for our suggestions regarding the training of students?"

"Really you see we are not known when training of students is planned; we are just there to teach students.

UNAM must also come to us and ask us before they just place students to the wards". They must come so that we tell them about our problems here in the wards"

3.2.3.1 Participants perceive lack of co-operation and collaboration in executing clinical teaching between Registered Nurses and lecturers

Some respondents reported that there is no collaboration between the Nursing Schools and the clinical environment. However, collaboration between Nursing School lecturers and registered nurses in the clinical environment is crucial for effective clinical teaching. There must be collaboration and communication to commonly identify challenges with regard to clinical teaching, as well as to identify strategies to improve clinical teaching.

In a report by MOHSS (2013), it was pointed out that a direct relationship between training institutions and hospitals has the potential to improve the feedback mechanism between students, institution and hospital staff and improve the learning conditions of the students. Similarly, Pera & van Tonder (2014) alerted that nurses have a professional relationship with one another, however, this include responsibilities such as co-operation and support.

On the contrary, the study revealed that the collaboration between clinical nurses and those and nursing schools is lacking. Respondents further mentioned that collaboration is lacking as lecturers and nurses in clinical area do not always work together. As a result, registered nurses in the clinical environment feel that they sometimes lack

understanding of the learning outcomes and objectives. The respondents' verbatim remarks regarding lack of collaboration are as follow:

"You see, sometimes you see a lecturer coming to the wards maybe only once. If they can come and give more demonstrations students will have more knowledge, because teaching will be combined now from them and us here in the wards

"Ya, time is the biggest problem, and ya the cooperation with the lecturers. Like in my department they don't come and see that students do this and this. They just come and do a roll call to see if "S and P" is there. They don't come and make sure that the students know this and this. We are struggling really. We need cooperation with the lecturers. We can bring our side for the students, but the lecturers must also come and make sure if students teaching is right"

"Me personally just think the lecturers must tell the students that they must be serious when they come to the wards, but they must also come to see if the students are around. Us we cannot do everything".

"Ya, but they don't come many times, we only see them sometimes and they don't even stay long to help the students to do a demonstrations".

Maybe they just think the sisters are there in the wards they can do it."

"I have never seen a teacher coming to students into a ward a say: "can I please have these things I want to teach students on these and these, ugh aa, (shaking her head).The teachers from the college, ya"

"What I mean is clinical instructors must come in more to do follow up on students, yes".

"You see these people just come for a short period then they go. So we are still left with the students".

"The lecturers do not really come to the ward and maybe just call the students: "come let me show you how a dressing is done. They can take maybe a patient then do that dressing while students are watching, a- a (nodding head) Maybe they are right, I don't know".

Spurr, Bally & Fergusson (2010), concurred that it is essential that collaboration amongst Nursing Schools and clinical registered nurses be emphasized. In their model of passion for collaboration, Spurr et al. (2010) found that students gain comfort and confidence when there is collaboration. Foster et al. (2014) is in support of the idea that the nursing schools need to address ways of strengthening the collaboration between lecturers and clinical nurses, which includes the university to explore ways of better supporting the clinical mentors in their role. While Bankert & Kozel (2005) found that a higher dimension of teaching and learning was actualized and there was an increase in student satisfaction with their learning environment when there is collaboration. Similarly, Bampton (2011) conquer that collaboration is believed to increase job satisfaction and lead to greater team work. It is also believed that positive clinical experiences result in better collaboration between the stakeholders of nursing education.

Uukule (2006) is also in support of the idea that collaboration is essential as the main objective of coordination and cooperation is to create a comprehensive framework that will serve as a reference for all the parties involved. Coordination will ensure that there is continuous consultation whereby the stakeholders can define goals, objectives, priorities, resources to be used and the methods for reviewing progress.

Similarly, it is recommended that the collaboration of nursing schools and the clinical practice by developing a partnership which will identify ways on how to give incentives to facility personnel who supervise or teach student nurses (American Association of Colleges of Nursing ,2005).

3.2.4   Theme4:   Participants perceived poor interpersonal relationships between Registered Nurses and students

Interpersonal relationship in this study refers to the interaction between Registered Nurses and students. Some of the participants mentioned that the interpersonal relationships between Registered Nurses in the wards and nursing students were not always satisfactory. This is a worrisome situation as it can have negative consequences on the learning of nursing students. It is a known fact that poor interpersonal relationships resulted in poor communication (Neshuku, 2015).

3.2.4.1: Registered Nurses perceived both negative and positive attitudes of their colleagues towards students

An attitude in this study context refers to the manner in which both Registered Nurses and students are thinking, feeling, behaving or acting (The American Heritage Dictionary, 2011). It was brought to light that some Registered Nurses portrayed

negative attitudes towards students, which might be an obstacle for effective clinical teaching. The study revealed some of those attitudes such as neglect of clinical teaching duties by some Registered nurses.

This is what some participants had to say on some of their colleagues' attitudes:

"Some of us registered nurses are no more responsible (do you understand what I am telling you?).You see, if students ask: sister can you please teach us or show us this and that, then the sister just say: No, no, I don't have time, can't you see I am busy (pulling face).

"You see, it is a lot of reasons. Sometimes it is like I said us registered nurses who do not want to teach the students"

"Oh, I mean they will suffer, because they will not get our attention. Now they will not know anything"

Bruce et al. (2011) state that Registered Nurses as educators should be caring, empathetic, show understanding and warm, be supportive, genuine and be honest towards the student. Equally, Madhavanpraphakaran et al. (2013) stated that clinical teachers must possess effective teaching characteristics to facilitate clinical learning. It was also found that nursing students value the clinical teachers' professional competencies as the most important characteristics.

Penn, Wilson & Rosseter (2008) claims that teaching skills, knowledge, experience, and preparation for the faculty role, curriculum/course development skills, evaluation and testing skills and personal attributes of registered nurses are prerequisite for teaching

Personal attributes and characteristics of any educator is important in engaging students in active learning and to motivate them to learn (Bruce et al., 2011). Poor relationships with clinical staff, lack of support from educators and lack of challenging learning opportunities are some of the negative experiences that may affect students' learning (Ip & Chan, 2005).

Okoronkwo et al. (2013) reported honesty, motivation to teach, listening and good communication skills, good supervision and good role modeling as the most important teacher behaviors for effective teaching. This is in line with other research studies that also identified honesty, providing constructive feedback, confident, trustworthy, and knowledgeable, as key characteristics of effective teaching (Schonwetter, LavigneMazurat & Nazarko, 2008; Talwar & Weilin, 2005).

Bruce et al. (2011) argue that as teachers that facilitates learning, Registered Nurses should portray characteristics that show themselves as being important for successful learning such as demonstrating confidence in self and in students, being dynamic and enthusiastic, being fair, open-minded and non-judgmental, display a sense of humor Admitting mistakes and limitations, being co-operative and patient and being flexible It is also found that nursing students identified teaching behaviors which had the greatest influence on learning in clinical to be approachable, organized, encouraging and supportive (Kube,2010).This study however revealed that some Registered Nurses might lack passion for clinical teaching as some participants clearly stated that they do not enjoy teaching students, but they are just doing it because it is mandatory as part of their

job description (MOHSS, 2011) and forms part of the scope of Registered Nurses (Namibian Nursing Act 8, 2004).

On the contrary, some registered nurses reported that they teach students because they love to teach. Those that have a positive attitude towards clinical teaching had the following to say:

"Teaching, clinical teaching is very nice, because when you teach others you learn more. "Clinical teaching is very interesting; especially to me I love it!"

Another participant said: "

"I can say, I am a role model. Therefore I prefer each and every registered nurse at MOHSS to be a role model.

When a student comes to the ward we must teach them about total nursing care, because we are not coming here to work in the offices, but come here to work with human beings"

Being passionate about clinical teaching is a crucial component for registered nurses to execute their clinical teaching role effectively. In their study, Spurret et al. (2010) further suggest that teaching with passion promotes the development of a positive learning environment. Spurr et al. (2010) al further suggests that all nurse educators critically evaluate their understanding of the meanings and experiences that motivate and frame their values of teaching. Equally important is the registered nurses approach and willingness to take on the clinical teaching role.

The study further revealed that some Registered Nurses lack commitment and Motivation. These findings were similar to those of a study by Dube & Jooste (2006), which also reported that preparedness for their clinical teaching role is one of the key factors influencing the ability of the registered nurses to supervise students during clinical practice. This study is supported by another study by Lockwood-Rayermann (2006) who found that Registered Nurses are chosen to supervise students in the clinical practice, based on staff availability, but not on the preparedness of registered nurses to serve the role of clinical teaching, thus influencing clinical teaching negatively.

Equally important is the registered nurses approach and willingness to take on the clinical teaching role (Billay & Yonge, 2004).Similarly, Brammer (2006) found that if Registered nurses are not prepare to supervise students during clinical practice, registered nurses feel frustrated and pass on this frustration on to the students. This, on the other hand can cause negative Registered Nurses – Student Nurses interpersonal relationships, which in turn negatively clinical teaching. The study further revealed that some Registered Nurses lack humanism towards student nurses. From the verbatim reports of some participants it seems as if some Registered Nurses lack humanistic approach towards students.

"Ooh sister. I feel really bad, that's why sometimes I really just try to teach them even if we are so busy, but you get the sisters who do not care with students. They will just say: "we are busy then the poor students just hang around".

"Some people only come to nursing only to have a job. They (REGISTERED NURSES) don't care about caring for others

According to literature, there is need for Registered Nurses as educators to adopt a humanistic approach to teaching (Bruce et al., 2011). To be human means that people should treat each other as they would like to be treated themselves with tolerance, consideration and compassion. The humanistic philosophy emphasizes describe human as holistic beings with physical, mental, social and emotional needs. Humanist's further emphasize the importance of self-direction, empowerment and learner autonomy (Quinn, 2007).

Humanistic education focuses on the relationship between the nurse educator and the student, as well as the development of the student's full potentials (Bruce et al., 2011).The teacher as a facilitator of learning provides resources for learning, someone who shares feelings and knowledge with students (Quinn, 2007).The Registered Nurses as a clinical teacher, therefore requires certain qualities to teach and to treat students humanly such as genuineness, trust, acceptance and empathetic understanding (Bruce et al., 2011).The aspect of humanism is in line with the Human Caring Theory of Watson, (2008). Nurse educators also have to adopt a caring, warming and empathetic attitude towards learners in order to establish a helping- trust relationship with students. This statement was supported by Spurr et al. (2010) who also found that caring for students is a viable means of promoting successful learning experiences for nursing students. They further reported that caring is essential in teaching as it positively influences the educators' relationship with nursing students and the quality of instruction. This implies that Registered Nurses show caring towards student nurses. According to this theory; the Registered Nurses must adopt a warm, caring attitude towards students and treat each

student with care. The Registered Nurses must also treat each student as unique and address individual needs accordingly (Watson, 2008). Caring is central to clinical teaching as it leads to improved learning outcomes. Effective communication therefore should be established as it fosters a trust relationship which in turn establishes rapport and caring. Such a relationship should be characterized by congruence, empathy and warmth (Watson, 2008).

Nursing as a caring profession should acknowledge caring as central in a therapeutic interpersonal relationship between registered nurses and students. This relationship is referred to as a curative process which is concern with human activity. It is also a humanistic, altruistic value system whereby registered nurses utilize their scientific and technological knowledge to provide a caring service to student nurses in the form of clinical teaching. Registered nurses should be able to cultivate a human, perceptive, compassionate approach in providing care at all times (Searle, Human, & Mogotlane, 2009).

3.2.4.2 Registered Nurses perceive negative attitudes of students towards them.
The study revealed that some student nurses display negative attitudes towards Registered Nurses during clinical placement. The study further indicates that Registered Nurses have negative perceptions regarding some students' attitudes, thus stating that student nurses lack interest in their own learning. These findings are similar to those of a study by Awuah- Peasah, Akuamoah & Asamoah (2013) on students' attitudes towards their clinical work that found that majority of the nursing students reported late to work.

In addition, majority of the students were absent from their clinical work without permission. Also, respondents reported that students use mobile phones during clinical working hours. Awuah- Peasah et al. (2013) claims that the attitude of student nurses affects how nurses interact with them. The negative behaviour of some nursing students, by being disrespectful to the professional nurses, deprives hard-working students of their clinical exposure and educational experiences (Rikhotso et al., 2014).

The poor attitude of the student nurses influenced the way practicing nurses interacted with them. If the student's attitude is bad, then the nurse in the ward will not interact in a positive manner with the student nurse and vice versa. Thus, the clinical environment will not achieve its purpose and learning will not take place. The results from the study can be used to conclude that these attitudes are common in nursing students.

According to the findings of the study some registered nurses are discouraged by the attitudes of some students. The respondents further expressed that some student nurses lack interest in learning as follows in the next verbatim remarks:
"Oh, yes. But from the side of the students we experience that some students do not have interest. This is really a problem. Sometimes after you have evaluated them you can see that the person did not pay attention. They cannot even give you answers when you evaluate them. You can just see that the person did not catch up anything."

"Sometimes you see someone is in the second year, but that person cannot even write a report. This is very wrong". (Looking not happy).You also gets those who have graduated after four years, but they cannot even give medications".

"And sometimes *they (students) are lazy they don't show interest in their work"*

"They don't care, they will just sit in the tearoom with their cellphones, chatting to their friends, putting their earphones, whatever, ya. Sometimes they just sit there in the storeroom talking to each other.

"You get good students, but others think we are students, we are not here to work, but they forget it's their own future. Some just are just here, but they are also just not here, Just on the cellphones" It's really a big problem".

""Ya, the students also don't ask if they need to be shown something, even the other day I was asking them if they don't have anything to be taught"

"Ya, some don't. They will just be there in the room. Sometimes you call them, but they don't come" So you also will just leave them"

"But one problem is the students. They don't care, they will wait until the last week they are in the ward then only then they want to be assisted. Sometimes you see they are just sitting around. You have to tell them what to do while they also know what they are supposed to do". They must know why they are here for. They must follow the sisters unlike sitting at the station talking unnecessary things". They should also be curious".

"Umh, they (students) are not playing their part. Although it is my responsibility to teach them, it is also their responsibility to make sure they achieve it."

The lack of interest in their learning by some students is however in contrast with the constructivist approach to teaching and learning, which stated that nursing students should take responsibility for their own learning through active participation and constructing new knowledge (Klopper, 2001).

These findings are supported by a study by (Bampton, 2011), which revealed that Registered Nurses do not show respect towards student nurses. It seems as if the relationship between some Registered Nurses and students are not positive, however, a positive nurse/student relationship is important in fostering clinical teaching. Good interpersonal relationship, communication and support between staff and students create conducive environment, therefore it is essential for student learning in the clinical setting. Such behaviors reduce anxiety in students and improve the socialization process between Registered Nurses and students, thus promoting learning (Kaphagawani & Useh, 2013).

Literature indicated that positive students' attitudes contribute to positive learning outcomes. In fact, a positive relationship between both Registered Nurses and students are essential for positive learning outcomes. This study only interviewed Registered Nurses; however studies done by other researchers revealed that some registered nurses have a negative attitude towards clinical teaching of student nurses.

A similar study done in Namibia by Uukule (2006) also found that some registered nurses had negative attitudes towards clinical teaching. They did not see clinical

teaching as their role, but that of the nursing schools. It was also found that due to the negative attitudes of registered nurses; students were not properly guided and supported, thus causing students a lot of frustration which lead to some students to not actively participate in their learning.

For this study, the participants further commented that some students do not show interest in their learning with some students constantly absent from duty. It was further reported that some students do not participate in clinical teaching or ask questions which show that they are interesting to gain knowledge and skills. Some participants expressed that some students are just there, because they are forced by the nursing school, while some students refused to execute orders given by registered nurses. The verbatim statements clearly indicate that some students do not actively participate in the wards.

Clinical teaching is very crucial as it allows student nurses to participate actively in the healthcare team, seek solutions to real life problems and learn by doing while caring for patients, thereby becoming competent practitioners (Irby, 2007). Student nurses must be able to correlate theory into practice. Therefore active participation during clinical placement is crucial. Failure to correlate theory and practice may results in: inability to solve problems, rigidity and dependency in executing patient care, fragmentation of patient care, and an apathetic attitude in clinical practice (Fürst, 2013).

Equally, if students do not actively participate in clinical learning activities it could pose potentially, hazardous consequences for the student nurses themselves, the nursing

profession and their patients/ clients (Lekhuleni et al., 2004). Studies have shown that, in the clinical setting, the most important barrier to clinical education is students' lack of interest and motivation (Rahimi & Ahmadi, 2005). Nursing students need long-term motivation to help others in the future (Miers, Rickaby & Pollard, 2007).

3.3   SUMMARY

It is evident from the research findings that the importance of the clinical teaching component cannot be overestimated. It is also evident from the study that clinical teaching is an important clinical teaching of nursing education. It is however evident from the study findings that clinical teaching requires registered nurses to fulfill many functions, roles and responsibilities.

CHAPTER 4

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

In chapter 3, the findings and discussions of the study were provided. In this chapter, conclusions, recommendations based on the study findings will be outlined.

The purpose of the study was to explore and describe the perceptions of registered nurses regarding their role of clinical teaching of student nurses at training hospitals in Windhoek.

The main research question was: How do registered nurses at the two state training hospitals in Windhoek perceive the role of clinical teaching of student nurses?

The objectives of the study were:

- To explore the perceptions of registered nurses regarding their role in clinical teaching of student nurses at state training hospitals in Windhoek.

- To describe the perceptions of registered nurses regarding their role in clinical teaching

The conclusions were drawn from the themes and sub-themes that were eminent in the study.

4.2 CONCLUSIONS

The conclusions were drawn from the themes and sub-themes that were eminent in the study.

4.2.1   Theme 1:   Participants perceived unclear roles and responsibilities in terms of clinical teaching

It was concluded that there is role confusion amongst registered nurses regarding clinical teaching which need clarity. Some registered nurses regard clinical teaching as the responsibility of lecturers, thus viewing it as an added responsibility. It can therefore be concluded that role clarity is lacking regarding clinical teaching, which can be associated with neglect of clinical teaching duties. The findings of the study further brought to conclusion that registered nurses seems to be not oriented on clinical teaching as part of their role and responsibility. It is however crucial for registered to fully understand their role with regard to clinical teaching. This statement was also supported by Brault; Kilpatrick & D`Amour (2014) who found that poorly defined roles can become a source of conflict in clinical teams and reduces the effectiveness of care and service delivery.

4.2.2   Theme 2:   Participants perceived inadequate resources to facilitate clinical teaching.

As illustrated by the findings of this study, there is a shortage of both human resources as well as lack of materials and equipment at state hospitals in Windhoek. It can therefore be concluded that shortage of staff is one of the main reasons why registered nurses cannot cope with the high demand of clinical teaching of students. It is also concluded that too many students are allocated to a ward setting, while the number of registered wards in the wards are too limited. This makes clinical supervision and facilitation of teaching for students difficult. Lack of sufficient resources is one of the factors which can lead to frustration and stress amongst registered nurses.

It is against this background that Billings and Halstead (2005) suggested that one nurse needs to be designated to a reasonable number of student nurses. The pairing model can also be applied which requires the interaction of one patient with one student and with one registered nurse. Clinical teaching should be regarded as a partnership between the instructor and student nurse. However, a greater use should be made of part-time Registered Nurses who are able to serve as clinical instructors.

Similarly, it is proven that an environment conducive for learning is crucial, because the clinical learning environment can influence nursing students learning positively or negatively (Frankel, 2009). Conducive clinical learning environment is also view as one that is supportive with good ward atmosphere and good relationships and is perceived to produce positive learning outcomes (Papp et al., 2003; Edwards et al., 2004). It is further reported that an environment that positively influences learning have been reported as where staff are happy, friendly with good morale and attitude, cooperative and willing to teach and guide students provide quality patient care (Papp et al., 2003; Edwards et al. 2004; Lewin, 2006; Papastvrouet et al., 2010; Chuan and Barnett, 2012).Such an environment allows students to feel confident and motivated to learn especially when they are respected, recognized, supported and regarded as part of the team (Henderson et al., 2013). In addition poor relationship may lead to frustration and demotivation thus, negatively affecting students learning in acquisition of knowledge and skills to become competent practitioners.

4.2.3 Theme3: Participants perceived inadequate support, co-operation& collaboration between Registered Nurses, MOHSS and lecturers from the nursing schools

Based on the study findings, the general conclusion is that registered nurses perceive clinical teaching not only challenging, but also lacking the necessary support and involvement from all stakeholders. Billings and Halstead (2005) are in support of the findings ,thus suggested that the Nursing Schools and the training hospitals should adopt a joint model that will serve as a guideline for clinical teaching of students during clinical placement .

4.2.4 Theme4: Participants perceived poor interpersonal relationships between Registered Nurses and students

Concerning interpersonal relationships amongst registered nurses and students, it can be concluded that some had both positive and negative experiences. However, the general conclusion can be drawn that there is a poor interpersonal relationships between Registered Nurses, lecturers and students. This is however undesirable, because it was observed that poor relationships with clinical staff, lack of support from educators and lack of challenging learning opportunities are some of the negative experiences that may affect students' learning (Ip and Chan, 2005).

4.3 RECOMMENDATIONS

Recommendations will be made regarding the possible improvement in nursing education, management, practice as well as nursing research.

4.3.1 Recommendations for nursing practice

- Registered nurses as well as clinical instructors must receive refresher training on the clinical procedures to update their knowledge and skills.

- Clinical teaching manuals should be available at all wards to provide guidance to registered nurses on the demonstration of clinical procedures to students. The procedure manuals need to be updated regularly.

4.3.2 Recommendations for nursing management

It is recommended that MOHSS ensure an optimal filling of posts of professional health workers as per staff establishment. Posts should be filled within stipulated time.

It is further recommended that the MOHSS revisit its staff establishment to meet the current staff demand which is in line with the growing demand for health services. The WHO guidelines staff/ patient ratio of 2.5 per 1000 population should be adhered to (WHO, 2004). The MOHSS must introduce various measures to improve the recruitment and retention of nurses. It is recommended that there is an increased in the number of the training of Enrolled Nurses to compliment the number of nursing personnel. This in turn will increase and alleviate nursing personnel shortages, thus decrease the workload.

MOHSS must avail sufficient financial resources to the hospitals in order to acquire adequate materials and supplies. This will ensure that the hospital wards are adequately equipped with the necessary equipment and supplies. Sufficient quality equipment is not only needed to enable student nurses to acquire skills, but to enable Registered Nurses to conduct clinical teaching effectively.

In addition it is recommended that the MOHSS introduced a code of conduct policy for students which should be introduced during the induction program. Ethical and professional behaviors should be emphasized during the nurses training and be assessed during the continuous assessment of students. Such code of conduct of the MOHSS should also be included in the curriculum of students at first year level at nursing training institutions. The students must sign this code of conduct which will be a legal agreement between the MOHSS and students allocated to the respective health training hospitals. This could help both the MOHSS and the training hospitals to reinforce professional ethical conduct amongst student nurses.

The attitudes of registered nurses are mainly influenced by the working environment. The study provided sufficient evidence that registered nurses are frustrated and stressed due to the conditions where they are working. It is therefore crucial that registered nurses be provided with a working environment which is conducive to boosts the morale and motivation of registered nurses. Registered nurses on the other hand should be trained on customer care and stress management to boost the motivation and morale of registered nurses. Moreover, strategies should be adopted to retain nurses at state hospitals, thus to alleviate staff shortages, workload and burnout. In addition it is recommended that adequate clinical nurse instructors are trained and allocated at each department in order to ensure effective supervision of student nurses.

4.3.3   Recommendations for nursing education
The following recommendations were made regarding nursing education:

- Nurse educators should incorporate clinical teaching in the undergraduate curriculum of professional education of nurses.

- Continuous professional development for Registered Nurses is recommended to prevent registered nurses lacking of updated knowledge.

- It is recommended that the MOHSS, in collaboration with nursing training institutions develop clinical teaching manuals with well stipulated learning outcomes, to ensure uniformity in the training of student nurses during clinical placement.

- It is recommended that the curriculum should be implemented properly to address clinical teaching.

4.3.4   Recommendations for nursing research
It is recommended that future research be conducted on:

- Registered nurses experiences regarding clinical teaching of student nurses at other training hospitals in other regions of Namibia

- Nursing Students perceptions of their learning environment during clinical placement.

4.4   LIMITATIONS
- The study was limited to the two state hospitals in Windhoek only due to lack of resources to recruit research staff to assist with data collection. Ideally, this

research should have included all state and private nursing training institutions to get a broader view on the topic under discussion.

- Some of the registered nurses were unable to participate in the study, because they were too busy to attend to the patients and other duties.

- The research question was not clear to most of the participants, prompting the researcher to explain the meaning of the words perception and experiences prior to the recording of the conversation.

4.5 AREAS FOR FURTHER RESEARCH

1. Further studies need to be undertaken to in other regions of Namibia and compare such perceptions across different hospitals.

2. Further studies also need to be undertaken in Namibia to develop mechanisms for the Ministries of Health and Education to adapt assuring the integration of clinical teaching to the registered nurses' roles e.g. modifying the North American Model to suit the African Context.

4.6   SUMMARY

This chapter focused on the final conclusions that the researcher reached in the study Recommendations were made regarding nursing practice, management, and nursing education as well as for possible future research.

4.7   CONCLUDING REMARKS

By using an exploratory approach, this study aimed at exploring how registered nurses perceive clinical teaching of student nurses at State training hospitals in hospitals in Windhoek. The study provided valuable insight into the perceptions of registered nurses

regarding their role as clinical teachers. There was a need for research in this regard, therefore it is expected that this research will contribute to this body of knowledge

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ANNEXURE A: LETTER OF PERMISSION FROM THE POSTGRADUATE STUDY, UNIVERSITY OF NAMIBIA

University of Namibia, Private Bag 13301, Windhoek, Namibia
340 Mandume Ndemufayo Avenue, Pioneers Park
☎ +264 61 206 3111; URL: http//www.unam.edu.na

UNAM
UNIVERSITY OF NAMIBIA

19 February 2015

TO WHOM IT MAY CONCERN

RE: RESEARCH PERMISSION LETTER

1. This letter serves to inform that student: **Emvula Olivia** (Student number: **9001867**) is a registered student in the School of Nursing and Public Health at the University of Namibia. His research proposal was reviewed and successfully met the University of Namibia requirements.
2. The purpose of this letter is to kindly notify you that the student has been granted permission to carry out postgraduate studies research. The School of Postgraduate Studies has approved the research to be carried out by the student for purposes of fulfilling the requirements of the degree being pursued.
3. The proposal adheres to ethical principles.

Thank you so much in advance and many regards.

Yours truly,

Name of Main Supervisor: **Dr H J Amukugo**

Signed: --

Dr. C. N.S. Shaimemanya

Signed: --

Director: School of Postgraduate Studies
Tel: 2063523
E-mail: cshaimemanya@unam.na

ANNEXURE B: LETTER TO MOHSS REQUESTING PERMISSION TO COLLECT DATA

Mrs. O.Emvula

P.O.Box7036

Khomasdal

25 February 2015

The Permanent Secretary

Ministry of Health and Social Services

P/Bag 13198

Windhoek

Dear Sir

Re: Request for permission to conduct research with registered nurses.

This letter serves to request your good office for permission to conduct research interviews with registered nurses working at the adult medical wards at Katutura Hospital and Windhoek Central Hospitals.

I am a Registered nurse working at the University of Namibia, currently doing Master Degree in Nursing Science with the University of Namibia. The research is entitled

"**perceptions of registered nurses regarding their role of clinical teaching of student nurses at state training hospitals in Windhoek, Namibia**

The purpose of the study is to explore and describe the perceptions of Registered nurses regarding their role in clinical teaching of student nurses at training hospitals in Windhoek.

The significance of this study is that it will create awareness amongst registered nurses about the role of registered nurses in clinical teaching. It is also of great importance to explore the perceptions of registered nurses in order to describe the factors which could have a negative impact on clinical teaching of student nurses.

It is against this background that I request your office to grant me permission to conduct the above- mentioned study. Please find attached letters of permission and ethical clearance certificate issued by the University of Namibia Research Ethics Committee.

Thanking you.

Mrs. O.Emvula

0812748226/ 061-2063760

ANNEXURE C: LETTER OF APPROVAL FROM THE MINISTRY OF HEALTH AND SOCIAL SERVICES

REPUBLIC OF NAMIBIA

Ministry of Health and Social Services

Private Bag 13198	Ministerial Building	Tel: 061 – 203 2510
Windhoek	Harvey Street	Fax: 061 – 222558
Namibia	Windhoek	E-mail: msimasiku@mhss.gov.na

OFFICE OF THE PERMANENT SECRETARY

Ref: 17/3/3
Enquiries: Mr. M. Simasiku

Date: 03rd July 2015

**Mrs. Olivia Emvula**
P.O. Box 70326
Khomasdal
Namibia

Dear Mrs. Emvula

Re: An exploratory study on the role of registered nurses regarding clinical teaching of student nurses at training hospitals in Windhoek, Namibia.

1.   Reference is made to your application to conduct the above-mentioned study.

2.   The proposal has been evaluated and found to have merit.

3.   **Kindly be informed that permission to conduct the study has been granted under the following conditions:**

3.1   The data to be collected must only be used for operational purpose;

3.2   No other data should be collected other than the data stated in the proposal;

3.3   Stipulated ethical considerations in the protocol related to the protection of Human Subjects should be observed and adhered to, any violation thereof will lead to termination of the study at any stage;

3.4 A quarterly report to be submitted to the Ministry's Research Unit;

3.5 Preliminary findings to be submitted upon completion of the study;

3.6 Final report to be submitted upon completion of the study;

3.7 Separate permission should be sought from the Ministry for the publication of the findings;

Yours sincerely,
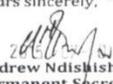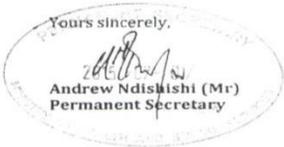
Andrew Ndishishi (Mr)
Permanent Secretary

"Health for All"

ANNEXURE D: VERBAL CONSENT FORM

TITLE: PERCEPTIONS OF REGISTERED NURSES REGARDING THEIR ROLE OF CLINICAL TEACHING OF STUDENT NURSES AT STATE TRAINING HOSPITALS IN WINDHOEK, NAMIBIA

RESEARCHER: OLIVIA EMVULA

Dear Participant

I am Olivia Emvula pursuing a Master's Degree in Nursing Science at the University of Namibia. I am conducting a research study entitled**: PERCEPTIONS OF REGISTERED NURSES REGARDING THEIR ROLE OF CLINICAL TEACHING OF STUDENT NURSES AT STATE TRAINING HOSPITALS IN WINDHOEK, NAMIBIA**

The study will be conducted under the supervision of Dr. H. Amukugo and Dr. L. Nelumbu, both from the University of Namibia, School of Nursing and Public Health.

One of the objectives of the study is to describe the perceptions of registered nurses regarding their role of clinical teaching of student nurses at training hospitals in Windhoek with the aim of exploring the perceptions of registered nurses regarding their role of clinical teaching of student nurses at training hospitals in Windhoek. Your participation will provide valuable information which could be used to identify the factors influencing clinical teaching of student nurses by registered nurses. Therefore, your information can also contribute towards improving the standard of clinical teaching

of student nurses at training hospitals in Windhoek. Participation in this study is voluntarily. You may withdraw at any time if you so wish.

ANNEXURE E: TRANSCRIPT EXTRACT OF PARTICIPANT'S INTERVIEWS

Language: English

Place: Katutura Hospital& Windhoek Central Hospitals

Region: Khomas

Starting Date: 10 July 2015- 20 August 2015

Introduction

I am Olivia Emvula conducting a research study entitled: **perceptions of registered nurses regarding their role of clinical teaching of student nurses at state training hospitals in Windhoek, Namibia**

The aim of the study is to explore how registered nurses perceive or experience their role of clinical teaching of student nurses at training hospitals in Windhoek. Your participation will provide valuable information which could be used to identify the factors influencing clinical teaching of student nurses. Therefore, your information can also contribute towards improving the standard of clinical teaching of student nurses at training hospitals in Windhoek. Participation in this study is voluntarily. You may withdraw at any time if you so wish.

Participant 5

Date: 16 July 2015

Time: 15h05- 15h38

Venue: A

S: "Tell me, how do you perceive your role of clinical teaching of student nurses?"

P: "Oh, ok. I think I am ok with it."

S: "Meaning?"

P: "I mean teaching of students is ok, but sometimes not easy. It depends on how much work you have that day".

S: "Ok. Can you please elaborate more?"

P: "Oh, you see when we are enough then we can teach, but if we are maybe only 3 of 4, AA aa, (shaking the head), then we really struggle. "With this many responsibilities one can hardly breathe in this ward. You run here and there, so teaching sometimes cannot take place."

S: "What do you mean so many responsibilities?"

P: "Hum, first is the patients, you do also administration like orderings, off duties, etc., then now the students, ag so many other things"

S: " Ok .In other words being Registered Nurses goes with many responsibilities?"

P: " Og, yes. You are one, but you do the jobs of maybe ten people"

S: " Aha, but how do you experience this role of teaching students specifically?"

P: "This role I would say is not difficult, but the problem is maybe just because we are not supported to do it correctly. You see like in the wards they can maybe put those training manuals .These books will help us if you do maybe a demonstration on something you follow in that book. Now we just follow our heads. Everyone do his own thing. That is not good"

S: "Ok. In other words you suggest training manuals to be available in the wards?"

P: "Yes, but maybe we can also get training on different procedures. You see after training you can also forget. What you do in the ward is not maybe what or how students must be teach, you see."

S: "If I understand you correctly you are saying you also need refresher training, because the way of doing things may have changed?"

P: "Hum, exactly. Some of us don't know if are still on track with the way we teach the students, maybe we must be trained again. In service training will help to refresh us, because some of us are outdated (laughing)."

S: "Ok. You mentioned about lack of refresher training and time constraints as factors hindering your teaching of students, are there may be other factors? "

P: "Ya, ya. Staff shortage.Oohh, we are dying here of work. Staff is not there, patients are many. Ag is just too much!"

S: "How is staff shortage and workload affecting the teaching?"

P: **"Hum**, you cannot teach, because maybe you are only two and the ward is full. You have to make sure that you do everything before you knock off"

S: "Hum, You mentioned that you have to do everything before your shift ends. Does it also include teaching students?"

P: (Laughing). Hum, not really, because if there is no time, we don't teach students"

S: **"In other words teaching of students only happen if there is time, but otherwise it is not the first priority?"

P: "Ooh, ya, because we first do our work, then we see if we can make time for the students."

S: **"Ok. You mentioned doing first your work" Meaning?"

P: **"Oh, the things that we are supposed to do in the ward, ya"

S: **"Does it mean teaching of students is not part of your work?"

P: **"I would say yes and no, because this is firstly the work of lecturers. We are only helping these schools to give practice for their students."

S: **"Ok. In other words teaching of students is not your main responsibility, but that of the lecturers? Right?"

P: "Ya, but they don't come many times, we only see them sometimes and they don't even stay long to help the students to do a demonstrations. Maybe they just think the sisters are there in the wards they can do it."

S: "Meaning?"

P: " Yes, we can help each other with the students, they do some demonstrations and we do some, but now it is not like that and they are the people are know better than us how to teach students."

S: "In other words the lecturers must work together with you in the wards?"

P: "yes, but now, nothing"

S: "Why do you think there must be collaboration between you and the lecturers?"

P: "silent), hum, yes so that we can talk, discuss how to help students, We can also ask them if we are teaching the students right"

S: "In other words, you and the lecturers need to discuss and plan the studentslearning together?"

P: "Ya, something like that"

S: "Anything else?"

P: "Hum (silent for few seconds).ya, we need more nurses, maybe we can also help the students better."

S: "Ok, anything else?"

P: "No, thanks"

S: "Ok, thanks for your time"

P: "Welcome."