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Nursing Faculty Clinical Practice in the Kenyan Universities: A Sequential Mixed Methods Study

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Abstract

Background: As nursing is a practice profession, nursing faculty is expected to be prepared academically and clinically to teach effectively. Nursing faculty is also expected to maintain their clinical currency and competence though participation in faculty clinical practice. This study aimed to assess participation in faculty clinical practice among Kenyan universities' nursing faculty.

Methods: This study used an explanatory sequential mixed method design. The first (quantitative) phase comprised an online survey with data from a random sample of nursing faculty teaching in Kenyan universities. Phase two (qualitative) involved purposeful selection of participants for focus group discussions, each with five participants. Quantitative data were analyzed using descriptive and inferential statistics and qualitative data were categorized and analyzed thematically. Quantitative and qualitative data were integrated in the discussion phase.

Results: Participants in phase one were 65 nursing faculty; 81.5% (n=53) were participating in faculty clinical practice. However, the understanding of faculty clinical practice varied among participants. Faculty clinical practice was considered beneficial in helping to bridge the theory-

practice gap, enhancing teaching confidence and providing faculty with opportunity to role model for their students. Four themes emerged from the focus group discussions that clarified the benefits of faculty clinical practice. These themes covered role modelling, bridging the theory practice gap and confidence in teaching and relationships. Various challenges in faculty practice were identified with strong themes being lack of scope of practice and lack of mentors for faculty.

Conclusion: Most nursing faculty in Kenyan universities participate in faculty clinical practice and this is perceived to have a positive impact in their teaching role. However, nursing faculty face various challenges in faculty clinical practice that need to be addressed. In particular, universities need to develop a guiding framework for faculty clinical practice with clear definitions, scope of practice and criteria for evaluating outcomes.

Keywords: *Faculty Clinical Practice, Nurse Academics, Faculty Practice Models, Nurse Educators, Clinical Credibility & Clinical Currency.*

Background

Nursing is a practice profession and hence it is expected that nursing faculty are prepared both academically and clinically to teach effectively. 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 (1). 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 (2, 3). 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 (4). In Kenya, there is minimal involvement of nursing faculty in clinical teaching and that there are notable gaps in the clinical competence of nursing faculty as they demonstrated and this has consecutively translated to theory- practice gap in the nursing graduates procedures (5). One of the strategies that has been identified to cover this is, nursing faculty engaging in faculty clinical practice (6). In developed countries, clinical practice among nursing faculty is mandatory and is part of determinants of tenure and promotion. It is among the three key performance indicators, the other two being teaching and research output (7). A survey performed in the US on faculty practice with a sample of 452 nursing faculty, indicated that almost one third of the universities represented by the respondents, had implemented a formal faculty practice plan, with many more respondents indicating that plans of faculty practice implementation were underway at their institutions (7).

Today, the education of nurses primarily occurs in teaching institutions and nurse educators are no longer found in hospitals. This has created a barrier for nurse educators to continuing contact with the clinical environment and maintaining clinical credibility or competence and has contributed in the widening of theory- practice gap (8). A study done to explore the reasons for theory practice gap from students' perspective revealed lack of instructors' clinical knowledge as a major contributory factor (9). The other gaps identified included lack of effective communication between clinical teachers and academic teachers.

Nursing Council of Kenya (NCK) 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

(10).There is however to guidelines on how to participate or the level of engagement in the clinical areas. There is also paucity of studies on nursing faculty and clinical practice in the region and therefore the need for this study to shed light.

Methods

Aim

This study sought the answers to the following questions:

1. Do nursing faculty participate in faculty clinical practice?
2. What is the understanding of faculty of faculty clinical practice?
3. What are the benefits of faculty clinical practice on the quality of teaching?
4. What challenges do nursing faculty encounter during faculty clinical practice?

Design

This study used an explanatory sequential mixed method design with the quantitative phase being dominant. In the first phase quantitative data was gathered using a structured questionnaire which was mailed to the participants via survey monkey. Analysis of the quantitative data helped inform the development of the interview schedule for the qualitative. The rationale for this approach is that the quantitative data helps to understand the general problem while the subsequent qualitative data helps refine and explain the problem further by in-depth exploration of participants' views (see Table 1) (11). A descriptive cross sectional online survey was sent to the study participants to gather quantitative data. This was followed by analysis of the survey data which informed development of interview guide for focused group discussions. The study findings were integrated in the discussion phase.

Table 1: Visual Model for Explanatory Sequential Mixed Method Design(11)

Phase	**Procedure**	**Product**
Quantitative Data collection	Descriptive survey	Numeric data
Quantitative Data Analysis	Use of descriptive and inferential statistics	Meaningful measures
Connecting quantitative and qualitative phase	Interview questions development and Purposeful selection of participants	Interview protocol
Qualitative data collection	In-depth interview	Textual data
Qualitative Data Analysis	Coding and thematic analysis	cross thematic Categories
Integration of the quantitative and Qualitative results	Interpretation and explanation of the Quantitative and qualitative results	Discussion Implication Future research

Participants

The study participants were drawn from nursing faculty teaching across the 24 Kenyan universities offering nursing courses. The sample size for the first phase of this study (quantitative) 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.

The sample size procedure is summarized below;

N = Z2 x p (1-p)/d2

Where;

Z = the standard normal deviate corresponding to 95% confidence level = 1.96

P = a pre-study estimate of faculty undertaking clinical practice = 0.50

1- P = 0.50

d = margin of error corresponding to a 95% confidence level

N = 1.96 2 x 0.50 (0.50)/0.0025 = 384

A finite population adjustment was then applied for finite population as follows:

N = m/ (m-1)/n

Where m = target population of 160 faculties in the 24 universities with nursing programs

n= calculated sample size

160/1+159/384 = 113

Finally, adjusting for an anticipated non-response of 15% gave a sample size of 130.

Simple random sampling was done to get the 113 participants. 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.

Purposive sampling method was used to get a sample for the second phase of the study. Those who were participating in faculty clinical practice, were accessible and were willing to participate in the study were considered for the interviews.

Data collection

The quantitative phase study instrument was designed and created using survey monkey creator tool.The questionnaire was structured to capture socio-demographic data in the first part. The other parts of the questionnaire contained questions based on the research objectives. Data in the qualitative phase was gathered through focused group discussions using an interview schedule which was developed after analysing the quantitative data. About 81% of the study participants reported to be participating in the faculty clinical practice and therefore the researcher wanted to explore the perceived benefits to the quality of teaching from those who participated.The researcher also sought to explore participants' challenges of engaging in faculty clinical practice.

The following guiding questions were used to elicit views and opinions from the participants: How has faculty clinical contributed to the quality of your teaching? What challenges have you encountered during your clinical practice?"

Ethics

Ethical approval was obtained from Kenya Methodist University (KeMU) and National Commission for Science, Technology, and Innovation (NACOSTI).Informed consent was sought from the study participants prior to quantitative data collection. The consent included participation in interviews in the event one was further selected to participate in the qualitative phase. Survey monkey is unable to provide an oral explanation of the study and to obtain consent; therefore, this information was included in the introductory phase of the questionnaire.

Completion of the online survey implied consent of participation. However, verbal consent was obtained from participants in the qualitative phase.

Data analysis

Quantitative and qualitative data was analyzed separately and integration of the findings done in the discussion phase.

Quantitative data

The questionnaires were checked for completeness through the survey monkey, which classified the questionnaires into complete and incomplete. A total of 72 questionnaires was filled. Seven out of the 72 questionnaires were incomplete. Data was analyzed through descriptive statistics using the Statistical Package for Social Science (SPSS version 23.0). List wise deletion of incomplete data was done.

A thorough descriptive analysis of demographic variables to include age, sex, type of institution, among others, was conducted and presented in tabular and graphical form. Fisher's exact test and Chi-square test were used to test relationship between selected independent and dependent variables and p values and 95% Confidence Intervals were reported.

Qualitative data analysis

The taped data was transcribed verbatim and meaningful statements were extracted and categorized. Results were presented thematically relating to the original research questions. The participants were given pseudonyms for confidentiality purposes. Thematic analysis is performed through the process of coding data in six phases to create established, meaningful patterns. These phases are: familiarization with data, generating initial codes, searching for themes among codes, reviewing themes, defining and naming themes, and producing the final report (12) Reading and re-reading of transcribed data and listening to the audiotaped verbatim was done. This helped in generating initial codes after which various subthemes were identified from the coded data. Similar subthemes were merged to form few general themes to help generate the final report.

Rigor

In this study rigor was achieved by making sure the participants of the qualitative phase were selected from the quantitative phase participants. Data from both phases were analyzed separately and integration done in the discussion of the findings. This ensured transferability and credibility.

Findings

The findings from the quantitative phase will be presented first followed by qualitative phase.

Response 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 is adequate (13). 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.

Demographic characteristics of the participants

The study sought to establish the demographic characteristics of the respondents and the results are as shown in Table 1 below. 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 (14).

The study revealed that 43.1 %(28) of the respondents were above 40 years of age while 36.9% (24) were 36-40 years. Only 20% (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.

The study sought to determine the academic qualifications of the respondents based on their highest education level. The findings obtained revealed that 70.8% (46) of the respondents had Master's degree, 29.2% (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 (15).

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 % (33) had clinical experience of 0-5 years, 20.0 % (13) of the respondents had clinical experience of 6-10 years, while 29.2 % (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.

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% (42) had taught for a period of five years and above, while 35.4% (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.

Table 2: Demographic characteristics of the respondents

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

The study sought to find out the characteristics of the universities taught by the respondents and the results are as shown on Table 3 below.

Characteristics of the universities taught by the Respondents

The study sought to determine the type of universities taught by the respondents. A large number of the respondents 58.5% (38) taught in Private and Faith based universities. Those who taught in public universities were only 41.5% (27). This implies that private and faith based universities are the majority in the country.

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% (57) were affirmative while only 12.3% (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.

The study sought to ascertain whether faculty clinical practice was a requirement at the respondents' universities. Most of the respondents 69.2% (45) were affirmative that it was a requirement while 30.8% (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(10).

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% (28) of the respondents agreed that faculty clinical practice was factored in their workload while 56.9% (37) denied or were not sure. This implies that despite most universities putting faculty clinical practice as a requirement they had not prioritized it.

Table 3: Characteristics of the universities taught by the Respondents

Characteristic	% (n=65)
Type of university taught	
Private and Faith based	58.5 (38)
Public	41.5 (27)
Institutions affiliated with health facility	87.7 (57)
Institutional that had faculty clinical practice as a requirement	69.2 (45)
Institution that factored faculty clinical practice in the faculty's workload	43.1 (28)

Participation 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% (53) were participating in clinical practice while only 18.5% (12) of the respondents were not participating.

Chi square test on independent and dependent variables

Pearson's chi-square p values were 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 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)

This phase of the study aimed at obtaining detailed information concerning the study through use focus group discussions. The discussions were used to enable the respondents comment openly about faculty clinical practice and express their feelings about it and able to have a collective view in the theme. Two focused groups of five participants each were studied. Each interview lasted for approximately 120 minutes. The selection of the participants was based on participation in faculty clinical practice, accessibility by the researcher and willingness to participate in the interviews. The focus group discussions were necessary so as to be able to get information from the respondents in depth. In addition, they enabled acquiring more information to help explain the quantitative data.

Demographic characteristics of FGD participants

All the participants were female and half of them were between 36- 40 years of age while the other half was above 40 years of age. Nine (90%) participants had Masters Degree as their highest nursing qualification while only one (10%) participant had attained PhD. 40% of the participants had no more than five years of clinical experience prior to their teaching job while 60% had more

than five years of clinical experience. A good number of the participants (80%) had more than five years of teaching experience while 20% of them had experience of not more than five years.

Table 4: Demographic characteristics of FGD Participants

Characteristic	Frequency(n=10)	Percentage (%)
Sex		
Male	0	0%
Female	10	100%
Age		
Below 35 years	0	0%
36-40 years	5	50%
Above 40 years	5	50%
Highest Nursing Qualification		
Master's Degree	9	90%
PhD	1	10%
Years of clinical experience prior to joining teaching		
0-5 years	4	40%
6-10 years	1	10%
More than 10 years	5	50%
Years of teaching experience		
0-5 years	2	20%
Above 5 years	8	80%

Characteristics of the universities taught by the FGD participants

Eight (80%) of the participants taught in private and faith based universities while only 2 (20%) taught in public universities. Nine (90%) of the universities taught by the participants had affiliation with health facilities and had put faculty clinical practice as a requirement as well as factoring it in the faculty's workload.

Table 5: Characteristics of the universities taught by the FGD participants

Characteristic	Frequency(n=65)	Percentage (%)
Type of university taught		
Private and Faith based	8	80%
Public	2	20%
Affiliation with Health Facility		
Yes	9	90%
No/Not sure	1	10%
Institutional requirements of faculty clinical practice		
Yes	9	90%
No/Not sure	1	10%
Factoring of faculty clinical practice in the workload		
Yes	9	90%
No/Not sure	1	10%

The researcher opened the discussion by asking the participants to explain their understanding of faculty clinical practice. One of the participants stated that it is a way through which the nursing faculty engage in patient care delivery to refresh their skills. It was also defined as the presence of the faculty members in the clinical areas either by engaging in patient care or research activities with some set of objectives. One of the participants felt that supervising and assessing students in the clinical areas was part of what they considered as faculty practice. "*A way of teaching faculty to be connected and be updated with what is happening in the clinical areas to remain in touch. Due to workload faculty can engage in practice when they take students to practice"* (Jane-FGD 1). "Killing two birds with one stone" (Teresa-FGD 2). "*Taking students to the clinical areas is also faculty practice. Learning is two way. I think faculty taking students to the clinical areas is one model of Faculty clinical practice*" (Mary-FGD 1). However, one of the participants felt that students and faculty practice should be separate. "*Faculty should have own objectives and therefore should be separate from taking students to practice"* (Mercy-FGD 1).

The researcher also sought to explore the perceived benefits of clinical practice to the quality of teaching by the participants. Four strong themes were derived; role modelling, confidence in teaching, theory practice gap, relationships.

Role modelling

Most faculty agreed that during their practice they are able to role model to the students and other nurses on proper practice. They also mentor nurses on the on application research. *"Sometimes it is good to be watched doing what you teach"* (Jane-FGD 1). *"When I practice I set an example to my students to love clinical practice"* (Mary-FGD 1)

Confidence in teaching

Participants said they gained confidence in teaching clinical courses and were up-to-date with new procedures and technology in the clinical areas; being able to understand the challenges on the ground and therefore you can tailor my teaching to what is in the ground and were able to upgrade clinical knowledge with current evidence. *"I feel confident teaching clinical courses and up-to-date with new procedures and technology in the clinical areas"* (Purity- FGD 2). "*Clinical practice gives me a firm foundation of what I teach in class. I am able to use real examples from clinical areas"* (Pauline-FGD 1). *"Some courses like leadership and management can easily be demonstrated and understood by students e.g. they watch me problem solve"* (Betty-FGD 2). *"I would find it a challenge if I am teaching in class and have never worked in the clinical areas and i don't have any experiences to share".*(Mary-FGD 1). "*The type of students I teach are already experienced nurses. It is an upgrading programme and therefore I have to upgrade my knowledge to be updated with current evidence"* (Ann- FGD 1).

Theory practice gap

Almost all the participants voiced that faculty clinical practice was beneficial in helping to connect theory and practice and that they were able to relate textbook teaching to clinical practice. Some of them also said they were able to relate with what the student nurses go through in the clinical areas and therefore contextualize the teaching. *"Sometimes I find that whatever is in the textbooks is not close to the students' context and that I have to find ways of explaining to them so that they can understand"* (Mercy-FGD 1). "*Textbook patients can't help students relate to real life situations" (*Lilly- FGD 2).

Linking academicians with clinicians

Most faculty felt that participation in clinical practice improved their relationship with the clinical areas and therefore fostering supportive learning environment to their students. "*The relationship with clinical areas makes it easier for me when I take students for rotation"* (Betty- FGD 2). "It feels good to interact with the clinical staff and help out in some activities like review of policies and protocols" (Laura- FGD 2).

The researcher also sought to explore the challenges that faculty faced during practice and two strong themes were derived;

Scope of practice

The most stated challenge by the faculty was that there was no definite scope of practice on their participation in the clinical areas. *"The clinical areas have no idea of the expectations. For sustainability we need defined framework for faculty practice with clear guidelines e.g. do they require mentors, level of engagement"* (Ann- FGD 1*). "Lack of scope of practice; I don't know to what extent I am supposed to engage"* (Lilly- FGD 2*). "The clinical sites are not clear of what I should be engaged on and how they benefit from my being there"* (Betty- FGD 2). "*The expectations of the practice role from the university are not clear. Sometimes you see nurses do errors and wonder how far you should intervene*" (Lilly –FGD 2).

In some settings the participants said the clinical staff, were un-welcoming, treated them with suspicion, and were not ready to corporate. *"The manager viewed me as a threat and the nurses thought I was on a witch hunting mission"* (Mary- FGD 1).Some of the participants narrated positive experiences. *"My experience has been positive but this depends on the understanding of both parties on what faculty clinical practice entails. However the clinical people are little bit apprehensive as look at me as a teacher and not as a learner".* (Ann- FGD 1*). "Sometimes the nurses on the ground find like I am an extra piece of work for them and am wasting their time by keeping on consulting" (*Mercy- FGD 1*)."Some leaders in the clinical areas think I have plans of robbing them their positions. Bedside nurses are however supportive and they see me as a resource"* (Purity- FGD 2). Faculty also felt that the expectations from the clinical areas were too high. Sometimes you are given other responsibilities and you have your own objectives to meet. "*I occasionally conflicted with doctors when I try to engage them during rounds. They still have that belief that nurses should take orders without questioning"* (Lilly-FGD 2).

Mentors

Most of the faculty expressed feeling embarrassed to asking questions from junior nurses who highly regarded them. They felt there should be a process in place to have mentors specifically for them in the clinical areas. *"The nurses and other clinical staff view me as somebody with a lot of knowledge and therefore I feel embarrassed to ask questions"* (Teresa- FGD 2*). "I am viewed as a resource. This has both positive and negative effect. Positive in that I am able to share my knowledge in confidence and negative in that I feel embarrassed to keep on asking questions"*(Laura- FGD 2).

Discussion

The study sought to find out the proportion of nursing faculty who engaged in faculty clinical practice. The study found out that majority of the nursing faculty were engaging in clinical practice as it was a requirement in their institutions. These findings relate to a survey performed in the US

on faculty practice which showed that more than three quarters of the sample studied (n=343) were undertaking faculty clinical practice (7). The researcher explored further to understand the meaning of faculty clinical practice from faculties' perspective. This was done through focused group discussion where some faculty were told to describe what they understood by faculty clinical practice. The faculty described faculty clinical practice as being in touch with the clinical areas through direct patient care and engagement in research work. Supervision of students in the clinical areas was also considered by some faculty to be part of faculty clinical practice but the faculty should have specific objectives to meet in the clinical areas. This description coincides with variation of definitions of faculty clinical practice found in the literature (3, 16). Faculty clinical 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 (17). According to Campbell's (1993) definition as cited by (8), 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. A qualitative study done by on faculty views' on faculty clinical practice revealed the same views from faculty, that clinical teaching and supervision of students should be considered as faculty practice (18).This however contradicts one (19) who felt that clinical teaching and supervision of students should not considered a component of faculty practice, as the faculty member does not have accountability to the service institution for this practice activity.

The challenges that were faced by the study participants during faculty clinical practice included; lack of scope of practice that could act as a guide, hostility from some clinicians, feeling of inadequacy in clinical competence, discomfort practicing in the same set up with their students and junior nurses lack of mentors and feeling embarrassed to ask questions from junior staff. This relates with the findings of a study conducted by (1) on challenges of PhD nurses undertaking the role of clinical educators who highlighted identity threat to be a major challenge. According to (1), the PhD nurses felt they were lacking in clinical competence and that they had only been prepared for teaching and research roles. They felt embarrassed as they failed to perform simple procedures and had to ask for help from junior clinical nurses. In her editorial note on nurse academics in practice,(20), also highlighted that nurse academics are prone to criticism from their clinical counterparts due to lack of clinicians understanding of their roles and expectations in HEI's. A recurrent theme in the challenges faced during practice was lack of scope of practice/ framework. "*The clinical areas have no idea of the expectations. For sustainability we need defined framework for faculty practice with clear guidelines e.g. do they require mentors, level of engagement*" (Ann-FGD 1). "*Lack of scope of practice; I don't know to what extent I am supposed to engage*" (Lilly-FGD 2). "*The clinical sites are not clear of what I should be engaged on and how they benefit from my being there*" (Betty-FGD 2).This replicates an exploratory study done on nurse teachers' feelings about participating in clinical practice which identified misinterpretation of role by the clinical staff, lack of time and lack of college philosophy not supporting the practice role (21).

The respondents indicated some of the benefits of faculty clinical practice on quality of teaching to be; helping in bridging theory – practice gap, being able to relate with what the student nurses go through in the clinical areas and therefore contextualize the teaching, helps in gaining confidence in teaching clinical courses and up-to-date with new procedures and technology in the clinical areas, being able to understand the challenges on the ground and therefore teaching can contextualized and being able to upgrade clinical knowledge with current evidence.

This coincides with a study conducted in the US and Australia that found out that faculty practice enables nurse educators to retain their clinical competence through dedicated time for service delivery in the clinical areas (3, 6). According to (6), the nursing faculty who participated in clinical practice said that it helped them become part of the health professional team, refine clinical skills, gain clinical confidence, and share knowledge. This, in turn, redefined the academics' teaching style by introducing incidents and stories from their experience (6). Similarly, (19) also established that the practice role of nursing faculty provided an avenue for providing exemplary clinical learning environment for nursing students and hence bridging the theory- practice gap. An exploratory study by (21), also reported almost similar benefits of faculty clinical practice; keeping in touch with clinical practice, improved relationships with clinical staff and maintenance of clinical competencies.

Limitations

This study was only limited to universities and therefore cannot be generalized to institutions offering diploma in nursing.

Conclusion

The study found out that faculty participated in clinical practice. There was however no clear definition of faculty clinical practice.

The study also found out that faculty clinical practice was highly advantageous as it created a link between theoretical work done during teaching and practical work. The study therefore concludes that for the universities to produce competent nurses, faculty clinical practice is essential. 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. Overall, the study concludes that faculty clinical practice has a positive effect on the quality of teaching in the universities. This is because not only are the nursing faculty well equipped with practical experience, they are able to relate and integrate the theoretical work to current clinical practices.

Abbreviations

CUE- Commission of University Education

FGD- Focused Group Discussions

KeMU-Kenya Methodist University

NACOSTI- National Commission for Science, Technology and Innovation

NCK-Nursing Council of Kenya

PhD- Doctor of Philosophy

SPSS-Statistical Package for Social Science

Declarations

Ethical Approval and consent to participate

This study got ethical clearance and approval from Kenya Methodist University (KEMU) and National Commission for Science, Technology and Innovation (NACOSTI); Serial No. A 16876

Consent for publication

Not Applicable

Availability of data and material

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

Competing interests

The authors declare that they have no competing interests.

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Authors' contribution

Conception of the study idea-BW. Formulation of the questionnaire and interview schedule-BW Data analysis-BW. Manuscript development-BW, EN. Quantitative data analysis-BW, Qualitative data analysis-BW, EN

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