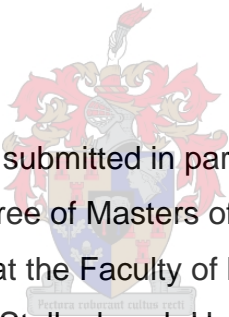


Towards a Faculty Development Guideline for Nurse Educators at Welwitchia Health Training Centre: An Exploratory Study

By

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Declaration

By submitting this thesis electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe any third party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

Date: March 2023

Acknowledgement

I want to express my gratitude to God for allowing me to pursue my MPhil in HPE. Although the journey was difficult, I was able to finish my studies, thanks to God's love, grace and mercy.

Reflecting, I do not think I ever imagined I would be writing this page when I first started this MPhil in HPE. I am glad I have reached this point. I want to express my gratitude to my mentor, Mrs. San Schumtz, for providing me with all the support I required during this journey.

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Abstract

The main goal of higher education institutions is to enable learning. For educators to fulfill this goal effectively, they must be suitably trained to obtain the background of the role. The number of institutions in Health Professions Education (HPE), including nursing training institutions, has increased significantly in recent years. Due to the high demand for nurse educators, training facilities began hiring registered nurses to fill academic positions. Therefore, it is crucial that these nurse educators, who may not necessarily be prepared for a teaching role, receive support to enable a seamless transition from clinical nursing to nursing education. Planning and implementing faculty development (FD) programmes is one way nursing institutions can assist these nurses in increasing their knowledge and teaching abilities.

The goal of this study was to explore the perspectives of nurse educators at the Welwitchia Health Training Center (WHTC) about what FD initiatives could assist in strengthening their knowledge and comprehension of the teaching role and its practice. It was envisaged that the findings of this study would help in providing recommendations that would inform the future development of a FD guideline. The guideline might help WHTC build a programme that is appropriate for FD to serve the needs of nurse educators.

In this exploratory qualitative study, semi-structured in-depth interviews were used to gather data. The process of data analysis was thematic analysis, which was derived from the work of Braun and Clark (2012). During the analytical process, it became clear that FD needed to be seen to extend beyond individual initiatives and training, and that it was influenced by a wide range of factors that spoke to an environment that was framed with appropriate policy and enabled the provision of support and human resources to enable educators to fulfil their teaching role. Three main themes were identified, and each theme had a subtheme that described related notions. Being a nurse educator is the first theme, becoming a nurse educator is the second theme, and strengthening the educator is the third theme.

In the role as nurse educators, decisions are made every day about what to teach and how to teach it. These choices are influenced by a range of different factors and by how individuals identify themselves as teachers. These factors and identity perceptions chart out each educator's 'individual journey,' centered on the nature of the role and the setting in which teaching occurs. Initiatives to support and strengthen the nurse educator requires not only focusing on what is required by each individual but will also need to take broader contextual concerns into account.

In order to assist WHTC in supporting nurse educators to develop the requisite knowledge and teaching abilities, a set of guiding recommendations were developed. The goal of these recommendations is to provide guidance for the future development of the FD guidelines and to assist WHTC in creating an enabling environment and to develop a suitable FD programme that may help educators recognise and value their role as teachers.

Opsomming

Die hoofdoel van hoëronderwysinstellings is om leer moontlik te maak. Ten einde opvoeders hierdie doel doeltreffend te kan vervul, moet hulle toepaslik opgelei word om die agtergrond van die rol te verkry. Die aantal instellings in Gesondheidsberoepse Onderwys (HBO), insluitend verpleegopleidingsinstellings, het die afgelope jare aansienlik toegeneem. As gevolg van die groot aanvraag na verpleegopvoeders, het opleidingsfasiliteite begin om geregistreerde verpleegkundiges aan te stel om akademiese poste te vul. Daarom is dit van kardinale belang dat hierdie verpleegopvoeders, wat nie noodwendig voorbereid is vir 'n onderwysrol nie, ondersteuning ontvang om 'n naatlose oorgang van kliniese verpleegkunde na verpleegonderwys moontlik te maak. Beplanning en implementering van fakulteitsontwikkeling (FD) programme is een manier waarop verpleeginstansies kan help hierdie verpleegsters in die verhoging van hul kennis en onderrigvermoëns.

Die doel van hierdie studie was om die perspektiewe van verpleegopvoeders by die Welwitchia Gesondheidsopleidingsentrum (WHTC) te verken oor watter FD-inisiatiewe kan help om hul kennis en begrip van die onderwysrol en die praktyk daarvan te versterk. Daar is in die vooruitsig gestel dat die bevindinge van hierdie studie sou help om aanbevelings te verskaf wat die toekomstige ontwikkeling van 'n FD-riglyn sou inlig. Die riglyn kan WHTC help om 'n program te bou wat geskik is vir FD om in die behoeftes van verpleegopvoeders te voorsien.

In hierdie verkennende kwalitatiewe studie is semi-gestruktureerde in-diepte onderhoude gebruik om data in te samel. Die proses van data-analise was tematiese analise, wat afgelei is van die werk van Braun en Clark (2012). Tydens die analitiese proses het dit duidelik geword dat FD gesien moes word om verder as individuele inisiatiewe en opleiding te strek, en dat dit beïnvloed is deur 'n wye reeks faktore wat gesprek het tot 'n omgewing wat met toepaslike beleid omraam is, en die voorsiening van ondersteuning en menslike hulpbronne om opvoeders in staat te stel om hul onderwysrol te vervul. Drie hooftemas is geïdentifiseer, en elke tema het 'n subtema gehad wat verwante begrippe

beskryf. Om 'n verpleegopvoeder te wees is die eerste tema, om 'n verpleegopvoeder te word is die tweede tema, en die versterking van die opvoeder is die derde tema.

F In ons rol as verpleegopvoeders neem ons elke dag besluite oor wat om te onderrig en hoe om dit te onderrig. Hierdie keuses word beïnvloed deur 'n reeks verskillende faktore en deur hoe ons onself as onderwysers identifiseer. Hierdie faktore en identiteitspersepsies skets elke opvoeder se "individuele reis", gesentreer op die aard van die rol en die omgewing waarin onderrig plaasvind. Inisiatiewe om die verpleegopvoeder te ondersteun en te versterk, vereis nie net fokus op wat deur elke individu vereis word nie, maar sal ook breër kontekstuele kwessies in ag moet neem.

Ten einde WHTC te help om verpleegopvoeders te ondersteun om die vereiste kennis en onderrigvermoëns te ontwikkel, is 'n stel riglyne aanbevelings ontwikkel. Die doel van hierdie aanbevelings is om leiding te verskaf vir die toekomstige ontwikkeling van die FD-riglyne en om WHTC te help om 'n bemagtigende omgewing te skep en om 'n geskikte FD-program te ontwikkel wat opvoeders kan help om hul rol as onderwysers te erken en waardeer.

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Abbreviations

CENM	Certificate in Enrolled Nursing and Midwifery
FD	Faculty Development
HE	Higher Education
HPCNA	Health Professions Council of Namibia
HPE	Health Professions Education
MoHSS.....	Ministry of Health and Social Services
NCHE	National Council for Higher Education
NQA	Namibia Qualification Authority
WHTC	Welwitchia Health Training Centre

CHAPTER 1: ORIENTATION OF THE STUDY

1.1 Introduction

The primary function of higher education institutions is to facilitate learning (Swennen, 2019). To serve this function effectively, there is need to ensure that faculty development (FD) is geared toward supporting and strengthening it. Within higher education institutions, one's competence in one's their own field has typically been seen as being of the utmost value when seeking to appoint a new member of the academic staff (Kamel 2016). However, these academics are often not prepared for the teaching component of their role (Boyd, 2010). Abdulghani, Hamza, Sattarl, Ahmad, Akram and Khalil (2021) argue that the process of FD prepares and enriches the efficiency of faculty members in terms of teaching and learning practices and other pertinent educational related roles. Within the field of health professions education (HPE), Kamel (2016) similarly argues that FD improves the performance of teaching staff. FD is defined as any planned activity designed to improve an individual's knowledge and skills in areas considered essential to the performance of a faculty member (Steinert, 2000). Ultimately, the main aim of FD is to enhance the academic capacity of educators (Frantz, Bezuidenhout, Burch, Mthembu, Rowe, Tan, Van Wyk & Van Heerden, 2015). However, Mumford (2011) posits that, even though there has been a greater focus on FD over the last ten years and there has been a significant increase in the number of established FD programmes, institutions of higher learning continue to experience challenges regarding the quality of their teaching and learning offering.

According to Hangula, Matengu, Likando & Shanyanana (2018), training institutions in Namibia are also experiencing challenges with teaching and learning practices suggesting a need for an increased focus on FD. How to respond to these challenges through appropriate FD initiatives was, therefore, the focus of this research. The study aimed to inform the future development of a FD guideline for nurse educators at Welwitchia Health Training Centre (WHTC) in the Republic of Namibia in order to support nurse educators to enhance their knowledge and skills within their teaching role.

1.2 Background to the study

Globally, there is a trend where health professions institutions are recruiting educators based on their clinical skills and subject content knowledge (Boyd, 2010). However, these educators may be less prepared for their teaching roles. The fact that people are appointed into such positions without the necessary knowledge, makes it a challenge as teaching in the current HPE context requires educators to be appropriately skilled in teaching to produce competent health care practitioners (Franz *et al.*, 2015). The rise in new disease trends, including the Covid-19 pandemic, has also impacted the need for more skilled health care professionals, leading to an increased demand for educators (Woolforde, Lopez-Zang & Lumley, 2012), while changing the face of education itself. These challenges and demands have also negatively impacted the nursing profession at large (Logan, Gallimore & Jordan, 2016).

Kamel (2016: 61) argues that “for so long many institutions in many countries have employed clinical professionals on the basis that a competent basic scientist or clinical professional would naturally become an effective educator.” Nursing education institutions have been faced with similar challenges, recruiting clinical expert nurses into various teaching positions due to the growing demand for nurse educators (Logan *et al.*, 2016). Even though these nurses have expertise in their field of nursing, they may not be adequately equipped with the knowledge and skills required in teaching and learning (Mumford, 2011).

Nonetheless, recent studies suggest that during the past years, there has been an increase in the establishment of FD programmes and that the implementation of these FD programmes has proven to be successful in terms of improving teaching skills in higher education and within HPE (Mumford, 2011; Steinert, 2016). Furthermore, Swennen (2019) argues that FD programmes represent a highly valuable approach as they can promote the success of both individual faculty members and the entire institution.

The government of Namibia’s drive towards the achievement of the national vision 2030 Harambee Prosperity Plan (2019) of ensuring accessible education for all in Namibia, has led to the opening of new health training centres and the expansion of new training programmes (Harambee Prosperity Plan, 2019). From 1990 to 2010, Namibia had three

(3) public health training institutions responsible for training nurses. These training institutions, dubbed 'National Health Training Centres', were tied to state-funded health facilities as part of the Ministry of Health and Social Services (MoHSS) initiative to scale up the number of trained nurses in the country to meet the demands and provision of primary health care services. However, during the period from the end of 2011 up until 2019, the ministry resolved to phase out these training centres, which paved way for the private sector to open new nursing schools in the country. The entry of the private players into this once reserved sector, has opened a new dispensation which has been marked with a sharp increase in the total number of nursing schools in the country. This was also necessitated by the increased demands for nursing education following the gap which the ministry's withdrawal of state-funded nursing schools had created (Hangula *et al.*, 2018). By September 2021, Namibia had a total of nine (9) Health Professions Councils of Namibia (HPCNA) accredited nursing schools across the country. The corresponding effect of a sizable pool of nursing schools meant an increased demand for qualified nursing educators with the requisite skills and training to match the demand in nursing education. It can be assumed that this enhanced the need for FD in support of quality education through the provision of suitably equipped nursing educators (Hangula *et al.*, 2018).

1.3 Rationale for the study

In Namibia, higher education institutions are regulated and governed by the Higher Education Act no. 26 of 2003 as well as other professional guidelines. Nursing education in Namibia also remains a regulated profession whose training and practice are both regulated in terms of Nursing Act no 8 of 2004 (Hangula *et al.*, 2018). Considering these regulations, charged with strict professional guidelines and conduct, the nursing profession demands a corresponding quality-assured curriculum that adequately prepares graduates and skilled educators to advance its teaching and learning methodologies. To ensure skilled and qualified personnel within this regulated sector, the implementation and/or adoption of a standard FD guideline for nurses remains paramount and a need worth pursuing in Namibia, and at the WHTC.

WHTC is a registered private higher education institution in Namibia with a special focus on health, social, and management sciences. The institution opened its doors to its first students in September 2013 and continues to complement the government's efforts to address shortages of health practitioners both in Namibia and beyond. WHTC was founded by professional women with a keen interest in empowering previously disadvantaged communities and is managed by a team of experts and academics accountable to the Governing Board (WHTC, 2020). WHTC and its Bachelor of Nursing Science Degree programme continue to be accredited and recognised in Namibia by the HPCNA, Namibia Qualifications Authority (NQA), and the National Council for Higher Education (NCHE). The main aim of WHTC is to provide professional education in health sciences and social development, economics, and management sciences and to significantly contribute towards the reduction in the shortage of health practitioners in Namibia. It also aims to remain relevant and capable of producing graduates who meet the industry and community expectations.

In a study, Hangula *et al.* (2018) suggests that after 21 years of independence in Namibia, it is now time to review the quality of education in higher education institutions of learning due to the increase in the number of training institutions in the country. Such a review would aim to find suitable ways to solve any problems that may have arisen and to enhance the teaching activities currently in progress at health training institutions. WHTC is an example of a health training institution that has been established during the recent growth in the number of training institutions and had to employ a cadre of nurse educators who may or may not have had education training to prepare them to take on their education role.

Drawing on what is known about the potential of relevant and timely FD initiatives to enhance teaching and learning practices (Steinert, Mann, Anderson, Barnett, Centeno, Naismith, Prideaux, Spencer, Tullo, Viggiano, Ward & Dolmans, 2016; Matsika, Nathoo, Borok, Mashaah, Madya, Connors, Campbell & Hakim, 2018), this study aimed to provide an in-depth understanding of the teaching needs for nurse educators at one nursing education institution with a view of informing such initiatives. It was envisaged that findings from this study would inform the development of different FD strategies at WHTC,

such as FD plans, that can address various challenges about teaching practices among nurse educators. Specifically, the research was designed to inform the development of a FD guideline for nurse educators at WHTC in Namibia.

1.4. Problem statement

The functioning and success of all health training centres hinges entirely on the support that faculty members receive from the institutions' management regarding their roles as educators (Whittaker & Montgomery, 2014). Abdulghani (2021) notes that, although health sciences faculty in many countries can fulfil their multiple roles, including clinical skills and health care delivery, they still need diverse proficiencies in areas such as education and leadership. Despite these findings, it is clear that a number of higher education institutions across the world continue to hire clinical experts in several fields into academic cadres for a range of different reasons, including the scarcity of educators. Because clinical expertise does not necessarily equip people to become educators, there is a gap in the educational system regarding educators' preparedness for the teaching role. (Boyd 2010; Kamel 2016). According to a study by Musheneza (2016), higher education institutions in Africa are also engaging in the practice of recruiting clinical experts into academic cadres. Some universities have been reported to be facing issues with the provision of educational services, including poor educational quality, a lack of academic leadership skills, and the inability to create an environment that fosters productivity among teachers. As mentioned above, the Namibian nursing training context is not an exception as nurse educators, while having been trained as registered nurses, have not necessarily been trained as educators.

As an educator at WHTC I have felt that there is little FD taking place to encourage and support nurse educators in their teaching role. Therefore, there is potential to develop and, where appropriate, strengthen FD programmes aimed at nurse educators to enhance their knowledge and skills and enable them to effectively facilitate teaching and learning and grow the quality of health training at health institutions.

1.5. Research aims and objectives

Ensuring that FD initiatives respond to the needs of the emerging educators requires an understanding of what the focus of such initiatives should be, hence, the aim of the study was to explore what nurse educators at WHTC perceived to be their areas of development in terms of the teaching role drawing on their understanding of the role and their experiences in it.

The proposed objectives of the study were as follows:

Main objective

The aim of this study was to explore nurse educators' experiences as educators with the view to understanding their faculty development (FD) needs as far as teaching and learning are concerned at Welwitchia Health Training Centre (WHTC).

Subsidiary objectives

- To explore what is influencing the WHTC nurse educators' teaching and learning decisions.
- To provide a detailed account of the need for FD and the nature of faculty development (FD) programs as described by nurse educators at WHTC.
- To suggest recommendations that would inform the development of a FD guideline for WHTC.

1.6. Research question

In line with the research objectives, the following research question was proposed.

- Based on their understanding and experience of the teaching role, what do nurse educators at WHTC believe to be their FD needs in terms of their teaching role?

1.7. Outline of the study

There are five chapters in this assignment. In order to better understand nurse educators' experiences in the teaching profession and identify their FD needs, the first chapter introduces the subject and gives background and contextual information.

A thorough literature analysis is provided in Chapter 2 in order to help the reader comprehend the teaching role of the nurse educator and the role of FD within that role. To support the need for the study, an in depth discussion of nurse educators, the teaching function of nurse educators, nurse educators' competencies, definitions of FD, FD in HPE, and challenges to FD in nursing education is provided.

The methodology and the research design are described in Chapter 3. This comprises the methods used for data collecting, coding, and analysis as well as the population and sample used in the study. The ethical issues are also discussed in this chapter along with the implications of being an insider-researcher for this study.

Chapter 4 summarises the study's findings and describes the themes that were found during the data analysis process by employing the thematic analysis.

Chapter 5 includes a discussion of the research findings and a list of recommendations that will lead the future development of a FD guideline intended to aid institutions in providing a conducive environment for teaching and learning. Additionally, the chapter draws a connection between the results, the study aims and the research question, and makes suggestions for any potential future studies on the subject.

CHAPTER 2: LITERATURE REVIEW

2.1. Introduction

According to Jesson, Matheson and Lacey (2011), a literature review is a comprehensive exploration and analysis of information relating to an area of study. The intent of reviewing other researchers' work is to inform the researcher about current developments in the field. Aveyard (2018) asserts that empirical studies and theoretical backgrounds serve as the fundamental basis of every study. It gives the research evidence that substantiates the topic under study. This section therefore, reviews some of the relevant academic work associated with the teaching role of nurse educators within the field of nursing education.

Nursing is a diverse practice that is at the center of the dynamic health care system across the world. Several studies have reported that, through the years, nursing practice has undergone various shifts such as changes in disease patterns that led to the demands of professionally trained nurses. These demands meant an increase in nursing training institutions (Poindexter, 2013; Mulaudzi & Uys, 2012; Booth, Emerson, Hackney & Souter, 2016; Ross & Kerrigan, 2020). Many of these training institutions were reported to have been recruiting registered nurses into academic cadres without adequate preparation for the role (Poindexter, 2013; Mulaudzi & Uys, 2012; Booth *et al.*, 2016).

Likewise, studies in Namibia have also reported a growing number of nursing education institutions (Hangula *et al.*, 2018). This growth has led to an increase in the demand for nurse educators, which has resulted in the recruitment of nurses into academic cadres based on their clinical expertise. However, the current curriculums of nursing education in Namibia are mostly focusing on patient care roles. The practice of recruiting nurses into the academic cadres raised concerns about the preparedness of these nurses in terms of their new roles as academics (Hangula *et al.*, 2018).

The success of any education system depends on the quality of educators (Booth *et al.*, 2016; Ross & Kerrigan, 2020; Cooley & Gagne, 2015; Tilley, 2008). In addition, Nagoba and Mantri, (2015) argue that educators play a crucial role in improving the quality of education. Nevertheless, Booth *et al.*, (2016) state that, for nurse educators to serve

effectively, they do not just need clinical experience but also pedagogical preparation in various aspects of educational practices. Kamel (2016) suggests that one way to enhance the nurse educator teaching role is through faculty development (FD) and defines FD as a wide range of activities that institutions apply to support staff in their teaching role.

This chapter explores the teaching role of nurse educators in the nursing education context. Furthermore, the chapter will illuminate what the literature says about the beliefs and experiences of nurse educators as well as other factors that influence the teaching role such as the teaching environment in which nurse educators teach. The chapter also offers insights into how FD is defined and understood as well as its role in enhancing the teaching role. This section, therefore, synthesizes some of the relevant academic work associated with the practice of nursing education.

2.2. Nurse educators

Nurse educators commence their careers as registered nurses. During their training, they are prepared to render patient care such as primary care, specialty care or emergency care within the various sectors of the health care systems (Booth *et al.*, 2016; Seekoe, 2003; Mulaudzi & Uys, 2012; Cooley & Gagne, 2015). Some of these nurses further their studies in nursing education at an advanced level and then choose to educate new nurses by instilling knowledge and skills of nursing hence becoming nurse educators. In some cases, their decision to become nurse educators is influenced by their passion for both education and nursing (Booth *et al.*, 2016).

Grassley and Lambe (2015) argue that these nurses may bring strong clinical skills and a desire to make a positive difference in the lives of the students. However, they are often unprepared for the challenges they may experience within their new teaching role. Furthermore, Grassley and Lambe (2015), and Cooley and Gagne (2015) state that there is great difference between teaching nursing and practicing nursing. Many nurses who enter the academic setting become faculty members with minimal preparation in the different aspects of education resulting in various teaching challenges, especially during their first year of teaching.

Cooley and Gagne (2015), and Grassley and Lambe (2015) found that nurse educators experience challenges in terms of assessment, usage of teaching resources such as course outlines, and textbooks, integration of technology in their teaching processes, and curriculum development. They further believe these challenges resulted in nurse educators lacking confidence in their teaching performances, due to the gap between their expectations of the teaching role and their actual teaching role. They indicated that one of the major expectations of nurse educators upon joining the academic field is orientation and mentorship to assist them to gain knowledge and skills and have a better understanding of their teaching role and be able to function effectively. In most cases, their expectations are not met, leading them to figure out their teaching role on their own (Mulaudzi & Uys, 2012; Seekoe *et al.*, 2003).

Another main challenge that nurse educators have been faced with is the lack of support in their teaching role from their institutions. It is argued that this lack of support serves as a major hindrance to a smooth transition from being a health care provider to a nurse educator and therefore speaks to a broader remit for FD that extends beyond the conventional workshops and training sessions (Poindexter, 2013; Johnsen, Aasgaard, Wahl & Salminen, 2002; Handwerker, 2012).

2.3. The teaching role of nurse educators

The teaching role in higher education is significant in terms of the delivery of academic activities such as curriculum development and other teaching practices (Kamel, 2016; McMillan & Gordon, 2017). In nursing education, the teaching role is equally important, it serves the same purpose of guiding nursing students to learn the art and science of nursing and be able to apply it in nursing practice (Seekoe *et al.*, 2003). As indicated earlier, in order facilitate this role effectively, nurse educators need to acquire a teaching background to be able to perform their primary function that is to teach, manage and facilitate learning rather than dispensing knowledge (Nagoba & Mantri, 2015).

Globally, nursing education falls under the umbrella of HPE and overall, under the higher education (HE) sector (Booth *et al.*, 2016). In Namibia, HE institutions are regulated and

governed by the HE Act No. 26 of 2003 as well as other governing bodies such as the Namibia Qualification Authority (NQA) and professional guidelines. Nursing education is also regulated by the HE Act as well as by the Health Profession Council of Namibia (HPCNA) and the Nursing Council Act No. 8 of 2004 (Matengu *et al.*, 2014; Hangula *et al.*, 2018). The teaching role of nurse educators in Namibia is therefore derived from these professional guidelines and governing or regulatory bodies to ensure correspondence between the nursing curriculums and the needs of society.

In nursing education, the teaching role has been expanded to ensure a professional balance between nursing education and clinical nursing (Jetha, Boschma & Clauson, 2016). The teaching role of nurse educators is described as the ability to facilitate learning, to facilitate student development and socialisation, assessment and evaluation, participation in curriculum development, evaluation of programme outcomes, and participation in continuous professional and personal development within the nurse educator teaching role, also to engage in research. Hence nurse educators are expected to demonstrate these abilities upon entry into their teaching role to be able to function effectively (Cooley & Gagne, 2015; Booth *et al.*, 2016; Johnsen *et al.*, 2002). Additionally, Grassley and Lambe (2015) and Seekoe *et al.* (2003) describe the teaching role of a nurse educator as a teacher, a scholar, a collaborator, a mentor, a nurse practitioner, and a professional service provider. Therefore, the multiple functions that nurse educators are expected to undertake creates a greater need for them to be developed to be able to function effectively within the teaching role.

As mentioned previously, the growth in the number of nursing colleges led to a shortage of nurse educators in many countries (Johnsen *et al.*, 2002; Poindexter, 2013; Cooley & Gagne, 2015). In addition, novice nurse educators who are transitioned from fully fledged health care providers to academics, experience a high level of stress and role strain at an earlier stage of their teaching role adaptation, which negatively impacts their teaching performances (Grassley & Lambe, 2015; Booth *et al.*, 2016). Hence this has had implications for the training of nurses in Namibia.

From 1990 to 2010, Namibia had three (3) public health training institutions responsible for training nurses. As previously mentioned in Chapter 1 of this present study, by September 2021 Namibia had a total of nine (9) Health Professions Councils of Namibia (HPCNA) accredited nursing schools across the country (Hangula *et al.*, 2018). The corresponding effect of a sizable pool of nursing schools meant an increased demand for qualified nursing educators with the requisite skills and training to match the demand in nursing education. This demand led to nursing institutions recruiting registered nurses into nursing teaching positions.

2.4. Competency of a nurse educator

Effective teaching requires specialised knowledge and skills related to curriculum development and implementation, teaching strategies, and assessment methods (Booth *et al.*, 2016). Hence the need for nurse educators to acquire pedagogical preparations upon the commencement of the teaching role (Johnsen *et al.*, 2002; Seekoe *et al.*, 2003; Poindexter, 2013; Mulaudzi & Uys, 2012).

The teaching competency of nurse educators is known to have a positive impact on the quality of education Mulaudzi and Uys (2012) and understanding the different factors that affect the competency of nurse educators upon taking up the teaching role, is important to consider when seeking to enhance the teaching role. These factors include lack of educational qualifications among nurse educators, which are meant to assist them in gaining knowledge and skills required for their teaching role. Furthermore, there are also pedagogical factors such as poor or lack of adequate orientation to an academic setting by the institutions; lack of institutional support; high workload; lack of mentorship; and poor cooperation among nurse educators in terms of collaboration with other faculty members (Phillips *et al.*, 2019; Booth *et al.*, 2016; Mulaudzi & Uys, 2012; Seekoe *et al.*, 2003). It is argued that these factors negatively impact the performances of nurse educators leading to a lack of confidence, high staff turnover, and poor-quality education of the new student nurses (Grassley & Lambe, 2015; Booth *et al.*, 2016).

Since the competency of educators in terms of teaching, learning and assessment is a global challenge, many studies within HPE and the nursing education context have suggested the need for an intervention to improve and maintain pedagogical practices (Booth *et al.*, 2016; Kamel, 2016; Mclean, Cilliers & Wyk, 2008; Johnsen *et al.*, 2002). One way to achieve this preparation is through the development and implementation of FD programmes (Phillips *et al.*, 2019; Seekoe *et al.*, 2003; Ramani, 2006). Therefore, the next section looks at various literature on FD in the field of HPE and nursing education.

2.5 Definitions of Faculty Development (FD)

The definition of FD is elusive, and opinions vary as to its scope and remit. FD is a term commonly used in HPE and nursing education contexts while it is often referred to as Academic Development within higher education. FD is defined by Steinert (2000) as any planned activities designed to improve an individual's knowledge and skills in areas considered essential to the performance of a faculty member. Steinert (2019) later expanded the definition of FD defining it as all activities that health professionals pursue to improve their knowledge, skills, and behaviours as teachers, educators, leaders, managers, researchers, and scholars in both individual and group settings. Swennen (2019) however, offers an even broader understanding and refers to FD as carefully designed approaches that facilitate and create a culture that supports a thoughtful focus on teaching. This definition is central to this study. From the above definitions, one may deduce that FD within health professions education refers to the variety of activities in which the institutional management and all staff members participate to improve their teaching knowledge and skills to be able to efficiently function within their teaching role and includes the establishment of an enabling and supportive environment.

2.6 Faculty development in health professions education and nursing education

FD in the health professions education context is reported to have begun in 1975 (Kamel, 2016). The establishment of FD programmes emerged from rapid changes and shifting paradigms within the field (Dee Fink, 2009; Lieff, 2010). Initially, the purpose of FD programmes was to improve educators' performance in terms of teaching practices to support the preparation of students along the proactive pathways to success Whittaker &

Montgomery, 2014). Programmes in higher education adopted many different approaches including workshops, seminars, and longitudinal programmes, and in many cases, these have been taken up in health professions education as well (Steinert, 2000; Lieff, 2010; Whittaker & Montgomery, 2014).

Through the years, however, FD programmes have undergone extensive changes due to increased demand for creativity and efficacy (Lieff, 2010; Leslie *et al.*, 2013; Steinert *et al.*, 2016). Steinert *et al.* (2016), advises that there is a need for broadening the focus of FD programmes beyond individual teaching, developing programmes that extend over time, moving from workshops to workplace-based approaches, fostering communities of practice, and securing institutional support.

There have been recommendations on how to improve educators' teaching knowledge and abilities as research on FD in higher education, particularly HPE, continues to grow (Kamel 2016; Steinert 2016; McMillan & Gordon, 2017). Peer coaching, which involves setting personal learning objectives, focusing on observation, and giving feedback, analysis, and support, is an example of a FD approach currently being used. Peer coaching has been shown to support collaboration and enable individualized learning (Steinert 2020). Communities of practice is another FD focus. The definition of a community of practice is a persistent, sustaining, social network of persons who share and develop an overlapping knowledge base, set of beliefs, values, history, and experiences focused on a shared activity and/or mutual endeavor (Steinert 2010; McMillan & Gordon, 2017).

Mentorship is often used in addition to the FD initiatives. According to Steinert (2010), mentoring is a popular strategy used to encourage academic socialisation and growth. Mentors can offer advice, direction, support, or expertise to faculty members in a variety of contexts. They can also introduce teachers to crucial professional networks and assist them in understanding the corporate culture in which they operate. This model of using mentorship in tandem with FD makes sense is a useful, especially in light of the fact that seeking a mentor and receiving mentoring has been deemed one of the most important

steps in improving one's teaching abilities (Seekoe *et al.*, 2003; Grassley & Lambe, 2015; Steinert, 2010).

FD programmes are also applicable to the nursing profession which is a branch of HPE (Phillips, Bassell & Fillmore, 2019). As nurse educators strive to deliver quality education for their students, they must be equipped with knowledge and skills of teaching (Drummond-Young, Brown, Noesgaard, Lunyk-Child, Maich, Mines & Linton, 2010). In addition, Phillips *et al.* (2019) suggest that, since the educational space is dynamic (that is, it is changing all of the time), nursing educators need to be supported as lifelong learners so that they can stay up to date with current thinking and vast technological advancement in the education system.

2.7. Challenges to faculty development in nursing education

Despite the fact that a lot of attempts to reduce FD challenges have been effectively put in place, such as the development of FD programmes, numerous studies continue to highlight problems associated with inadequate educational standards (Seekoe *et al.*, 2003; Booth *et al.*, 2016; Grassley & Lambe, 2015; Swennen, 2019). These findings can only indicate that educators' level of readiness for the teaching profession remains a gap.

Apart from the challenges described above such as lack of knowledge and skills in education (Phillips *et al.*, 2019), there are also institutional and related contextual factors that influence how educators fulfill their roles as teachers (Steinert, 2000). Drummond-Young *et al.* (2010) highlight some emerging challenges specifically in the context of nursing education such as poor academic leadership, limited research, and lack of community of practice among faculty, and as alluded to earlier, these challenges result in high faculty turnover, poor staff performance, and ineffective graduates. Hence the need for the identification of effective strategies that can promote FD to support and enhance the development of effective educators (Frantz *et al.*, 2015; Steinert, 2000).

Woolforde *et al.* (2012) conducted a FD needs assessment to determine the priorities around teaching and learning. They concluded that technological advancements have enriched the learning space and support for nurse educators to optimise such technology

is important to enable them to effectively integrate it within their teaching role. Furthermore, FD programmes may need to be implemented at a larger scale to address issues related to teaching practices, particularly considering what has been experienced during the COVID-19 pandemic, and potentially expand the professional networks which have been shown to have a positive impact on the educator's academic role (Steinert *et al.*, 2019).

Various authors within HPE have suggested that training institutions provide support for the educator's role by introducing and implementing continuous FD programmes which are carefully designed to create a culture that supports a conducive learning environment and innovations in teaching (Boyd, 2010; Grassley & Lambe, 2015; Swennen, 2019; Steinert *et al.*, 2016; Steinert, 2020). However, Frantz *et al.* (2015) also argue that HPE institutions in developing countries, which would include Namibia, are not doing as much about FD as necessary, as clinicians-turned-academic educators continually report minimal FD and insufficient preparation in knowledge and skills in education. Even though many studies have been conducted on FD with the aim of improving educators' teaching performances, some institutions within the nursing context are still experiencing teaching challenges due to the continuous recruitment of registered nurses into the academic cadres.

To date, there is limited evidence of studies on FD in the context of nursing education that have been published in Namibia. As the demand for nurse education expertise grows, there is an increasing need to develop relevant and responsive FD programmes to address these important challenges. However, it appears there is a gap in the literature on what should be the focus of FD for new nurse educators who are new to the teaching role. Therefore, it was envisaged that this study would provide recommendations for the development of FD programmes that meet the FD needs of nurse educators.

2.8. Theoretical perspective

Theories informing educational practice offer valuable lenses to analyse FD (Steinert *et al.*, 2019). This study was informed by Kern's six-step approach to curriculum

development (Figure 1), mainly drawing on the first step of the framework which is: Problem Identification and General Needs assessment (Thomas, Kern, Hughes & Chen, 2016). According to Thomas *et al.* (2016), problem identification and general needs assessment in curriculum development identify and characterise the challenge that will be addressed by the curriculum, how the problem is currently being addressed and how ideally it should be addressed. Therefore, in this study, the first step has been used to identify the gap or discrepancies between the present state (what is) of teaching and learning practices among nurse educators at WHTC and the desired state (what should be) of these practices (Thomas *et al.*, 2016). For nurse educators to give their perceptions as mentioned above, this section therefore describes how the first step of Kern's model has been applied to the study.

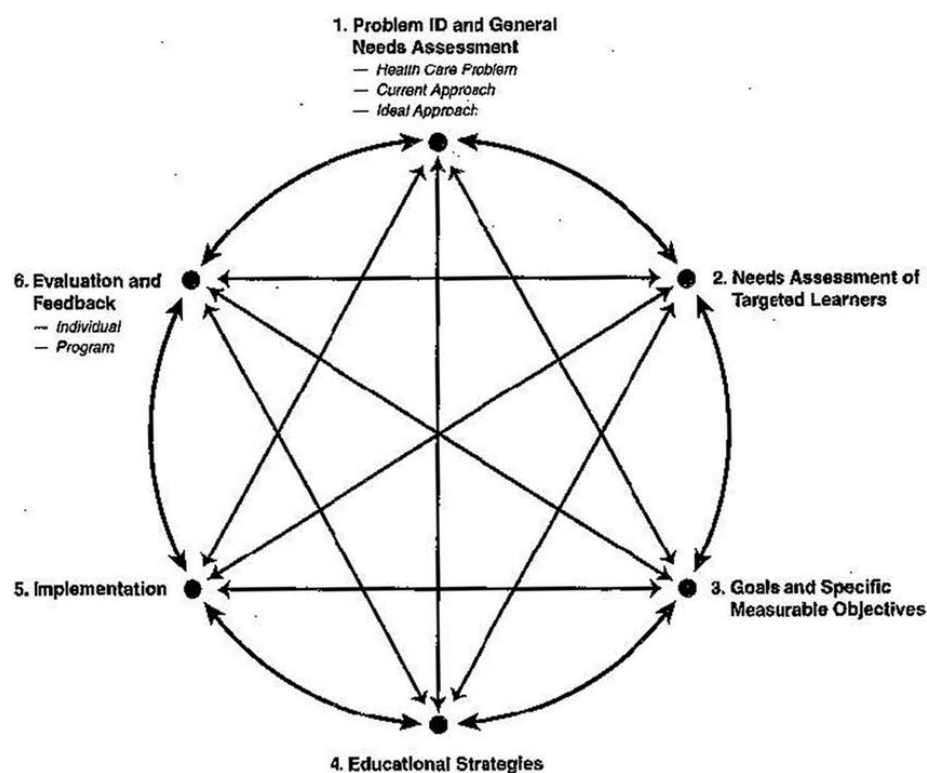


Figure 1: Kern's six-step model for curriculum development (Thomas *et al.*, 2016: 7).

As indicated above, the first step of Kern's model has been used in this study to determine how nurse educators feel about their current knowledge, and skills in terms of teaching and learning practices. Building on Kern, Morris' (2019) systematic review and revision of

Kolb's reflective, experiential learning model has been applied as it seeks to offer a pedagogical understanding of nurse educators' teaching beliefs and experiences since the commencement of their teaching role at WHTC through reflective practice.

Kolb's model has been selected for this study because it theorises that if learners are to be effective, they should demonstrate the four abilities of the model as indicated in the next paragraph (Morris, 2019). The model has, therefore, been applied to gain a deeper insight into how nurse educators at WHTC perceive the teaching role by reflecting on their expectations and experiences of the role, and what they believe to enhance their knowledge and skills in that role. Although Kolb's model has been selected for this study, another reflection such as Brookfield's model of reflection (Brookfield, 2017) could have offered a similar lens. By applying the revised experiential cycle to this study through using it to inform the development of the interview schedule, nurse educators were able to construct meaning from their teaching experiences and transform these meanings into knowledge which they have used to identify the teaching needs that they believe will assist them to enhance their knowledge and skills and be able to effectively function within their teaching role.

Kolb's model of reflection or experiential cycle consists of four learning domains that are needed by learners in order to become effective in their learning process. These domains are concrete experience abilities, reflective observation, abstract conceptualisation, and active experimentation (Morris, 2019). Reflection is defined as becoming aware of and assessing assumptions with our own perspectives in order to construct a more valid belief (Malkki, 2010). Moreover, Ruth-Sahd (2003) defines reflective practice as the ability to self-examine that involves looking back over what happened in practice with the aim of improving professional development. With reflection, the nurse educators had the opportunity to try to review and challenge their own views and beliefs about teaching and learning practices in which they have been involved. This resulted in the development of an understanding of their teaching needs that will enhance their teaching knowledge and skills.

Firstly, the concrete experience stage was explored to gain an understanding of what nurse educators believed to be their teaching role and reflect on their new teaching experience upon joining the academic field from the nursing field. Secondly, the reflective observation stage was applied to identify any inconsistencies between their new teaching experiences and their beliefs and understanding of teaching practices. Reflective observation has allowed nurse educators to review what they believe about teaching by reflecting on their experiences since commencing with their teaching role. Thirdly, based on the teaching experiences and beliefs of nurse educators, the abstract conceptualisation stage assisted them to reflect on what they have learned in terms of teaching and develop new ideas of how their teaching practices can be enhanced and be able to improve their teaching role. Lastly, the active experimentation stage has been applied to allow nurse educators to identify strategies that will assist them to enhance their knowledge and skills in teaching and by providing recommendations of how teaching practices can be enhanced and be able to function effectively within their teaching role (Morris, 2019).

2.9. Conclusion

As previously mentioned, FD was first explored in the literature in 1975, and over time, several academic areas, including HPE, have adopted and developed FD programmes. To date, FD has grown in importance as a part of HPE, including nursing education, to enhance teachers' knowledge and expertise in classroom management, leadership, and research.

Regarding the nurse educators' comprehension of the requirements of the teaching position, educators' level of readiness for the teaching profession continues to be a matter of concern. Even though the literature suggests that the teaching role may come with several challenges, nursing education institutions must continue to develop and support FD programmes that are purpose-built to advance the academic abilities of nurse educators. FD initiatives have been proven to develop the required teaching skills of educators to be successful in their teaching roles.

This chapter focused on the literature surrounding the teaching role and FD, the following chapter, Chapter 3 describes the methodological aspect of this study.

CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY

3.1. Introduction

This chapter focuses on the methodological aspects of this study. Firstly, the methods employed in carrying out this study, starting with the principles that informed the research approach, the research design, as well as the total population and sample included in the study are explored. The data collection and data analysis processes as well as the ethical considerations that were considered during the study are further described. Thereafter, trustworthiness and how it was maintained throughout the study were discussed. Lastly, the limitations of this study, regarding my role as an insider-researcher as well as the opportunities that emerge from this study pertaining to this role.

The aim of this study was to explore nurse educators' experiences as educators with the view to understanding their faculty development (FD) needs as far as teaching and learning are concerned at Welwitchia Health Training Centre (WHTC). The study was directed by the following research objectives and research question.

Subsidiary objectives:

- To explore what is influencing the WHTC nurse educators' teaching and learning decisions.
- To provide a detailed account of the need for FD and the nature of FD programmes as described by nurse educators at WHTC.
- To provide recommendations that would inform the development of a FD guideline for WHTC.

Research question:

In line with the research objectives, the following research question informed the study.

- Based on their understanding and experience of the teaching role, what do nurse educators at WHTC believe to be their FD needs in terms of their teaching role?

As mentioned in section 1.3, the findings from this study would be used to inform the future development of an FD guideline for nurse educators at WHTC. This guideline would hope to address the teaching needs of nurse educators upon joining the field of nursing education, and as they continue to be in this field to enable them to function effectively and encourage them to seek opportunities for continuous FD within their teaching role.

3.2. Research approach

The study employed a qualitative research approach. According to Creswell (2018), a qualitative study enables one to generate a rich and in-depth insight into participants' beliefs and experiences. Babbie (2015) and Bryman (2016) both argue that adopting a qualitative research approach enables one to get first-hand information about a situation. This approach was relevant for this study as nurse educators were interviewed and first-hand information was obtained on the factors that influence their teaching role and what they believe may improve their knowledge and skills to teach effectively. Furthermore, information gathering in qualitative studies is described as flexible and subjective, eliciting personal accounts (Polit & Beck, 2012; Creswell, 2018; Maree *et al.*, 2016). Adopting a qualitative approach for this study has enabled the researcher, who is a fellow nurse educator at WHTC to gain insight into what other nurse educators believe to be their FD needs to enhance their teaching practices. Hence, I have adopted a qualitative research approach as it fulfilled the interpretive essence of this study, which is to gain an understanding of how nurse educators at WHTC perceive their needs in terms of strengthening their teaching practices.

3.3. Research design

A well-defined research design is important to ensure a successful study (Bryman, 2016). The research design is defined as a blueprint for the collection of data (Brink & Van Rensburg, 2016). Bryman (2016) argues that the research design is a framework for gathering and analysing data. This study has adopted an exploratory design. Exploratory work has been described as an intensive investigation into aspects of an individual, a social unit, or a small portion of a community to gain a deeper insight into the problem in question (Swedberg, 2018).

The exploratory design has enabled me to gain a deeper understanding of what is believed to enhance teaching knowledge and skills among a group of nurse educators who are all training at one institution. Furthermore, the exploratory design provided the participants an opportunity to give an in-depth explanation of their perceptions of teaching, what their teaching expectations were for their teaching role and from fellow nurse educators who have been in the teaching field for some time.

3.3.1 Target population and Sampling

The target population refers to the set of individuals or objects having some common characteristics, which a researcher is interested in (Polit & Beck, 2012). The target population for this study was 40 nurse educators which comprised of four males, one from the CENM programme and 3 males from the Bachelor's degree of Nursing Science programme, and 36 females (n=36), - 12 from the CENM programme and 24 from the Bachelor's degree of Nursing Science programme.

Brink *et al.* (2016) define a sample as a part or a fraction of a whole. It can be a subset of a larger set, selected by the researcher to participate in a study. In this study, participants comprised of a purposively selected group of nurse educators. Participants were purposefully selected according to specified characteristics as indicated below and then were selected randomly from these sub-groups. The sample of 12 included both males (n=2) (one male from each programme) and females (n=10) (5 females from each programme) who are nurse educators at WHTC. The Bachelor's degree of Nursing Science programme trains registered nurses, while the CENM trains enrolled nurses.

Participants were purposefully selected from these programmes in order to have a nurse educator voice from each programme. This group was included in the study as they are registered nurses who have been trained to render health care services and in addition, have chosen to become nurse educators. According to Booth *et al.* (2016), some nurse educators further their studies at an advanced level and then choose to join the academic environment hence becoming nurse educators. In most cases their decision to become nurse educators is influenced by the passion for both health care and nursing (Booth *et al.*, 2016). Therefore, these nurse educators have been included in the study so that their insights into what they believe to be their FD needs in terms of teaching activities within higher education, more specifically in the nursing education context, can be explored.

Furthermore, Putri (2019) asserts that people are social beings with physiological desires related to their work environments and these desires are influenced by various factors. Putri (2019) argues that employees' length of stay at a place of work has a strong influence on their perceptions of their jobs. Therefore, one of the factors included in this study was the nurse educators' length of stay at WHTC. This factor was included to gain insight into their beliefs and perception of the teaching role based on the number of years they worked at WHTC.

In sum, participants were selected based on the following characteristics:

- Male and female participants since the population comprised of both female and male nurse educators.
- Different age groups as the population comprised of young adults and more senior nurse educators thus participants of different age categories may have different perspectives and beliefs.
- Years of service working at WHTC to obtain credible data from all participants based on their length of stay at WHTC.

Brink and Van Rensburg (2016) emphasize that qualitative sample sizes should be large enough to allow the unfolding of a new and rich understanding of the study and small enough to avoid repetition of data. Given the small-scale nature of this study, a small sample size was selected to ensure that this group would provide a range of different voices recognising that they may not be representative of the larger group.

Participants were invited to participate in the study via email. Initially, only three of the 12 invited participants responded to the invitation. I had to follow up telephonically with nine participants to confirm if they had received the invitation (Addendum A). All nine participants indicated that they had received the invitation but due to time and other reasons, they had not responded however, they all agreed to participate in the study. At the start of the interviews, all 12 participants were given an informed consent form (Addendum B) to read through beforehand and were given an opportunity to ask questions or any further clarification about the study. Prior to the interviews, the information on the consent form was explicitly explained to participants and they only signed when they were satisfied.

3.4 Data collection

3.4.1 The study site

The study site, which is the location where this study was conducted (Polit & Beck, 2012) was WHTC Windhoek Campus. This data collection site is geographically located within Windhoek municipal area, Khomas Region in Namibia. The campus operates five days a week from 08h00 to 17h00.

3.4.2. Data collection process

In-depth interviews

Data were collected by means of face-to-face interviews using a semi-structured interview guide (Addendum B) which was developed drawing on Kolb's model of reflection (Morris, 2019). Focus group discussions, where participants and the researcher interact in a group setting, is another method for gathering data in qualitative studies. Face-to-face interviews were nevertheless chosen for this study because of its benefits in promoting

reciprocity between the interviewer and the participant. Additionally, this approach provides space for each participant to offer their unique perspective and allows the interviewer to generate follow-up questions based on the participant's responses (Kallio, Pietil, Johnson & Kangasniemi 2016). The questions were formulated as indicated in Table 3.1.

Creswell (2018) states that the purpose of the interview guide is to assist the interviewer to recall the facts to cover, particularly with probing questions. Each interview commenced by first obtaining participants' demographic information. The interview guide (Addendum C) was used as a data collection tool in order to allow me to maintain the consistency of the questions during the interviews and not to omit any questions that could help me to obtain rich and in-depth data. The interview questions were organised into levels, a main question and a follow-up question (Table 3.1).

Table 3.1 *Kolb's four learning stages and questions from the interview guide.*

Concrete Experience	Reflective Observation	Abstract Conceptualisation	Active Experimentation
<p>1. What motivated you in becoming a nurse educator?</p> <p>Follow-up question: How would you explain your initial understanding of teaching and your teaching experience during the first three (3) months of being a nurse educator at WHTC?</p>	<p>2. Thinking back to your expectations, have you encountered any unexpected challenges in your actual teaching experiences? What are these challenges?</p> <p>Follow-up question: How did these challenges influence your teaching role?</p>	<p>3. Based on your experience, what are the factors that may assist you in fulfilling your teaching role?</p> <p>Follow-up question: How confident are you that these factors will assist you in your decisions regarding effective teaching?</p>	<p>4. What would you recommend in terms of improving teaching practices at WHTC?</p>

All interviews were conducted in a conducive environment that was free from disturbances and did not interfere with participant's activities. All interviews were conducted in English which is the official language in Namibia. Below is the final sample for the study (Table 3.2).

According to Kallio, Pietil, Johnson and Kangasniemi (2016), face-to-face interviews aim to generate responses from participants that are spontaneous, in-depth, and unique and reflect personal feelings. Hence flexibility and probing were applied depending on the participant's responses, which encouraged participants to share in-depth information based on their experiences, feelings and other information which they thought was vital to the study. Probing refers to stimulating a respondent to produce more information, clarify and expand responses, and explicate meaning (Brink & Van Rensburg, 2016). I therefore used probing in terms of asking follow-up question to what the participant had

said to get in-depth information. During the interviews, both verbal and non-verbal communication skills such as eye contact to encourage participants to verbalise their experiences regarding their teaching roles were used.

Table 3.2: *Final Sample*

Academic Year	Bachelor of Nursing Science	Certificate in Enrolled Nursing and Midwifery
First year	2 Participants	3 Participants
Second year	2 Participants	3 Participants
Third year	1 Participant	-
Fourth year	1 Participant	-
	Total: 6 Participants	Total: 6 Participants

Before the commencement of each interview, rapport was established by firstly greeting the participants and explaining the study to them. Participants were reassured in terms of confidentiality regarding the information shared, and the consent for use of the audio recorder was also obtained. Thereafter, I read through the consent form and gave a detailed explanation of the aim and objectives of the study and all other information to ensure that the participants gained a full understanding of the background and methods of the study while at the same time addressing emerging questions. This process continued until all 12 interviews were conducted.

The face-to-face interviews were done while observing Covid-19 protocol regulations as stipulated in the national guidelines at that time (Namibia COVID-19, 2021). Most of the interviews lasted for approximately 40 minutes. Apart from audio recording the interviews, a notebook was used to record keywords and nonverbal clues for each participant. After the interviews were over, each participant was given a snack as a token of appreciation for their time to participate in the study.

Thereafter, the audio-taped recordings were electronically transferred to a folder on my personal computer that is password protected. All recordings were labelled alphabetically

for example 'A', to maintain confidentiality and anonymity of each participant. Thereafter, the audio-recordings were transcribed verbatim by me into a Microsoft word document. All transcripts (Addendum D) were stored in a folder on a personal computer that is password protected in order to ensure privacy.

3.4.3 Data analysis

The data analysis was conducted using Braun and Clarke's (2012) six phases of thematic analysis as follows.

Phase 1: Familiarising myself with the data

According to Braun and Clarke (2012), reading and rereading through the data can take much time, but although its time consuming, immersing yourself in the data is crucial since it allows the researcher to get a better understanding of how complex the data is.

To begin with this phase, the audio data was transcribed. Thereafter, I listened to the recordings and double-checked the accuracy of the transcripts. The entire collection of data was once again read through to get acquainted with it. I thoroughly immersed in the transcribed scripts by reading and re-reading them numerous times then started looking for patterns in the data by rereading it.

Phase 2: Generating initial codes

According to Saldaña (2015), coding is an iterative process that must be repeated numerous times. A code, which might be a single word, a phrase, or an entire sentence, summarises a notion in the data (Saldaña, 2015). In this study, coding was done manually. The development of the initial codes took place after I became familiarised with the data and made some initial observations about what seemed intriguing or stood out. To gain a thorough picture of the answers to each question, I firstly look at what the data is saying, thereafter, the data were given their first codes. Following additional in-depth analysis, comparable codes were combined to provide a more informative code. The entire data set's final code was produced after multiple iterations of coding. The resulting codes were organised into categories that addressed related topics after being grouped together based on relevance (Addendum D).

Phase 3: Searching for themes

Braun and Clarke (2012) state that, there are many techniques, including visualisation that can be used to find themes. It is advised that color-coded sentences or points be grouped and used to visually identify emergent themes. During this phase, I looked for themes by creating categories to create potential subthemes and collecting additional information relevant to the topics. According to Braun and Clarke (2012), this can only be done once all the coding has been finished, and I had a list of various codes. To create an overarching theme, codes were combined based on relevancy and these groups were given names and categories were developed.

Each category was given a name, and at the end of the process, I combined the categories with the same relevance. Each group of categories was given a name and three primary themes were developed from these categories. Each theme eventually had two to three subthemes. This was followed by explaining the relevance of each subject. At the end of this process, a group of codes, categories, subthemes and themes were generated.

Phase 4: Reviewing themes

As indicated by Braun and Clarke (2012), themes may be re-evaluated, combined or subdivided into new themes. During this phase, the themes were assessed to make sure they related to the codes and the entire collection of data. In order to verify that the entire data set has been analysed, I went through and improved the themes. In order to confirm that the themes correspond to the data at this phase and to code any extra data that might have been overlooked during the first coding procedure, Braun and Clarke (2012) encourage researchers to reread the complete data set. This process was completed, and no new information was found.

Phase 5: Defining and naming themes

Subthemes can give large or complex themes structure (Braun & Clarke, 2012). Hence, continuous analysis and refining the data needs to be done in order to determine whether the themes contain the relevant subthemes. This phase involves giving each theme a name and a description (Braun & Clarke, 2012). The essential ideas of each theme were established and determined which elements of the data belong to which theme. Each theme was examined and given a thorough written explanation. Finally, the themes were clearly identified and each theme given a concise but descriptive name.

Phase 6: Produce a report

Braun and Clarke (2012) state that the report should give a succinct, understandable, and provocative description of the story the data convey, in a convincing manner. The report should connect the findings with the research question in addition to providing a description of the data analysed and findings (Braun & Clarke, 2012).

The final analysis and report writing are part of phase 6. I started drafting the final report once I had a complete set of themes and descriptions.

3.5 Trustworthiness

Trustworthiness refers to the degree of confidence in the data and all methods used to ensure data quality (Polit & Beck, 2012). Frambach, van der Vleuten and Durning, (2013) encourage the use of the following quality criteria: credibility, transferability, dependability, and confirmability. During this study, trustworthiness was maintained by applying these quality criteria as follows:

3.5.1 Credibility

According to Polit and Beck (2012) the credibility of a study refers to having a believable status or confidence in the truth of the data collected and interpretations of that data. To enhance credibility during this study, rapport was first established with the participants. This made it possible for me to create an environment for open communication with the participants. Having a good rapport with the participants encouraged a more open dialogue. The methodology of the study was carefully documented and ensured that the

data analysis process was followed according to Braun and Clarke's (2012) six phases of thematic analysis. Credibility was further enhanced by discussing the approach and examples of coding with the supervisors.

3.5.2 Confirmability

Confirmability is defined by Maree *et al.* (2016) as the degree of neutrality or the extent to which the findings of a study are shaped by the participants and not influenced by the researchers' motivation, or interest. As mentioned above, all steps and processes were documented in the research inquiry to maintain confidence in the study findings and not necessarily reflect my own interests.

3.5.3 Transferability

Transferability refers to the ability to apply the findings of the study in other contexts or to other participants (Frambach *et al.*, 2013). In this study, transferability was advanced by including thick descriptive information about the findings in the research report to allow readers to assess the data's suitability for use in different contexts. It was also assured by means of purposive sampling that enable to carefully choose the participants who would be able to provide detailed information on their experiences of their teaching role (Creswell, 2018). This was done to ensure that the findings of the study are meaningful, and the principles can be applied by other health training institutions in Namibia and other environments where the training of nurses occurs.

3.5.4. Dependability

According to Frambach *et al.* (2013), dependability refers to the consistency of the data. To ensure dependability, flexibility was maintained, and I stayed true to the process of this study. Before the actual data collection, the two supervisors reviewed the research technique and interview questions to ensure their applicability. The methodology of the investigation was thoroughly explained and followed. The two supervisors also reviewed the data analysis process, and any perceived anomalies were discussed. All revisions were made as advised to enhance the dependability of the data.

3.6. Ethical considerations

All research involving human subjects must adhere to the highest ethical standards (May & Holmes, 2012). Leary (2012) identified six concerns that dominate discussions about ethics in research involving human subjects: insufficiently informed permission from subjects, invasion of privacy, coercion to participate, potential physical or mental injury, deception, and breach of confidentiality. Every study has some risk, especially those involving human beings, hence the following ethical precautions were considered.

Approval to conduct this study was obtained from Stellenbosch University Research Ethics Committee HREC Reference No: S22/02/017 (Addendum E) and WHTC Research Ethics Committee, from whom an approval letter was obtained Reference No: WHTC/02/2022/MPHPE (Addendum F). All participants signed a consent form after a clear explanation and maximum understanding of all processes of the study. Data were collected using an audio recorder hence, the participants' consent to record the interviews was asked. The audio recordings would be stored in a lockable cabinet following the study's conclusion. Participants were given ample time to make an informed decision about participating in the study. The study was conducted in English which is the official language in Namibia. I did not encounter any language barriers; hence a translator was not required for this study.

I took ample time to explain to each participant the following information: The research topic, purpose, the benefit of the study, and that participation in the study is voluntary, if the participant wanted to withdraw from participating even after giving informed consent, they could do so without any coercion or penalty. A fair selection of study participants was ensured. All the study participants were chosen for factors that were directly linked to the study and not because they were easily available (Brink & Van Rensburg 2016). To ensure consistency of the interviews, all participants were asked the same questions. No cost was incurred to participants and all participants were informed that they will not directly benefit from taking part in the study but will benefit academically in the long run, through the improvement in the faculty.

According to May and Holmes (2012), anonymity is maintained in qualitative research by coding the data such that individuals cannot be identified. All the participants in this study received the assurance of anonymity in all presentations, reports, and publications. Throughout the course of the study, the participants' worth and dignity were always respected. The audio-recordings that were used during the interviews were marked as indicated previously. The information was handled with extreme confidentiality, and the participants' responses were kept anonymous. Participants' names were not mentioned throughout the interview, making it impossible to identify them.

3.7. Assumptions and Limitations to the study

3.7.1. My role as an insider-researcher

Fleming (2018) states that there is a key benefit of being an insider-researcher. As mentioned earlier, the fact that this study was conducted at my place of employment and among colleagues, qualifies me as an insider-researcher. The "pre-understandings" the researcher brings to the study's design are thought to be a major benefit of insider-research. The benefits of being an insider-researcher included the fact that there is a better understanding of the institutional politics and cultures and how exactly the institution operates. Therefore, conducting research in one's field of employment might disclose problems or difficulties that would otherwise go unaddressed or unmentioned and may also open doors for improvement (Breen, 2007; Fleming, 2018).

Besides the benefits mentioned above, there are also limitations associated with being an insider-researcher (Saidin, 2016). As a nurse educator at WHTC, there are existing social exchanges and relationships between me, and the participants. Saidin (2016) argues that there may be issues related to an insider-researcher such as prejudice, truth, and potential bias due to similar background to participants which may influence data interpretation. Knowing the participants might have caused a lack of objectivity and unintentional erroneous conclusions, for example, due to the close work relationships, there is a chance I may not have had access to participants' sensitive or crucial information due to the possibility of some ethical dilemmas related to privacy and confidentiality. It was crucial that I maintained a positive attitude throughout the interview

to facilitate participants having the confidence to share their in-depth experiences of being nurse educators. In addition, all the research ethical codes such as principles of trustworthiness and informed consent were closely and strictly followed to ensure that the research objectives are achieved without prejudice and biases. As an insider-researcher, it was important to maintain reflexivity throughout the interviews.

3.7.2. Reflexivity

According to Cristancho, Goldszmidt, Lingard and Watling (2018), reflexivity is the gold standard for determining trustworthiness of the data. Following on the discussion on efforts to maintain the quality of the data, and to ensure reflexivity in this study, it was crucial that I kept thinking about my role in the study as it progressed. This made it easier to remain transparent, non-judgemental, and able to evaluate the process of data collection. I was able to position myself within the study and evaluate the contribution through reflexively (Cristancho *et al.*, 2018; Dodgson, 2019). It also made it possible to keep an eye on how I interacted with the participants, and the research. All of this was required to remain conscious of how the results may impact the study's primary goal and the results (Dodgson, 2019).

3.8. Conclusion

The methodology employed to conduct this study and the ethical requirements for starting the research journey were the main topics of this chapter. Additionally, in this chapter I discussed my role as a researcher particularly as an insider researcher, outlining the elements that should be taken into account when conducting research at work. The significance of reflexivity was emphasized, and a description of how the study's quality assurance was handled was given. The chapter provided a summary of the data gathering and analysis procedures used in the qualitative research approach. Finally, the chapter underlined the ethical issues surrounding this study and described its constraints. In the following chapter, Chapter 4 the study findings are discussed.

CHAPTER 4: STUDY FINDINGS

4.1. Introduction

The aim of this study was to explore nurse educators' experiences as educators with the view to understanding their faculty development (FD) needs as far as teaching and learning are concerned at Welwitchia Health Training Centre (WHTC). In the previous chapter, the methodological aspect of this study was discussed. In this chapter, the findings of this study are presented.

During the data analysis process, three (3) main themes were generated, and each theme had subthemes that were relevant within that theme. (Table 4.1).

Table 4.1: *Themes and sub-themes*

Themes and Sub-themes		
Theme 1: Becoming a teacher	Theme: 2 Being a nurse educator	Theme: 3 Strengthening the nurse educator
<u>Sub-theme 1.1</u> Preparedness for the teaching role	<u>Sub-theme 2.1</u> Teaching experiences	<u>Sub-theme 3.1</u> The value of a teaching qualification
<u>Sub-theme 1.2</u> Entry into the teaching role	<u>Sub-theme 2.2</u> Policies and guidelines	<u>Sub-theme 3.2</u> Faculty development
<u>Sub-theme 1.3</u> The teaching environment		<u>Sub-theme 3.2</u> Building community

4.2. The study Participants

First and foremost, it is important to gain a deeper understanding of the participants whose voices are being heard in this study in order to grasp the context in which their responses were provided. Additionally, it will help to better comprehend the various viewpoints held by various individuals. However, it is also crucial to keep in mind that these findings do not represent all nurse educators at WHTC and other health training

institutions in Namibia. Nevertheless, the nurse educators offer their perspectives on what they believed to be their FD needs that can potentially enhance their teaching knowledge and skills, and it was these perspectives that were being sought in this study.

This study was conducted at WHTC Windhoek Campus where twelve participants took part: six participants teaching on the Certificate in Enrolled Nursing Science programme and the other six were from the Bachelor of Nursing Science programme. All participants are permanently employed as nurse educators and are responsible for teaching student nurses. Participants' characteristics were as follows: (Table 4.2)

Table 4.2: *Participants' characteristics*

Number of Participants	12 Participants
Gender	Female and Male
Age categories	18 – 29 years: 1 Participant 30 – 49 years: 10 Participants 50 – 60 years: 1 Participant
Years of service at WHTC	1 - 3 years: 4 Participants 3 - 5 years: 7 Participants 6 - 7 years: 1 Participant
Education background	9 Participants: No education background, they were employed from clinical nursing. 3 Participants: Had education background, they were employed from other nursing training institutions.
Education qualifications	4 Participants: Had education related qualifications. 2 Participants: Master's degree in Nursing Education 2 Participants: Post-graduate Diploma in Nursing Education
	2 Participants: Master's degree in other fields related to nursing.
	6 Participants: Were employed with a Bachelor's degree of Nursing Science only

4.3. The study findings

The findings are discussed under the three major themes as stipulated above in Table 4.1. Illustrative quotes have been incorporated verbatim.

4.3.1. Theme 1: Becoming a teacher

This theme focuses on the teaching role. The theme describes the nurse educator's preparedness in taking up the teaching role in terms of knowledge and skills of teaching. It also describes the experiences of the participants upon entry into the academic cadre. In addition, participants' experiences about the teaching environment is highlighted.

4.3.1.1 Subtheme 1.1: Preparedness for the teaching role

From the beginning of the interviews, it became evident that understanding of the teaching role was the major challenge to effective teaching to most of the participants. Most of the participants indicated that they had little idea of how to go about teaching. One participant stated that

“Before I started teaching, I was clueless, really.” (Participant L).

Another offered a similar perspective:

“I really don't have experience on how to do the lesson plan. What strategy or method I should use when teaching students and the approaches. I didn't have any knowledge on that” (Participant B)

Some of the participants based their ideas of teaching on their previous learning experiences. They were unsure of the starting point in terms of teaching. For example, one of the participants stated that:

“Then how do I teach? How do I start? Because I'm saying I was using my past experience to teach but what if I didn't teach before? Then how do you teach? How? What?” (Participant A)

These nurse educators expressed minimal understanding in terms of the nature of the teaching role upon joining the academic field thus making it difficult for them to determine the level or the depth of the content they are expected to deliver to their students.

“How deep should you really teach these students?” (Participant C)

The participants also stated that it was mostly trial and error during their first three (3) months of teaching. They expressed uncertainties in their teaching decisions. One participant stated that:

“... I should say three months, because you don't know how deep you should go with the program that you're teaching?” (Participant A)

It also became clear that insufficient assessment skills were another obstacle to effective teaching among the participants. Some participants mentioned that they were not sure of the criteria of assessment or what was expected of them in terms of assessment hence finding it difficult to set assessment questions.

“How deep should you really phrase your questions?” (Participant C)

“I'm not sure whether it's the criteria or what some of those expectations are when it comes to assessment” (Participant E)

Therefore, the lack of preparedness for the teaching role as expressed by the participants was a clear constraint in terms of effective teaching. The participants saw the need for acquiring knowledge and skills of teaching before deciding to be nurse educators.

4.3.1.2. Subtheme 2: Entry into the teaching role

Apart from feeling underprepared for the role of teaching, participants also felt that not enough was done to facilitate their entry into this role. Participants indicated that upon joining the institution, not all nurse educators were given an induction course or an orientation to the academic settings of the institution. However, those who received an induction also stated that it was not sufficient to prepare them for their teaching role and it mostly focused on the administrative aspect and not on the academic. The administrative aspect is mostly explanations of the institution vision and mission, values and objectives of the programme and rules and regulations rather than focusing the approaches of teaching.

“I was not given orientation. So, I was not orientated on how to do it, as I just came from the hospital, from bedside nursing.” (Participant B)

Similarly, another participant stated that;

“I felt like induction was sort of like a shorter period, it was short and then it was mostly focusing on administrative aspects not really on the teaching aspects.” (Participant E)

Some participants indicated the need for guidance upon entry into the academic cadre. Participants expressed that at the beginning of their teaching practices, they were faced with various challenges as they tried to find their balance within the role.

“Well, the beginning as I said, it was a bit difficult because I feel I did not have sufficient support to start with as I think when you get a new person, you need to induct them at least on classes, where to start how to prepare the slides” (Participant J)

“I just experienced some difficulties here and there. It is whereby I finally realized that you need to be actually even just to be guided in this.” (Participant L)

It appears that the absence of induction led some participants to experiencing difficulties with their teaching practices such as the use of various technology in teaching and the approaches to teaching the learning content. Even though some may have been given course materials, it was still necessary that they be taken through and guided on different aspects of their role as one could not really figure out the expectations of the institution in terms of teaching.

“I just felt there was really not much coaching on what really is expected from you, despite you getting the course outline and so forth.” (Participant C)

“...then they should at least guide them at the beginning. Maybe, let's say two weeks...” (Participant A)

“It was just the difficulty about teaching. You know you need to learn how to connect projectors. You need to know how to present a PowerPoint, you need to prepare slides in a way that they are visible to students. So those are the challenges.” (Participant J)

Despite other participants experiencing difficulties navigating through their role, one participant expressed that they knew what to do in terms of teaching if they were provided with the course outline.

“I know what I'm supposed to do, as long as I was given the course outline, so it was mostly the course outline. And of course, I had a hand over. It was just for a day.” (Participant I)

It is thus evident that irrespective of whether nurse educators had previous teaching experiences, when they join the academic field at WHTC they are not given sufficient induction and/or orientation course which they believe would assist them in teaching effectively. The minimal induction really stood out as an obstacle to participants feeling comfortable in their role as teachers. Most participants felt that they needed some sort of induction into the practice of teaching. They felt that this guidance should be offered over a period.

4.3.1.3. Subtheme 3: The teaching environment

There were several restrictions cited when it came to the institution's technical resources and infrastructure. Participants experienced difficulties with the availability of teaching resources such as projectors, cables for connectivity and prescribed textbooks.

“There is some kind of shortage of equipment because I think we'll have to share with the others because they're also starting so sometimes you'll find yourself not having a projector, you find yourself not having cables even to connect. I don't know what is happening there.” (Participant J)

“... imagine the issue that we don't have here so the materials like projectors, or whiteboards, where you can just write and demonstrate something to a student”. (Participant H)

It appears that nurse educators must put much effort and time in attaining teaching equipment. They found themselves in a situation of first come first served when it comes to projectors, cable, etc. Participants mentioned having to fight for projectors and often brought their own equipment:

“I tried to bring the extension cord and, definitely the students could see the presentation.” (Participant D)

We mustn't run around and fight for projectors”. (Participant G)

When it came to electronic devices and internet connection, participants stated that they were not given a laptop or mobile data for work purposes:

“I have to buy on my own laptop buy my own data as to buy my own Wi-Fi.
(Participant G)

It was evident that the environment in which these nurse educators were operating made it extremely difficult for them to teach effectively. They believed the institution should support them in terms of procuring teaching resources and infrastructures to be able to teach effectively.

“I need my employer to meet me halfway not necessarily that it's free everything but that is number one.” (Participant D)

On a positive note, some participants expressed appreciation in terms of the availability of textbooks for their specific modules.

“Okay, the textbooks when you go to libraries directly, they're there.”
(Participant L)

“I think, we have a very good vibrant library at the moment. All maybe what we need to do is try to find more books, more books, and the librarian is done quite a good job. She has sent us one time to some websites where we can get books.” (Participant G)

4.3.2. Theme 2: Being a nurse educator

This theme is focusing on the nurse educators' expectations of teaching and their experiences of the role since becoming nurse educators especially during the first three months. Participants expressed their perception of the kind of support they needed from the institution and the policies and guidelines which they believe would provide guidance and inform their teaching role.

4.3.2.1 Subtheme 1: Teaching Experiences

The participants described their expectations for their own teaching as overwhelming as well as their subsequent experiences. Their experiences were characterised by what they perceived as limited knowledge and skills of teaching and learning specifically the use of various teaching strategies and methods within their teaching practises to meet students learning needs. Surprisingly, none of the participants expressed satisfaction with their teaching experiences due to the aforementioned restrictions.

“Because then you're teaching Yes, in the traditional formal manner in which you know, you just put it out there. But you don't even consider whether you have catered for everybody, whether everybody understood the content you presented” (Participant H)

“It was just the difficulty about teaching. You know you need to learn how to connect projectors. You need to know how to present a PowerPoint. You need to prepare slides in a way that they are visible to students. So you those are the challenges.” (Participant J)

“Also, in terms of preparation. One doesn't really know the behind the scenes in terms of what are the things that I've learned needed in terms of preparation, what do you need to prepare in as an as an educator, and also some of the skills that are required as an educator, that you will need to know, some of the things that I was not really aware of such as lesson planning, which is something that is a nurse you are not really trained to do to plan a lesson.” (Participant E)

From the beginning of the interviews, it became evident that, participants experienced challenges with teaching practices as well as minimal support given to them. This sentiment was expressed not only by new nurse educators but also by senior nurse educators. Some participants mentioned that one of the barriers to teaching effectively was their lack of preparation for the role. One participant brought up issues with student learning gaps in the classroom.

“I encountered challenges, especially dealing with students, because then only later, I had to realize that these people are not the same. That students are different. They have different learning needs, different learning styles. So there was all those things that I needed to incorporate just to get them to actually understand the concept of what you're doing.” (Participant H)

Most of the participants expressed their expectations of guidance in terms of the academic role but felt that nothing was offered to them. One participant mentioned that at the beginning, it was difficult for them to fit in the academic field as they felt they were given inadequate support.

“Well, the beginning it as I said, it was a bit difficult because I feel I did not have sufficient support to start with” (Participant E)

“Okay, so when I when I started teaching my expectations, we sort of in the in terms of expectation, it wasn't really, it wasn't really what I expected given the amount of hours.” (Participant J)

Other participants expressed that even if they voice their concerns regarding insufficient support by management, in most cases there is no response, or any assistance given to them.

“I feel like we don't get a lot of support on what we do... There is no way you can put it, you can't report it in hopes of getting the necessary support” (Participant H)

“... It then becomes an issue such that quality might be” compromised, secondly, they might not deliver as expected.” (Participant E)

“I ended up just figuring things out on my own.” (Participant C)

“So the initial three months I was just juggling around” (Participant D)

“I was merely just doing things like going for a lesson, I wasn't even planning the lessons properly. You know, I was just diving in the blindly.” (Participant H)

During the interviews, it also became clear that nurse educators at WHTC are experiencing challenges of high workload thus affecting their general performance as nurse educators.

“.....So it's sort of like affected my delivery of work, because I was expected to do a lot of things. So my plate was sort of like overflowing at that point. So that was one of the challenges that I have encountered.”
(Participant E)

Some participants mentioned that they were overloaded with work as they were handling larger groups and multiple classes.

“When I came on board I had over 300 students. So literally, I had students from first year, second year, third year of the fourth year, I was even for research students.” (Participant H)

“Now we have a group of 60 students or more actually, like the last group of students...” (Participant D)

In addition, other participants stated that, the handling of larger volumes of students makes it difficult to employ various teaching strategies such as group work and methods within their teaching. One participant specifically mentioned that larger volumes make it difficult to give feedback during theory classes and clinical simulation to all students.

“Yeah, we are having so much big classes so it's difficult to have feedback from each and every student because can you imagine I'll give you an example of having 85 students in two hours.....with me normally with practical I need to put them in groups then they start giving feedback one by one and things like that one which is I find it difficult.” (Participant K)

“It was really interesting handling larger classes because of the number of, of students, sometimes it's a challenge if you need to do group work. Yes, sometimes it's a little bit challenging because the class is full.” (Participant G)

On another note, participants also experienced difficulties in terms of the alignment of the academic activities with their personal and professional life. It appears that they hardly get time to fulfill their multiple roles such as professional and personal development.

“If I want to go for continuous professional development or studies, I might not be able to fulfill that because of the increased workload.” (Participant E)

“So for me, the alignment the calendar, activities with the modules, and I personally teach one module that I personally teach if because calendar is we all know already it's compressed.” (Participant D)

Another two participants stated that, time is a big challenge, and it needs to be made available since they are so packed with academic activities.

“We need time because time is not enough... Yes, the time is not really enough to cover everything that you're supposed to cover.” (Participant A)

“Time, something should be done for availability of time because we are so much packed with what we have to do.” (Participant I)

Participants believed that if time is well aligned with the academic activities, they will perform better and be able to perform their multiple roles, such as conducting research, and attending educational platforms such as seminars to upgrade their knowledge.

“I think we could also look at the amount of hours that are allocated per lecturer because if you didn't have a look at the amount of hours, if the amount of hours a lot, and they might not have so much time in terms of research and also personal development” (Participant E)

4.3.2.2. Subtheme 2: Policies and guidelines

The issue of policies and guidelines was raised as an obstacle to effective teaching. Participants raised concerns of not having teaching policies as an obstacle to their teaching role as they believe teaching policies and guidelines are guiding documents that assist them in fulfilling their teaching role. To be specific, one participant stated that:

“We need to have some teaching policies” (Participant I)

Participants have mentioned that policies and guidelines are very important as they provide standard procedures to be followed. They raised the need for communication policy and other teaching policies to be availed to them.

“First, before you implement you, you plan, you should have a tool, sort of, yeah, that tool. How do you have, like a guideline, a standard, you know, like the facility to have standard procedure guidelines or something like that.....?” (Participant C)

Other participants indicated that due to the absence of teaching policies and guidelines at WHTC, it makes it difficult for nurse educators to refer to what was communicated before as there is nothing written.

“I just need guidance in terms of communication policy is to be in place in the rest of the other policies to be in place.” (Participant D)

“...can the things also just be written down for guidance, because it doesn't make sense you say it in the mouth, word of mouth, then there is no going back there is no guide can also have our own guidelines to guide us in this operation.” (Participant H)

To conclude this theme, being a nurse educator comes with great responsibility and various challenges. At first glance it may appear that these challenges were exacerbated by an unpreparedness on the part of the nurse educators for the teaching role. However, what emerged from the data was that many of the challenges expressed were due to the lack of support from the institution such as insufficient guidance, unavailability of teaching policies and guidelines and scarcity of teaching materials and resources. According to the participants, all these constraints have negatively influenced their performance, which also compromised the quality of education being offered.

4.3.3 Theme 3: Strengthening the nurse educator

Despite the many examples of how systems, structures and the perceived lack of support for the educators, the interviews made it clear that the participants still felt there is a need for FD and that this could potentially help them navigate their educator journeys. There

was a desire to advance their teaching abilities, as well as a need of opportunities for self-development. Therefore, this theme focuses on various FD initiatives that nurse educators believed could enhance their teaching knowledge and skills to be able to teach effectively.

4.3.3.1. Subtheme 1: The value of a teaching qualification

Based on the teaching experiences of the participants, it appears that many came to realise the importance of having impetus for enhancing teaching. Participants stated that, having a teaching background prior joining the academic field would have prepared them on how to teach and to gain understanding of various aspect of the teaching role such as teaching strategies, methods and assessment.

“Since I didn't do anything related to education. I started my nursing education when I was already here. So it was not easy, because I didn't have any knowledge about teaching methods or strategies. Taxonomy how to set the question papers. So it was a really a challenge to me.” (Participant B)

“Yeah, I came not a qualified teacher Yeah, I'm a registered nurse right from the hospital... I did not have any teaching qualification. So when it comes to assessment, there were things that I just came to learn, as I was going so at first, I did not really understand as to how to set up problem solving and theory.” (Participant F)

“Well, before I joined, I was doing my Masters already. So when i now submitted my thesis, then is when I decided to move, I didn't want to move by default. And by then also I was doing my postgraduate in nursing education. So that is why I had the background but it was difficult although you go for courses the teaching is some it's a different field” (Participant J)

“I did not have the education background. Yet just completed my master's degree. But obviously, I lacked that education background that I felt that there was a gap there. So it was quite not easy for me to fit in.” (Participant K)

Additionally, participants mentioned that they mostly experienced difficulties as they did not have teaching qualifications or at least some form of educational training, they were uncertain as to how to go about their new role.

“There are so many things that has to do with teaching, is not like you can come from anywhere in any field and start to teach...I had to develop them on my own, but still I feel that there is need for me to go and have at least even a year of being in education itself” (Participant K)

Others, however, felt that even if they had other qualifications such as masters in nursing science or public health, this qualification did not prepare them for the teaching role.

“I decided, let me just dive into nursing education because I was getting my masters and I am good at teaching... it was a public health Masters.... before I started teaching, I was clueless, It was really tough for me just to get adapted to this system.” (Participant L)

Despite all the challenges they described, participants felt that it is a crucial need for every nurse educator to have a teaching qualification in order to understand the teaching role. Therefore, some participants urged all nurse educators without teaching qualifications to enroll for education courses of some sort.

“...and also I would like to encourage others to maybe register for this Postgraduate Diploma in higher education or nursing education, for us to be effective teacher,” (Participant F)

“I would recommend that every lecturer be certified as an educator qualification, because I think only when you as much as you can have all the knowledge on the subject matter, you also need knowledge on the academics you need to know how to teach....” (Participant H)

Additionally, participants recommended that WHTC should recruit nurse educators with teaching qualifications and if they do not have, the institution should take up the responsibility to train and empower these nurse educators to be able to function within their teaching role.

“They could give it time to recruit them from bedside as long as they have qualification, but they still need to do it in service training for them to improve their knowledge on teaching.” (Participant B)

“...if they will take such who have no experience, or teaching background, or education background, then they should at least guide them at the beginning. Maybe, let's say two weeks, they are teaching with someone more not just alone, maybe two of them in class.” (Participant A)

4.3.3.2. Subtheme 2: Faculty development

Several participants had suggestions about the potential of FD initiatives for strengthening their role as teachers.

Participants felt the need for continuous training on various aspects of their teaching role.

“We need an in-service training. In-service training will assist us lecturers...” (Participant B)

Another participant suggested that if this in-service training could be done *“on regular basis”* (Participant H), it will be beneficial in terms of addressing various areas of teaching from the administrative aspect to the approaches of teaching.

Additionally, participants also raised the need for workshops and seminars. Some explained how these platforms would create an opportunity for them to update their knowledge and skills and engage with different people from various training institutions.

“I would want to be guided in the sense that they should be continuous workshops because I think it has been a while since we actually had an actual workshop, where staff members or lecturers or educators should be taken through some of the areas that are highlighted” (Participant E)

“...and the workshops, also some seminars. Maybe for example, here, we've got almost four, five universities, if we have been invited, it should not be hard to say people are busy, we are always busy, yes. But these things

they are necessary, as long as the person who's going to attend the seminar or workshop is going to come and give and give feedback.” (Participant I)

Participants also highlighted that for them to teach effectively, their performance needs to be evaluated and be given feedback. One participant mentioned that:

“If there is a supervisor evaluation, there is a peer evaluation then there is student evaluation. So when we receive the student’s evaluation, they will actually answer some questions which will guide us to say, Okay, this is my weak area...” (Participant J)

Furthermore, some felt that if they are evaluated and given feedback from their supervisors, fellow nurse educator and from students, they will be well informed in terms of areas of improvement. One participant also raised the issue of appraisal feedback and not only negative feedback.

“Especially in areas where the faculty feels like you need to develop in so that you rather not just get complaints of complaints, but we also want to receive appraiser feedbacks and not just complaining feedbacks to say we don't know but yes, we don't know but how do you guide us further”.
(Participant H)

A good teacher is also one who takes time to conduct research in his/her field to remain up to date with the current changes within the education system. It became clear that the various challenges experienced by the nurse educators limited their time to participate in research activities and develop themselves personally and professionally.

“It should be known, if I'm saying I'm doing research, yes, it's Welwitchia time, but I'm using it for personal and professional growth...we need to study and acquire more information, I mean, knowledge through the studies. Yeah, we can get to publish our study”. (Participant I)

There was also a sense that if they are not participating in research, their performances may not be up to standard as they may be teaching based on outdated knowledge hence the need for the availability of the research opportunities.

“...we might not deliver as expected, and we might not have so much time in terms of research and also personal development.” (Participant E)

From the findings, it became evident that nurse educators at WHTC need to be strengthened in terms of knowledge and skills of the teaching role. Hence the need for staff performance evaluation and feedback, regular trainings, and availability of research opportunities.

Another way that participants felt that the teaching role could be strengthened is through having a mentorship programme. Throughout the interviews, mentorship has been expressed by most of the participants as a crucial way of enhancing knowledge and skills of teaching. They argued that, if they were assigned with mentors, it would have helped them to be on their feet and be able to teach effectively. One of the participants stated that:

“So if mentorship can be provided to staff members, like if you look at somebody who is already been teaching for so many years, if that person can mentor a person who joined the institution recently, as an institution, then this can also go a long way in you know, helping them to be on their feet” (Participant E)

It became clear that most of the participants believed that, during their three months of teaching, they required a mentor to guide them. They explained their experiences as *trial and error* (Participant B; C, and H).

“At first, the first three months it was like trial and error I would say (Participant A).

It is after this experience that most of the participant came to the realisation of requiring mentors.

“So I realized, at the end of the day, we need mentors.” (Participant C)

“... I'm thinking maybe we need mentors...” (Participant H)

“Mentorship and the time should be made available for us now” (Participant I)

However, the absence of mentorship has led to most of the participants figuring things out all by themselves (Participant B, and L). Hence compromising the quality of teaching.

“I ended up just figuring things out on my own.” (Participant C)

“I had to actually learn from my own perspective from my own site. So I had to sort of like learn the things on the job.” (Participant E)

4.3.3.3. Subtheme 3: Building community

Participants felt that to become an established educator, it is crucial to collaborate with other people who are experts in the field of teaching. Some suggested that, supervisors could plan with senior educators who have been in the field of teaching for longer periods and have accumulated adequate knowledge and skills of teaching to assist them in becoming better teachers. These educators can either be from within the institution or other training institutions.

“If we have people who can come and teach us those who have actually been there, I'm sure they are very much competent and they can actually help us to become much better.” (Participant K)

“...those with who has been teaching for a long time in as in as nurses, nurse educators, maybe teaching those who are just coming in the new ones.” (Participant A)

Furthermore, participants felt there is a need for WHTC to be linked to other universities nationally or internationally so that they can stay current with educational advancements. (Participant I)

“We need people to come and say hello here, these things are no longer done this way. We do this one now like this and that.” (Participant J)

“.....And the issue also of corroboration, probably it will also work, let me say, they organize lecturers from one institution, and then they come together, and they'll be like, coaching you at the same time, you will ask them questions, I believe, then I'll be more empowered. And I'll be a better educator, when it comes to the issue of assessment assessing students.”

(Participant C)

It became clear that, participants believe that collaboration may enhance their knowledge and skills of teaching as most of them believe that if WHTC is linked to other universities and other senior educators, it would receive better coaching and they will be more empowered as nurse educators.

4.4. Conclusion

At first, the participants appeared engaged in and knowledgeable about the topic of the study. They were open to discussing how they saw the teaching role throughout the interviews. However, as the interview progressed most of the participants switched the conversation to the difficulties and challenges they experienced as nurse educators at WHTC. The interviews led to the conclusion that the participants used the interviews as an opportunity to express their discontent with the institution's inadequate support. It also became evident that for one to be a teacher, it is helpful to have a teaching background. However, if this is not the case, initiatives and structures need to be put into place as a way of preparing them for the teaching role. Most of the participants experienced difficulties with teaching upon entry into the role due to minimal understanding of the role.

Furthermore, as the data analysis process went on, these participants had a tremendous desire to enhance their knowledge and skills to be able to function effectively within their teaching role. They also demonstrated an understanding of the significance of FD initiative needed at WHTC for the improvement of their performances to increase their knowledge and be competent within their teaching role. In general, these participants identified the induction of new nurse educators, availability of time to fit their multiple roles

such as conducting research and continuous support from the institution as the key to effective teaching.

CHAPTER 5: DISCUSSION AND CONCLUSION

5.1. Introduction

The aim of this study was to explore nurse educators' experiences as educators with the view to understanding their FD needs as far as teaching and learning are concerned at WHTC. The intention was to suggest recommendations toward the development of an FD guideline. It is envisaged that this guide would offer different FD initiatives that may be implemented at WHTC to enhance the knowledge and skills of nurse educators so that they are able to work effectively within their teaching role. The study was guided by the following objectives that were set to:

- Explore what is influencing the WHTC nurse educators' teaching and learning decisions.
- Provide a detailed account of the need for FD and the nature of FD programmes as described by nurse educators at WHTC.
- Suggest recommendations that would inform the development of a FD guideline for WHTC.

In this chapter, the overarching themes that were described in Chapter 4, are revisited offering a synthesis of the study findings. In this process, the implications of these findings for FD are explored and the objectives of this study as stipulated earlier attended to. Additionally, suggestions for future practice are provided, and relevant directions for further investigation are identified.

5.2 Synthesis

The study's findings showed how the teaching experiences of the participants regarding the teaching environment and other academic related factors influences their teaching, representing a process of both being and becoming a teacher (McMillan & Gordon, 2017).

5.2.1 Factors that influence the teaching role

Becoming a teacher comes with great responsibilities (McMillan & Gordon, 2017) hence it is important to ensure competency in terms of teaching practice as it is known to have a positive impact on the delivery of educational activities (Mulaudzi & Uys, 2012). In the same perspective, participants in this study believe that an effective teacher is one who is knowledgeable within their field of work both in nursing practice and teaching.

There were some nurse educators who were recruited from other nursing institutions while others were busy with their teaching qualification. These participants felt that their teaching backgrounds and qualification helped them in navigating better through their teaching role since they had teaching background but however, they also experienced difficulties regarding teaching resources and insufficient support. In contrast with the nurse educators with the teaching background, nurse educators who were recruited from clinical nursing reported a lack of preparedness for the teaching role upon taking up the teaching role. They believe that their unpreparedness for the role was a significant factor that negatively impacted their teaching decisions. Participants felt that even though they were trained as registered nurses, the knowledge of clinical nursing did not prepare them to become teachers. These beliefs were reflected in their descriptions of their lack of understanding of the different approaches to teaching such as the use of different teaching strategies and methods, and assessment procedures.

These findings are reflected in Booth *et al.* (2016) who argued that effective teaching and good performance among nurse educators can be achieved if nurse educators are adequately prepared as both academics and clinical practitioners. However, the argument by Booth *et al.* (2016) should be considered with care since it is critical to ensure pedagogical preparation, this alone may not guarantee effective teaching. I would agree that participation in prior education to be equipped with the necessary teaching background may have the potential to enhance the knowledge and skills of teaching

Poindexter (2013) echoes this, suggesting that although nurse educators are experts in clinical practice, they often lack the theoretical and practical abilities related to the nurse

educator position that are required to work in the field of teaching. Therefore, they indicate a strong need for pedagogical preparation through FD at the beginning of their role to function effectively within their role.

Cooley and Gagne (2015) found that nurse educators experience challenges in terms of the usage of teaching resources such as course outlines, textbooks, and integration of technology in their teaching processes. These findings are consistent with some of the findings of this study, especially on the use of technology in teaching. However, the position on the usage of teaching resources seems to contradict the findings of this study since most of the nurse educators in this study reported that the unavailability of resources was the bigger constraint to effective teaching and not the usage. Most of them expressed acquaintance with the use of technology and other resources. This emphasis on the availability of resources as key to enhancing teaching practice has also been identified by McMillan and Gordon (2017) and Poindexter (2013).

5.2.2 An individual journey

The findings emphasize that each nurse educator is on their own professional journey hence each has a unique experience of that journey which few experienced as enabling. Regardless of these individual experiences, it could be argued that they all deserve space for their own professional development which would include engaging with responsive and innovative teaching practices (McMillan & Gordon, 2017). Nurse educators at WHTC reported lack of time as a factor that influences their teaching decisions since implementing innovative approaches can often take time in terms of planning, and the lack of time therefore inhibited such development. They indicated that they are mostly overwhelmed with academic activities, and they hardly get time for self-development and professional development. As it stands, many educators within the nursing education context carry work home with them, creating an imbalance between personal and professional life (McDonald, 2010). Many studies that focused on the teaching role describe a good teacher as a scholar, one who participate in continuous professional development and curriculum development and other teaching responsibilities such as

assessment and evaluation, and student management (Cooley & Gagne, 2015; Booth *et al.*, 2016; Johnsen *et al.*, 2002).

5.2.3. Strengthening the nurse educator role

Teachers are central within any education system where they play a key role in the development of students as competent practitioners (Nagoba & Mantri, 2015). Every teacher needs to be adequately prepared for the role. There are many ways in which this can occur, including by attending an accredited course in education to strengthen their understanding of the field and their teaching practice (McMillan & Gordon, 2017). Despite the importance of teachers having a teaching background, most of the nurse educators in this study were recruited into the academic cadres without any teaching background. Although a few of them were busy with additional qualifications in education, as indicated earlier, Booth *et al.* (2016) suggests that for nurses to take up teaching positions, they need to hold a qualification that prepares them for the teaching role.

The nurse educators in this study felt that they needed support from the institution's management in terms of mentorship, in-service trainings on teaching practices and availability of professional development opportunities such as participation in research activities and community of practice. They felt unprepared and unsupported which influenced their teaching performance and led to frustration. These findings resonate with work by Grassley and Lambe (2015) who report that, most of the nurse educators who enter the academic cadre with little preparation experience academic stress and frustrations during their first year of being academics. Nurse educators also raised concerns regarding teaching policies and guidelines.

Teaching guidelines are not only necessary for assisting educators into becoming teachers, but also to guide teachers to teach effectively. Teaching policies and guidelines are needed to be in place to guide and inform teaching decisions such as how work is done within the institution (McMillan & Gordon, 2017). One may not be able to deliver the expected quality education if there is an absence of documents that offer guidance on how certain procedures should be done. Furthermore, teaching policies and guidelines

have been proven to develop community of practice and a shared language (McMillan & Gordon, 2017). However, nurse educators in this study reported an absence of teaching policies and guidelines at WHTC. This can only mean that nurse educators are teaching with minimal support from the institution. Therefore, having institutional guidelines can enable educators to have clear guidance of how to navigate through their teaching role.

To address these challenges, many studies within the field of nursing education, health professions education and higher education have identified various ways to strengthen teachers in terms of competency within their role. These studies suggest the development of FD programmes that can facilitate the development of a community of practice, provide workshops and seminars, enable mentorship, research and so forth (McClean *et al.*, 2008; Kamel, 2016; Nagoba & Mantri, 2015; Foley Jo Barbara *et al.*, 2003; Steinert & McLeod, 2006; Steinert, 2010; McMillan & Gordon, 2017). Despite the literature that emphasizes the importance of FD, WHTC does not appear to be providing this type of support that could potentially enable nurse educators to function effectively within their teaching role.

5.3. Implications for theory

As described in Chapter 2, this study was informed by Kern's Six-step approach to curriculum development specifically the first step of the framework which is: *Problem Identification and General Needs Assessment* (Thomas *et al.*, 2016). The application of the first step to this study adds to the understanding of what is needed to support and guide teachers, particularly those who enter the academic space as established clinicians/nurses and are then required to teach. FD in and of itself is not sufficient for effective teaching and learning, it requires a holistic, all-embracing approach that goes beyond strengthening knowledge and skills. The first step gave an understanding that, it is crucial for environmental needs to be supported structurally and for FD programmes to be in place. This way educators may be able to function effectively within their teaching role.

5.4. Implications for practice

The findings from this study highlight the need for a guideline that would attend to an expanded understanding of FD, one that recognises that it is critical for the environment to be enabling and supportive, that the necessary resources are available, and that policies are aligned with sound educational principles – thus beyond the development of knowledge and skills. Such a guideline will then inform nursing training institutions such as WHTC at different levels of management, namely, the institutional management, managers who are responsible for FD initiatives and nurse educators on what a conducive teaching and learning environment looks like and what nurse educators need to teach effectively.

5.4.1. *Implications for management*

Academic managers have the responsibility to create opportunities for educators to be exposed to different teaching environments and practices to create opportunities for growth/to flourish within the teaching role. Additionally, management especially immediate supervisors need to identify the needs of their subordinates and address them accordingly. This can be done by ensuring that all teaching practices are evaluated to identify the focus of FD initiatives needed by nurse educators, and to build on their current teaching strengths. This should be followed by constructive feedback on their performances and areas of FD needs.

Furthermore, it is crucial for the management of WHTC to align time with academic activities to ensure academic freedom. As discussed before academic freedom has been proven in various studies to have a positive impact on nurse educators in terms of having enough time to engage in research activities and other lifelong learning activities. It will also provide space to develop great initiatives that may contribute to the improvement and success of the institution (Cooley & Gagne, 2015; Poindexter, 2013; Booth *et al.*, 2016).

5.4.2. *Implications for faculty developers*

Findings from this study have provided insights on how faculty developers can create responsive FD efforts in addition to the management's duties in FD. It is essential that FD developers create FD programmes that are specifically tailored to the requirements of nurse educators. Therefore, it is the duty of faculty developers to speak with nurse educators to ascertain their FD requirements. One way in which faculty developers can enable staff to strengthen their teaching and learning is by identifying the precise FD requirements, to inform the development of a fit-for-purpose FD programme. Additionally, to create a community of shared knowledge to foster competency among nurse educators, the developers should encourage educators' participation in the facilitation of FD activities (Baker, Leslie, Panisko, Walsh, Wong, Stubbs & Mylopoulos, 2018).

5.4.3. *Implications for educators*

As has been discussed in Chapter 2, studies on FD have reported resistance related to educator participation in FD initiatives. Findings from this study seem to contradict these findings since nurse educators in this study showed an aspiration for continuous development within their teaching role. Nevertheless, and irrespective of their motivation for further study or not, nurse educators have a responsibility of identifying their teaching and FD needs. Such needs may inform the development of initiatives that can effectively cover important subjects, and it can also serve as an initiative for professional practice while teaching. In these circumstances, nurse educators may see firsthand how teaching and learning works (Cooley & Gagne, 2015; Poindexter, 2013).

5.5 Recommendation to inform the FD guideline at WHTC

To inform the development of the future development of the FD guideline, the following recommendations are made with the aim of improving teaching practices at WHTC.

1. Teaching qualification

- All nursing educators should be encouraged to obtain teaching credentials before entering the academic world in order to be prepared for the teaching role.

2. *Orientation and induction*

- To become familiar with the teaching context, it is advised that all nurse educators receive a structured and longer-term orientation and induction to the academic setting of the institutions.

3. *Adequate teaching resources*

- Since WHTC lacks sufficient teaching resources, it is advised that the institution prioritize making available sufficient resources to support teaching and learning procedures. This can be enhanced by exploring opportunities for funding.

4. *Academic freedom*

- A high workload that is classroom based has been noted at WHTC. However, there is a need for academic freedom to allow nurse educators to effectively fulfil their multiple roles such as engaging in professional and personal development activities. This can be achieved through alignment of academic activities with the multiple roles as educators.

5. *Community of practice*

- It has been highlighted that opportunities for nurse educators to come together and exchange ideas and information about best practices are rare. Therefore, it is advised that institution managers facilitate the creation of communities of practice by inviting interaction between nurse educators including new individuals to create a learning environment where they can share knowledge according to their areas of specialisation.

6. *Faculty development*

- Recommendations were made for the need for mentorship programme at WHTC to assist nurse educators to grasp the concept of teaching and learning and to gain confidence in their teaching practices.
- There is limited academic development opportunities at WHTC. It is therefore recommended for the institution to organise ongoing FD initiatives that will enhance the knowledge and skills and continues to track the development of nurse educators along their journeys to becoming scholarly teachers.

7. Policies and guidelines

- In any organisation, one cannot function effectively without guiding documents that provides guidance on how decisions are made and how work is done (McMillan & Gordon, 2017). It is therefore recommended for policies and guidelines to be made available for nurse educators at WHTC for quality assurance.

5.6 Implication for future study

Even though Kern's Six-step approach to curriculum development framework has been selected for this study, there are other theoretical frameworks that could offer useful lenses through which one can explore the nurse educators teaching experiences and FD needs. When exploring FD needs, one needs to look beyond curriculum development models. FD needs can be studied through the application of social learning theory where learning occurs through interaction (Taylor & Hamdy, 2013). FD needs may also be studied through adult learning theory where one will try to understand how adults learn so that their needs can be addressed accordingly.

There is still an issue with nurse educators participating in FD activities as this study only focuses on the FD needs of nurse educators. As a result, additional studies may look at various strategies to assure nurse educators' commitment to and participation in FD. In light of this, a potential study topic would be: What are some of the strategies that can be used to ensure nurse educators' dedication and engagement in FD activities?

A qualitative research methodology was used for this study, and only twelve individuals were interviewed. To acquire a deeper understanding of the nurse educator's teaching environment and their FD requirements, more studies may be carried out within the same setting and/or at different institutions using various methodologies, such as the quantitative or mixed method.

5.7 Possible outcomes from this study

The results of this study have brought attention to the WHTC's FD needs for nurse educators. Nurse educators shared their views on what they see as their FD needs, as well as what kinds of FD initiatives are necessary and how they will improve teachers' knowledge and skills. The management of WHTC and nurse educators will be informed of the study's findings. This might lead to the creation of more opportunities for nurse educators to receive training. Additionally, the study's recommendations serve as a starting point for the creation of FD guidelines that might help WHTC management and FD creators create a programme that is appropriate for FD use in order to support and maintain high-calibre nurse educators. Additionally, other Namibian nursing training institutions may use the study results.

5.8. Strengths and limitations

To improve teaching knowledge and abilities at WHTC, nurse educators' perceptions of their perceived FD needs was the initial focus of this qualitative research study. However, during the study, the participants' particular experiences regarding their teaching environment was explored and through the process, an understanding of what influences their teaching practice including their FD needs was gained. The study then gave a voice to the nurse educators' distinctive individual perspectives by using an exploratory design. The exploratory design allowed the gaining of rich insight into each participant's opinions, feelings and perceptions regarding their FD needs including their perceived teaching environment therefore allowing meaning of their beliefs.

The teaching role of nurse educators is influenced by several factors, and different nurse educators may have different teaching requirements. The WHTC Windhoek Campus alone was the site of the study. Since there are numerous health training institutions in our country, the study's conclusions cannot be applied to all nurse educators on all WHTC campuses or across the entire nation as experiences may vary. However, it is believed that the study's findings and recommendations may affect the organisation's future growth and inform management of the existing educational requirements for nurse educators.

I am a new researcher. My limited interviewing experience and the fact that I had a close working relationship with the participants may have influenced the responses I received from participants. For instance, some of the interviews were shorter than expected, possibly that there was mutual understanding each other's viewpoints on specific features or events. This could have led to underreporting, therefore I continued to question probe the participants until a sense that they had shared what they felt was relevant. On the other hand, some interviews were too drawn out as participants began talking about things unrelated to the subject. In those instances, I had to politely interrupt the participants to keep the conversation on track and on topic.

As mentioned in chapter 3 and 5, my responsibility as an insider-researcher was to maintain reflexivity as I was carrying out a study alongside other employees at my place of employment. It was crucial for me to maintain reflexivity throughout the process. I had to constantly consider whether what was being said was based on personal position or that of the other participants. This was not always a simple procedure since, as a nurse educator, understand what these people were expressing without them stating it.

5.9. Conclusion

The results of this study indicate that nurse educators need support systems that embrace a broad understanding of faculty development programmes and professional development initiatives – one that is cognizant of making available resources and by ensuring policies that are aligned with sound educational principles. These structures would equip nurse educators with the encouragement they need to embrace their teaching role and deepen their understanding of the benefit of teaching and learning. To enable educators to fully embrace the role, it is crucial that teaching resources and infrastructures be made available in the first place and academic time be aligned well with academic activities to allow academic freedom.

One of the objectives of this study was for nurse educators to provide recommendations that would inform the future development of a FD guideline for WHTC. The recommendations were made and are mostly focused on the required structures and

procedures that are essential for the nurse educators' professional and personal development.

A good teacher, in the opinion of McMillan and Gordon (2017) and Poindexter (2013), is one who bases their methods of instruction on the fundamentals of effective instruction. As mentioned in McMillan and Gordon (2017), one of these fundamental ideas include: a good teacher should be knowledgeable in their subject area, participate in academic faculty development, engage in reflective practice, and conduct research. Most nurse educators practice their teaching roles without even the most basic understanding, expertise, or abilities, which violates the goal of the teaching function, which is to provide high-quality education. FD has developed into a crucial component of teacher preparation programmes, especially those for nurse educators.

End Note:

I anticipated receiving help and direction when I first started teaching at WHTC in 2019. But other than going over the human resource policies, not much was done. I had a post-graduate diploma in nursing education when I first started, so I had some foundation in teaching, but I still had trouble finding my footing. This experience really inspired my research since I was curious about how other nurse educators handled transitioning from clinical nursing to teaching practices.

I now have a greater appreciation of the difficulties nurse educators face in their teaching responsibilities for their lack of training and assistance in the field. With the results of this study, I aim to be able to develop a FD guideline to help my institute produce outstanding teachers. I should start by saying that after performing the study, I now have a critical viewpoint on how to approach FD. Second, I now recognise the significance of FD inside an institution.

My research expertise and writing abilities have improved thanks to the assistance of my two supervisors. Even if I'm not yet perfect in research writing, I've come a long way from 2020 and I can confidently say I am a changed agent.

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ADDENDUM A - COVER LETTER

Dear Participant

I, Petrus Hambeleleni, am an MPhil in HPE student at Stellenbosch University. I am conducting research under the supervision of Dr. R. Meyer and Prof. S. van Schalkwyk. As a part of my Research, I need to collect primary data from various sources. You are invited to participate in a research project entitled: **Towards a Faculty Development Guideline for Nurse Educators at Welwitchia Health Training Centre: An Exploratory Study**

This study aims to:

- The aim of this study was to explore nurse educators' experiences as educators with the view to understanding their Faculty Development (FD) needs as far as teaching and learning are concerned at Welwitchia Health Training Centre (WHTC).

I kindly request you to participate in this study to assist me in completing my Research. This information is purely for my research and academic purpose only. The duration of the interview will be between 45 to 60 minutes. I assure you that the information obtained from your end will be kept confidential. Your participation in this project is voluntary. You may withdraw from the project at any time. There will be no monetary gain from participating in this research project.

I express my sincere thanks for sharing your valuable time and extending your cooperation in this regard.

Sincerely,

.....

Petrus Hambeleleni (22391258)

ADDENDUM B - CONSENT FORM**PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM**

TITLE OF RESEARCH PROJECT:	
Towards a Faculty Development Guideline for Nurse Educators at Welwitchia Health Training Centre: An Exploratory Study	
DETAILS OF PRINCIPAL INVESTIGATOR (PI):	
Title, first name, surname: Ms. Hambeleleni Petrus	Ethics reference number: S22/02/017
Full postal address: P. O. Box 7299 Oshakati Namibia 9000	PI Contact number: +264813006529

I would like to invite you to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask me any questions about any part of this project that you do not fully understand. It is very important that you are completely satisfied that you clearly understand what this research entails and how you could be involved. Also, your participation is **entirely voluntary** and you are free to decline to participate. In other words, you may choose to take part, or you may choose not to take part. Nothing bad will come of it if you say no: it will not affect you negatively in any way whatsoever. Refusal to participate will involve no penalty or loss of benefits or reduction in the level of care to which you are otherwise entitled. You are also free to withdraw from the study at any point, even if you do agree to take part initially.

The Health Research Ethics Committee at Stellenbosch University has approved this study. The study will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki, the South African Guidelines for Good Clinical Practice (2006), the Medical Research Council (MRC) Ethical Guidelines for Research (2002), and the Department of Health Ethics in Health Research: Principles, Processes and Studies (2015).

What is this research study all about?

The aim of this study is to explore what nurse educators at Welwitchia Health Training Centre (WHTC) believe to be their faculty development (FD) needs as far as teaching and learning is concerned. The study hopes to determine what influences the nurse educators teaching role and what they perceive to be their areas of development are to be able to inform the future development of a FD guideline. This research is being conducted by Hambeleleni Petrus, towards the fulfilment of the requirements for a Masters in Philosophy in Health Professions Education.

If you agree to participate in this study, you will be requested to share and discuss your teaching experiences at WHTC. The interview is estimated to take 45-60 minutes of your time. The interview will be conducted at the WHTC Windhoek campus which is your place of work or

at any other venue that is suitable to you. The interview discussions will be audio-taped, and transcribed to analyse what was discussed.

The total number of nurse educators to be recruited in this study is twelve (12).

Why do we invite you to participate?

You have been invited to participate in this study because you are a nurse educator who is involved in teaching practices at WHTC.

What will your responsibilities be?

If you agree to participate in this study, you will be requested to attend a face-to-face interview. After transcription of the audio-taped interview session, these transcripts will be sent to you for verification.

Will you benefit from taking part in this research?

An understanding of what influences the teaching role of nurse educators at WHTC and what they perceive to be their areas of development will be used to inform the future development of a FD guideline. You will not directly benefit from taking part in the study, but you will benefit academically in the long run, through the improvement in faculty management.

Are there any risks involved in your taking part in this research?

There are no risks involved. However, some participants may feel uncomfortable in sharing information. Please note that participants will remain anonymous and identities will be protected at all times. Should you experience any discomfort during the interview discussions, you may choose to withdraw at any time without any coercion or penalty.

If you do not agree to take part, what alternatives do you have?

You have an opportunity to make an informed decision of whether to take part in the study or not. You have the right to withdraw at any time without any explanation.

Who will have access to your records?

All information collected during the interviews will be protected and kept confidential. Should this information be used for publication or thesis, participants identities will remain anonymous. All audio-tapes will be kept in a lockable cabinet which is only accessible to me. The audio-taped recordings will be kept on a computer with a password. No names will be written on the transcripts, the transcripts will be identified by alphabet.

Will you be paid to take part in this study and are there any costs involved?

You will not be compensated to take part in the study, you will participate in this study voluntarily. However, you will receive a refreshment during the interview.

Is there anything else that you should know or do?

- You can phone Hambeleleni Petrus at 0813006529 if you have any further queries or encounter any problems.
- You can phone the Health Research Ethics Committee at 021 938 9677/9819 if there still is something that I have not explained to you, or if you have a complaint.

- You will receive a copy of this information and consent form for you to keep safe.

Declaration by participant

By signing below, I agree to take part in a research study entitled: Towards a Faculty Development Guideline for Nurse Educators at Welwitchia Health Training Centre: An Exploratory Study.

I declare that:

- I have read this information and consent form, or it was read to me, and it is written in a language in which I am fluent and with which I am comfortable.
- I have had a chance to ask questions and I am satisfied that all my questions have been answered.
- I understand that taking part in this study is **voluntary**, and I have not been pressurised to take part.
- I may choose to leave the study at any time and nothing bad will come of it – I will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the study researcher feels it is in my best interests, or if I do not follow the study plan that we have agreed on.

Signed at (*place*) on (*date*) 2022.

.....
Signature of participant

.....
Signature of witness

Declaration by investigator

I (*name*) declare that:

- I explained the information in this document in a simple and clear manner to
- I encouraged him/her to ask questions and took enough time to answer them.
- I am satisfied that he/she completely understands all aspects of the research, as discussed above.
- I did/did not use an interpreter. (*If an interpreter is used then the interpreter must sign the declaration below.*)

Signed at (*place*) on (*date*) 2022.

.....
Signature of investigator

.....
Signature of witness

Permission to have all anonymous data shared with journals:

Please carefully read the statements below (or have them read to you) and think about your choice. No matter what you decide, it will not affect whether you can be in the research study, or your routine health care

When this study is finished, we would like to publish results of the study in journals. Most journals require us to share your anonymous data with them before they publish the results. Therefore, we would like to obtain your permission to have your anonymous data shared with journals.

Tick the Option you choose for anonymous data sharing with journals:

I agree to have my anonymous data shared with journals during publication of results of this study

Signature_____

OR

I do not agree to have my anonymous data shared with journals during publication of results of this study

Signature_____

ADDENDUM C - INTERVIEW GUIDE

SECTION A: BIOGRAPHY

A.1	GENDER	
	MALE	FEMALE
A.2	AGE (YEARS)	
	18-29	
	30-49	
	50-59	
	Over 60	
A.3	YEARS OF SERVICE WORKING FOR WHTC	
	1 Year	
	2-3 Years	
	3-5 Years	
	More than 5 Years	

Question 1: What motivated you in becoming a nurse educator?

.....

Follow-up question: How would you explain your initial understanding of teaching and your teaching experience during the first three (3) months of being a nurse educator at WHTC?

.....

Question 2: Thinking back to your expectations, have you encountered any unexpected challenges in your actual teaching experiences? What are these challenges?

Follow-up question: How did these challenges influence your teaching role?

Question 3: Based on your experience, what are the factors that may assist you in fulfilling your teaching role? For example, teaching resources such as prescribed text books.

.....

Follow-up question: How confident are you that these factors will assist you in your decisions regarding effective teaching?

.....

Question 4: What areas do you feel you need more guidance on to help you teach more effectively?

.....

Follow-up question: How would you prefer to be guided in these areas?

.....

Question 5: What would you recommend in terms of improving teaching practices at WHTC?

.....

Thank you very much!!!!

ADDENDUM D – TRANSCRIPT

Participant B

Thu, 7/7 2:36PM • 16:40

SPEAKERS

Participant B, Hambeleleni Petrus

Hambeleleni Petrus

Good morning. My name is Hambeleleni, Petrus, and as you have read in the consent form, and i am going to interview you on my study, my study is toward the faculty development guideline for nurse educators at Welwitchia Health Training center. And I believe that you have signed the consent form, and you've read and understood what is written there. Okay, thank you so much. Yeah, welcome to the interview, it's going, it's only going to take approximately 40 to 60 minutes, and it all depends. And I want you to feel free. As a participant, I'm not going to take any of your personal details, as it is explained nicely in the consent form. So I believe that all is well, alright, so I'm just going to ask you, your age group, I'm falling under the age of, of 18 to 29, 30 to 49, 50 to 59, 30 to 40, ok 30 to 49. Okay. Okay, for how long have you been working at Welwitchia?

Participant B

This is my second year.

Hambeleleni Petrus

Okay, so you have been at Welwitchia for two years now. Okay. All right. So, we are going to start now with the questions. So the first question is, what motivated you in becoming a nurse educator at Welwitchia Health Training Center? Yeah, just what motivated you what made you to, to choose to become a nurse educator?

Participant B

What motivated me to become a nurse educator, is because I want to grow academically, as more interested in teaching students instead of bedside nursing, and I believe in academics, you are growing academically, and you're motivated to further your study.

Hambeleleni Petrus

Okay. Thank you for that. Maybe, just to follow up? How would you explain your initial understanding of teaching of, of teaching and your teaching experience during your first three months of being a nurse educator at WHTC?

Participant B

The first three months when I started teaching at WHTC, it was not easy. They say I was not given orientation. So I was not orientated on how to do it, as I just came from the hospital, from bedside nursing. And I really don't have experience on how to do the lesson plan. What strategy or method I should use when teaching students and the approaches. I didn't have any knowledge on that. But as time goes, I learned and how to set up the question papers. I didn't know about Bloom's Taxonomy. Since I didn't do anything education. I started my nursing education was already here. So it was not easy, because I didn't have any knowledge about teaching methods or strategies. Taxonomy how to set the question papers. So it was a really a challenge to me. But even though as time goes, I have learned during the process, and during my study,

Hambeleleni Petrus

Okay, maybe if you can just highlight for me, how did you manage to learn?

Participant B

And like bloom taxonomy. I learned it. When because I'm an examination committee. So I listen, when people are talking at the same time I was doing my nursing education. So I was learning at school.

Hambeleleni Petrus

Oh, you actually started now studying nursing education? Yes. Okay. The first part of the question was now what was your experience within the first three months? What was your initial understanding before you joined the team before you started teaching? How did you understand teaching?

Participant B

I didn't have this understanding that there are strategies or methods we need to use when you are teaching? So I thought to just go in the class and start talking, read and that's it. But I didn't know that there are strategies or methods that I need to use when I'm teaching these students.

Hambeleleni Petrus

Okay. They thank you so much for that. Let's move to the question. Question number two. Now thinking back now to your expectations now Um Have you encountered any unexpected challenges in your actual teaching experience? Like what are these challenges?

Participant B

Since we are doing online teaching sometimes you experienced students are not attending classes due to the problem of internet or get some they don't have gadgets so in this case our students are missing out. Okay the talking Pinto

Hambeleleni Petrus

Okay. Now from yourself now when you started now teaching have you encountered any challenges you spoke of? Like when you're explaining your experience within the first three months? You spoke of some challenges there yeah. That that's what I want you to have to highlight like these challenges. How did like yeah, what sort of challenges have you experienced now throughout your teaching role within the Welwitchia? Not much in terms of assessment in terms of your teaching role in the in general?

Participant B

Not that much.

Hambeleleni Petrus

Okay, apart from what you've already said that you will not you felt you were not teaching okay. Right now, now how did know this challenges that you've mentioned? Influence

your teaching role? The fact that you are not oriented, the fact that you didn't have any knowledge about education teaching how did it influence your teaching role?

Participant B

I cannot really say much about that, because my students didn't feel that much. So maybe they got what I was teaching them even though it was not in, in a logical order.

Hambeleleni Petrus

Maybe let's say the fact that you didn't understand or you didn't have the knowledge of teaching how did that affect you as a lecturer? Or as a nurse educator?

Participant B

I was not that much confident enough in teaching. I was not confident enough because I don't know really what I'm doing. But as I learned during the process, I gained the confidence of presenting myself

Hambeleleni Petrus

Okay. You mentioned online teaching. How did the introduction of online influence your teaching role? Maybe before we even go further, which program are you teaching again? You are teaching this at the end enrolled nursing. Okay. Now in the introduction of online came, you know, these things of COVID How did the introduction of when we moved to online, how did that influence your teaching role?

Participant B

It didn't influenced it much, I was coping because I didn't have a problem of internet, and everything was fine. The problem is just that some student won't attend classes due to lack of gadgets and internet. When setting tests some students are failing to get the test, some are saying it's disappearing. But otherwise nothing much about it. It's just on student side but on my side I didn't experience any problem.

Hambeleleni Petrus

Thank you so much for that one. Let's, let's move to next question. Based on your experience, what are some of the factors that you think may assist you in fulfilling your teaching role? For example, the teaching resources, materials, maybe textbooks, maybe time maybe anything that you can think of?

Participant B

We need an in-service training,

Hambeleleni Petrus

In-service trainings,

Participant B

On how on teaching strategies and how to set up question papers. Assessment questions, what else we need? Wi- Fi we think this all on our side as lecturers. Only in-service training not only new ones, but everyone else, all Welwitchia stuff just to improve on our teaching.

Hambeleleni Petrus

Okay. So, you are mentioning in-service trainings, why do think in-service trainings are needed? Or are they not happening now,

Participant B

There is no in-service training for the staffs, okay, to improve our teaching methods or strategies, or how to set up the assessment questions.

Hambeleleni Petrus

Okay. How confident are you that once you know receive this in service trainings, you actually improve your teaching role?

Participant B

How confident? Yeah.

Hambeleleni Petrus

How confident are you to say, Okay, if I receive an in-service training about teaching strategies, I will be able to teach effectively. Like, how can you be sure that in-service training will assist lecturers, or it will assist you in within your teaching role?

Participant B

In-service training will assist us lectures, as long as it's being done given by someone who have experience in teaching and experience in setting of assessment questions. And I'm not saying we will be 100%, but at least some were somehow we will improve on the way of teaching or setting of question papers, because I'm sure not everyone did Nursing Education. Some of us we have a master's in public health, we don't know anything about education. Okay, but in-service training will assist us.

Hambeleleni Petrus

Okay. Now, back to you now, what areas do you feel you need more guidance to help you to teach more effectively?

Participant B

Maybe what areas

Hambeleleni Petrus

Like maybe do need some assistance in terms of time in terms of setting question papers, in terms of you know, you mentioned teaching strategies

Participant B

On the approaches. How to come up with your own slides. Okay. Yeah, we need that and how to set up their assessment questions. Yes. Okay. So, once

Hambeleleni Petrus

You know, the approach, now you mentioned the approach this approach, is it for student

Participant B

Approach to students for you to teach them approaches Is this teaching strategies teaching methods? Yes, those ones? Yeah, which ones are more effective? You know, there are different strategies in different methods, which one is more effective for undergraduate students?

Hambeleleni Petrus

Okay, how we are almost there? And maybe now, how would you now prefer to be guided in those areas? Now the teaching strategies? How do you want this to be done to you to be how you would want to be guided on that?

Participant B

I'm expecting at least the institution to hire someone who is good in that, then we can be given even in-service training once a year, every once a year for testers to gain knowledge on how to approach teaching to our students.

Hambeleleni Petrus

You know, the world is changing in them, you know. Things are changing each and every day. So you will believe that if Welwitchia happen to bring someone in, and then going to be conducting these trainings for lecturers, then you believe teaching you're teaching them to actually improve. Okay, we are always we are almost done it. It's the last question. Now, what do you recommend in terms of improving teaching practices that will reach in general now for everybody?

Participant B

How will you say what will

Hambeleleni Petrus

You recommend in terms of improving teaching practices at your teacher?

Participant B

Number one, I would recommend that Welwitchia must not recruit people who don't have a qualification in education. Either they did nursing education or higher education the postgraduate diploma course. Now, if you recruit someone with Master in epidemiology, public health, nursing science, these people don't really have knowledge on education. They have knowledge on what they have mastered public health, but not in education. Because if you ask them about Bloom's Taxonomy, I'm sure you won't get answers from them. So they are teaching somehow, some were, it's questionable, because they don't know the approaches. They don't know the technique to use in education for you to deliver the knowledge and skills to the students.

Hambeleleni Petrus

That's quite interesting. Yeah, I think I'm really glad you actually opened a new door for me also to understand that so all these issues are probably coming from the fact that Welwitchia is employing nurses from bedside nursing, and nothing much is being done.
Yes,

Participant B

They could give it time to recruit them from bedside as long as they have qualification, but they still need to do it in service training for them to improve their knowledge on teaching.

Hambeleleni Petrus

No, thank you so much. I really appreciate your time. This was indeed informative. And yeah, I can only say thank you did imagine we have come to the end of our interview.

Participant B

Thank you very much

Hambeleleni Petrus

You're welcome.

ADDENDUM E – DATA ANALYSIS: THEMES, SUBTHEMES, AND CODES

THEMES	SUBTHEMES	CODES
Becoming a teacher	Preparedness for the role	Passion/ Impetus for enhancing teaching know-how/ Previous teaching experiences
	Entry into the teaching role	Preconceived ideas /Nature of the role/ trial and error/ Expectations of guidance/support
	The teaching environment	The need for teaching resources/ Inadequate support/ staff frustration
Being a nurse educator	Teaching experiences	Learning by doing/ Challenges/ knowledge and skills (Know how)/ Challenges / Assessment (Know-how)/ Challenges Time/ Challenges / Technology/resources (Know how)/ Challenges/ Workload
	Policies and guidelines	Compromised teaching and learning/ lack of teacher confidence/ communication constraints
Strengthening the nurse educator	The value of a teaching qualification	Teaching background/ teacher preparedness/ The need for guidance/support/ nature of guidance Require skills for the teaching role
	Faculty development	The need for guidance/support/ nature of guidance/induction/ mentorship Require skills for the teaching role/The need for research opportunities/
	Building community	academic freedom/ The need for collaboration/ staff engagement and interaction

ADDENDUM F - STELLENBOSCH UNIVERSITY ETHICS APPROVAL LETTER



**Approved with Stipulations
New Application**

28/04/2022

Project ID: 24274

HREC Reference No: S22/02/017

Project Title: Towards a Faculty Development Guideline for Nurse Educators at Welwitchia Health Training Centre: An Exploratory Study

Dear Ms H Petrus

The response to modifications received on 15/03/2022 14:29 was reviewed by members of the **Health Research Ethics Committee** via Minimal Risk Review procedures on 28/04/2022 and was approved with stipulations.

Please note the following information about your approved research protocol:

Protocol Approval Period: **28-April-2022 – 27-April-2023**

The stipulations of your ethics approval are as follows:

The previously suggested changes are responded to, satisfactory, thank you.

1. The revision about the hospital care and coverage; we suggest that this provision be not included at all, given the immensely low likelihood of any injury linked to this study.

Please remember to use your project ID 24274 and ethics reference number S22/02/017 on any documents or correspondence with the HREC/UREC concerning your research protocol.

Translation of the consent document(s) to the language(s) applicable to your study participants should now be submitted to the HREC.

Please note that this decision will be ratified at the next HREC full committee meeting. HREC reserves the right to suspend approval and to request changes or clarifications from applicants. The coordinator will notify the applicant (and if applicable, the supervisor) of the changes or suspension within 1 day of receiving the notice of suspension from HREC. HREC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

After Ethical Review:

Please note you can submit your progress report through the online ethics application process, available at: <https://apply.ethics.sun.ac.za> and the application should be submitted to the Committee before the year has expired. Please see [Forms and Instructions](#) on our HREC website for guidance on how to submit a progress report.

The Committee will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly for an external audit.

Provincial and City of Cape Town Approval

Please note that for research at a primary or secondary healthcare facility, permission must still be obtained from the relevant authorities (Western Cape Department of Health and/or City Health) to conduct the research as stated in the protocol. Please consult the Western Cape Government website for access to the online Health Research Approval Process, see: <https://www.westerncape.gov.za/general-publication/health-research-approval-process>. Research that will be conducted at any tertiary academic institution requires approval from the relevant hospital manager. Ethics approval is required BEFORE approval can be obtained from these health authorities.

We wish you the best as you conduct your research.

For standard HREC forms and instructions, please visit: [Forms and Instructions](#) on our HREC website (www.sun.ac.za/healthresearchethics)

If you have any questions or need further assistance, please contact the HREC office at 021 938 9677.

Yours sincerely,

Ms Brightness Nxumalo

HREC 2 Coordinator

National Health Research Ethics Council (NHREC) Registration Number:

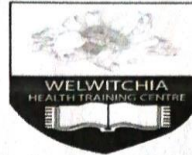
REC-130408-012 (HREC1)•REC-230208-010 (HREC2)

Federal Wide Assurance Number: 00001372
Office of Human Research Protections (OHRP) Institutional Review Board (IRB) Number:
IRB0005240 (HREC1)•IRB0005239 (HREC2)

The Health Research Ethics Committee (HREC) complies with the SA National Health Act No. 61 of 2003 as it pertains to health research. The HREC abides by the ethical norms and principles for research, established by the World Medical Association (2013). Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects; the South African Department of Health (2006). Guidelines for Good Practice in the Conduct of Clinical Trials with Human Participants in South Africa (2nd edition); as well as the Department of Health (2015). Ethics in Health Research: Principles, Processes and Structures (2nd edition).

The Health Research Ethics Committee reviews research involving human subjects conducted or supported by the Department of Health and Human Services, or other federal departments or agencies that apply the Federal Policy for the Protection of Human Subjects to such research (United States Code of Federal Regulations Title 45 Part 46); and/or clinical investigations regulated by the Food and Drug Administration (FDA) of the Department of Health and Human Services.

ADDENDUM G - WHTC – ETHICS APPROVAL LETTER



WELWITCHIA HEALTH TRAINING CENTRE RESEARCH & DEVELOPMENT CENTRE

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All correspondence must be addressed to the office of the HoC for Research & Development

07 June 2022

Dear Ms Hambeleleni Petrus

Project title:	Towards a Faculty Development Guideline for Nurse Educators at Welwitchia Health Training Centre: An Exploratory Study
Researcher(s):	Ms Hambeleleni Petrus
Supervisor(s):	Dr. R. Meyer, Prof. S. van Schalkwyk
Department:	Centre for Health Professions Education
Reference No.:	WHTC/02/2022/MPHPE
Degree:	MPhil in Health Professional Education
Institution(s):	Stellenbosch University

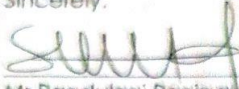
Thank you for the interest to conduct the research study at Welwitchia Health Training Centre.

The Research Ethics Committee hereby grants you on the 07 June 2022 a full permission for the application submitted. The approval pertains to the application for the study to be conducted among the staff at Welwitchia Health Training Centre.

Kindly be informed that permission has been granted under the following conditions:

1. Permission should be obtained from each individual participant
2. The data collected must only be used for research purposes
3. A copy of the final report to be provided to Welwitchia Health Training Centre
4. A different application for approval for publication of this project should be submitted.
5. The approval is valid for 12 months from date of approval. A separate application for extension must be done should the study not be complete.
6. The institution reserves the right to withdraw the permission if stipulated ethical considerations are not adhered to.

Sincerely,



Mr Panduleni Penipawa Shimanda
Head of Centre for Research & Development
Chair, Research Ethics Committee

