Tutor’s Clinical Knowledge, Attitude and Teaching Strategies in Nursing Schools of Mwanza Region – Tanzania

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ABSTRACT

Teaching in nursing education is vital for the preparation of nurses. Nurse tutors must use multiple teaching strategies when teaching, which encourage students into active learning. Observations showed that newly graduated nurses in Tanzania lack adequate clinical competencies to care the patients. This study assessed the tutors’ clinical knowledge, attitude and teaching strategies used in nursing schools, and if influencing students’ competence. Results led to effective teaching and good nursing practice. The objectives for study were; to determine the knowledge of nurse tutors on clinical teaching, examine their attitude towards clinical teaching, assess teaching strategies used and determine the factors influencing clinical teaching. Methods: Close and open – ended questionnaires used to gather data from 19 nurse tutors, with at least 2 years teaching experience, in either Bugando, Bukumbi, Sumve or Sengerema. Results: The results showed that the participants had inadequate knowledge in clinical teaching but had a positive attitude towards patients and students. The teaching strategies were partially known and not fully applied though participants appreciated their importance. Unfortunately, none of the schools found teaching in the clinical area. Factors affecting clinical teaching were unqualified clinical staff, increased number of students, heavy theoretical part, limited time for the course, under resourced practicum sites, unmotivated tutors, conflicts among clinical nurses and tutors, students lacked commitment and unconducive clinical environment. Conclusion: Recommended a review of the clinical facilities. Nurse tutors to be empowered with clinical teaching knowledge. Nurses should be prepared to reach bachelor, master and doctoral degree levels.

Keywords: Tutor; Knowledge; Attitude; Teaching strategies; Nursing schools; Mwanza;Tanzania

1. INTRODUCTION

Nursing competence has been cited as the final goal of nursing education, it includes skills of utilizing knowledge and attitude gained from the nurse tutor who have competence in teaching student nurses in class and clinical setting to obtain skills “Hakimzadeh, et al.(3)”. This study adopts the concept of knowledge, how knowledge is generated, stored, applied, and transmitted to others. Attitude on the other hand, is a favourable or unfavourable, positive or negative evaluation of clinical teaching. “Shenaifi(14)”. “Madhavanprabhakaran et al.(9) and Ramani & Leinster(13)” recommended that, nurse tutors must be competent, student-centered and knowledgeable also use multiple teaching strategies to encourage students into active questioning...
and learning through discovery. Among the Tanzanian objectives of Primary Health Care Service Development Programme (PHCSDP) for human resource for health was to ensure quality of training and improve health workers competence “MoHSW(7)”.

However, observations show that newly graduated nurses from different schools of nursing in Tanzania lack adequate clinical competencies to provide care to patients/ clients “TNMC(16)”. Clinical staff and Matrons in several hospitals and health-care centers in Tanzania complain about the graduates that have problems in doing their duties appropriately that not satisfying the stakeholders though it was not yet proved scientifically “TNMC(16)”. These led to assessment of tutors’ clinical knowledge, teaching strategies and attitude in nursing schools of Mwanza region.

Diploma and certificate nursing schools in Tanzania utilizes Competence based Curriculum considered more practicum than theory, with the ratio of 1:3. Students are expected to achieve the maximum level of clinical competence “Hakimzadeh(3)”. But they still encounter difficulties when applying the theoretical knowledge into real clinical situation soon after graduation. Lack of balance between the theoretical base and the practical skills for students was also observed by “Mantzorou(6)” and Myrick(9)”. The actual reason for incompetence was unknown, but assumed to relate to the process they undergo under teachers’ knowledge, teaching strategies and attitude. The same observed in South Africa where “Morolong and Chabeli(8)”. There was a need for nurse educators and the health system to emphasize clinical teaching in Nursing Schools, by empowering the nurse tutors with knowledge and skills in class and clinical teaching, thus improves teaching outcomes and patient care as well.

It was important to conduct this research because none of researchers assessed the competencies of nurse tutors in terms of knowledge, teaching strategies, attitude in Tanzania. Therefore the study aimed at filling this gap in the literature and see if Knowledge, Attitude and Teaching strategies was among the factors influencing students’ competence as well as newly graduated nurses.

Findings of the research provided baseline information on the best approaches for clinical teaching, the patients would receive quality care from competent student nurses and nurses after graduation, gain more interest in nursing professional, promote effective nursing services and ultimately reduced number of hospital stay, increase workforce in the community and increase the economic status of the country “MoHSW(7)”.

The objectives of the study were: To determine the knowledge of nurse tutors on clinical teaching in Mwanza region; To examine the attitude of nurse tutors towards clinical teaching; To assess the teaching strategies used by nurse tutors in Mwanza region’s schools of nursing; To determine the factors influencing quality clinical teaching in Mwanza region.

The purpose of writing this paper is for spreading the knowledge on clinical teaching, that the stakeholders and others can utilize and create new knowledge on the best ways for clinical teaching and learning to improve students’ competences in different ways.

2. METHODS

Study design
The study design used was Quantitative and qualitative research designs. Quantitative design used because it aims to be objective and scientific in its approach by assessing and measuring how many, how often and to what extent did the tutors have clinical knowledge, applied teaching strategies and showed attitude during clinical teaching, by using statistics to generalize the findings. Finally it assumed sample being representative of the population. Due to the fact that this design is less detailed than qualitative, as it missed a desired response from participants, qualitative design was also used to understand the feelings, values that influenced clinical teaching. Furthermore it helped to generate ideas for improvement of clinical teaching (Sofaer(15); Mugenda(11)).

Subject description
The study intended to include all 30 Nurse Tutors of Mwanza Region. But for better results the inclusion criteria were Nurse tutors with at least 2 years teaching experience and willing to participate in the study. While exclusion criteria were those Nurse tutors who were not willing to participate in the study, Nurse tutors with less than two years working experience. Therefore 8 tutors excluded to the study, 22 tutors included and among them 3 tutors participated in pre testing of an instrument.

Description of Instrument
Structured close & open ended questionnaires used to gather data from 19 nurse tutors of Mwanza region.
were pre-tested. Observation checklist prepared but not used. The instruments were reliable due to the fact that the questionnaire, interview schedule and checklist were compiled after reviewing the literature. While in validity, the questionnaire included knowledge level, strategies, attitude towards clinical teaching and factors influencing clinical teaching, interview schedule included general knowledge, and challenges encountered them. The instruments were pre-tested. Permission obtained to conduct the research from the nursing institutions of Mwanza region where the nurse tutors were working, to ensure that the research conducted in an ethical manner. Also informed consent obtained from each respondent.

**Data Analysis**

Data entry and analysis done by using by SPSS version 21.0. Quantitative data analysis was done by using descriptive statistical procedure. Qualitative data analysis was also used, by analyzing open ended questions.

### 3. RESULTS

**Table 1: Demographic Data of the Nurse Tutors (N=19)**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Frequency</th>
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<tbody>
<tr>
<td></td>
<td>N</td>
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<tr>
<td>Gender</td>
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<tr>
<td>Male</td>
<td>7</td>
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<tr>
<td>Female</td>
<td>12</td>
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<tr>
<td>Age</td>
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<td>51 – 55</td>
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<tr>
<td>Master in Public Health</td>
<td>3</td>
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</tbody>
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**Fig. 1: Knowledge in Clinical teaching**
The participants had a positive attitude towards patients and students.

**Clinical Teaching Strategies Used**

The respondents mentioned the strategies they used for clinical teaching, the responses were; demonstration or “modeling” (47.4%), 57.9% mentioned “Preparation for clinical teaching” instead of strategies. No body mentioned the following; simulation, sink or swim approach, manipulated Structure approach, Reflection, Self-directed Learning, questions, direct questioning, and think aloud method (Burns et al) No body defined clinical strategy correctly. 14 answered partially, 5 didn’t respond Application of Strategies; 44% of respondent applied the strategies, while 56% partially applied during clinical teaching.

Individualization of clinical teaching; 41% said its impossible, due to; shortage of time, too many students and few teachers. Also 41% said by repeating assignment.

Procedures for evaluation were well known; majority mentioned OSCE and oral & practical examination (94.7%).

Regarding improvement of their knowledge of teaching in the clinical area; 55.6% reported that “they found some difficulties in teaching students in the practicum area”. All respondent (100%) suggested that, “I am somehow competent, I need refresher course”.

**Factors Influencing Clinical Teaching**

Shortage of equipment (n=11), Short time for practice (n=8), Shortage of staff (n=4), Some teachers lacks teaching methodology (n=3), Class time collides with clinical teaching (n=2), Nurse in clinical and tutors personal conflicts/misunderstanding (n=2), Few patients clinical areas (n=1), No schedule for clinical teaching (n=2)

**Suggestion to Improve Clinical Teaching**

To ensure the availability of clinical teaching personnel (n=11), to ensure availability of equipment for clinical teaching (n=7), to increase time for practice in order to gain competence (n=5), to ensure availability of clinical teaching schedule (n=2), to increase length of the study so that the students can gain competence (n=2), close supervision to students (n=2), and improve teaching environment (n=1), to have frequent discussions among teachers and staff (n=1), improve relationship between clinical staff and teachers (n=1), motivation to teachers in order to work effectively (n=1), to reduce number of students (n=1), the provision of teaching methodology course.

4. **DISCUSSION**

The tutors were assessed on their levels of qualification and their details relating to clinical teaching. According to the findings most tutors had diploma and advanced diploma, which was not enough for quality teaching as per “Madhavanprabhakaran et al. (5); Ramani and Leinster (13). Difficulties to respond to questions suggest the knowledge gap in clinical teaching “Ramani and Leinster (13)”. The teaching methodology course could be very helpful and meaningful to them as suggested. Moreover, the Tutors have to upgrade to reach bachelor and above levels, with clinical teaching knowledge and be devoted to guide student nurses in clinical settings on a continuous basis. By using the competence based curriculum, and multiple methods of teaching, with emphasis on quality assurance mechanisms in a
manageable enrollment of student nurses, the clinical competence could be maintained. Fortunately the institutions had standardized guideline (Practicum guide) to guide the learning and teaching process in clinical areas. But the steps for clinical teaching procedures were not partially applied by the majority (56%), although they presented that they learnt it in teaching methodology courses. There could be problems with the curriculum used as to what extent do they receive clinical teaching methodology compared to theoretical part, because they all admitted the need for the refresher clinical teaching methodology course.

The participants have positive attitude towards teaching, nursing profession, patients, and students. High positions (Principal & assistant) to the school and higher level of education seem to affect the attitude towards teaching, this findings correlate with “Mabuda et al.(6)”. The mentioned factors affecting clinical teaching contributed to incompetence to student nurses related to staff and student number, equipment and environment, were in line with “Brannagan et al.(1).” The multi-sectoral approach would be used to clear it, such as utilization of the available (PHCSDP). Peer teaching could be introduced, because it minimizes the workload from shortage of instructors, it also prepares the students for their future roles as educators, builds their self-esteem, and enhances their psychomotor skills as well as their attitudes (El-Sayed et al.(2); Brannagan et al.(1). Other factors such as lack of commitment, conflict (Naidoo(10); Mabuda et al.(6) & timetabling can be solved internally by the school and hospital administration.

The Clinical teaching personnel should be motivated. The Nurse Managers have to ensure sufficient equipment in working places. Good cooperation among college tutors, preceptors, ward incharges, unit managers and students should be maintained.

The institutions have to work on the mentioned factors affecting clinical teaching, which will eventually improves clinical teaching and learning, clinical competence among students, good nursing care, quick healing process, short hospital stay and ultimately healthy nation.

5. CONCLUSION

The proper clinical knowledge, attitude and teaching strategies, commitment and hardworking, to nurse tutors, also improvement of teaching environment, peer teaching practice, the necessary plans from tutors themselves, plans and funds from PHCSDP and other donors, would be very helpful on improvement of clinical competencies to students as well as nurses after graduation. The clients/patients will enjoy an excellent nursing care from them, which enhances quick recovery.

Further studies to be done on the details of tutors’ training curriculum related to the coverage of clinical teaching content as well as their own practice in clinical areas during training.

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