American Journal of
Health, Medicine and Nursing Practice
(AJHMN)


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American Journal of Health, Medicine and Nursing Practice
ISSN 2520 - 4017 (online)
Vol.3, Issue 1 No 1 pp 1- 14, 2018
www.ajpojournals.org

# ASSESSMENT OF PARTICIPATIONOF NURSING FACULTY IN CLINICAL PRACTICE IN THE KENYAN UNIVERSITIES

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**Abstract**

**Purpose:** The purpose of this study was to assess the participation of nursing faculty in faculty clinical practice in the Kenyan universities.

**Methodology:** This was a cross sectional descriptive survey. All the universities with nursing programs in the country were purposively selected. Data was then analyzed through descriptive statistics using the Statistical Package for Social Science (SPSS version 23.0).Chi-square test was used to test associations between selected independent and dependent variables.

**Results:** The study found out that most nursing faculty is participating in clinical practice though they have limited knowledge of the models of faculty clinical practice. However there are barriers and enablers that seem to influence their practice. Freedom to choose level of engagement and universities' administrative support were the top most enablers of faculty clinical practice. The top most barriers towards faculty clinical practice were increased workload and insufficient time to practice.

**Unique contribution to theory, practice and policy:** Faculty clinical practice is vital and for it to be successful universities need to come up with a defined framework

**Key words:** *faculty clinical practice, nurse academics, faculty practice models, nurse educators, clinical credibility, clinical currency*

## 1.0INTRODUCTION

### 1.1 Background of the study

Nursing is a practice profession and hence it is expected that nursing faculty are prepared both academically and clinically to teach effectively. According to Moghadam, et al (2017), clinical experience is a core competence in nursing education and faculty are expected to dedicate some time for their own clinical practice to maintain their clinical currency and competence. This plays a vital role in promoting clinical learning among nursing students, helps bridge the theory-practice gap as well as role modeling. It also enables the faculty to become well positioned to relate classroom teaching with recent exemplars from clinical experiences. Students are also able to contextualize the theoretical concepts when provided with the relevant patient centered examples and serve to enforce the credibility that the instructors' knowledge and course materials are related to the current knowledge (Flood & Robinia, 2014; Williams & Taylor, 2008). Nursing faculty also reap a lot of benefits from practice which include; maintaining competence and confidence, owning expertise and enjoying improved links with service staff and this helps facilitate research (Meskell, Murphy, & Shaw, 2009).

A survey performed in the US by Pohl, Duderstadt, Tolve-Schoeneberger, Uphold, & Hartig, (2012) on faculty practice, indicated that almost one third of the universities represented in the sample of 452 nursing faculty, had implemented a formal faculty practice plan, with many more respondents indicating that such plans were underway at their institutions.

### 1.2Problem statement

A study done by Nyangena, Mutema and Karani (2011) on evaluation of clinical training of nurses in Kenya, revealed that there was minimal involvement of nursing faculty in clinical teaching and that there were notable gaps in the clinical competence of nursing faculty as they demonstrated procedures. This has translated to theory- practice gap in the nursing graduates. One of the strategies that can be used to cover this is faculty clinical practice (Fowler,2017). Leonard, McCutcheon and Rogers (2016)argues that nursing educators should aim at developing students' knowledge base, critical thinking and decision making skills which they can then translate through practical application in clinical settings. Clinical placements should allow students to work alongside experienced registered nurses. According to Leonard et al (2016), in some countries like Canada, Australia and Finland there are mentors in the clinical areas who take up students and facilitate clinical learning. These mentors are required to develop, assess and sign off students. As such university based nurse educators only provide linkage role between the university and clinical facility. Goodman (2013) as cited by Leonard et al (2016), contradicts this argument and says that the mentors are usually under pressure in the clinical areas due to workload and may therefore not give enough support to students. The mentors may also not have the necessary training and support to be deal with the students. However in response to such issues as raised by Goodman (2013), Nursing and Midwifery Council in the UK put it as a requirement for universities to have Practice Education Facilitators (PEF).PEFs' are registered nurses who have undertaken study in educational theory post registered nursing and are based in the clinical areas to basically support students(Leonard,2016).

In pursuance of continuous professional development in the country, Nursing Council of Kenya (NCK, 2015) has put a requirement for all nursing faculty to undertake faculty clinical practice at least one day in a week in order to maintain their clinical competencies. This has however, not been embraced well in most institutions and hence the need for this study to assess the participation of nursing faculty in clinical practice. There is also paucity of studies on nursing faculty clinical practice in the region and this study therefore sought to shed more light on this issue.

### 1.3Research Objective

The main objective of this study was to assess the participation of nursing faculty in faculty clinical practice.

## 2.0THEORETICAL REVIEW

### 2.1Empirical Review

There is variation in definitions of faculty practice and this could be related to differences in settings and evolving nature of engagement in response to changes in health care (Sawyer et al., 2000). Other taxonomies used for faculty clinical practice in the literature include: faculty clinical competence, clinical credibility and clinical currency.

In early 90s' faculty clinical practice was considered as a formal arrangement between a clinical setting and a university which allowed nursing faculty to consult and deliver care which translated to research and scholarly outcomes Budden (1994) as cited by Sawyer et al.,(2000). Before the development of academic nursing centers, faculty practice usually meant that a faculty member maintained an active practice by moonlighting; that is engaging in clinical practice to augment salary. However the faculty was not accountable to anyone and had no specific requirements to meet in the clinical areas. Clinical teaching and supervision of students is not considered a component of faculty practice, as the faculty member does not have accountability to the service institution for this practice activity (Fiandt et al.2004). Faculty practice could also be a formal arrangement between a school of nursing and a clinical facility that simultaneously meets the service needs of clients while meeting the teaching, practice, service and research needs of faculty and students (Saxe et al., 2004). According to Campbell's (1993) definition as cited by Elliott & Wall (2008), faculty practice is the delivery of nursing care through advanced behaviors of research, mentoring, leadership, collaboration, and direct patient care, resulting in scholarship and student learning. Teaching begins with what the teacher knows and therefore teachers must be well informed. According to Premji, et al (2010), faculty practice encompasses delivery of evidence based quality care to patients, family and community through the roles of clinician, educator, researcher, consultant and administrator. That means faculty can take any of the mentioned roles in the clinical areas to meet practice expectations. However their practice and decisions should be based on evidence generated through research.

Ford and Kidzman (1983) as cited by Holmes, (2005) argued that in order to maintain the currency and relevance of nurse education, academic staff should maintain clinical competence by engaging in clinical practice. This would help them use exemplars related to their clinical experience. NCK (2015), defines faculty clinical practice as an activity focused on updating the clinical practical skills of the nurse educator.

Models of faculty clinical practice are seen as an innovative approach to care for vulnerable populations, support training of advanced practice nurses, build a more educated workforce infrastructure, and advance nursing research (Beal, 2012).According to Premji (2010) there is no empirical evidence to show that one model is superior than the other; what is important is a formalized faculty practice plan with measurable outcomes. The models should be informed by the mission of the school of nursing or based on distinct philosophy of practice (Swartz, 2014).The needs of the practice setting, career development plans of the individual faculty member and expectations of institution of the practice setting involved should also be put into consideration when choosing a model of practice (Premji, 2010).

In a survey done to evaluate faculty practice program by Pohl et al., (2012),appointment of faculty practice coordinator was highlighted as among the key enablers of faculty clinical practice. An investigative study on nurse educator's perception and experiences of undertaking clinical practice by Williams& Taylor (2008), revealed a significant barrier to engagement in faculty clinical practice was failure of universities' to value the clinical practice, but place emphasis on research and publishing. The university promotion system is based on the traditionally expressed mission of the university –education, research and scholarship, and service. Academic portfolios are filled with teaching evaluations, published articles and textbooks, and letters from colleagues attesting to stand within the profession and contribution to the discipline(Taylor &Williams, 2008 &(Sawyer et al., 2000). In a survey done by(Pohl et al., 2012) on faculty practice, more than half of the respondents reported that the predictors of promotion and tenure was practice , research and teaching and not the doctoral preparation. Hence, the importance of faculty clinical practice.

Workload was also identified as a significant barrier towards faculty clinical practice (Pohl et al., 2012). Premji et al (2010) cited this also in her case study to explore perceived barriers towards faculty clinical practice. Clinical practice can exact a toll on faculty as they struggle with the priorities of teaching, research, and practice. A study conducted by Moghadam et al (2017), on challenges of PhD nurses undertaking the role of clinical educators highlighted identity threat to be the major challenge. The PhD nurses felt they were lacking in clinical competence and that they had only been prepared for teaching and research roles. They also felt clinical expertise was expected from them by the clinical staff and this subjected them to embarrassments and shame as they failed to perform even the simplest procedures like intravenous catheter insertions. Some faculty also viewed clinical practice as a punishment and being forced to work where they don't like to work.

The practice role of nursing faculty is also thought to be a mechanism for providing exemplary clinical learning environment for nursing students and hence bridging the theory- practice gap. It also enriches the teaching skills of the teachers, improves the practice settings through conduct and utilization of research leading to improved quality of care (Swartz, 2014). Clinical practice helps nursing faculty to keep abreast with the realities of the clinical areas and identify the knowledge and skills required by their students and they are able to incorporate this in their teaching (Elliott & Wall, 2008). Academics who engaged in clinical practice reported that by doing so, they gained knowledge into current clinical, cultural and technological issues which consequently informed their teaching (Elliott & Wall, 2008).According to Beal (2012),clinical

sites reap some benefits from faculty clinical practice which include; opportunities of clinical staff to work with highly knowledgeable faculty and ability of the school to recruit new graduates. There are many service innovations as a result of synergy between clinical and academic staff and these benefit the community being served. The faculty is also able to maintain practice certification with the regulatory bodies.

In summary, universities should include faculty clinical practice in their missions, clearly define it and aim at integrating it in the promotion and tenure. They should also come up with a guiding framework for the practice clearly defining what faculty clinical practice is and should have measurable outcomes.

## 3.0RESEARCH METHODOLOGY

This study used descriptive cross sectional survey design. The target population was all nursing faculty teaching in the Kenyan universities. From the NCK list of nursing institutions, there are currently 24 universities offering nursing programs (out of 61 universities) with an estimate of 160 faculty members.

The sample size for this study was based on the sample size procedure for a single proportion in a cross-sectional study. The proportion of faculty undertaking clinical practice was considered the pre-study estimate. Since no previous published literature exists on the proportion of faculty undertaking clinical practice, a conservative pre-study estimate of 0.50 was used with a 5% confidence level. A finite population adjustment was then applied for finite population. Adjustment of the final sample for an anticipated non-response of 15% was done which yielded a sample size of 130.

A two stage sampling procedure was adopted in the first phase of the study. There were only 24 universities offering nursing programs as per the information sourced from the nursing council website. The 24 universities were purposively selected for this study. Individual faculty members were randomly selected from a sampling frame that was generated by listing all faculty members. A computer-generated list of random numbers was then used to select the 130 participants from the sampling frame. To achieve this, head of departments were contacted and requested to provide a list of current members of teaching staff who are permanently employed, in some instances universities' websites was checked for information. Contact information for faculty members was sourced from the head of departments and also from a whatsup group of nursing and midwifery faculty members. The questionnaires were emailed via survey monkey to the respondents outside and some were physically administered. Data was analyzed through descriptive and inferential statistics using SPSS version 23.0.

## 4.0RESULTS

### 4.1Response rate

A total of 130 questionnaires were sent to the study participants but only 72 were returned. This was 55.4% response rate which according to Mugenda (2003) is adequate. The questionnaires were checked for completeness. Seven questionnaires were majorly incomplete and list wise deletion was done. A total of 65 questionnaires were subjected to analysis.

### 4.2 Demographic Characteristics

The study sought to establish the demographic characteristics of the respondents and the results are as shown in Table 1 below:

**Table 1: Demographic characteristics of the respondents**

| Characteristic | Frequency(n=65) | Percentage (%) |
|---|---|---|
| **Sex** | | |
| Male | 16 | 24.6% |
| Female | 49 | 75.4% |
| **Age** | | |
| Below 35 years | 13 | 20% |
| 36-40 years | 24 | 36.9% |
| Above 40 years | 28 | 43.1% |
| **Highest Nursing Qualification** | | |
| Master's Degree | 46 | 70.8% |
| PhD | 16 | 29.2% |
| **Years of clinical experience prior to joining teaching** | | |
| 0-5 years | 33 | 50.8% |
| 6-10 years | 13 | 20.0% |
| More than 10 years | 19 | 29.2% |
| **Years of teaching experience** | | |
| 0-5 years | 23 | 35.4% |
| Above 5 years | 42 | 64.6% |

#### 4.2.1Gender of the respondents

Most of the respondents (75.4%) were female while only 24.6% were male as illustrated on Table 1. This confirms the notion that nursing is a female dominated profession and corresponds to the female to male ratios of Kenya Nursing workforce of 3:1(Wakaba, 2014).

#### 4.2.2Age of the respondents

The study revealed that 43.1 %( n=28) of the respondents were above 40 years of age while 36.9% (n=24) were 36-40 years. Only 20% (n=13) of the respondents were 35 years and below as illustrated on Table 1. This could be explained by the fact that faculty at the university level is expected to have a PhD qualification (CUE, 2014) and this takes some times to achieve. A minimum of two years of clinical experience is required from Bachelors level in order to enroll for a Master's program.

#### 4.2.3Academic qualifications of the Respondents

The study sought to determine the academic qualifications of the respondents based on their highest education level. The findings obtained revealed that 70.8% (n=46) of the respondents had Master's degree, 29.2% (n=16) had PhDs as illustrated on Table 1. This is an implication that

most respondents had still not met the Commission of University Education (CUE) requirements of a Doctor of Philosophy (PhD) for a university lecturer (CUE, 2014).

### 4.2.4Clinical experience of the Respondents

The study sought to establish the clinical experience of the respondents before they undertook their teaching roles. The results are as shown in Table 1.Almost half of the respondents 50.8 % (n=33) had clinical experience of 0-5 years, 20.0 %( n= 13) of the respondents had clinical experience of 6-10 years, while 29.2 %( n= 19) had experience of more than 10 years. This shows that majority of the respondents had very minimal exposure to clinical practice prior to their teaching role and hence the need for faculty clinical practice.

### 4.2.5Teaching experience of the Respondents

The study sought to determine the period the respondents had been in their teaching role as a measure of their teaching experience. The results are shown in Table 1 below. Majority of the respondents;64.6% (n=42) had taught for a period of five years and above, while 35.4% (n=23) had taught for five years and below. This implies that most of the respondents had taught for a considerable length of time hence had adequate teaching experience but had many years out from clinical practice.

### 4.3 Characteristics of universities taught by the respondents

The study sought to find out the characteristics of the universities taught by the respondents and the results are as shown on Table 2 below.

**Table 2: Characteristics of the universities taught by the respondents**

| Characteristic | Frequency(n=65) | Percentage (%) |
|---|---|---|
| **Type of university taught** | | 58.5% |
| Private and Faith based | 38 | 27% |
| Public | 27 | |
| **Affiliation with Health Facility** | | 87.7% |
| Yes | 57 | 12.3% |
| No/Not sure | 8 | 58.5% |
| **Institutional requirements of faculty clinical practice** | | |
| Yes | 45 | 69.2% |
| No/Not sure | 20 | 30.8% |
| **Factoring of faculty clinical practice in the workload** | | |
| Yes | 28 | 43.1% |
| No/Not sure | 37 | 56.9% |

### 4.3.1Type of University taught by Respondents

The study sought to determine the type of universities taught by the respondents. A large number of the respondents 58.5% (n=38) taught in Private and Faith based universities. Those who

taught in public universities were only 41.5% (n=27). This implies that private and faith based universities are the majority in the country.

### 4.3.2Affiliation of the Universities taught by Respondents to health facilities

The study aimed at ascertaining whether there was affiliation of the universities taught by the respondents, to any health facilities for the purposes of clinical practice. Majority of the respondents, 87.7% (n= 57) were affirmative while only 12.3% (n=8) said there was no affiliation or they were not sure of their universities affiliation with health facilities. This implies that most of the respondents had clinical practice sites.

### 4.3.3Requirement of faculty clinical practice in the universities taught by the respondents

The study sought to ascertain whether faculty clinical practice was a requirement at the respondents' universities. Most of the respondents 69.2% (n=45) were affirmative that it was a requirement while 30.8% (n=20) denied or were not sure. This implies that majority of the universities had made efforts to comply with NCK requirements of faculty clinical practice (NCK, 2015).

### 4.3.4Factoring of faculty clinical practice in the workload in the respondents universities

The study sought to determine whether universities taught by the respondents had factored in faculty clinical practice in the faculty's workload. Only 43.1% (n=28) of the respondents agreed that faculty clinical practice was factored in their workload while 56.9% (n=37) denied or were not sure. This implies that despite most universities putting faculty clinical practice as a requirement they had not prioritized it.

### 4.3.5Participation in faculty clinical practice

The broad objective of this study was to assess the participation of the respondents in faculty clinical practice. Majority of the respondents, 81.5% (n=53) were participating in clinical practice while only 18.5% (n=12) of the respondents were not participating.

### 4.3.6Awareness of models of faculty clinical practice

One of the specific objectives of this study was to ascertain whether the respondents were aware of the models of faculty clinical practice. Only 24.6% (n=16) of the respondents were aware of models of clinical practice. The rest of the respondents75.4% (n=49) were either not aware or not sure. This implies that only a small proportion of the respondents were aware of the existence models of faculty practice even though they participated in faculty clinical practice.

### 4.4Inferential statistics

Pearson's chi-square p values was used to show if there is any associations between independent and some dependent variables

A cross tabulation of respondents' participation in clinical practice and their prior clinical indicated there is significant relationship. This is supported by a chi- square statistic of 0.570 (p=-0.94).Those with teaching experience of 5 years and above participated more in faculty clinical practice as compared to their counterparts with less than five years of clinical experience.

A cross tabulation of respondents' awareness of models of faculty clinical practice and their prior clinical experience indicated there is no significant relationship. This is supported by a chi-square value of 0.269 (p=0.064) Awareness of models of faculty clinical practice was not influenced by the respondents' years of clinical experience.

A cross tabulation of time spent in faculty clinical practice by the respondents and their universities factoring in faculty clinical practice in the workload indicated no significant relationship. This is supported by a chi-square of 13.728 (p=0.46)

The time spent by the respondents in faculty clinical practice was not in any way influenced by their universities factoring in faculty clinical practice in the workload.

### 4.4.1Enablers to faculty clinical practice

The study sought to determine the enablers of faculty clinical practice and the findings are shown on Table 3 below.

**Table 3: Enablers of Faculty Clinical Practice**

| | SD& D | DK | SA&A | Total |
|---|---|---|---|---|
| University's administrative support (n=65) | 11(16.9%) | 2 (3.1%) | 52 (80%) | 65(100%) |
| Flexible approach to faculty practice in terms of time (n=65) | 11(16.9%) | 4 (6.2%) | 50(76.9%) | 65(100%) |
| Freedom to choose clinical site(n=65) | 8 (12.3%) | 6 (9.2%) | 51(78.5%) | 65(100%) |
| Freedom to choose level of engagement in the clinical area (n=65) | 6(9.2%) | 7(10.8%) | 52(80%) | 65(100%) |
| Self-directed learning(no institutional monitoring) (n=65) | 17(26.2%) | 6(9.2%) | 42(64.6%) | (100%) |
| Linking of faculty with the clinical sites(n=65) | 12 (18.5%) | 6 (9.2%) | 47(72.3%) | (100% |

*SD-Strongly Disagree, D- Disagree, DK-Don't Know, SA- Strongly Agree, A- Agree*

The two major enablers for faculty clinical practice as illustrated in Table 3 above were universities' administrative support and freedom to choose level of engagement with each having 52% of the respondents strongly agreeing /agreeing. The least enablers for faculty clinical practice were self-directed learning and linking faculty with clinical sites with each having 42% and 47% of the respondents respectively strongly agreeing/ agreeing. These findings are supported by studies by Pohl (2012) and Premji (2010) where administrative support was highlighted as the key enabler towards faculty clinical practice. The administrative support according to Pohl (2012) could be in form of an appointment of faculty clinical practice coordinator and inclusion of faculty clinical practice in the tenure and promotion of faculty. University administration could also formalize contractual arrangements for faculty clinical practice (Premji, 2010).

### 4.4.2Barriers towards faculty clinical practice

The study sought to determine the barriers towards faculty clinical practicesThe findings are shown in Table 4 below

**Table 4: Barriers to Faculty Clinical Practice**

| | SD& D | DK | SA&A | Total |
|---|---|---|---|---|
| Not considered a priority in my institution ( not considered in the promotion and tenure(n=65) | 17(26.2%) | 4(6.2%) | 44(67.7%) | 65(100%) |
| Increased workload(n=65) | 6(9.2%) | 4(6.2%) | 55(84.6%) | 65(100%) |
| Insufficient time (n=65) | 3(4.6%) | 3(4.6%) | 59(90.8%) | 65(100%) |
| Lack of financial sustainability(n=65) | 15(23.1%) | 11(16.9%) | 39(60.0%) | 65(100%) |

*SD-Strongly Disagree, D- Disagree, DK-Don't Know, SA- Strongly Agree, A- Agree*

The major barriers for the faculty clinical practice as illustrated in Table 4 above were increased workload and insufficient time with 90.8% (n=59) 84.6% (n=55)of the respondents respectively strongly agreeing/agreeing. The least barriers for faculty clinical practice were lack of financial sustainability of the faculty practice program and lack of prioritizing of faculty clinical practice with 60% (n=39) and 67.7% (n=44) of the respondents strongly agreeing/agreeing respectively. These findings relate to the studies done by Pohl (2012) and Premji (2010) where workload was cited as the major barrier towards faculty clinical practice.

## 5.0 DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

### 5.1Discussion

The study found out that majority of the respondents 81.5% (n=53)were participating in clinical practice. These findings relate to a survey performed in the US by Pohl(2012) on faculty practice. The study indicated that more than three quarters of the sample studied 78% (n=343) were undertaking faculty clinical practice.

Only a small percentage of the respondents 24.6% (n=16) were aware of the of models of faculty clinical practice even though most of them engaged in faculty clinical practice. The most known faculty clinical practice models established by the study were Collaborative Learning, Entrepreneurial Model, Integrated Model and Unification Models. This relates to the study conducted by Saxe, et al (2004) who also established these models to be the most commonly known. The study also confirms the findings of Elliott &Wall, (2008), that most developing countries are yet to fully integrate the use of models in their faculty clinical practice. The benefit of knowledge of different models is that it could enable faculty to choose the model to use in their practice. There is no empirical evidence to show that there is a model that is superior to the

others (Premji, 2010) but universities could also adopt one model that fit in their institutional mission and meet their needs.

The study found out that 69.2% (n=45) of the universities had put faculty clinical practice as part of faculty requirements while it was not the case in 30.8% (n=20) of the universities.

The study found out that only 43.1% (n=28) of the universities had factored in faculty clinical practice in the workload. However inferential statistics showed that factoring of faculty practice in facultys' work did not in any way influence the time they spent in the clinical areas.

The study further sought to determine the barriers or enablers that either hinder or facilitate the participation of nursing faculty in clinical practice. The most enablers of faculty clinical practice were found out to be freedom to choose level of engagement and administrative support. The positive influence is attributed to the fact that the faculty nurses are able to choose the activities to engage that aligns with their needs. Universities identifying clinical sites for the faculty would make it easier for them to practice. This however does not support a study by Pohl et al., (2012) who did a survey to evaluate faculty practice program which indicated that appointment of faculty practice coordinator was among the key enablers of faculty clinical practice. The least enabler on the other hand which was found out to be no institution monitoring is due to them having no pressure to undertake the clinical practice hence no motivation or fear of consequences failure to them going to clinical practice.

The respondents further indicated that the main barriers were increased workload and insufficient time to practice. In a similar way, Pohl et al., (2012), Premji(2010),William&Taylor(2008) linked increased workload and lack of time as significant barriers towards faculty clinical practice. Similarly Sawyer (2004) in their literature review found out that workload was the main barrier for faculty clinical practice.

**5.2Conclusion**

The study concluded that nursing faculty are participating in faculty clinical practice as it is a requirement in their institutions. However, universities have not given enough priority to faculty clinical practice as it is not factored in the faculty's workload like the teaching and research work. Faculty have limited knowledge on the models of faculty clinical practice. Faculty clinical practice is not entirely independent process, as enablers and barriers influence it. The enablers tend to encourage the participation of faculty in the clinical practice, while the barriers tend to limit the participation. The study concludes that for the faculty clinical practice to be successful more enablers ought to be introduced in the institutions and measures to minimize the barriers have to be put in place. The study therefore concludes that for the universities to produce competent nurses, faculty clinical practice should be prioritized and supported.

**5.3 Recommendations**

The study recommends universities to align faculty clinical practice to their missions and to carefully evaluate their nursing faculty and hospital facilities so that they may be able to select and implement the most suitable model to facilitate the entire process of faculty clinical practice.

The study recommends the university management to consider giving equal priority to faculty clinical practice with teaching and research by factoring it in the workload and including it in the tenure and promotion of their faculty.

The study also recommends Nursing Council of Kenya to develop a standardized framework for faculty clinical practice.

**5.4 Areas for further studies**

This study was only limited to the universities in Kenya. Therefore, the findings may not be generalized to Kenya Medical Training Colleges (KMTC).The study therefore recommends further studies to be conducted taking these other institutions into consideration so as to enable generalization of the study's findings.

The study also recommends further studies focusing on evaluation of outcomes of faculty clinical practice

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