

**AN ASSESSMENT OF COMPETENCIES OF CLINICAL
INSTRUCTORS IN TEACHING AND GUIDANCE FOR NURSING
STUDENTS IN CLINICAL AREAS: A CROSS-SECTIONAL STUDY
IN TANZANIA.**

BY

MLIGO, REHEMA L.

MASTER'S DEGREE OF NURSING EDUCATION IN MIDWIFERY

THE UNIVERSITY OF DODOMA

SEPTEMBER, 2017

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**A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE MASTER'S DEGREE OF NURSING
EDUCATION IN MIDWIFERY OF THE UNIVERSITY OF DODOMA
TANZANIA**

THE UNIVERSITY OF DODOMA

SEPTEMBER, 2017

CERTIFICATION

The undersigned certifies that s/he has read the proposal and satisfied that it is the original work of Mligo, Rehema L. who has registered for a postgraduate degree program titled “**Masters of Science in Nursing Education with Midwifery**” at the University Of Dodoma College Of Health Science.

.....
Name of 1st supervisor

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Signature

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Date

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Name of 2nd supervisor

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Signature

.....
Date

DECLARATION

I Mligo Rehema L. declare that this proposal titled “**An Assessment of competencies of clinical instructors in teaching and guidance for nursing students in clinical areas: a cross-sectional study in Tanzania**,” is my original idea, and that the proposed research has not and will not be presented or conducted elsewhere in a similar manner for either award or as a research project.

.....

Signature

.....

Date

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DEDICATION

Dedicated to Mr. Richard, Margareth, and Mark.

ABSTRACT

Nursing student's clinical competence including psychomotor skills, attitude, values, and beliefs of professional practices depend on the quality of clinical instruction given by their preceptors in clinical settings. The main objective was to assess the Tanzanian clinical instructors' teaching abilities and attitude towards the clinical teaching and guidance of nurse students at clinical areas. It was a cross-sectional study design with quantitative approach.

A total of 277 clinical instructors were sampled and voluntarily participated in this study. Data were obtained through semi-structured questionnaires. The analysis was carried out by the Statistical Product of Social Solution (SPSS) version 20. Findings indicated that none of the clinical instructors reported to pass through any short course of clinical teaching or use a clinical guideline for teaching nurse students at the clinical area (0.0%). Clinical instructors recruited as full-time who Employees could more likely develop a positive attitude towards clinical teaching and guidance of nurse students at clinical areas (AOR = 1.802, $p < 0.05$, CI: 0.977, 3.323) as compared to part-time clinical instructors.

Clinical teaching experience ($p < 0.01$) and clinical instructors education level ($p < 0.01$) were also observed to influence positive attitude towards clinical teaching and guidance of nurse students at clinical areas. Nevertheless, being employed as a full-time clinical instructor could enhance clinical teaching abilities (AOR = 2.348, $P < 0.01$, CI: 0.420, 3.863). Moreover, the clinical experience could also influence clinical teaching abilities of clinical instructors (AOR = 1.948, $P < 0.05$, CI: 1.420, 3.863). This can be concluded that full-time employment of clinical instructors is better than part-time in determining the attitude and clinical teaching abilities

whereas, the more clinical instructors advance their education level and stay longer at work could predict positive attitude and good clinical teaching abilities of nurse students at the clinical area. There is a need to design, develop and implement clinical instructor courses as well as a clinical guideline which can help produce qualified clinical instructors and thus promote the quality of clinical teaching of nurse students at clinical areas.

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LIST OF ABBREVIATIONS

BSc....Bachelor of Science in Nursing

CI.....Clinical Instructor

ICN.....International Council of Nurses

M.Sc....Masters of Science in Nursing

Ph.D.....Doctor of Philosophy

UDOM...University of Dodoma

WHO.....World Health Organization

SPSS.....Statically Product of Social Solution

CHAPTER ONE

INTRODUCTION

1.0 Overview

The chapter covers the background to the problem, statement of the problem, purpose, and the objectives of the study, research questions/hypotheses, the importance of the survey, and the limitations of this study as well as definitions of key terms. Thus, the study will investigate abilities and attitude of the clinical instructors in teaching and guidance of students in clinical settings in two regions.

1.1 Background to the problem

Tanzania's population is increasing dramatically and will continue to do so in the coming decades. This demographic shift will ultimately cause an increased demand on Tanzania's health care system due to the more frequent utilization of health care services.

There will be subsequently an increased demand for registered nurses whom will be required to provide health care services to people. The impacts of Tanzania's increase in population on the health care system, is seen as an important factor that significantly influences nursing education to meet the requirements of people.

The nursing profession is one among the critical component in Health systems. The global shortage of nurses in various health care systems around the world, presents a risk of health and prosperity of people in the care and treatment settings (Gantz et al., 2012).

Currently, estimates of 43.5 million currently are health workers, 20.7 million are nurses and midwives constitute more than 50% of the health workforce in many countries (WHO, 2016). The demand for health services and nurses continues to grow due to aging populations, increasing population growth rates, advances in science and technology, the growing burden of chronic and non-communicable disease especially in developing countries including Tanzania (Warne et al., 2010).

Other discussed factors include the increasing population of hospitalized patients, an increasing number of acutely ill geriatrics and the rising healthcare costs, which necessitate additional efforts to increase the number of health professionals significantly (McDermid, Peters, Jackson, & Daly, 2012).

The situation needs well prepared and skilled graduate health care workers, specifically nurses whom could make a sound clinical decision making and judgment during the provision of health services to clients (International Council of Nurses, 2006).

There has been currently Global as well as country-wide strategic plan for strengthening nursing and midwives 2016-2020. It lies on involving and empowering Academicians, Education Institutions, Ministerial officials, policymakers, students, civil society, professional associations and individual nurses and midwives, in strengthening the nursing education system (WHO 2016).

Teaching Institutions' roles in the strategic plan are to design a conducive clinical teaching and learning environment by setting their learning objectives, reflecting on their learning and evaluate whether their learning objectives have been achieved (Boctor, 2013).

Nursing Education is a vital specialization in the nursing profession. It paves the way for well-trained nurses to respond appropriately not only to the country sustainable development goals number 3 but also the community health needs. One of the key elements of a rewarding clinical experience for nursing students in the competencies. (Heshmati-Nabavi & Vanaki, 2010)

Clinical education is a critical component of the professional allied health education as it provides students with experiences in real-life situations involving actual patients. It also offers students the opportunity to apply theories and classroom knowledge into practice while fostering problem-solving, decision-making and critical thinking (Löfmark, Thorkildsen, Råholm, & Natvig, 2012).

In clinical education settings, students practice and develop psychomotor skills, attitude, values, and beliefs of professional practices. These all depend on the quality of clinical instruction as the key component of student's development in clinical settings. One of the contributing factors in the successful implementation of the clinical education is the development, training, and evaluation of quality clinical instructors. They are developed and trained to foster student's professional abilities through providing a confidence-rich clinical learning environment (Dyment & O'Connell, 2010).

The relationship between clinical instructors and students is a unique component in clinical teaching and learning which allow individualized clinical experience designed, to meet the needs of the students as well as the objectives of the nursing training program (Chang, Chang, Kuo, Yang, & Chou, 2011).

The fact to this is that, clinical instructors can teach, evaluate and supervise students in clinical settings. They are the ones who are expected to provide quality clinical teaching and learning experiences to students and demonstrate sound clinical instructor behaviors which can facilitate the students' learning (Garrett, MacPhee, & Jackson, 2013).

Thus, students in nursing schools must learn skills, acquire attitudes and gain knowledge which would help them bridge the gap between the classroom theory and clinical practices that will assist patients in various areas of their nursing practice (Löfmark, Thorkildsen, Råholm, & Natvig, 2012).

To facilitate a clinical competence to nursing students, clinical nursing instructors must be well trained and oriented to the clinical teaching guidelines, which will help them teach and guide students in clinical settings. By so doing, the quality of nursing services to patients will be improved and delivered at a low cost (Braine & Parnell, 2011).

Tanzania, happens to be among the countries lacking the specified clinical qualifications and roles of clinical instructors with the necessary training, skills, and awareness, on how to assess and give instructions to nursing students.

Those who are present in the field and have the roles of clinical teaching and guidance of nursing students lack the precise definition of their roles, scope of practice and they are likely to result into clinically incompetent nurses (Lejonqvist et al., 2012).

The absence of well-trained clinical instructors in clinical areas necessitates the age of nurses deemed experienced but lacking training and assessment guidelines, in assessing students during clinical teaching and guidance (Jervis & Tilki, 2011).

The available clinical instructors are given the roles of clinical teaching following their clinical experiences (generally, two years of clinical experiences) and the level of education they hold. They may be locally appointed and given the clinical teaching roles by the hospital or institutions without known and specified criteria.

Nevertheless, there are no clear educational specification tasks granted to clinical instructors, on whom should they supervise at clinical settings. For example a clinical professor or one with diploma level find him/herself managing to manage degree nurse students and vice versa without being exposed to the institutional degree or diploma in nursing curricula. Thus, student nurse graduates are somehow not equipped with necessary knowledge, attitude, and skills for an appropriate nursing practice (Yanhua & Watson, 2011).

1.2 Statement of the problem

With the increased demand for healthcare services to people and the increased number of admitted students into Universities in Tanzania, it is inevitable that the clinical curricula and guidelines need to be developed and the number of trained clinical instructors needs to be increased.

Despite the clinical nurse staffs that are present in the field and given the roles of clinical teaching and guidance of nursing students, they are in the challenge of facilitating the connection between classroom theories into clinical practices, to a nursing student in clinical settings. They teach and guide nursing students with their clinical experiences regardless of the level of student's education they supervise (Jackson, 2015).

Each institution, has its criteria for selecting a clinical instructor to supervise their nursing students at the clinical settings without any clinical and curricula orientation for their clinical roles and scope of practice in clinical teaching and guidance nursing students.

Thus, students are less equipped with the relevant and appropriate clinical knowledge, skills, and attitudes in orders to make a sound, evidence-based decision making and clinical judgments towards a quality and cost-effective nursing services.

Currently, there is currently a scarcity of locally available scholarly works which assess the competence of nursing clinical instructors, in clinical teaching and guidance of nurse students at clinical settings.

If the trend continues, nursing profession nationwide will continue producing nursing graduates, who are not competent enough to provide a quality and cost-effective, nursing services required by the market force (Löfmark, Thorkildsen, Råholm, & Natvig, 2012). This study, is going to help the nursing education system restructure and develop a clinical guide and training, for the clinical instructors in order to foster competence to nursing students.

1.3 Objectives

1.3.0 Broad objective

1. To determine competencies of clinical instructors in teaching and guidance of students nurses, in clinical settings in Tanzania.

1.3.1 Specific objectives

1. To determine the attitude of nursing clinical instructors, towards teaching and guidance of students nurses in the clinical areas.
2. To assess abilities of nursing clinical instructors, in teaching and guidance of students nurses at the clinical areas.

1.4 Research questions

1. What is the nursing clinical instructors' attitude in teaching and guidance of students nurses in clinical area?
2. What are the nursing clinical instructors' abilities in teaching and guidance of students nurses in clinical area?

1.5 Significance of the Study

The Study findings would inform policymakers, curriculum developers, principals, and other stakeholders to restructure and develop guidelines and training for clinical instructors. The Results would help clinical instructors be involved in curricula, implementation, and evaluation. It would also inform nurse tutors/principals to understand how nursing student learning experience, is affected by the clinical instructor. Findings would also help to improve the quality of health services provided to the community, through the skilled graduate nurses who have been taught and guided by experienced and qualified clinical instructors.

As with other research studies which cannot go without criticism being tossed into it. Likewise, this study makes as a stage for further studies on the topic. Criticisms which would be made from this study should be supported as an evidence to cover research

gaps and also, as a light towards the relationship between clinical instructors, students, and college/university administrations.

The research, adds some more valuable insights as well as academic and professional issues on the need to impart clinical teaching and guidance strategies, to the clinical instructors so that they could develop competence in clinical teaching and guidance practices to students.

Furthermore, it raises an insight to the curriculum developer to see the need of designing a clinical teaching curriculum and guidelines, which would be used to teach clinical instructors before being assigned to clinical instructors' roles.

Moreover, findings of this study would be used as a reference for further studies in the sense that, it would enable researchers to fetch some empirical evidence, to be used in their research studies.

1.6 Limitations of the study

In this study, limitations were referred as factors usually beyond the researcher's control. They included shortcomings, conditions that could not be overcome by the investigator (Baron, 2008). Therefore, the researcher addressed only limitations that had a significant effect on this particular study.

Since the researcher was self-sponsored, the main limitations included findings and time constraints that affected the methodology of this study. However, the researcher tried to minimize costs by taking a reasonable number of respondents so as to enable her to go with the allocated budget.

Since some of the respondents had resisted providing information because of being busy and did not understand some parts of the questionnaires, the researcher had

provided assistance and translation of the questions for those respondents, whom would not understand well the questions.

The researcher also explained the significance of the study to the respondents. Moreover, these restrictions decreased the soundness of this study. To overcome the limitation, reachable teaching hospitals would be considered, and the research results would still be applicable because the researcher would disclose all restrictions and the integrity of the study remains valid.

CHAPTER TWO

LITERATURE REVIEW

2.0 Overview

Literature review covers the theoretical framework linking to the study, review of foreign and local related empirical studies, and conceptual frame of the problem and the summary of the studied Literature. Therefore, this study will examine the connecting competencies of the clinical instructors' in teaching and guidance of students in clinical areas.

2.1 Operational definitions of key terms

2.1.0 Clinical Instructor

A clinical Instructor is a nurse employed by the college or university to teach and evaluate students during the clinical practices at a hospital, community or clinic. They are directly responsible for developing students' abilities in clinical reasoning, decision making, critical thinking, and developing successful an interpersonal relationship during clinical education.

2.1.1 Clinical Education

A clinical Education is the integration of knowledge and skills associated with patient care with the aid of clinical instructors as the most important and influential agents in clinical education.

2.1.2 Clinical experience

The clinical experience is the knowledge, familiarity or mastery of a subject gained through the involvements or exposure to it, over months or years of an actual practice. It acts as a mediator to bridge the gap between theory and practice and make nursing students prepare for the real-world situations.

2.1.3 Competence

Competence is the totality of knowledge, skills, and attitude that an individual has and the abilities to apply them to perform a task legally, ethically and safely in proportionate with the job and workplace.

2.2 Theoretical Framework

The theoretical approach to be adopted for this study was based on an integration of a model relating to the assessment of competencies of clinical instructors on teaching and guidance of students in clinical areas in Tanzania's nursing schools.

2.2.0 Constructivism theory

This method has been developed by (Brunner, 1966), The theory, was embraced by many teachers and curriculum developers over the past two decades as a practical learning approach and has increasingly become a modern philosophical framework for teaching across the world (Taber, 2011).

Constructivism is an epistemological view of knowledge acquisition emphasizing knowledge construction rather than knowledge transmission and the recording of information conveyed by others.

Constructivism is a theory based on observation and scientific study about how people learn. (Jervis & Tilki 2011). Constructivism rests on the conviction that an individual creates s/he understanding of the world in which s/he lives by replicating on personal experiences. Learning occurs only when the learners are actively involved in the construction and reorganization of concepts (Pham, 2011 & Chen, 2003).

Constructivism is how people learn and construct meaning individually and in the group as well. Piaget focused more on how individuals create meaning and less on how people build accurate representations of the outside world. Individual learners need to organize their thoughts so that they make sense by refining and adapting their knowledge. Experience depends on individual's perception and the influence of past experiences. When we encounter something new, we have to reconcile it with our previous ideas and lessons, maybe changing what we believe, the new information as irrelevant. In any case, we are active creators of our knowledge (Pulido-Martos, Augusto-Landa, & Lopez-Zafra, 2012).

Levy Vygotsky, emphasizes the role social contexts of learning and that knowledge is mutually built and constructed. Social constructivism emphasizes the critical role of social and cultural contexts that help transform and share meaning among groups of people (Ulfvarson & Oxelmark, 2012)

Constructivists hold that, to maximize an active learning; teachers should employ small-group tasks or assignments to accomplish common goals. The strategy is recognized as an efficient manner that can promote socialization, motivation to learn and enhance student readiness to work with others, with a diverse learning needs and sociocultural backgrounds (Pham, 2011).

It encourages and provides room for students to engage in dialogue, reflect on their experiences and develop a spirit of mutual support, trust, and deeper understanding. When students work collaboratively, they learn to listen to what others say and how people say it, discuss issues, share ideas and perceptions, seek ways of resolving problems, giving and receiving support. Also, actively work to construct new understanding and learning (Hosseini, Fatemeh, Fatemeh, Katri, & Tahereh, 2010).

Constructivism places the learner in the center of the learning process. According to (Garside & Nhemachena, 2013) constructing an understanding requires that the learners have the chances to fluent their ideas, to test those ideas through conducting tests and conversation, and to consider connections between the phenomena of the study and the real-life situation or application.

The Learners are responsible for defending, proving, justifying, and communicating their ideas to the classroom. (Jackson, 2015) Also emphasizes that, one desirable goal of teaching is to connect classroom teaching with practical experience and that teachers should involve learners in particular activities to enable them to experience, what they are learning and provide students with an opportunity to reflect on those events. Since knowledge and experience are closely intertwined and almost inseparable, it is meaningless to talk about learning in isolation from experience.

Constructivism, is understood to be the certain way that offers the basis for learner-centered teaching. In human society most of the knowledge we acquire is based on what was already known in the pool of available cultural knowledge (Taber, 2011).

In constructivism, the primary rationale of formal education then is to provide a forum for reproduction or construction of pre-existing knowledge through interaction

and reflection of the existing cognitive resources from which we make sense of experience.

This belief, provides a basis as to why learners should be allowed to interact and make a reflection of their learning so as, to transfer learning by using experience or to learn from others. The learning process itself has changed from one in which students passively acquire the objective facts about the world, to one in which students actively construct this knowledge through a sequence of activities.

The student-centered approach is conceived to be the best way that enables students to engage in the construction of knowledge. (Warne et al., 2010) hold that constructing an understanding require learners to get chances to articulate their ideas, to test those ideas through investigation and conversation, and to consider connections between the phenomena they are examining and other applications of the concept. (Bisholt, Ohlsson, Engström, Johansson, & Gustafsson, 2014) believed that an effective learning occurs when learners are actively engaged in the learning process and integrate new knowledge with the existing knowledge.

Given the fact that, constructivism is conceived as a useful learning theory that involves learners in the construction of meaning and requires teachers to connect classroom teaching, with practical experience by engaging learners in particular activities and provide students with an opportunity to reflect on those events. This study, finds it worthwhile to use constructivist learning theory as an approach to guide the research, especially in the designing and the development process.

The quality of nursing education depends upon the quality of the clinical experience and clinical practice (Löfmark et al., 2012), provides students with opportunities to an

apply theoretical knowledge to patient care. So, the clinical instructor is the person with direct, immediate responsibility for ensuring students have clinical competency

As far as assert that (Thorkildsen & Råholm, 2010), the clinical instructor can promote successful experiences and increase students confidence. Teaching strategies used by clinical instructor varying academic qualifications, introduced instructor role by the full-time nursing faculty member, as they interacted well with the student nurses in the clinical environment. (Bott, Mohide, & Lawlor, 2011)

Planned and unplanned activities that students engage when providing nursing care to patients in hospital, community or clinics, Clinical instructors influence the educational experiences for students (Giordano 2009). The clinical instructor has a vital role in teaching students to care for patients. The student clinical experiences should be filled with opportunities to relate the theory to practice and provide the development of knowledge, skills, and attitude to implement the quality of the patient care.

Rey and Boone (2009), conducted a qualitative survey on preceptor training need and the results suggested that, clinical instructors were set up to fail at this task without proper training and support. The authors also, recognized that many clinical instructors are thrown into the position with no any direction as to what was expected of their new role.

A phenomenological qualitative study conducted and Apple beam (2010) was done to examine the perspectives of Academic and clinical faculty concerning criteria for clinical. The education perspectives of many of the participants in the study, included clinical training personnel their role explicitly teach them how to teach students. They should be shown how valuable their role was developing the student for their

professional practice, within the clinical setting, findings in the study have suggested a need to support and develop clinical faculty.

2.3 Empirical review

(Warne et al., 2010), conducted a qualitative study in Turkey to determine the preventative of students towards their clinical learning environment. Semi-structured interviews were carried out with four groups of eight nursing students. The analysis of data collected revealed that students were affected by their patients, clinical educators and professional in the clinical setting.

The Clinical instructors were responsible for providing clinical experiences that would stimulate problem – solving cognitive, psychomotor and affective skills. Thus, an enriching clinical environment is a critical component to achieving teaching and learning process goals. (Remmen et al., 2001)

Heydari, Yaghoubinia, and our Dari (2013), conducted a qualitative study to explore the experience of students and teachers relationship in the clinical setting in Iran. The Results showed that, the clinical teachers displayed supportive action towards the nursing students. Semi-structured interviews and observation of participants were used to collect Data, the top three themes that emerged from those data were educational support, emotional support, and social support. The conclusion suggested clinical teachers should gain more knowledge on how to provide support to students would influence their learning in the clinical setting.

Bengtsson Kvarn Hall and Svedberg (2011) conducted a qualitative study to obtain a deeper understanding, of the experiences of nurses who give instruction to the students in clinical practice. Fifteen experienced nurses inserted. Data analyze, the

four themes emerged from the analysis, sufficient time working cooperation and adequate knowledge. The study suggested nurses should be prepared and possess the knowledge to support students learning in the clinical setting.

Teacher effectiveness in nursing education in the 1960`s studies conducted in the United States examined classroom and clinical teaching. Few published studies are addressing clinical teaching effectiveness including descriptions of effective and ineffective clinical teaching behaviors. In nursing (Stafford and Graves 1978) and the situation has only marginally improved since 1978.

Some Authors developed a wide variety of behaviors that should result in effective clinical teaching. However, it has been challenging to gain a consensual validation of the behavioral categories that do contribute to the clinical facilitation of learning. To Judge the usefulness of a clinical education tool, there must be clear definitions for the behaviors to be measured (Brown & Hayes, 1979 Bronstein 1979 and satisfactory evidence that they work.

Some definitive studies including Ryan (1961) identified three distinct patterns of teaching behavior associated with the practical instruction. These actions included warmth understanding and friendless in the first pattern followed by responsible businesslike and systematic ways in the second pattern. The third model involved stimulated/elementary and surging action students valued the availability and accessibility of the instructor (Annington, Reinkka & Crighton 1972 Karms & Schwab 1982 Kiker 1973 Jacobson (1966) described the relationship between teacher and students as relevant to learning in the clinical setting.

2.4 Conceptual framework

The conceptual framework is a simplified systematic conceptual structure of interrelated elements in some systematic form such as a narrative statement or mechanical equation. It describes relationships between and among variables and concepts and it is this framework which helps a researcher to formulate research objectives, research questions or research hypothesis.

The theoretical framework used in this study on clinical facilitation model adapted from the Dunkin and Biddles (1974) model of teaching which is composed of three components the presage factors the process elements and the product. The presage – process - product (3P for short) is depicted as follows,

2.4.0 Clinical facilitation model

The clinical facilitation model is the preference of the 3p model. The multi-directional flow of the arrow indicates the interaction of the integral components. The student and teacher presage Meta-learning process and facilitation of transfer in the process factors with the outcome of learning. This clinical facilitation model is an extension of the 3p model, with inclusions of student's characteristics such as age, gender level of training, work experiences and perception of clinical teachers. Involvement in teaching theory is the presage factor component (Biggs & Moore, 1993). In the educational context of the presage element, teaching qualifications, employment status and teacher involvement in education.

Meta-learning and facilitating of learning are added to the teaching-learning process components of the model in the, learning outcomes component of model qualitative and quantitative measurement.

Student's characteristics

Gender differences is an important factor in student presage television (Warne et al., 2010) found that the development tasks of women occurred with a different time frame than man. Levinson`s study also concluded that there is greater variety in the females balance of family and career commitment than with a man. It is critical to the present study because of current enrollment at a school of nursing.

The age and gender a student is expected to affect self – direction and importance based on connectedness from experiences in work, family and community life (Garrett, MacPhee, & Jackson, 2013). Under the clinical facilitation model to the students presage factors of age and gender will be studied to investigate the impact of the other component of the model. The nature of sex differences in students is expected to have a small effect on their learning outcomes as well as on their perception of clinical facilitation effectiveness.

A male student tends, to have difficulty with the relationship they are expected to be more in demand of the clinical facilitator's support. A female student is supposed to work more collaboratively with other team members and therefore have less need for the clinical facilitator's attention (Jackson, 2015). Communication and behavior of others are valuable by-products of person perception. Similar to the way an observer tends to form images or impressions based not only on what is said but also social on observable non-verbal features such as voice qualities (Dyment & O'Connell, 2010).

Other students presage factors is the clinical facilitation model is the student's previous experience versus those of school leavers. Students with prior work experience may cope differently from student`s with no job experience (Jackson, 2015), claim that activation of relevant background knowledge can make the learning of new content easier and more efficient in the instructional goals.

The last teacher factors presage in the clinical facilitation models, the teacher's involvement in the teaching of theory, units in the clinical, teacher must continually relating theory and practice. It is essential for the student of nursing to internalize the importance of applying theory to practice for the provision of excellent health care to the patients (Garrett et al., 2013).

Teaching context

In addition to the 3p model teacher qualifications, Employment status and others involved in education theory are included in the educational context of the presage component. Since clinical education can quickly consume a large part of the teacher's instructional activities, it is reasonable to assume at faculty who teach in practice. The profession must have acquired the requisite essential information and skills for its instructional responsibilities. Similarly, clinical teachers should have training course in the functional area of clinical teaching (Garrett et al., 2013)

The teacher factors presage in the clinical facilitation models is the teacher's involvement in the teaching of theory unity in the University. Previous Research has found that the clinical teacher should constantly be relating to principles to practice (Löfmark et al., 2012).

It is important for students of nursing to internalize the affiliation of theory to practice for the provision of excellent healthcare to the patients. In the school of nursing in investing Australia here, this research was conducted; over ninety percent of the clinical teachers employed on part-time. The sessional contract, significant linking of theory to practice can facilitate effective learning outcomes. It is expected that teachers with no involvement in teaching theory units will be less effective than those with involved with the facilitation of students learning in the clinical setting.

Teaching and learning guidance (Meta-learning)

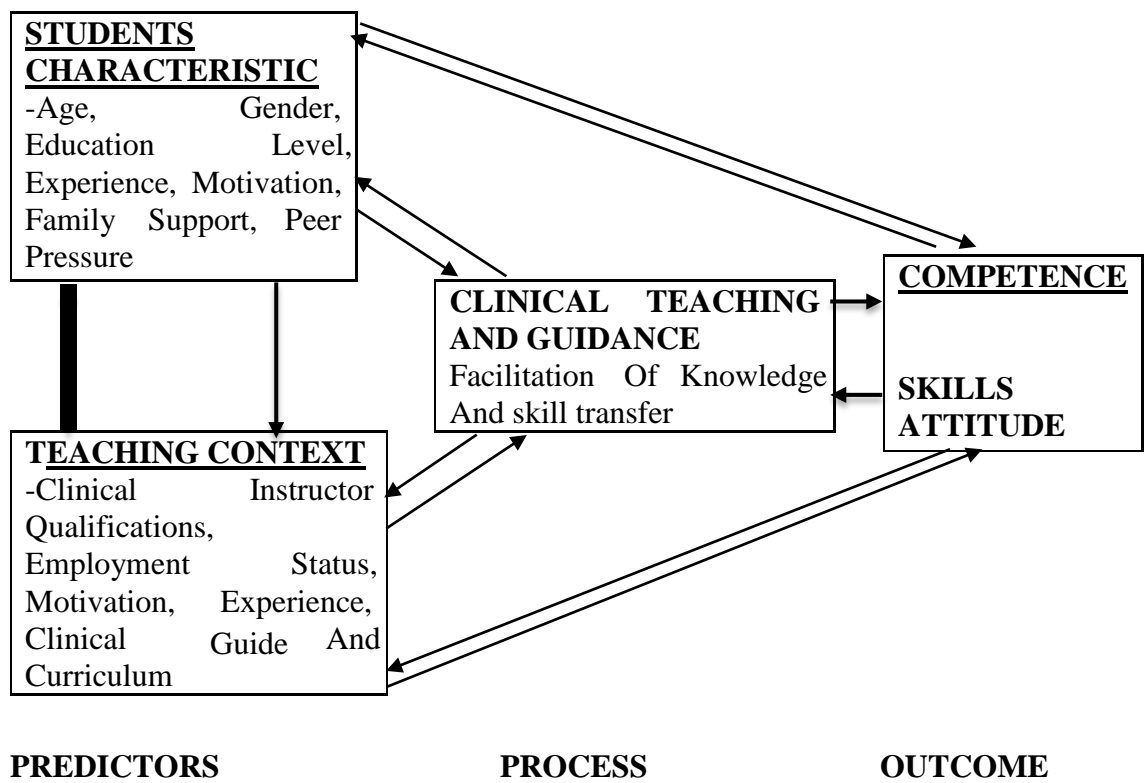
Unlike the teaching, – learning process components of the 3p model the meta-learning process is the focus in the clinical facilitation model where students are taught- Metacognitive skills for planning, goals setting, designing strategies and monitoring the whole process.

Meta-learning skills prepare students to cope with everyday living outside of the university. (Davidson & Rourke, 2012) advocate that for the learner to develop the capability of transferring learning strategies from one situation to another the learner has to be able to articulate the policies consciously.

Outcomes learning

The clinical teachers may affect the process of teaching and learning (Hosseini et al., 2010). It is expected that a deep henna learner with great schemes from previous work experiences, facilitated by a clinical teacher with commitment and a sound knowledge of students learning style and curriculum content, with promoting productive student

Figure 2. 1 conceptual framework



CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This section discusses the research methods which would be employed in this study. The methods have covered research approach, research design, the location of the survey, the target population for the study, sampling techniques and the sample size, research instruments, validity/reliability, data analysis and ethical issues.

3.1 Research design

A Research design, is a plan of how the research will systematically collect and analyze data needed, to answer the research questions. It is the way to generate evidence which is suited in both, to a certain set of criteria and to the research questions in which, the investigation is interested. Kothari (2004), posits that, the research design constitutes the blueprint for the collection, measurements, and analysis of data.

This study has used a cross-section survey design with a quantitative approach. A representative sample survey design, is a type of observational study that analyzes data collected from a population, or a representative subset, at a particular point in time (Hosseini et al., 2010). It receives data to make inferences about a population of interest at one point in time; thus, this study has obtained information from clinical instructors. A cross-sectional survey design, was the most appropriate for this study due to its greater degree of accuracy and precision in health science research. (Lejonqvist, Eriksson, & Meretoja, 2012)

It also allows for a descriptive analysis as well as for the determination of the relationship between variables (Löfmark et al., 2012). Also, it can also estimate the prevalence of the outcome of nurse competencies because data collected from a sample, can be represented by a large population (Garrett et al., 2013). Many results in this study could be assessed because it had a low cost and a comparatively short span of time for data collection (Bisholt et al., 2014).

A quantitative approach has measured the phenomenon by using numbers in conjunction with the statistical procedures to process data, present and summarizes results. A Quantitative research has its root in positivism and is more closely associated with the scientific method than a qualitative approach.

3.2 Study setting/site

The setting chosen for this study was naturalistic, which is defined as a setting that occurs in its natural environment. Therefore the study was conducted in Teaching hospitals within Tanzania.

3.3 Study Population

A population is a total number of people, group or organizations whom could be included in the study. The target population was nursing clinical instructors and the probability sampling strategy, was used to select them from their clinical placement, to participate in the study. The reason for selecting them was due to the fact they are the ones who facilitate a clinical teaching and guidance of nurse students in clinical settings.

3.4 Independent Variable

Facilitation of clinical education and guidance guidelines.

3.5 Dependent variable

Clinical teaching and guidance competences (attitude and clinical teaching abilities).

Clinical teaching abilities would be measured by a clinical education and counseling checklist and attitude of clinical instructors' would be measured by the 5-point attitude Likert scale.

3.6 Sampling Procedure

A sample, is a representative group of the entire population about which the conclusions are made Kothari (2004) defines a sample as a group of participants drawn from a population in which the researcher is interested in collecting information and drawing a conclusion. This quantitative study, thought of the representativeness of the respondents. It used probability and non-probability sampling techniques, more specifically simple random sampling by lottery method to select 2 out of 11 teaching hospitals, and the respondents were purposively selected.

Simple random sampling, is the purest of probability sampling in which each member of the population an equal chance of being has selected (Kothari, 2004). In this study, simple random sampling, was employed for the selection of teaching hospitals in Tanzania because its population was so large to an extent that it required a random sampling in order to achieve a representative sample. It was the right sampling method for this study as it helped to minimize and eliminate all elements of biases during hospital selection.

A Purposive sampling, was used to select clinical instructors who were included in the study because the study specified clinical instructors as the only target population and the respondents would easily be reached. With assistance from hospital directors, the researcher requested all clinical instructors in all the randomly selected teaching hospitals to participate in the study. The researcher managed to obtain information which could not be obtained from other employees

3.7 Sample size determination

All available clinical instructors in the selected teaching hospitals were included in the study because their correct number was not precisely known. This was the ideal group to provide valuable information concerning how their clinical experiences were influenced by clinical teaching and guidance guideline, teaching institution administration, clinical settings, other clinical staff lecturers, and students. 95% confidence interval set at 5% (P-value ≤ 0.05) significance level will be considered significant.

3.8 Inclusion criteria

This study has included respondents based on the purposeful sampling. This type of sampling warranted the participants to be able to provide vital information that was meaningful to the researcher. Thus, clinical instructors whom had been exposed to clinical experiences for at least one year in their clinical teaching with at least one year of working experience. The group consisted of a representation of various ethnic and racial groups, gender and age range which allowed a variety of rich perspectives for data collection.

3.9 Data Collection

Data are the evidence which a researcher collects in order to shed light on research questions which help the researcher to collect the necessary information for the study. Data collection method that was used in this study was Questionnaires. A questionnaire is an investigations tool through which respondents are asked to react to similar questions in a set order (DeCastellarnau, 2014). It is a list of questions which respondents answer through self-report. Closed-ended questions, were asked to elicit structured responses and allow flexibility for respondents to choose any one of the options given. Open-ended questions, were employed to allow respondents express their thoughts in their own words and in a freewheeling manner without prompted opinions.

This method enabled relatively accurate assessment of respondent's beliefs and attitudes about competencies of clinical instructors, in teaching/learning and guidance of students in clinical areas in Tanzania nurse schools. The use of questionnaires would also enable the investigations to cover a wide geographical area, with a low cost regarding funds and time. All questionnaires were being written in English.

The researcher pre-tested the questionnaire to assess if the respondents could understand the questions and observe whether the questions could capture the information needed. The questionnaires focused on issues concerning clinical instructors' competencies on clinical teaching and guidance of students in clinical settings.

3.10 Measurement tools

A clinical teaching and guidance checklist as used for measuring clinical instructors' ability in teaching and guiding nurse students at clinical areas and 5-point attitude

Likert scale as employed for measuring clinical instructors' attitude towards clinical teaching and guidance of nurse students at clinical areas.

3.11 Validity and Reliability

For the data of this study to be of value and relevant, they must be both valid and reliable. The clear descriptions of validity and reliability are as follows:

3.12 Validity

Validity is the suitability, correctness, appropriateness, meaningfulness, and the effectiveness of specific inferences which will be made from the test information; validity indicates the instruments' accuracy (Yanhua & Watson, 2011). It is used in a quantitative research to mean the absence of subjectivity. So the researcher did a pilot study which could help the researcher to check the clarity of instructions, sequencing, and the layout of issues. It would also assess suitability and the consistency of instruments as well as to get a feedback from the sampled respondents. The pilot study has involved 10 nurse instructors whom were within easy reach of the researcher.

3.13 Reliability

Reliability, refers to the stability of data, that is, an instruments' ability to produce approximately the same score for an individual over the frequent testing or across different raters (Lodico, et al., 2006). First of all, the reliability of the study will be achieved by the age of various data collection instruments. Devices to be employed in this study generated a high reliability because questionnaires were tested through a small sample of clinical instructors. During the testing of questionnaires, the researcher could identify an ambiguity questions and eliminate or correct them.

3.14 Reliability of the survey

Therefore, data to be collected will be highly reliable regarding accurate, reproducible, and consistent from one testing occasion to another. Therefore, findings from the pilot study would have improved the reliability of data collection by rectifying shortcomings of the instruments of this study.

3.15 Data analysis

Data analysis is a process of making meaning from the data. Kothari (2004) defines the term analysis as the computation of certain measures along with searching for patterns of relationship, which exist among data groups. Data analyses begin soon after data collection. All quantitative data analysis was performed by using Statistical Product for Service Solutions (SPSS) software program version 20. The analysis, has involved data coding, entry, data cleaning and the generation of descriptive statistics.

Before the data analysis, the error checking (data screening) test was conducted to check out each variable score that would be out of range and correcting them to avoid distortion of the statistical analysis. The age of descriptive statistics was used to describe the demographic information and it was also used to describe the frequencies, means and the standard deviation between variables with corresponding percentage scores. Descriptive statistics were chosen as data analysis because it had the ability to provide a description and summary of the data.

Some variables were cross-tabulated to establish their associations by employing a chi-square test and findings, were presented by using tables and graphs when found appropriate.

3.16 Ethical consideration

The research proposal was sent to the Institution Research Review Board and Ethical clearance, and the Graduate Office of the University of Dodoma (UDOM) gave the researcher a research approval letter. Informed consent could be asked from the respondents after being given all information, purpose, advantages, and disadvantages of the study. No respondent, was forced to join the study and the researcher tried her level best to avoid any embarrassments to the respondents by making them feel free to provide information. Coding method and dissociation of member's names in the response sheets, were used to assure confidentiality and personal privacy.

CHAPTER FOUR

RESEARCH FINDINGS AND DISCUSSIONS

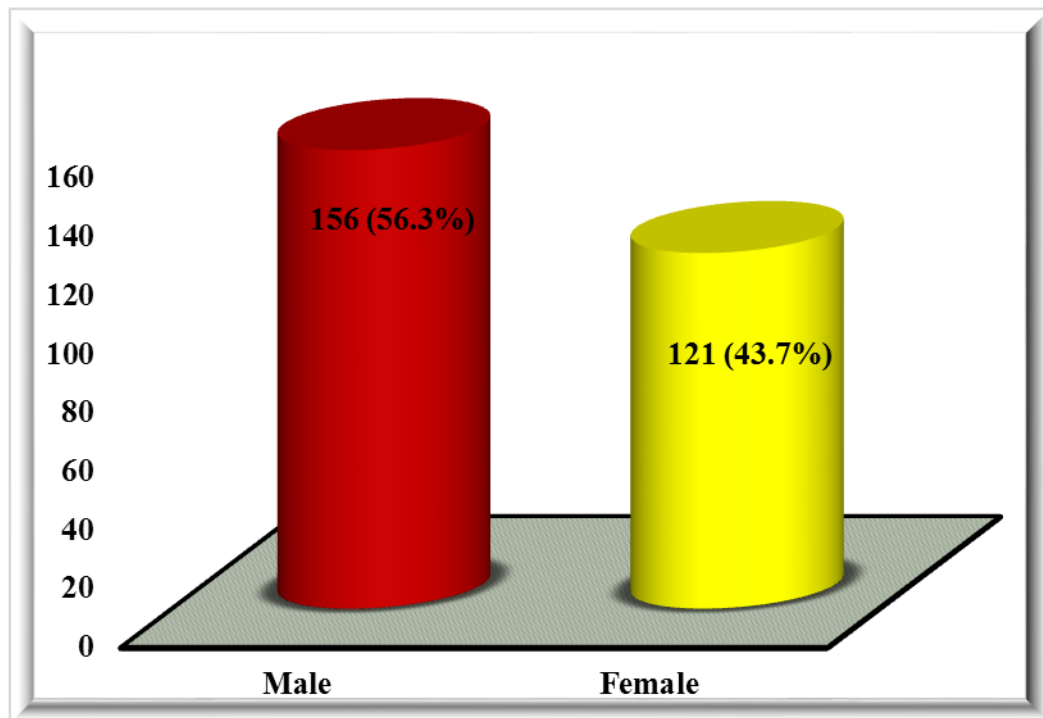
4.0 Overview

This chapter presents the research findings obtained from the field. The first part presents the demographic characteristics of the respondents. The second part focuses on the attitude of clinical instructors on clinical teaching and guidance of students, in clinical settings. While the third part, explains the ability of clinical instructors on clinical teaching and guidance of students in clinical settings.

4.1 Social demographic characteristics of the study respondents

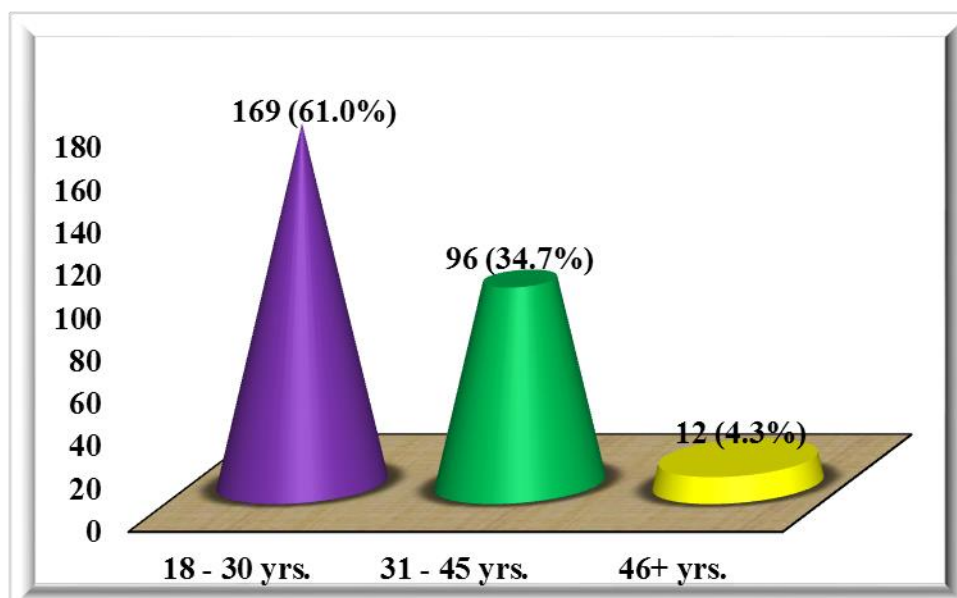
The response of each demographic profile is expressed in numbers and percentages (%) of the total respondents. As shown in Table 4.1 below, of all the respondents whom were investigated (n = 277), 56.3% (n = 156) were males as compared to females.

Figure 4. 1 respondent's gender distribution



The dominating age group of the respondents was ranged between 18 – 30 years old (61.0%) followed by 31-45 years old (34.7%).

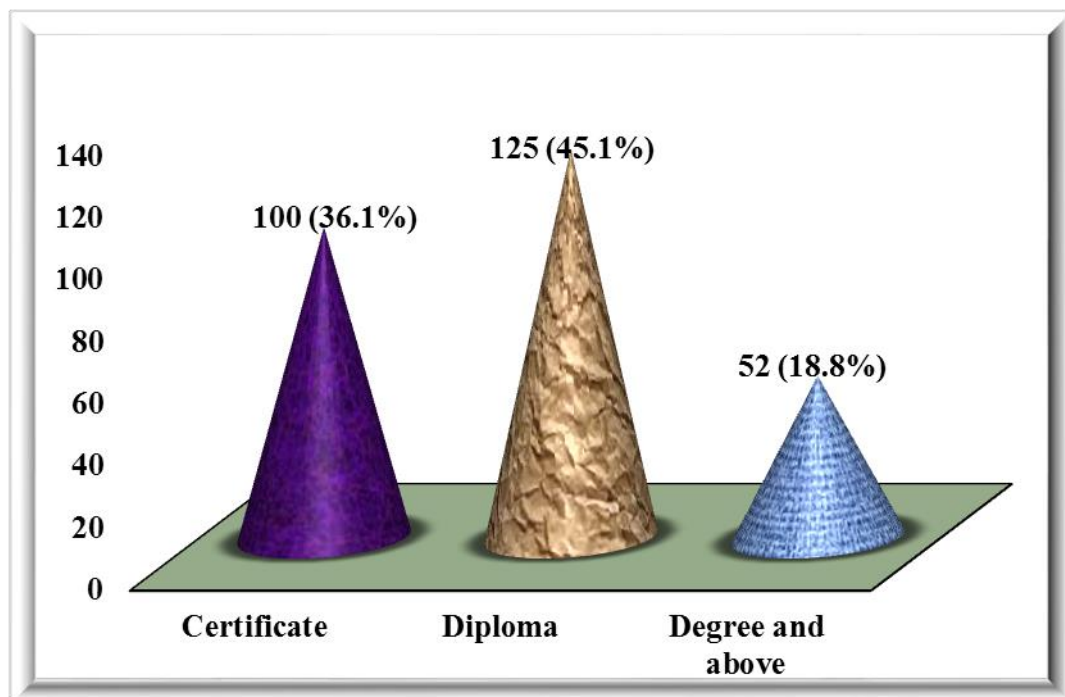
Figure 4. 2 age distribution of respondents



Education level of the study respondents

Based on the respondents' education level finding have shown that, out of the (n = 277) 45.1% (n = 125) were diploma holders certificates (36.1%) while Masters' were (18.8%).

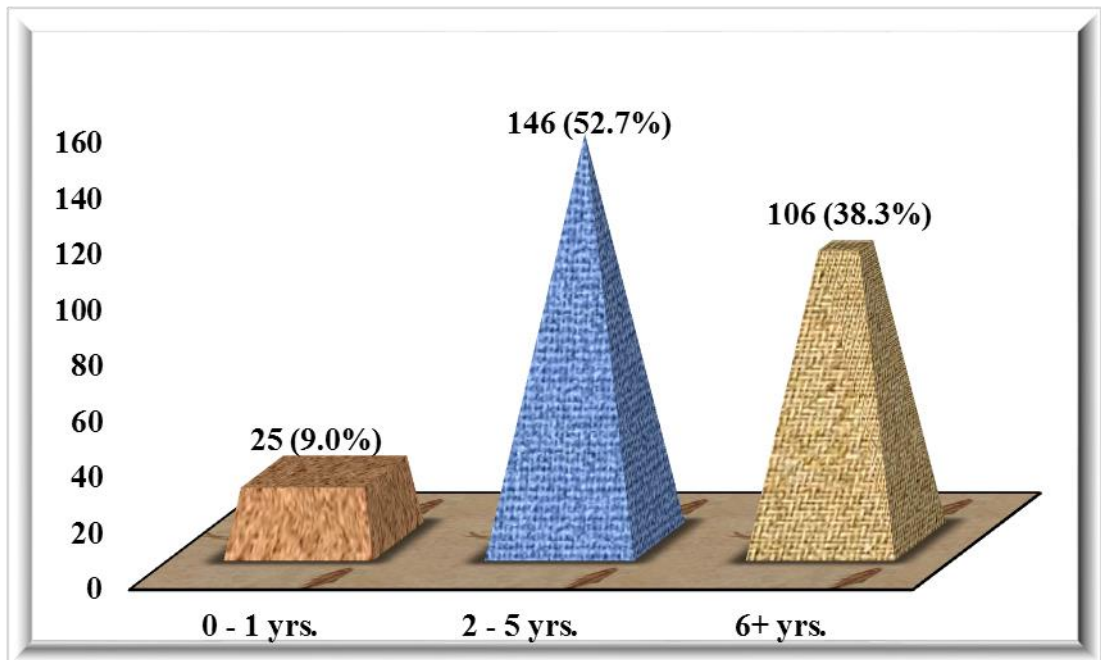
Figure 4.3 education level of the study respondents



Respondents additionally were also asked about the occupation status. Out of the (n = 277), 89.5% were in a formal employment (full time). Furthermore, most of them were singles (54.9%) while the least group were divorced/widowed (3.2%).

Regarding the study years of clinical experience, findings have indicated that (52.7%) had 2 – 5 years' experience, while the least was < 1 years. Moreover, with the general nursing clinical specialty of the respondents was observed to be prominent (32.1%), followed by psychiatry (22.4%), pediatric and medical surgical being the least, by (14.8%) respectively.

Figure 4. 4 respondent's time of clinical teaching and guidance experiences



Nevertheless, table 4.1 below indicates that, of the (n = 277) respondents whom were involved in the current study, 100% were reported to have never attended any clinical teaching and guidance course. None of the 277 respondents, whom were reported to use any clinical teaching and guidance guidelines when teaching and guiding nurse students at clinical areas.

Table 4. 1 Social demographic characteristics of the study respondents

VARIABLES	N	%
Gender		
Males	156	56.3
Females	121	43.7
Age		
18 – 30 yrs.	169	61.0
31 – 45 yrs.	96	34.7
46+ yrs.	12	4.3
Clinical instructor education level		
Certificate	90	32.5
Diploma	125	45.1
Degree	52	18.8
Masters+	10	3.6
Occupation		
Formal employment (full time)	248	89.5
Informal employment (part time)	29	10.5
Marital status		
Singles	152	54.9
Married	116	41.9
Divorced/widowed	9	3.2
Clinical teaching experience		
0 – 1 yr.	25	9.0
2 – 5 yrs.	146	52.7
6+ yrs.	106	38.3
Clinical teaching specialty		
Pediatric	41	14.8
Medical-surgical	41	14.8
Psychiatric	62	22.4
General Nursing	89	32.1
Midwifery	44	15.9

Passed clinical teaching and guidance course

Yes	0	0.0%
No	277	100%

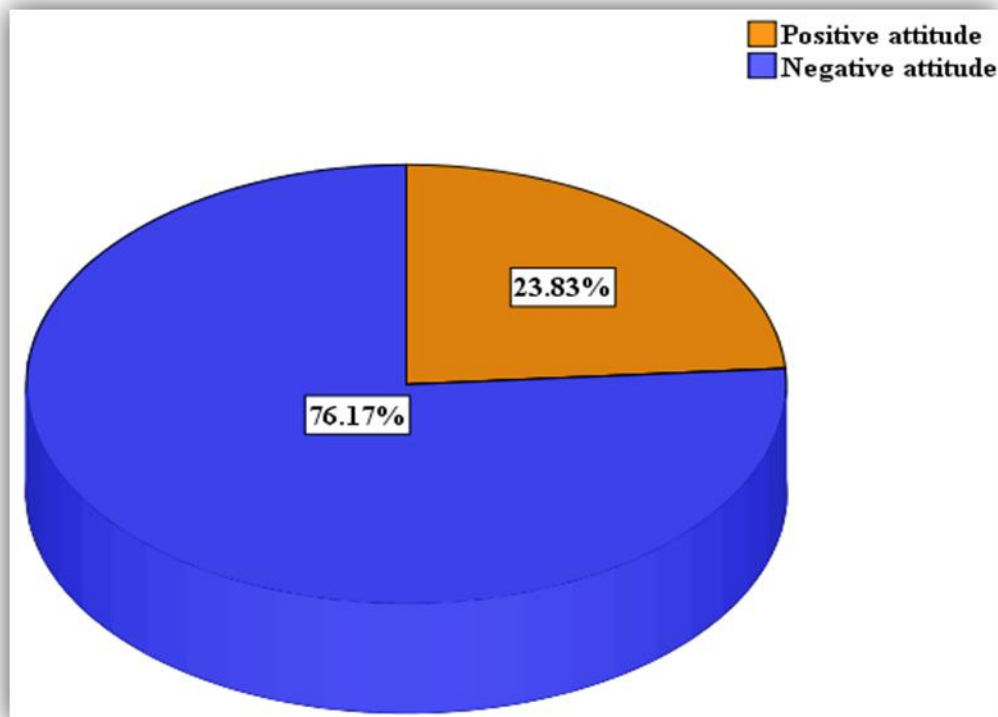
Presence and age of guidelines for clinical teaching

Yes	0	0.0%
No	277	100%

4.2 Attitude of clinical instructors towards teaching and guidance of nurse students at clinical area

As shown in Table 4.1 below, findings have indicated that, out the (n = 277) 76.17% of the clinical instructors, had a negative attitude towards clinical teaching and guidance of students at clinical.

Figure 4. 5 the level of attitude of clinical instructors towards clinical teaching and guidance of students at clinical area



4.2.0 Factors related with attitude towards clinical teaching of nursing students in Dodoma and Iringa Regions (N = 277)

Table 4.2 below shows that, 57.6% (n = 38) of all study respondents (n = 66) whom had a positive attitude towards clinical teaching and guidance of nurse students at clinical areas were males. Apart from that 55.9% of the (n = 211) who had a negative attitude, were males as compared to females. No significant difference of attitude, was found out between males and females on clinical teaching and guidance ($p>0.05$).

Below additionally, table 4.2 indicates that all (n = 66) whom had a positive attitude towards clinical teaching and guidance of nurse students in clinical areas 60.6% were of the age which ranged from 18 – 30 years. On the other hand, out of the (n = 211) respondents whom had negative attitude 61.1% had age ranging from 18 – 30 years. No significant difference of the respondents' age towards an attitude of clinical teaching and guidance of nurse students, at clinical areas, was found ($p>0.05$).

Moreover, Table 4.2 below indicates that 51.5% out of the (n = 66) respondents whom had a positive attitude towards clinical teaching and guidance of nurse students at the clinical area were singles while 47.0% married. For those respondents whom had a negative attitude (n = 211), 55.9% were singles followed by 40.3% married. No significant difference, was found out between the respondents' marital status on the guidance of the students at clinical areas ($p>0.469$).

Based on the respondents' occupational status, table 4.2 below shows that, out of the (n = 66) respondents whom had a positive attitude towards clinical teaching and guidance of students, 60.6% were recruited as part time. Despite to that, out of the (211) respondents whom had negative attitude 53.6% were recruited as a full-time

clinical instructors. There was a significant difference, between full time and part time clinical instructors on attitude towards clinical teaching and guidance of nurse students at the clinical area ($p < 0.05$).

Furthermore, table 4.2 below indicates clinical instructors who had a positive attitude towards clinical teaching and guidance of nurse students at the clinical area ($n = 66$), 40.9% were diploma holder followed by the certificate (30.3%). On the side of the respondents who had a negative attitude ($n = 211$), 46.4% were diploma holders while (37.9%) were certificate holders. There was a statistically significant difference in attitude between the respondent's level of education among certificate and diploma ($p < 0.05$).

Likewise, as shown in Table 4.2 below, it is clearly indicated that out of the ($n = 66$) respondents whom had a positive attitude towards clinical teaching and guidance of nurse students at clinical areas about 48.5% had a clinical teaching experience of 2 – 5 years while 42.4% above 6 years . Of ($n = 211$) whom had a negative attitude 54.0% had a clinical teaching experience of 2 – 5 years and 37.0% had above 6 years of clinical teaching experience. No statistically significant difference was found out towards attitude on clinical teaching and guidance of nurse student between the clinical teaching experiences of the respondents ($p < 0.05$).

Similarly, table 4.2 below shows that all respondents who had a positive attitude towards clinical teaching and guidance of nurse students at the clinical area ($n = 66$), 27.3% had a clinical teaching specialty of general nursing followed by 25.8% of Psychiatry. About 33.6% of ($n = 211$) who had negative attitude was in general nursing clinical specialty followed by 21.3% of psychiatry clinical specialty. No significant difference was found between the clinical specialty of the respondents

between positive and negative attitude towards clinical teaching and guidance of nurse students at clinical areas (>0.05).

Table 4. 2 Factors related with attitude towards clinical teaching of nursing students in Dodoma and Iringa Regions (N = 277)

VARIABLE	Positive attitude		Negative attitude		P-value
	N	%	N	%	
Sex					
Males	38	57.6	118	55.9	0.813
Females	28	42.4	93	44.1	
Age					
18 – 30 yrs.	40	60.6	129	61.1	0.813
31 – 45 yrs.	24	36.4	72	34.1	
46+ yrs.	2	3.0	10	4.7	
Marital status					
Single	34	51.5	118	55.9	0.469
Married	31	47.0	85	40.3	
Divorced/widowed	1	1.5	8	3.8	
Occupation					
Full time	26	39.4	113	53.6	0.045
Part time	40	60.6	98	46.4	

Clinical instructor's education level

Certificate	20	30.3	80	37.9	
Diploma	27	40.9	98	46.4	0.034
Degree and above	19	28.8	33	16.5	

Clinical teaching experience

0 – 1 yrs.	6	9.1	19	9.0	
2 – 5 yrs.	32	48.5	114	54.0	0.029
6+ yrs.	28	42.4	78	37.0	

Clinical teaching specialty

Pediatric	8	12.1	33	15.6	
Medical-surgical	12	18.2	29	13.7	
Psychiatric	17	25.8	45	21.3	0.699
General Nursing	18	27.3	71	33.6	
Midwifery	11	16.7	33	15.6	

4.2.1 Binary logistic regression between the attitude towards clinical teaching and guidance of nurse students at clinical area and occupation of the clinical instructors

As shown in Table 4.3 below, crude odds ratio indicates that respondents whom were recruited as a full time were more likely to develop a positive attitude towards clinical teaching and guidance of nurse students at clinical areas as compared to part time recruited clinical instructors (AOR = 1.802, $p < 0.05$, CI: 0.977, 3.323). However, when adjusted for other factors like (sex, age, education level, teaching specialty, teaching experience) occupation have shown significant association on the respondent's attitude, towards clinical teaching and guidance of nurse students (AOR = 1.802, $p < 0.05$, CI: 0.977, 3.323). Findings showed a statistically significant association between instructors' clinical teaching experiences with the attitude towards clinical teaching and guidance of nurse students ($p < 0.01$).

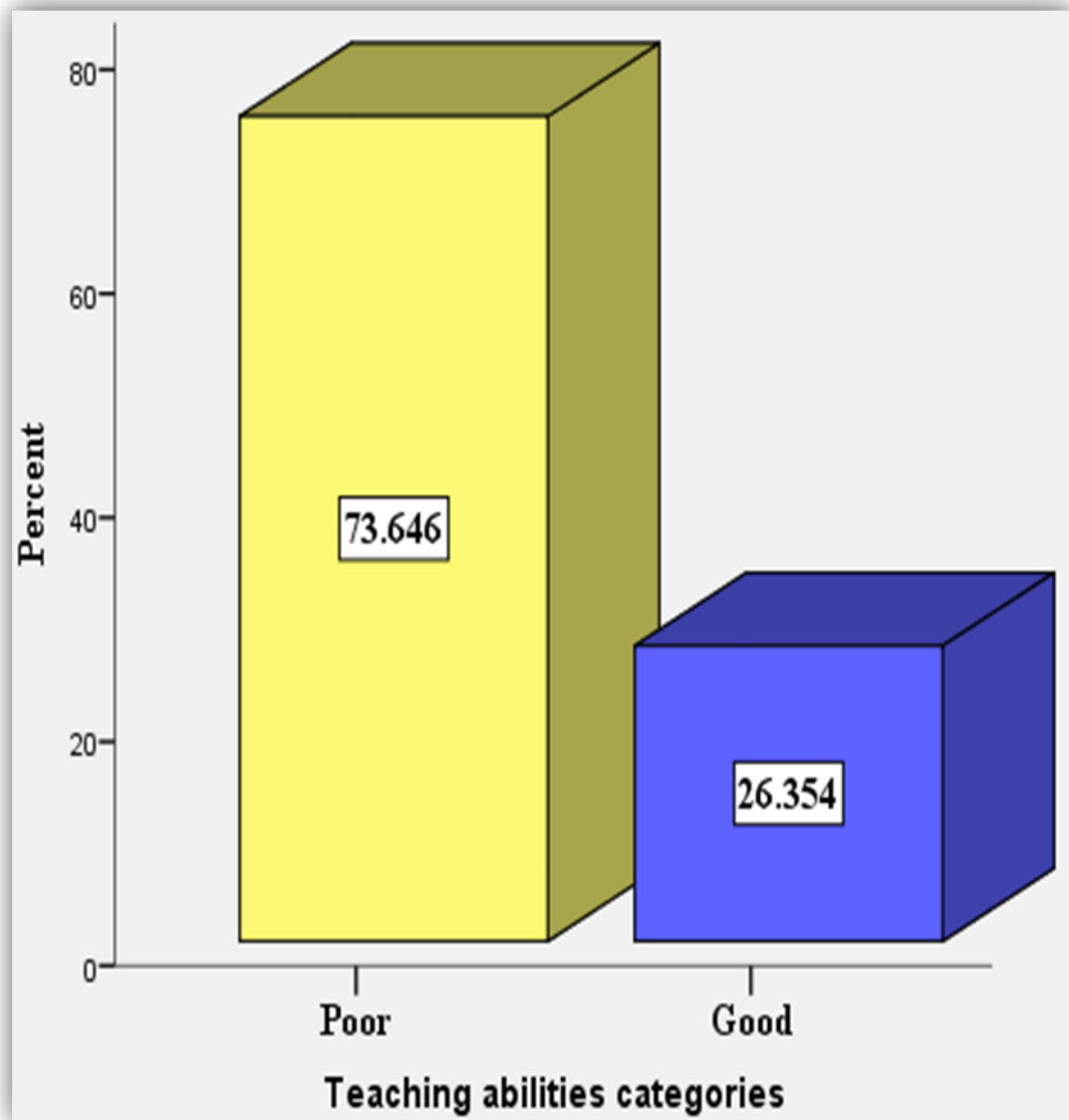
Table 4. 3 Binary logistic regression between attitude towards clinical teaching and guidance of nurse students at clinical area and occupation of the clinical instructors

Variable	OR	P-value	CI		AOR	P-value	CI	
			Lower	Upper			Lower	Upper
Occupation of clinical instructor								
Full time	1.774	0.046	1.010	3.115	1.802	0.048	0.977	3.323
Part time (rf)					.			
Clinical instructor's education level								
Certificate	0.074	0.059	0.319	0.955	0.347	0.521	0.675	1.376
Diploma	1.487	0.041	0.976	1.069	1.034	0.049	0.534	1.036
Degree and above (rf)					.			
Clinical teaching experience								
0-1 Yrs.	0.0243	0.642	0.874	1.302	0.975	0.602	1.302	1.079
2-5 yrs.	0.897	0.231	0.783	1.078	1.324	0.549	0.798	1.876
6+ yrs. (rf)	.	.	.					

4.3 Clinical Instructor's teaching abilities and guidance of nurse students at clinical areas, in Dodoma and Iringa regions, Tanzania (N = 277)

Figure 4.2 below shows that, of (n = 277) respondents 73.6% (n = 204) were poor, in clinical teaching abilities and guidance of nurse students at clinical areas against 26.4% (n = 73) who had good clinical teaching abilities.

Figure 4. 6 levels of clinical instructor's teaching abilities and guidance of nurse students at clinical areas in Dodoma and Iringa regions, Tanzania (N = 277)



4.3.0 Factors related with clinical instructor's teaching abilities and guidance of nursing students in Dodoma and Iringa Regions (N = 277)

As shown in Table 4.4 below, amongst all respondents (n = 110) whom had a good clinical teaching and guidance abilities 52.7% were males as compared to females. Nevertheless out of the (n = 167) who had poor abilities, just about 58.7% were males. No statistically significant difference was found out between the clinical teaching and guidance abilities of clinical instructors, based on their gender distribution ($p>0.05$).

Besides that, Table 4.4 below shows the number of the respondents whom had a good clinical teaching and guidance abilities based on their age distributions to be 60.9% whom ranged between 18 and 30 years, followed by 33.6% (31 and 45 years). Out of (n = 167) whom had poor teaching abilities and guidance 61.1% had an age between 18 and 30 years followed by 35.4% (31 and 45 years). No statistically significant difference, was found out between the respondents' clinical teaching and guidance abilities on their age distribution ($p>0.05$).

Furthermore, as shown in Table 4.4 below, of out the (n = 110) whom had a good clinical teaching and guidance abilities 50.9% were single as compared to those whom were married. Apart from that, 57.5% out of the (n = 167) who had poor clinical teaching and guidance, were singles as compared to the married respondents. No statistically significant difference, was found out between respondent's marital status and their abilities in clinical teaching and guidance of nurse students at clinical areas ($p>0.05$).

In addition to that, findings of the current study in Table 4.4 below indicate that, the respondents whom had a good clinical teaching and guidance abilities (n = 110),

62.7% were recruited as full time as compared to the part time. Among them whom were found to have poor clinical teaching and guidance abilities (n = 167), 58.1 % were recruited as part timers, as compared to finding out between the respondents those recruited as full time. Statistically, a significant difference was found between respondents occupation status and their abilities to clinically teach and guide nurse students at clinical areas ($p < 0.01$).

Likewise, Table 4.4 below indicates that, almost 40.9% of all respondents whom had good clinical teaching and guidance abilities were of the certificate level as compared to other education levels. For those who had a poor clinical teaching and guidance abilities (n = 167), 48.5%, were found out to be at a diploma level as compared to others education levels. No statistically significant difference, was out found between the respondent's education levels and their abilities to teach and guide nurse students at clinical areas ($p > 0.05$).

As well seen in Table 4.4 below, out of those whom had a good clinical teaching and guidance abilities (n = 110), 61.8%, had a clinical teaching experience of 2 – 5 years higher than others. Approximately 46.7% of them whom had poor clinical teaching and guidance were having a clinical teaching experience of 2 – 5 years as compared to others. Statistically, a significant difference was found out between the respondents years of clinical teaching experiences and their abilities to teach and guide nurse students at clinical areas ($p < 0.05$).

The same applied to those with clinical teaching specialty. Table 4.4 below shows that of the (n = 110) respondents who had good clinical teaching and guidance abilities 32.7% were found in general nursing followed by 20.0% who were at psychiatry specialty. Of those whom had a poor clinical teaching and guidance abilities, only

31.7% were found in general nursing specialty, followed by 24.6% whom were found out the psychiatric specialty. No statistically significant difference was, found out between the respondents clinical teaching specialty and their abilities to teach and guide nurse student at clinical areas ($p>0.05$).

Table 4. 4 Factors related with clinical instructor’s teaching abilities of nursing students in Dodoma and Iringa Regions (N = 277)

VARIABLE	Good clinical teaching abilities		Poor clinical teaching abilities		P-value
	N	%	N	%	
Sex					
Males	58	52.7	98	58.7	0.328
Females	52	47.3	69	41.3	
Age					
18 – 30 yrs.	67	60.9	102	61.1	0.746
31 – 45 yrs.	37	33.6	59	35.3	
46+ yrs.	6	5.5	6	3.6	
Marital status					
Singles	56	50.9	96	57.5	0.050
Married	47	42.7	69	41.3	
Divorced/widowed	7	6.4	2	1.2	
Occupation					
Full time	69	62.7	70	41.9	0.001
Part time	41	37.3	97	58.1	

Clinical instructor's education level

Certificate	45	40.9	55	32.9	
Diploma	44	40.0	81	48.5	0.326
Degree and above	21	19.1	31	18.6	

Clinical teaching experience

0 – 1 yrs.	9	8.2	16	9.6	
2 – 5 yrs.	68	61.8	78	46.7	0.043
6+ yrs.	33	30.0	73	43.7	

Clinical teaching specialty

Pediatric	15	13.6	26	15.6	
Medical-surgical	17	15.5	24	14.4	
Psychiatric	22	20.0	40	24.0	0.860
General Nursing	36	32.7	53	31.7	
Midwifery	20	18.2	24	14.4	

4.3.1 Binary logistic regression between clinical instructors' teaching abilities and guidance of nurse students at the clinical area and occupations well and years of clinical experience.

Table 4.5 below shows that, the clinical instructors whom were recruited as full time were more likely to develop teaching and guidance abilities, as compared to that clinical instructor who were recruited as part timers (AOR = 2.348, $p < 0.01$, CI: 1.420, 3.863). Apart from that, findings of the current study indicate that respondents who had clinical teaching experience of 2 – 5 years, were more likely to develop teaching and guidance abilities of nurse students as compared to those with above six years of experience (AOR = 1.948, $p = < 0.05$, CI: 1.420, 3.863).

Table 4. 5 w

Variable	OR	P-value	CI		AOR	P-value	CI	
			Lower	Upper			Lower	Upper
Occupation of clinical instructor								
Full time	2.332	0.001	1.423	3.821	2.342	0.001	1.420	3.863
Part time (rf)								
Clinical teaching experience								
< 1 years	1.224	0.639	0.499	3.105	1.371	0.509	1.141	3.328
2 – 5 years	1.929	0.014	1.142	3.257	1.948	0.015	1.420	3.863
>6 years (rf)								

4.4 Discussions of the study findings

4.4.0 Socio-demographic characteristics of the study respondents

As shown in Table 4.1, Pg. 32 above, findings have indicated that out of the (n = 277) respondents 56.3% (n = 156) were males as compared to females. Most of them were aged between 18 – 30 years old 61.0% (n = 169) followed by 31 – 45 years 34.7% (n = 96%), 54.9% out of the (n = 277) were singles against those married. Furthermore, most of the study participants (50.2%) were employed as full-time clinical instructors higher than those part timers. On the other hand, 45.1% of the study respondents were found to have diploma level of education as compared to the respondents who had a certificate (36.1%) and above level were a degree (18.8%) respectively.

Moreover, findings have revealed that, out of the (n = 277) respondents, 32.1% were found out teaching general nursing while the least number of clinical instructors (14.8%) taught pediatric and medical-surgical nursing. Approximately 52.7% of them had clinical teaching experiences of 2 – 5 years followed by the least one who had a clinical teaching experience of <1 year (9.0%). None of them were found to have passed through a short course of clinical teaching and guidance of nurse students in the clinical area (0.0%). Likewise, none of them study respondents were found reported to use clinical teaching and guidance guidelines in facilitating clinical learning to nurse students (0.0%).

4.4.1 Attitude and factors related to the levels of clinical instructor's attitude towards clinical teaching and guidance of nurse students at clinical areas

The Findings have revealed that, most full-time clinical instructors had a positive attitude towards clinical teaching and guidance of nurse students at the clinical area as compared with those employed as part-timers. There was a significant difference between full-time and part time clinical instructors on attitude towards clinical teaching and guidance of nurse students at clinical areas ($X^2 = 4.032^a$, $p < 0.05$).

These findings gave a picture that being employed as a full-time clinical instructor could not be the only determinant of a positive attitude towards clinical teaching and guidance of nurse students at clinical areas. They are in line with findings which were observed by Lejongvist at al., (2012) that indicated as more the clinical instructor stays at work, the more s/he develops a positive attitude towards clinical teaching and guidance of nurse students at clinical areas.

A given reason to this was based on the behaviorist theory which holds that, the more the individual is exposed to an external stimulus, the more s/he develops a positive attitude towards a certain situation.

Findings show that, there was a statistically significant relationship between clinical instructors' level of education and their attitude towards clinical teaching and guidance of nurse students at clinical areas ($X^2 = 5.778^a$, $p < 0.05$). This means that, as the clinical instructor advance in his/her education, the more s/he develops a positive attitude towards clinical teaching and guidance of nurse students at clinical areas.

The findings above tallies with those found out by Hossein et al., (2010) whom used grounded theory approaches to find out the influence of education on attitude towards

clinical teaching and guidance of nurse students at the clinical area. It was found that, as clinical instructors' advances in education level, the more they would develop a positive attitude.

Findings furthermore indicated that, clinical instructor's teaching experience with their attitude towards clinical teaching and guidance of nurse students at clinical areas ($X^2 = 3.689^a$, $p < 0.05$). This explains that, the more the clinical instructor s/he becomes experienced with clinical teaching and guidance, the more s/he develops a positive attitude.

As found by Bridgett et al., (2015), the more clinical instructor stay at work and be experienced with clinical teaching, the more s/he become to develop a positive attitude towards clinical teaching and guidance of nurse students at the clinical area.

Other factors which were included in this study did not show any statistically significant relationship with the clinical instructor's attitude towards clinical teaching and guidance of nurse students at clinical areas.

These were clinical instructors gender ($X^2 = 0.056^a$, $p > 0.05$), age ($X^2 = 0.414^a$, $p > 0.05$), marital status ($X^2 = 1.516^a$, $p > 0.05$), education level ($X^2 = 5.778^a$, $p > 0.05$), clinical teaching specialty ($X^2 = 2.200^a$, $p > 0.05$), time of clinical teaching and guidance experiences ($X^2 = 0.685^a$, $p > 0.05$), whether attended any clinical teaching and guidance courses and the presence as well as the utilization of clinical teaching and guidance guidelines did not show any statistically significant difference since all the study respondents responded not to have been passed through the clinical teaching courses and utilize clinical guidelines respectively.

Binary logistic regression was done, to determine the association between attitude towards clinical teaching and guidance of nurse students at the clinical areas the occupation of the clinical instructors. The Findings revealed that clinical instructors who were recruited as part time were more likely to develop a negative attitude towards clinical teaching and guidance of nurse students at clinical area as compared to full times (AOR = 1.802, $p < 0.05$, CI: 0.977, 3.323).

However, when adjusted for other factors like (sex, age, education level, teaching specialty, teaching experience) occupation showed significant association with respondents' attitude towards clinical teaching and guidance of nurse students (AOR = 1.802, $p > 0.060$, CI: 0.977, 3.323).

Findings furthermore indicated that, education level and clinical teaching experiences of the clinical instructor could predict positive attitude towards clinical teaching and guidance of nurse students at the clinical area as compared to those with low education levels.

This was discussed by the research that, not only the occupational status of the clinical instructor could predict positive attitude towards clinical teaching and guidance of nurse students at clinical areas but also there were other factors as mention earlier. Findings above matches with those which were observed by Bisholt et al., (2014) which indicated that an well developed and organized clinical environment could also contribute to the development of a positive attitude of clinical instructors towards clinical teaching and guidance of nurse students at the clinical area.

4.4.2 Clinical instructors' teaching abilities and guidance of nurse students at the clinical areas in Dodoma and Iringa regions, Tanzania (N = 277)

The current study findings, as shown in Table 4.4 above that, show most respondents (73.6%) were found out to be poor in clinical teaching abilities and guidance of nurse students, at the clinical areas against those who had good clinical teaching abilities. Among the factors which were found out to have a statistically significant relationship with the clinical instructors teaching and guidance abilities of nurse students at clinical areas included the occupation status and years of clinical teaching experiences.

Most clinical instructors whom had a good clinical teaching and guidance abilities, were found to be recruited as full time as compared to the part times instructors. This was observed that there was a statistically significant difference between respondents occupation status and their abilities to clinically teach and guide nurse students at the clinical areas ($X^2 = 11.489^a$ $p < 0.01$).

This can be described that is employed as a full-time clinical instructor can predict good clinical teaching and guidance of nurse students at clinical areas. These findings resemble with those which were observed by (Jervis & Tilki, 2011).

Most clinical instructors, whom had a clinical teaching experience of 2 – 5 years, were found to be good in clinical teaching and guidance abilities of nurse students in the clinical areas. Thus, statistically, a significant difference was found between the respondents years of clinical teaching experiences and their abilities to teach and guide nurse students at clinical areas ($X^2 = 6.276^a$, $p < 0.05$).

This was described that, the time spent by the clinical instructor in facilitating clinical teaching and guidance of nurse students at clinical area could predict good teaching abilities. The findings are related with those found by Bisholt et al., (2014) which shows that, clinical instructors could perform better when they stay at work from five years and above. This time was described to be enough for their exposure to clinical teaching and guidance of nurse students.

However, other factors did not significantly relate with the clinical instructor's teaching and guidance abilities of nurse students at the clinical areas. The included gender ($X^2 = 0.956^a$ $p>0.05$), age ($X^2 = 0.586^a$ $p>0.05$), marital status ($X^2 = 6.001^a$ $p>0.05$), education level ($X^2 = 2.241^a$ $p>0.05$), clinical specialty ($X^2 = 1.309^a$ $p>0.05$). Passed in any clinical teaching and guidance courses utilizing clinical teaching as well guidance guidelines did not show any relationship as all reported to pass or used none of the two respectively.

The binary logistic regression was also done, to find out the relationship between clinical instructors' teaching abilities and guidance of nurse students at clinical area and occupation as well and years of clinical experience of the clinical instructors. The Findings indicated that, clinical instructors whom were recruited as full time were more likely to develop teaching and guidance abilities to teach nurse students as compared part timers (AOR = 2.348, $p<0.01$, CI: 1.420, 3.863).

The researcher concluded that by being employed as full-time clinical instructors could predict good and effective clinical teaching and better guidance abilities hence predict good nurse student's clinical competencies. The findings were quietly near with those found out by (Remmen et al., 2001).

Apart from findings of the current study which indicated that, clinical instructors who had clinical teaching experience of 2 – 5 years were more likely to develop teaching and guidance abilities to teach nurse students as compared to those with above six years, of (AOR = 1.948, $p = <0.05$, CI: 1.420, 3.863). Thus, this was the mid-time where clinical instructors could adopt clinical teaching environment and oriented with the clinical teaching and guidance roles to nursing students at the clinical areas. Findings above were not so far with those which were found by (Löfmark et al., 2012)

CHAPTER FIVE

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

5.0 Summary

The aim of this study, was to investigate the clinical instructor's attitude and clinical teaching abilities, towards clinical teaching and guidance of nurse students at the clinical areas. The investigations of the above variables and the adoption of the Dunkin and Biddle's model (1974) were used to guide the collection of data of the current study. Two hundred and seventy-seven ($n = 277$) clinical instructors were requested for their consents and volunteered to take part in this study. A semi-structured questionnaire on the clinical instructors' characteristics was used as the main method of data collection.

The independent variable of this study include a clinical teaching and guidance of nurse students at the clinical areas, age, gender, education level, occupation status, years of clinical experience, usage of clinical teaching guideline, passed clinical teaching and guidance courses while The dependent variables included clinical instructor's attitude and clinical teaching and guidance abilities to nurse students

This chapter, summarizes the major findings and the related discussions. Implications for the research, clinical teaching and administration are explored as well suggestions are recommended in this chapter. The Recommendations are made with the aim to facilitate cooperation and collaborative clinical teaching-learning environments which would enhance students 'clinical competence.

5.1 Recommendations

- It is suggested that these research findings should be replicated in other institutions where nursing programs are taught for transferring to the clinical environment. This could help and give more insights into the roles and effectiveness of clinical instructors, in relation to nurse student's clinical learning.
- It is recommended that, institutions should be aware and make a follow up of the presence and utilization of clinical guidelines by the clinical instructors at the clinical areas. This would help an effective clinical teaching and guidance of nurse students, as well an evaluation of clinical learning and feedback giving.
- It is also recommended that, the orientation of new clinical instructors to nursing education, should consist of a comprehensive an overview classroom and clinical curricula, evaluation process as well as clinical teaching (clinical teaching and guidance course). This will help them be oriented and align classroom theory with the clinical practice knowledge when facilitating clinical teaching and guidance of nurse students at clinical areas. The recommended orientation program can empower the clinical instructors to be a more effective facilitator of student's transfer of clinical learning.
- Furthermore is recommended that, all new clinical instructors to be mentored by experienced faculties or clinical staff. Guidance and mentoring would enhance clinical teaching and learning environments as well and experienced mentors would help to empower new clinical instructors' professional credibility and self-esteem by providing support, encouragements, and a feedback.

- It is recommended that, clinical instructors should be informed about their roles in their job descriptions before they begin their clinical teaching and guidance of nurse students at clinical areas. This could aid a more effective clinical teaching and guidance to nurse students and thus, make them more clinically competent.
- However, it is recommended that, institutions to increase employments of full-time clinical instructors instead of part timers. This would help clinical instructors whom have been employed as full time to come more committed to their roles and will become effective in facilitating clinical learning to nursing students.
- Nevertheless, it is recommended that, clinical instructors' level of education should be matched with the level of nurse students' education. This will build up the clinical instructors' confidence and abilities to facilitate nurse student's transfer of clinical learning.
- It is also needless to say recommended that, institution's plans to the clinical experiences to match classroom theory to the clinical practices as per course contents in relation to time. Also, they should also make sure that there was an adequate supply of medical equipment and supplies. This would help good alignment of classroom teaching and clinical practices and thus, enhance an effective clinical learning to nursing students.
- Finally, it is recommended that, institutions administration, lecturers, and nurse to tutors accompany and support clinical instructors in the clinical areas. This will help motivate them and increase their morale to work hard, in facilitating clinical learning to nursing students.

5.2 Suggestion for further research

- Future researchers should include as a large sample size as possible and a comparison of clinical instructors who utilized clinical teaching and guidance guidelines and those whom were not, on nurse students' satisfaction and clinical competencies. I believe that these kinds of the studies would provide a true representation of how many clinical instructors whom utilize clinical teaching and guidance guidelines would influences nurse students clinical competencies and become satisfied with it.
- Future research as additionally should consider a possible comparison of clinical instructors whom have gone for short courses of clinical teaching and guidance of nurse students at the clinical area and those whom have not. This would give general evidence on what extent clinical instructors whom had attended a short course on clinical teaching could guide nurse students to influence nurse students' clinical competencies.
- Nevertheless, future researchers to be directed to investigate the differences between full time employed clinical instructors and the part timers on clinical teaching and guidance for nurse students at the clinical areas and the clinical competencies of nurse students.

5.3 Conclusions

Clinical nursing education focuses on developing, refining and applying the nurse students' classroom knowledge and clinical skills, in order to manage and care for patients/clients as part of an inter-profession team in a clinical setting. Clinical placements expose nurse students to practical issues such as technological innovation, unpredictable care transitions, and complex system issues.

This will allow nurse students to learn from their experiences and role model on the ground and to prepare them for the professional practices in complex and diverse healthcare environments.

Nursing institutions must ensure that there were sufficient clinical placements of nurse students which correlate with the number of qualified clinical instructors, across the range of clinical practice settings and the continuum of care.

Clinical placements must be safe, supportive, and conducive for a group of nurse students, to practice and develop their professional roles within a defined scope of practice and convenience, of the clinical instructor-student ratio. Tanzania nursing Board, should ensure the availability and utilization of clinical teaching and guidance guideline in each teaching institutions and Hospital, which met professional standards and measurable criteria of clinical education.

The aim is to make sure that clinical instructors were oriented and used it and thus nurse students are provided with sufficient clinical knowledge and skills for the entry level practice and post-registration preparation. By so doing so, would enable nurse students to be exposed to the diverse patients/client population across the life span in various types of clinical settings.

It is therefore very important to have clinical teaching and guidance guideline is developed, present and utilized by clinical instructors at clinical areas. Moreover, clinical instructors must be oriented to it as well as classroom curricula of the program to enable them to effectively align classroom theory with clinical practices.

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APPENDICES

Appendices A: Clinical instructor's Questionnaire (English Version)

Questionnaire number.....

Date of interview.....

PART A: DEMOGRAPHIC DATA

Put a tick () in an appropriate space provided

1. Sex
 - a. Males
 - b. Females
2. Age in years.....
3. Education level
 - a. Certificate
 - b. Diploma
 - c. BSN
 - d. MSC.N
 - e. Ph.D.
 - f. Professor
 - g. Others.....
4. Marital status
 - a. Singles
 - b. Married
 - c. Divorced
 - d. Widows
5. Occupation
 - a. Employed
 - b. Unemployed
 - c. Self employed
6. Clinical instructor teaching in
 - a. Part-time
 - b. Full-time
7. Teaching in clinical specialty of
 - a. Geriatric

- b. Medical-surgical
- c. Obstetrics
- d. Pediatrics
- e. Psychiatrists
- f. Others
- (Specify).....

8. Number of years of clinical teaching experiences

- a. 0 – 1 year
- b. 2 – 5 years
- c. 6– 10 years
- d. Over 10 years

9. Level of student’s education taught and guided during clinical teaching

- a. Certificate
- b. Diploma
- c. Degree
- d. Masters
- e. Ph.D.
- f. Professor
- g. Others
- (Specify).....

PART B: Attitude of clinical instructors on clinical teaching and guidance of nurse students

Key: Select Strongly Agree= **SA**; Agree=**A**; Neither Agree nor Disagree =**N**; Disagree= **D**; Strongly Disagree= **SD**

S/N	ITEMS	SD	D	N	A	SA
		1	2	3	4	5
23	I feel it would probably be better if student's level of education is supervised by appropriate clinical instructors with a higher education than that of the student.					
24	I feel it could probably be better if there could be an effective communication between clinical instructors and institutions faculty members.					
25	The lecturer should also visit the clinical area for the accompaniment of students.					
26	The clinical facilities are not supportive of professional growth, skills development and practice of students.					
27	There are no enough clinical placement facilities to place students for clinical practice.					
28	I feel it could probably be better if the university to have enough equipment and material resources for demonstration and feedback of clinical skills.					
29	Nursing students are willing to learn and accept constructive criticism.					
30	The remedial plan was implemented if there was a student fails to master the skills.					
31	Clinical instructors got full support from lecturers.					
32	Clinical accompaniment does benefit students.					

SECTION D: ABILITIES IN TEACHING AND GUIDANCE OF STUDENT

Key: Select Strongly Agree= **SA**; Agree=**A**; Neither Agree nor Disagree =**N**;

Disagree= **D**; Strongly Disagree= **SD**

S/N	ITEMS	SD	D	N	A	SA
		1	2	3	4	5
33	As a clinical instructor, I should be am informed the specific criteria and standards for each clinical placement against which I will assess.					
34	All students sign an assessment contract before being assessed					
35	We are informed in time before clinical teaching, guidance, and assessments starts					
36	I avail myself for clinical teaching and guidance before I assess the student.					
37	We should be informed on time the skills which we will teach, guide and assess the students					
38	The assessment tools I use, facilitate the integration of theory and practice of students in clinical settings.					
39	I keep confidentiality of the assessment outcome for each student.					
40	Students and I discuss and evaluate performance against each competency thereby identifying areas of strength and needing improvement.					
41	Lecturers and I, are involved in students clinical facilitation and accompaniment.					
42	As a clinical instructor, I make a remedial plan and implement, if students are not yet competent in an individual skill.					
43.	Please, make recommendations for the development of the clinical instructor's competence that could be easily used by both clinical instructors and lecturers during clinical accompaniment of students, when they are placed in different clinical facilities.					

Appendices B: Ethical clearance letter

Dear.....:

The heading above is concerned. I'm second-year students undertaking Master of Science in Nursing Education with Midwifery at the University of Dodoma Tanzania.

I'm expecting to perform a research titled **“An Assessment of competencies of clinical instructors, in teaching and guidance for students nurses in clinical areas: a cross-sectional study in Tanzania.”** I kindly ask for your support in facilitating this research by granting me an ethical clearance. It is my hope that this request will be put into consideration.

Yours faithfully,

.....

Mligo, Rehema L.

Appendices C: Informed consent

**TITLE: AN ASSESSMENT OF COMPETENCIES OF CLINICAL
INSTRUCTORS IN TEACHING AND GUIDANCE OF STUDENTS IN
CLINICAL AREAS: A CROSS-SECTIONAL STUDY IN TANZANIA**

My name is Mligo Rehema L, postgraduate students undertaking Master of Science in Nursing Education with Midwifery enrolled at the University of Dodoma, College of Health Science Department of Nursing and Public Health. I am interested in conducting a cross-sectional study in Tanzania, on an assessment of the competence of clinical instructors in teaching and guidance of students in clinical areas. The study will explore the clinical instructor with at least one years of working experience. The Results of this study will be used to complete educational requirements at The Dodoma University and will also be shared with you, nursing faculty and administration of participating institutions, and research participants.

This study poses a little to no risks to participants. Findings from this study could be helpful in increasing clinical instructor’s effectiveness with the facilitation of learning experiences for nursing students, in a clinical setting. You are free to join the study and discontinue at any point during the research period.

Thank you for your cooperation in advance.

Participant’s signature.....

Researcher	signature	date
Mligo, Rehema L.

Appendices D: Letter of access

Dear _____:

I am planning to conduct a research study entitled **“An assessment of the competencies of clinical instructors in teaching and guidance of students in clinical areas: a cross-sectional study in Tanzania.”** It is a component of a Masters’ of Science in Nursing Education with Midwifery from the University of Dodoma, under the supervision of Dr. Kibusi, S. and Dr. Ngowi A.

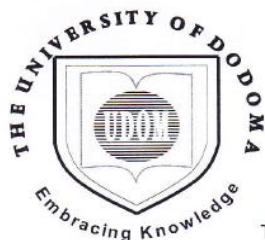
The Participation for clinical instructors will involve the completion of a questionnaire which will take approximately 15 minutes of your time. I believe that by conducting this study would be vital importance when one considers the aging of Tanzania’s population, emerging from new diseases, advanced science and technology and increased scope of work, which has resulted in an increased demand for highly-skilled nurses to provide care to the society.

International research suggests that, nursing education programs face many challenges in educating nurses to care for people, as many nursing students exhibit an unsatisfactory competence to work in clinical settings. There is also conflicting research as to whether clinical instructors possess the positive or negative knowledge, skills, and attitudes towards clinical teaching and guidance of students in clinical areas. Unfortunately, there is limited research on this phenomenon from the Tanzanian perspective. These research findings will help to ensure that future clinical instructors develop adequate knowledge, skills, and attitudes towards, and an interest in clinical teaching and guidance of nurse students at clinical areas.

I hope that you will concur with the merits of this study, and I would like to request you to provide me with a letter of support for the study at your convenience.

Sincerely, Mligo, Rehema L

Appendices E: Data collection letter from The University of Dodoma (UDOM)



THE UNIVERSITY OF DODOM

DEPUTY VICE CHANCELLOR ACADEMIC, RESEARCH & CONSULTANCY
OFFICE OF GRADUATE STUDIES AND CONTINUING EDUCATION

P.O. BOX 259, DODOMA, TANZANIA.

Tel: +255 26 23 10173; Fax: +255 26 23 10005; Email: graduate@udom.ac.tz; website: www.udom.ac.tz

REF: UDOM/GSR/2016/142

Monday, 06 March 2017

To Whom It May Concern:

RE: INTRODUCING MS. MLIGO REHEMA

The above named candidate is enrolled at the University of Dodoma for the degree of Master of Science in Nursing Education (MSc NE) with registration number HD/UDOM/478/T.2015

As an essential requirement of the study programme, each candidate is required to submit a dissertation report on a research undertaken within an industry and supervised by a member of the University's academic staff. Where possible the research should relate to a practical situation in an organisation or firm selected by the candidate. Candidates are expected to use their own initiative to identify a possible research and negotiate access with a local firm or organization.

The above named candidate has developed the proposal titled **"ASSESSMENT OF COMPETENCIES OF CLINICAL INSTRUCTORS IN TEACHING AND GUIDANCE OF STUDENTS IN CLINICAL AREAS: A CROSS-SECTIONAL STUDY IN TANZANIA"** which has been approved for data collection. The work may take the form of a survey, ethnography, case studies, etc. Where the research may contain confidential information and its publication could be harmful to the organization, confidentiality is assured by the University. Such reports will be seen only by the Supervisor and Examiner for examination purposes.

I would be grateful if you would provide the candidate with this opportunity to facilitate her studies while at the same time gaining some useful inputs for your own organization through the results of the research report.

Sincerely,

[Redacted Signature]

Humbaro, A.

For: Director, Graduate Studies and Continuing Education

C.c: Director, GS&CE



Appendices F: Permission letter from Dodoma Referral General Hospital

**THE UNITED REPUBLIC OF TANZANIA
PRIME MINISTER'S OFFICE
REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT**

DODOMA REGION
Telegraphic Address "REGCOM"
Tel. No: 2323045
E-Mail No.
rasdom2002tz@yahoo.com
Fax No. 255 026 2323045



Regional Commissioner's Office,
Regional Hospital
P. O. BOX 904
DODOMA.

In reply please quote
REF. NO. RMO/...PA: 90/264/05

17/08, 201....

UNIVERSITY OF DODOMA
REHEMA MLIGO

RE: ACCEPTANCE FOR FIELD AND RESEARCH

The heading above is concerned.

I would like to inform that your request for field attachment in Dodoma Regional Referral Hospital has been received and accepted with implication during the whole period of field.

Please note that you are suppose to report timely as your request shows and to follow all rules and Regulations which guide the Hospital.

Thank you,



Mtweve Janeth

**FOR, REGIONAL MEDICAL OFFICER
DODOMA**

Appendices G: Permission letter from Mirembe Hospital – Dodoma

REHEMA MLIGO,

[REDACTED]
DODOMA.

MEDICAL SUPERITENDANT,
MIREMBE HOSPITAL ISANGA INSTITUTE,

[REDACTED]
DODOMA.

Okay go ahead
MCANGA MKUU
HOSPITALI YA MIREMBE NA
TAASISI YA ISANGA
S.L.P. [REDACTED]

16.08.17

**TITLE: ASSESSMENT OF THE COMPETENCIES OF CLINICAL INSTRUCTOR IN
TEACHING AND GUIDANCE OF STUDENTS IN CLINICAL AREAS:
A CROSS-SECTIONAL STUDY IN TANZANIA**

My name is **Mligo, Rehema L.** A postgraduate student undertaking Master of Science in Nursing Education with Midwifery enrolled at the University of Dodoma, College Health Science, Department of Nursing and Public health. I am interested in conducting and guidance of students in clinical areas. The study will explore the clinical instructor with at least one year of working experience. The results of this study will be used to complete educational requirements at Dodoma University and will also be shared with you, the nursing faculty and administration of participating institution, and the research participants.

The study poses little to no risk to participants. The finding from this study could be helpful in increasing clinical instructor effectiveness with the facilitation of learning experiences for nursing students in the clinical setting. You are free to join the study and discontinue at any point during the research period.

Thank you for your cooperation in advance.

Name: *REHEMA MLIGO*

Signature: [REDACTED]

Appendices H: Permission letter from Iringa referral general Hospital – Iringa

REHEMA MLIGO



DODOMA

24/3/2017

REGIONAL MEDICAL OFFICER



IRINGA

Banas Inepitshwa.
Ombi OFFICE
IRINGA REGIONAL MEDICAL OFFICE
IRINGA NATA
MARON 24/3/2017

REF: REQUEST FOR PERMISSION TO COLLECT DATA FROM CLINICAL INSTRUCTORS WHO TEACH AND GUID STUDENTS IN CLINICAL AREA IN IRINGA REGIONAL REFFERAL HOSPITAL.

Kindly refer to the heading above.

I am a student of Master program in the university of Dodoma. I expect to undertake a research study entitled **“ASSESSMENT OF COMPETENCIES OF CLINICAL INSTRUCTORS IN TEACHING AND GUIDANCE OF STUDENTS OF CLINICAL AREAS: CROSS SECTIONAL STUDY IN TANZANIA”**

Data collection will take 1 week, beginning on 10th April 2017.

I have attached the introduction letter from university of Dodoma.

I would be grateful if you would provide this opportunity to facilitate my studies.

Sincerely,



Rehema Mligo

Appendix J: Responses to panelists comments

**THE UNIVERSITY OF DODOMA
COLLEGE OF HEALTH SCIENCES
SCHOOL OF NURSING AND PUBLIC HEALTH
MASTER'S OF SCIENCE IN NURSING EDUCATION WITH MIDWIFERY
(MSC.NE&M)**

**TITLE: AN ASSESSMENT OF COMPETENCIES OF CLINICAL
INSTRUCTORS IN TEACHING AND GUIDANCE FOR NURSING STUDENTS
IN CLINICAL AREAS: A CROSS-SECTIONAL STUDY IN TANZANIA.**

S/N	DATE	SECTION	COMMENTS	RESPONSES
1	17/10/2017	ABSTRACT	The abstract must be written in full	Worked on the comment and changes made on page vi)
2		LITERATURE REVIEW	Conceptual framework has many variables.	Worked on the comment and changes made on page 22)
3		TRACK CHANGES	Hanging sentences and paragraphs	Changes made in all key parts of the dissertation.

Appendices I: Budget

S/N	ITEM DESCRIPTION	COST	JUSTIFICATION
1.	Proposal development	350,000/=	For transport, Stationaries, Printing and Refreshments.
2.	Equipment and Supplies for Data Collection	650,000/=	Stationaries, Internet services, typing and Photocopying of questionnaires, bindings.
3.	Data collection from 6.region.	800,000/=	Per-diem of research assistants, Stationaries, Photocopying, bindings, refreshments and transport.
4.	Data Analysis	550,000/=	For transcribing and translation of data, processing, and analysis.
5.	Report writing	950,000/=	Editing, Printing, and Binding.
6.	Miscellaneous	300,000/=	For unexpected costs
GRAND TOTAL		3600,000/=	

Appendices J: research timeframe

ACTIVITIES	July/A2016	Sep/O	Nov/J 2017	F/M	Jun	September 2017
Proposal writing						
Pre-testing questionnaire						
Proposal submission, presentation & ethical clearance application						
Data collection						
Data entry, analysis & dissertation writing						
Submission of thesis and defense						