



WWJMRD 2021; 7(9): 5-9
www.wwjmr.com
International Journal
Peer Reviewed Journal
Refereed Journal
Indexed Journal
Impact Factor SJIF 2017:
5.182 2018: 5.51, (ISI) 2020-
2021: 1.361
E-ISSN: 2454-6615
DOI: 10.17605/OSF.IO/WY38C

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Assessing the supportive role of nurse educators in clinical learning of undergraduate nursing students at Kenyatta National Hospital, Kenya

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Abstract

Majority of global nursing bodies have reviewed standards on nurse educators' roles in clinical learning. This study therefore assesses nurse educators' supportive role and its effect on clinical learning of nursing students at Kenyatta National Hospital, Kenya. The research design for the study was descriptive cross-sectional. The study's target population was 82 nurse educators. Data collection was through questionnaires. Data was quantitatively analyzed through descriptive and inferential statistics. The findings revealed that professional socialization at site, being available and reachable, encouraging of peer learning, supervision of clinical teaching and preceptor-ships were the main supportive roles of nursing educators on nursing students at Kenyatta national Hospital. The findings also demonstrated that being available and reachable, professional socialization at site and supervision of clinical teaching had a positive effect on nursing learning outcomes. Future studies should focus on teaching, administrative and collaborative roles of nursing educators and their effect on learning outcomes of nursing students.

Keywords: supportive, educators, nurse, nursing, supervision, teaching

Introduction

In the last fifteen years in Kenya, there has experienced enormous growth in undergraduate education for nurses. New structures in student preparation are being applied (Nursing Council of Kenya [NCK], 2018). However, guidelines and scope regarding specific clinical roles of undergraduate nurse educators are yet to be formulated by NCK and probably the commission for higher education. Studies in Kenya have majorly focused on undergraduate students' perceptions, competencies, and experiences in clinical education respectively (Mburu, 2015; Wachira *et al.*, 2017 & Wakhungu, 2019). Also, faculty participation in clinical education-barriers and enablers were studied (Waweru *et al.*, 2019). This, therefore, contributes to the nurse tutor role in clinical education to be scarce and also paucity in literature. Globally and regionally, more studies have focused on environments under which clinical education is executed and even roles well stipulated in nursing boards and policy frameworks, but a gap still exists on what the nurse instructor needs to do and how to effectively execute clinical education. It is with such divergence in clinical education that the researcher intends to execute the supportive role of nurse tutors in clinical education for nurses undertaking degree in nursing.

Statement of the Problem

In Kenya, the NCK syllabus stipulates three thousand hours for theoretical knowledge and two thousand six hundred and forty hours for clinical placements (NCK, 2014). To implement these, nurse educators in each thematic area ensure that once students pass theory they proceed to work-based placement for practice and evaluation is done. It is mandatory too that each university organizes clinical learning by its faculty through planning, supervision, teaching, and evaluation of their students. Anecdotal report from the nursing management based at Kenyatta National Hospital is that nurse educators do minimal supervision and follow-up of their students. Further, the hospital's nursing education

department requires educators to supervise students and teach them weekly, but the majority avail themselves for assessments. The outcome is students not meeting their course objectives as educators' roles are not optimally performed.

At Kenyatta National Hospital, the number of students in clinical placements in the last five years has been on the rise leading to overcrowding at the sites. Also, consistent staff shortages are reported and result to the withdrawal of clinical tutors who were student mentors. Undergraduate nursing students, therefore, currently lack mentors and end up doing routine activities on the wards. Minimal meeting of objectives especially in circumstances where nurse educators do not follow up with students, leading to compromised clinical learning.

Most universities have tried to conform to NCK requirements of clinical learning by employing one or two clinical instructors, but are inadequate for the enormous numbers of students. This situation has caused a large portion of faculty members to be unable to merge their classroom and clinical tasks due to collisions. Whether these roles can be formulated and implemented by universities or NCK is still underway locally. A review of literature has also found out that in all the outlined roles of the nurse educators, there still exist gaps in their role fulfillment and attainment. Therefore, indispensable for nursing educators' supportive roles and responsibilities to be explored while teaching and maintaining the clinical competencies of students.

Purpose of the Study

The main aim of this study was to assess the supportive role of nurse educators in the clinical learning of undergraduate nursing students at Kenyatta National Hospital, Nairobi, Kenya.

Literature Review

Adamson *et al.*, (2018) asserted that a supportive relationship between the educator and learner improves learning outcomes. Jansson and Ene (2016) on supervisor role in Sweden found out that supporting nursing students' practice and learning enhanced continuity of learning as they become independent, responsible, competent, and improved attitudes. Their behaviors facilitated an effective process of learning as a preceptor/student relationship evolved.

Luhanga (2018) on the traditional-faculty supervised teaching model noted that peer learning and support were beneficial. The faculty believed that this provided opportunities to facilitate learning. The supervisors' role in clinical education is balancing patient care and student learning. Supervisors work with students to enhance their learning through planning and overseeing them. Educators in a clinical set-up supervise students by working with them and observing return demonstrations enhancing personal competence and personalized learning. They allowed them too to work in groups and independently enabling nurse tutors to help students meet their objectives promptly (Manninen *et al.*, 2015).

Eyeson (2017) identified the supervisors' role in follow-up as ward teaching, demonstration, performing a task, and making sure student nurses do the right thing in applying their professional ethics. The responsibility of preceptors

and teachers was following up with students ensuring that they acquire the needed skills in performing certain clinical tasks and that students work at their various units within the stipulated working time.

Akram *et al.*, (2018) found out that instructors who were the educators were supposed to follow up students in departments they had allocated them. This reduced the theory-practice gap in students, therefore, playing an imperative role in clinical education and skills acquisition. In another study, students with their teachers reported having had a more positive experience of their supervisory than those just left to learn unaided among the undergraduate students in Malawi (Kamphinda & Chilemba, 2019).

Kamphinda and Chilemba (2019) also noted that nurse educators needed to increase clinical visits to promote student motivation and learning opportunities. The students felt educator's visits were not adequate during the few weeks spent in their placements. They preferred a regular basis to identify solutions to problems and better their performance and confidence in procedures. The nurse educators did not fully focus on clinical education and supervisory feedback. Mentors generally cited inadequate support from educators. They preferred regular visits to the educator's in the clinical environments and their involvement by working alongside students. In Kenya, though students' follow-up is mandatory, increased workload and less time allocated to them serve as a barrier in clinical education facilitation (Waweru *et al.*, 2019).

Methodology

The research design for the study was descriptive cross-sectional design. The study involved the seven universities which take their students at Kenyatta National Hospital for various nursing clinical courses. The study's target population was 82 nurse educators engaged in the follow-up of nursing students undertaking degrees six months prior to completion. A census was conducted to include the entire target population as respondents. The study utilized self-administered questionnaires for nurse educators in collection of data. Data was quantitatively analyzed through Statistical Package of Social Sciences (SPSS) version 24. Odds ratio (OR) was utilized in determining how supportive role impacted learning outcomes of students undertaking a nursing degree.

Results and Discussion

Response Rate

In total, 76 questionnaires were returned and deemed fit for analysis. This represented a response rate of 92.7%. This response rate was high and appropriate for drawing conclusions in the study.

Respondents' Profile

The mean age was 43.3 years (Standard Deviation: 6.27) with the youngest educator being 28 years and the oldest being 58 years. Evidently, 78.9% (60) of the nurse tutors were females; 52.5% (40) of the nurse educators were Ph.D. holders; 92.1% (70) of the nurse educators had experience in clinical teaching of 4 years or more. On the nursing clinical course teaching, majority, 51.3% (39) were teaching medical-surgical nursing courses (see Table 1).

Table 1: Profile of Nursing Educators

Characteristic	n	%
Gender		
Male	16	21.1
Female	60	78.9
Education		
Masters	36	47.4
PhD	40	52.6
Clinical teaching experience		
0-3 years	6	7.9
4-7 years	15	19.7
8-11 years	27	35.5
12-15years	16	21.1
16 years and above	12	15.8
Nursing clinical course/courses teaching		
Medical-surgical nursing	39	51.3
Midwifery	14	18.4
Teaching methods	16	21.1
Nursing administration	26	34.2
Community Health Nursing	8	10.5
Pediatric Nursing	21	27.6
Critical Care Nursing	4	5.3
Others (Research, Biostatistics, Pharmacology, Mental health)	26	34.2

Source: Research Data (2021)

Supportive Role of Nurse Educators’ in Clinical Education of Nursing Learners

The supportive role of nurse educators was categorized into psychological support and supervision support. It is evident that 55.3% (42) of educators offered professional socialization at site as a form of psychological support to nursing educators, 47.4% (36) of educators indicated that there is psychological support system in place for learners, 86.8% (66) of educators indicated that they were available and reachable to offer psychological support while 78.9%

(60) of the educators enhanced psychological support by encouraging peer learning. On offering supervisory supportive role, 89.5% (68) of the educators offered clinical teaching and 52.6% (40) offered preceptor-ship support. Evidently, 76.3% (58) of the educators performed weekly clinical supervisory visits. During the support visits, 60.5% (46) of the educators spend on average 3-5 hours with the students. Lastly, 47.4% (36) of the educators believe that the supportive role is satisfactory on the students (see Table 2).

Table 2: Supportive Roles of Nursing Educators

Supportive Role	n	%
How do you psychologically support your students during work-based assignments		
Professional socialization at site	42	55.3
The support system in place	36	47.4
Available and reachable	66	86.8
Encouraging peer learning	60	78.9
Clinical support supervision		
Clinical teaching	68	89.5
Preceptor-ship	40	52.6
Traditional	8	10.5
How often do you perform your clinical supervisory visits		
Weekly	58	76.3
Two weekly	6	7.9
Monthly	12	15.8
How long on average do you spend with your students during support visits		
0-2 hours	22	28.9
3-5 hours	46	60.5
More than six hours	10	13.2
What has been your impact on clinical support and supervision on your students		
Satisfactory	36	47.4
Highly satisfactory	30	39.5
Exemplary	8	10.5

Source: Research Data (2021)

Effect of Nurse Educators’ Supportive Role on Learning Outcomes

Educators being available and reachable for psychological support during work-based assignments increases odds of

positive learning outcomes by 2.86 times (OR) compared to educators being not available and not reachable (significant p-value=0.029). Professional socialization at site as a form of psychological support increases positive learning

outcomes significantly by an odd of 5.6 (p-value=0.004). Encouraging peer learning and having a support system in place did not significantly affect positive learning outcomes, p-values 0.062 and 0.307 respectively. Clinical teaching as a form supervisory support by the educators

had a significant positive odds ratio of 3.67 on positive learning outcome (p-value=0.008); preceptor-ships had an insignificant effect on positive learning outcomes (p-value=0.218).

Table 3: Effect of Nurse Educators' Supportive role on Clinical Learning Outcomes

		Clinical Learning Outcomes		OR (CI), p-value
		Not Competent	Competent	
How do you psychologically support your students during work-based attachments				
Encouraging peer learning	No	22	18	Ref category
	Yes	12	24	2.4 (0.96-6.25), 0.062
The support system in place	No	6	4	Ref category
	Yes	28	38	2.0 (0.52-7.97), 0.307
Available and reachable	No	20	14	Ref category
	Yes	14	28	2.86 (1.11-7.34), 0.029
Professional socialization at site	No	4	0	Ref category
	Yes	30	42	5.6 (1.59-9.88), 0.004
Which clinical support supervision do you use				
Clinical teaching	No	22	14	Ref category
	Yes	12	28	3.67 (1.41-9.56), 0.008
Preceptor-ships	No	18	18	Ref category
	Yes	6	2	0.33 (0.058-1.92), 0.218

Source: Research Data (2021)

Discussion

From the study, being available and reachable and provision of professional socialization at site significantly affected positive learning outcomes of students. These findings agreed with Adamson *et al.*, (2018) who asserted that when there is a supportive relationship between the educator and the learner, learning outcomes are positively improved. The findings also agreed with Jansson and Ene (2016) who found that students' support by educators in Sweden enhanced learning continuity since it cultivates independence, responsibility, competency and attitudes' improvement which facilitate the learning process. The study also found that supervised clinical teaching had a significant effect on positive learning outcomes. According to Luhanga (2018), faculty supervised teaching enhances improved learning. When educators supervise students by working collaboratively with them and observing their demonstrations, personal competence is enhanced thus improving personalized learning (Manninen *et al.*, 2015).

Conclusion

It can be concluded that supportive role of nursing educators, specifically, being available and reachable, professional socialization at site and supervision of clinical teaching had positive effect on nursing learning outcomes. Future studies should focus on teaching, administrative and collaborative roles of nursing tutors and their effect on learning outcomes of nursing students.

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