INSTRUCTIONAL ROLES IN DIPLOMA NURSING EDUCATION IN MERU: ADAPTATION, SELF SUFFICIENCY AND SUSTAINABILITY

BY

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DECLARATION AND RECOMMENDATION

Declaration

I declare that this research thesis is my original work and has not been presented for a degree or any other award in any other university.

Signature_____ Date _____

Mr. PIUS GITONGA GERVASIOH.

Recommendation

We confirm that the work reported in this thesis was carried out by the candidate under our supervision.

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DEDICATION

This work is dedicated to my parents; to my father, Mr. Pius Njogu M'Mugwika (late) who made me realize that my dream was not an imagination and through education, it would bring benefit to me and to others. To my mother, (the late Mrs. Lucia Kauna Pius) she was an angel of kindness and she taught me the importance of never giving up, never losing hope and never trivializing my responsibilities. May the Almighty God bless and rest them in eternal peace.

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ABSTRACT

Nursing education forms the basis of professional existence, development and sustainable future. The purpose of this study was to establish how nurse educators adapted to increased instructional workload, how they were self-sufficient in performing, and how they would sustain instructional roles in diploma nursing training in colleges within Meru. The target population was fifty two nurse educators who were all invited to participate. Forty six nurse educators participated in the study by availability, willingness to participate and giving a signed consent. A descriptive cross-sectional study design was carried out using a self-administered questionnaire for data collection after a pilot study showed validity and reliability of the tool. Data was collected after consent appointments with the principals and respondents of the participating colleges and was analysed using descriptive statistics performed at 95% confidence interval. The findings are presented in tables, bar graphs, pie charts and a discussion. The study found out that nurse educator to student nurse ratio was 1:20 which indicated instructional role overload. It was evident that there was role overload, teamwork challenges, lack of a mentoring program for novice faculty, and limited role orientation before role assignment. Educators had adequate adaptation mechanisms in planning, adjustment of instructional plans and taking in arising additional instructional roles. Adequate commitment to instructional roles and long service in the same diploma nursing training institution were indicators of self-sufficiency. Adequate adaptation mechanisms and self-sufficiency were indicators of sustainable instructional role performance. The recommendations made were; diploma nursing training institutions to recruit more nurse educators, ensure an orientation program for inducing novice faculty to institutional culture of performing the instructional roles, encourage and ensure planning and execution of plans for instruction and solve instructional challenges as a team for continuity/sustainability of diploma nurse training and education.

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ABBREVIATIONS AND ACRONYMS

AACN	-	American Association for College Nurses
ANA	-	American Nurses Association
GK	-	Government of Kenya
ICN	-	International Council of Nurses
ICNM	-	International Centre on Nurse Migration
KEMU	-	Kenya Methodist University
MDG	-	Millennium Developmental Goals
NACNEP	-	National Advisory Council for Nurses Educational Program
NCK	-	Nursing Council of Kenya
NLN	-	National League for Nurses
NMCGH	-	Nurses and Midwives Council of Ghana
OECD	-	Organization for Economic and Cooperation Development
RAM	-	Roy adaptation model
STTI	-	Sigma Theta Tau International
UON	-	University of Nairobi
WHO	-	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Nursing education in Kenya has undergone much change since the first training schools for diploma nurses. Kenya registered nurse (KRN) was started in 1952 while Kenya Registered Community Health Nurse (Basic) was started in 1987 (NCK, 2011). This change has been associated with corresponding changes in societal values, in the health care system, and in the training environment for nurses (ICRHN, 2010). Having become accepted as a respectable occupation within Kenya, nursing has now turned its attention to professional respectability, reliability and as a means to sustaining high quality healthcare for our communities. This professional respectability has become almost synonymous with academic respectability and the positioning of nursing education as a complex academic undertaking. At present, the training colleges offering diploma nursing programs in Kenya offer a three and half year diploma course in nursing and are accredited by the Nursing Council of Kenya (NCK, 2011).

Nursing education is fundamental in promoting and sustaining nursing profession (ICNM, 2007). Nursing education forms the basis for quality nursing care delivery, research and professional development. The core values of nursing profession are ability and willingness to adapt to the assigned responsibilities, equitably allocate resources, and adjust behaviour to the new roles that demarcate nurse educator's scope of practice (Fawcett, 2009). Nurse educators continue to be at the forefront of

health care delivery in terms of planning, implementing and evaluating nursing care competencies (STTI, 2010).

The initial step of nurse education preparation is adding value in development, character orientation and adaptation for self-sufficiency and sustainability. The reflection of the nurse educator self-efficiency is an expected component of the nurse educator role. Diploma Nursing education and training is intensive and comprehensive for quality nursing care delivery (NCK, 2011).

The nurse educators embrace the components of a holistic sustaining approach; to sustain the core values of the nursing profession through quality education. The Nursing Council of Kenya recommends that the standards for nursing faculty must endeavor to have on board professionally, academically and clinically qualified nurse trainers who shall be sufficient in number and expertise to accomplish nursing programs goals (NCK, 2011). Sure enough, this prerequisite has resulted in standardizing the education and training practices within the colleges offering nursing education. The diploma training for nurses recognizes that nursing profession is dynamic and further recognizes that the mode of knowledge and skill preparation for high quality health care delivery must continuously change to meet emerging healthcare needs.

Quality teaching is central to achieving diploma nursing program outcomes and effectively preparing competent diploma nurse graduates. Teaching is embedded in comprehensive training in diploma nursing program where work plans and schemes of work ensure objectivity of teaching. As mentioned by Gatere, (2007) ‘over the last decade, the expansion of nurse education has greatly increased; schools of nursing

which offer middle level diploma education have increased in numbers and concomitantly the numbers of those seeking admission have gone up'. This increase has resulted into a role overload and sustainability concerns in the training colleges. Nurse educator role and responsibility sustenance however, is a complex process because there are arrays of factors that affect self-concept, role perception, role function, and interdependence modes of adaptation (Fawcett, 2009).

The factors that impinge validity of teaching are the settings under which the teaching is done and the values of persons who conduct the training process for nurses. The most common method of judging instruction or teaching and learning is learner cantered and in many cases the results are not very conclusive (Fitzpatrick, 2004). The motive of self-reflection is to improve instructional competence, individual and group growth in role performance by creating self-awareness.

In many occasions, nurse educators have to reach deep inside themselves to gather the necessary tools to teach, to mentor, to nourish the next generation of nurses. Some days are easier than others. Some days we see tremendous success and other days, frustration. Regardless of those frustrations, every day we persist, we adapt, we look forwards into establishing a sustainable faculty environment where we can nurture individual and group functioning'

Sister Callista Roy recognizes nursing as a health care profession that focuses on the life processes and patterns of people with a commitment to promote health and full life-potential for individuals, families, groups and the global society (Roy, 2009). This contribution suggests that the role of the nurse educator is life long, then there is a greater potential to develop a commitment and responsibility for others through

peer empowerment. Self-reflection, self-concept, self-sufficiency, role performance envision an individual's journey of adaptation (Fawcett, 2009).

Nursing education and training involves establishing and maintaining values of self-sufficiency, multidimensional problem solving approach, interdependence, and adaptation to the demands within the nursing environment. Professional nurses are sufficient and consistent when they are able to interpret the confronting stimuli and adapt adequately (Roy, 2009).

The concept of adaptive teacher refers to teachers with adequate academic and experiential preparation with a good deal of adaptation prowess. In adaptation, self-assessment for self-direction is vital; whereby teachers can exert a critical analysis of their own practices and are able to search for ways to improve their professional skills and practices (Minott, 2010).

The ultimate goal of nursing education is to provide nurse educators with experiences, mechanisms and strategies to help faculty and students blend knowledge, skills and attitude with adaptation to lead the new generation of nurses into sustainable development (Garrison et al., 2004). Self-sufficiency demands ability in self-consistency, ethical growth, functional self-esteem, stable patterns of role mastery and integration. Commitment of nurse educators to the instructional roles and responsibilities promotes adaptation and role sustainability. Role sustainability involves shaping competence by handling complexity, interdependence and reliability in problem solving and decision making.

1.2 Statement of the Problem

In Kenya, diploma nursing training colleges currently have a nurse educator - student ratio of 1:27 (NCK, 2011). The recommended ratio in training colleges for diploma nurses is 1:10 (NCK, 2011). This difference in human resource allocation for instructional roles suggests that there could be an instructional role overload for nurse educators.

1.3 Purpose of the Study

The purpose of this study was to establish nurse educators' adaptation mechanisms and self-sufficiency in performing instructional roles to sustain diploma nursing training in colleges within Meru.

1.4 Research Objectives

i) To establish the nurse educator to student ratio in the diploma nursing training colleges in Meru.

ii) To determine adaptation mechanisms that nurse educators apply to the instructional roles and responsibilities in diploma training colleges of Nursing in Meru.

iii) To identify self-sufficiency (commitment) of nurse education to instructional roles and responsibilities in the diploma nursing training colleges in Meru.

iv) To find out the indicators of nurse educators' role sustainability in diploma nursing training colleges in Meru.

1.5 Research Questions

i) What is the nurse educator-student ratio in diploma nurse training colleges in Meru?

ii) What are the adaptation mechanisms that nurse educators apply to the assigned teaching roles and responsibilities in diploma nursing training colleges in Meru?

iii) How self-sufficient (committed) are the nurse educators in instructional roles and responsibilities in diploma nursing training colleges in Meru?

iv) What are the indicators of sustainability of instructional role performance by the nurse educators in diploma nursing training colleges in Meru?

1.6 Null Hypothesis

Nurse educators do not have adequate adaptation mechanisms and self-sufficiency to sustain instructional roles in diploma nursing training colleges in Meru.

1.7 Assumptions of the Study

During the study, it was assumed that:

i) The respondents gave honest responses to the items in the questionnaire.

ii) The respondents' self-concept, role performance, and team spirit were equally affected by institutional culture and individual professional commitment.

1.8 Justification for the Study

Nurse educator's self-reflection is an important activity for teaching and learning because it provides a blue-print for improvement in role performance and team spirit. Self-reflection and peer reporting about core competencies promotes role mastery and integration in a way that understanding and commitment provide benchmarks for

roles sustainability through analysing self and institutional commitment to the mission statement. Nurse educators recognize that their roles are multidimensional and that an on-going commitment to develop and maintain competence in the role is essential (NLN, 2008).

The role of the nurse educators as embodied in the vision for the education sector for 2030 is "to have globally competitive quality education, training and research for sustainable development" (GK, 2007). Educational institutions should therefore develop their own policies and mechanisms to adhere to government policies, professionalism, and actively implement systems. Therefore, establishing adaptation to instructional roles, self-sufficiency and sustainable instruction in nursing education is a visionary perspective for nurse educators and nursing profession. Availability of nurse educators with quality and capacity to participate in education and training for diploma nurses was considered as a factor toward self-sufficiency of teaching and learning.

1.9 Limitations of the Study

Limitations are potential weaknesses in the study and are out of the researcher's control (Simon, 2011). There is little research done in Kenya that would provide literature about self and peer nurse educator role function in Kenya. The researcher acknowledges that self-reported adaptation behaviour may be subject to social desirability bias. Likert-scale type of responses may also yield acquiescence bias.

1.10 Delimitations of the Study

During this study, the contextual meaning of adaptation, self-sufficiency and sustainability of teaching and learning was contextualized as commitment to instructional role performance. Any other meaning, either socio-economic or

political was not intended. The conceptual model offered a filtering tool for selecting appropriate research questions, study variables, key factors, and related data collection methods.

The choice of research objectives and variables; stimuli, coping mechanisms, and role function excludes all other factors that are not of interest to the researcher, during conceptualization and discussion of the findings. The researcher chose self-reflection and peer reporting approaches over learners reporting educators, due to the fact that self-reflection has a direct impact on reminding oneself about components of core competences, expectations and standards in instructional roles and responsibilities.

1.11 Operational Definition of Terms

Adaptation

The process of adequately planning and patterning the coping behaviours that take in, handle, and respond positively to teaching roles and responsibilities by a nurse educator.

Adaptation mechanisms

Deliberate actions taken by nurse educators through which instructional roles are analysed, equitably shared, planned for, and acted upon

Occasional Role overload

Instructional roles that arise from time to time and require the nurse educators to plan for and take action to the additional workload

Role overload performance

Taking appropriate action towards meeting the obligations/responsibilities that arise from occasional role overload; performing roles that otherwise one should not have.

Role performance

Objectively oriented activities that ensure satisfactory completion of pedagogical roles assigned to a nurse educator

Role set

The total number of instructional duties that the nurse educator was assigned to during the time of this study

Role sustainability

Presence of indicators that guarantee continuity of instructional role performance

Self-sufficiency

Nurse educator's commitment to instructional roles within the diploma nurse training college where they guide trainees/learners

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter highlights the reviewed literature sources that provide the background of the instructional roles, the adaptation modes as identified by the Roy Adaptation Model (Sr. Roy, 2009) and the supporting evidence. The adaptation modes include: physiological, self-concept, role function, and interdependence. For this study, three adaptation modes; self-concept mode, role function mode, and interdependence mode were considered.

2.2 Background of Instructional Roles

Teaching is an art and should be judged by the beauty of instructional activities that constitute roles and responsibilities carried out by the nurse educators. The passion and beauty of instructional role performance, meaningfulness of learning experiences and responsibilities educators take remains core to instruction (UNESCO, 2007). The Nursing Council of Kenya encourages self and peer reflection of the educator role functioning for professional role sustainability. Self-concept and goal oriented functioning within the designated scope of practice suggest continuous development and positive contribution to the nursing profession (NCK, 2011). A variety of workplace challenges, like high workload, inadequate staff population and individual participation in collegial duties, mean that the professional nurse educators do not always perform as well as they could (WHO, 2011). These challenges, in the context of this study are the instructional roles and responsibilities that constitute a nurse educators' professional teaching workload.

The nature of the teacher workload affects the overall role performance in training diploma nurses in Meru. The mechanism through which adaptation is achieved is identified as coping strategies for individuals and groups who establish and sustain a faculty environment where they can function optimally. Teaching is an art and it should be judged for the passion and beauty of the role performance and the meaningfulness of the responsibilities that teachers take (UNESCO, 2007).

The Global standards for the initial education of professional nurses and midwives stipulates that initial nursing education aims to prepare individuals to fill a role in the professional workforce where they will be called upon to strengthen health systems to meet population needs and protect the public. High quality education programmes that meet global standards are therefore imperative (WHO, 2009). The profiles of self-sufficient teachers are as diverse as the students they teach. Still, the best teachers do share several characteristics.

In *Qualities of Effective Teachers*, Stronge (2002) synthesizes research to identify specific teacher behaviours that contribute to role achievement. Stronge focuses specifically on what nurse teachers can control: their own preparation, personality, and professional practices.

Although it is important to develop more comprehensible means to measure self-sufficiency and role effectiveness, it is equally important to recognize that one may be able to truly measure the art of teaching in conventional ways (Fitzpatrick, 2004). This contribution by Fitzpatrick helps in clarifying that although it may be possible to measure teaching art itself, adaptation and self-sufficiency is a good indicator and an integral part of sustainability in teacher pedagogical roles.

The process of establishing of adaptation, self-sufficiency and sustainability of teaching facilitates attainment of several important objectives: to improve the quality of teaching, to assist faculty to reflect on their own teaching, to fulfil the criteria of the academic institution, to improve accountability in education, and to identify the content areas for faculty development programs (Yeh, Lee, Chen, and Lein 2007). Arthur Jr. *et al* (2003) argued that the most appropriate criterion for assessing teaching effectiveness and sustainability is by role function description and achievement. To be able to adequately comment on teacher effectiveness, the review of available data can identify areas of effectiveness, as well as problem areas in teaching where improvements are necessary (Yeh et al., 2007).

A study conducted in Trinidad reported that although in some cases the list of responsibilities assigned may be less detailed and somewhat different, it is fair to say that job descriptions of educators generally demonstrate the following characteristics: an overload of responsibilities, dispersion of tasks, and inclusion of activities that bear little relationship to the core functions of the teacher (UNESCO, 2007). Nurse educators are constantly challenged by the teaching roles and therefore adaptation is a relevant and appropriate as functioning itself. In order to adequately respond to the ever demanding educational environment, it is first necessary to current requirements for the faculty workforce, based on expectations of the work environment, and develops the educational sustainability required for nurses to fill those roles (NACNEP, 2010). Nursing education currently is very demanding for both the new and older nurse educators (Lomas & Nicholls, 2005).

To counter the high demand, nurse educator empowerment is vital. Capacity building, individual and institutional commitment, and promoting role mastery for nurse educators would be a good tool for professional empowerment in role performance and sustainability.

Self-reflection and peer support have a primary role in planning for instructional interventions. Through planning and taking the right instructional action, nurse educators can achieve institutional goals without compromising quality of training and advance the instructional roles of the faculty to a sustainable future. Determining self-sufficiency and sustainability of nursing education and learning goes a long way to accomplishing professional responsibilities for all nurses (WHO, 2006). The faculties are continually required to promote a positive self and professional perception and image, role clarity, performance of pedagogical roles and responsibilities, and working in teams for professional interdependence amongst all nurse educators.

Recent findings about nursing education in Africa by Palmer, (2006) raised concerns about self-sufficiency and sustainability due to seemingly severe professional drift; nurses leaving nursing and seeking jobs in other professions thus creating a sustainability crisis within nursing profession. The crisis actually was due to reduction of available stock of nurses from where nurse educators are members (Kingma, 2006). When the overall professional population is reduced by attrition or production of human resources in nursing that does not meet the public and stakeholder nursing care demands, then that is an alarming phenomenon.

The most frightening report was by the Malawi's Nurses and Midwives Council which estimated that up to 1,200 qualified nurses living in Malawi had chosen to stop working in the health sector altogether, switching to better-paid or less stressful vocations (Palmer, 2006). This report suggested that qualified nurses found the working environment so stressful and their coping mechanisms were overwhelmed. A decision to leave for alternative jobs with perceived less role strain and therefore they decided to quit. An alarming African scenario reported from a study conducted by the Nurses and Midwives Council in Ghana (NMCGH) estimated a 20-30% loss of tutors over the past several years which was expected to seriously limit the country's capacity; both in numbers and quality of nurse tutors to educate future generations of nurses (Kokmen, 2003). The severity of unstable faculty is very sensitive to the sustainability of teaching and learning in diploma nursing in particular.

2.3 The Self-Concept Mode

Self-concept has determinants of overall adaptation and self-sufficiency because every person is an open system interacting with environmental stimuli while responding either through adaptive or ineffective coping mechanisms (Roy, 2009). While proofing self-concept may be subjective, this study did include items that help the nurse educator reflect on their own concept and believe. Self–concept has determinants of personal self; which involves a stable patterning of self-consistency, effective integration of self-ideal, effective processes of moral-ethical-spiritual growth, functional self-esteem, and effective coping strategies for threats to personal/self-ideal (Fawcett, 2009).

Self-concept in teaching, as a powerful determinant of teacher behaviour that is developed by the way in which teacher experiences and interprets things that happen before and during their intervention towards the instructional roles and responsibilities (UNESCO, 2007). The self-understanding or self-reflection on self-sufficiency (commitment) plays a vital role in orienting the teacher to the world around him and enabling him to behave with confidence so that he can maximize his role achievement with pleasure and minimize his pain in his professional area (Roy, 2009) when achievement is minimal or absent.

Self-reflection involves matters such as reflecting on inexperience, reviewing, and appraising one's own practice, sharing achievements and failures. A considerable amount of research has been conducted to study the relationship between self-concept and commitment to teaching. These are major determinants of effective teaching and sustainability of teacher roles in general. Self-concept of educational trainers is high when they perform their roles comprehensively, consistently and on time; and there is no significant difference due to gender, community of origin, locality and residences (Ramesh and Thiagarajan, 2005). The higher the qualification of the educator, the higher is their self-concept. Self-concept and achievement motivation have significant relationship with teacher effectiveness (Sugathakumar, 2005). It was also found, in the same study that self-concept and achievement motivation are capable of predicting teacher's self-sufficiency and effectiveness.

The reviewed studies about self-concept prove that Self Concept is associated with several teacher related factors like academic achievement, qualification, creativity, hope, worry, anxiety, perception, success, effectiveness, experience, adjustment of

teachers to the nurse educator's working environment (Rajani, 2007). The self-concept studies established that self-concept in teaching is an important factor which determines self-sufficiency and the quality of teaching.

Self-sufficiency in performing teaching roles was noted as efforts by individuals and teams in training institutions that enable them to develop sustainable academic programmes; and pathways which meet their professional development needs and provide opportunities for recognition of personal deficits that hinder completing the assigned roles for nurse educators (Fawcett, 2009). The desire for self-betterment in instruction and coaching the learners, clarity in role assignment for content delivery, self-reflection, role performance and analysis, helps in sustainable functioning and interdependence within the faculty. The overall pedagogical performance improves through attaining additional educational credentials and professional values that influence transition to self-sufficiency and sustainability of education for health providers (UNESCO, 2007).

2.4 The Role Function Mode

Role Function of unitary individuals or groups include presence of qualities of effective processes of role transition, integration of instrumental and expressive role behaviour, integration of primary, secondary, and tertiary roles, stable pattern of role mastery, effective processes for coping with role changes (Roy, 2009). The role function of nurse educators has its roots in the realizations and fundamental principles of nursing profession. Since diploma nursing education and training involves the facilitation of learning through implementing curriculum design, teaching, advisement, and other activities undertaken by faculty in schools of

nursing, it is important for nurse educators to reflect on their practices and give feedback for improving faculty efficiency (NLN, 2005).

Nursing education takes place in diverse settings which are limited to the implementation of the faculty role which may be in traditional classroom-based or clinical area environments (NLN, 2005). Nurse Educators engage in a number of roles and functions, each of which reflects the core competencies of nursing faculty. Those competencies include: facilitate learning, facilitate learner development and professional socialization.

According to Halstead (2007) it is not expected that all educators possess all competencies, the same is true for the role of faculty. Not every faculty member is expected to take every role. At the same time, the allocation categories are not always discrete. That is, a faculty member could act as a role model in directing student learning by collaborating with a clinical expert to teach. Use of strategies to establish adaptation helps nurse educators participate in curriculum designing and implementation program for better outcomes in teaching. The success of the implementing depends on the personal and institutional commitment to achieving the mission set by the training college. Other functions of a nurse educator are ability to function as a change agent, engage in scholarship, and work hard to improve educational environment to facilitate continuity in the nurse educator role (NLN, 2008).

Several studies report the significant needs of educators, who often become overwhelmed with the faculty role (Halstead, 2007). Likewise, in Benner *et al*., (2007) national study of nursing education, they found that staff nurses who

partnered with students frequently had no teaching experience and had difficulties integrating their clinical teaching with the classroom teaching. Furthermore, it is recommended that ongoing faculty development for all nurse educators should be continuous (Benner *et al*., 2007). The commitment to being a nurse educator involves devotion to the professional development plans and capacity building among the faculty. Role performance however, is not automatic or easy. Dempsey (2007), studied nurse educators who were being transitioned into faculty roles, and they often felt a low self-confidence, overwhelmed with the instructional role, and often were under-prepared.

The extent to which a specific nurse educator implements core instructional competencies varies according to many factors; including the mission of the institution, academic preparation for teaching (level of education and experience), and level of the training program in which teaching is taking place (NLN, 2005). The development of competencies reflects on levels of faculty pedagogical practices and challenges nurse educators to attain high levels of excellence in teaching. Use of these competencies involves a professional review process, components of peer in-put, self-reflection, and portfolio development, but did not include a research – based performance criteria (Johnson, 2004). Ensuring adaptation, self-sufficiency and sustainability is not a one dimensional assignment and may require a great deal of comparison with the existing benchmarks, processes and results.

The International Commission for Human Resource in Nursing, recommended that the country requires a training programme for nurse educators to produce nurse trainers and prevent future deterioration of nursing education (ICHRN, 2010). This

observation is a vital suggestion towards self-sufficiency and sustainability of nursing profession through enabling the nurse educator to effectively perform their roles and help increase population of professional nurses. It is important to develop the concept of the reflexive teacher so that peer feedback could be a common practice for encouraging accountability in instructional roles and responsibilities. There is no better time to act than now.

In order to envision and achieve improvement of nursing education and training, faculty and institutional support are important in promoting self-sufficiency and sustainability for nursing educational and training processes (Rajani, 2007). The frequency of the self and peer reflection however, need to be clarified so that planning can be accorded. The participants in nursing education have to clarify under what circumstances the benchmarking is done, and for what purposes are studies that might be conducted. Questions to adaptation, self-sufficiency and sustainability could be answered differently by different study participants in different diploma nursing training colleges. There are a variety of answers given for the nurse educator self-sufficiency and sustainability questions depending on the individual's self-concept and perceptions of role overload (Ramesh & Thiagarajan, 2005).

In many occasions, the overall workload determines the individual nurse educator's adaptation mechanisms. Role structure performance influences people's self-concept and adaptation. Inability to master a role results in conflict between two or more roles, which is potentially problematic in self-concept (Pearson *et al*., 2006). The willingness to perform the assigned roles can play a role in the quality of performance (Fitzpatrick, 2004). Many schools make peer review of faculty teaching

an option unless there is an identified problem with the faculty member's teaching and others are brought in to assist. The nurse educators have a lifelong responsibility to function effectively within the nursing profession dynamics, institutional environment and culture as well as in the academic community (Rajani, 2007). A data base for such information could help a lot in faculty planning and sustainability.

2.5 The Interdependence Mode

The interdependence mode suggests a steady or sustainable existence of a stable pattern of giving and receiving, nurturing, role preparation and clarity, effective pattern of aloneness and relating, effective coping strategies for role overload, self-efficacy or adequate adaptation for role sustainability and human survival (Fawcett, 2009). In a faculty workload distribution and possibility of role overload indicated that currently, there are larger proportion of students who are unprepared for rigorous nursing college work today than in the past and therefore, more support and coaching for success is required from the nurse educators (AACN, 2006). This aspect has been added to the teaching workload and threatens sustainability of teaching and learning in diploma nursing.

Faculty members have significant and collective development needs, particularly in the areas of teaching, evaluation of learning, and curriculum development (Riner & Billings 999). These researchers stressed the importance of having experienced faculty mentors to promote professional team spirit to novice faculty. There is a similar need for experienced faculty members to role model teaching for preceptors. In a study of nurse educators, researchers reported that the educators were unprepared to accept teaching new courses and that they (educators) needed more

support from seasoned faculty members (Yonge *et al*., 2008). In Halstead's (2007) literature review of novice faculty members, it is clear that novice faculty members have many needs that require role modelling of the faculty role by seasoned or veteran faculty members. Similarly, role modelling is important for part-time faculty members and preceptors

In a phenomenological study of 12 nurse lecturers, Siler and Kleiner (2001) found that novice nurse faculty members reported they were rarely prepared for the faculty role; were unfamiliar with the language, culture and practices for the role; and reported the workload was much higher than they had expected. Educating the next generation of nurses in sufficient numbers is paramount to addressing the current nursing faculty role strain. However, the current educational infrastructure in colleges offering diploma in nursing inhibits workforce growth (ICHRN, 2010). While schools are struggling with such barriers as limited classroom space, insufficient clinical sites, and overall budget constraints, it is the shortage of nurse faculty that is the major obstacle to increasing student capacity. If not addressed, the shortage of nurse educators will continue to hinder further progress in reversing the national nursing shortage (AACN, 2010).It is important for experienced faculty members to role model teaching behaviours for novice faculty members.

The Organization for Economic Cooperative and Development (OECD) model of health care production acknowledges nursing sustainability as function of inflow, retention and productivity outflow while utilising existing supply of nurses (Simoens *et al*, 2005). This contribution incorporates broader elements such as distribution, mix, quality, productivity and retention of human resources in nursing education.

Nurse educators are assigned roles and responsibilities to sustain and develop nursing profession by continually and consistently nurturing new nurses through education, guidance and training. The present and future of nursing requires a well guided and competently ready professional population who are vigilant to meet the societal and professional health needs (WHO, 2011).

Faculties feel supported in the self-reflection and peer review process when there is a positive organizational culture (Lomas & Nicholls 2005). A positive organizational culture is one that encourages thriving and adaptation of new and existing members for overall efficiency of the nursing training program. A research conducted by NACNEP, (2010) suggested that both now and in the future, nursing schools will require faculty who have the expertise to teach the content that students will need for effective patient care in practice environments. The faculty does not necessarily need to be comprised of expert educators; in particular clinical areas but must have solid, foundations of understanding and be able to demonstrate team efficiency and good teaching skills. Sustainability of teaching and learning largely depends on the self-initiative, sufficiency and effectiveness of each nurse educator and collectively forming a body of faculty members who share the same foundations and principles for nursing profession in education and learning.

Faculty often would like to enhance collegial engagement and cognitive presence through the use of effective communication skills and role clarifications between and amongst faculty members. For example, adding role descriptions before assignment helps the nurse educator in self-reflection, planning, consulting and interdependence within the team. This enhances role clarity and reduces unnecessary role strain

(Lannon, 2007). Group identity is an integral part of nursing. Nursing has become a more integral part of health care services to the extent that a future without large numbers of nurses is impossible to envision (Aiken *et al*., 2009).

Educators have the opportunity and the challenge to empower student nurses to master an eclectic set of management and leadership skills, including the best from historical self-sufficiency strategies and embracing the latest theories of adaptation (Garrison *et al*. 2004). It is expected that there will be a rich balance of faculty members to take on the instructional roles. It is also understood that the composition of the faculty team is very much dependent upon the mission and philosophy of the nursing college. This can best happen when there is a strong faculty team led by nursing faculty, with support by faculty in related fields (Wolf *et al*., 2006).

The role of a teacher in nursing education and learning has its roots from the ancient times of Aristotle; he taught that to achieve a virtuous and potentially happy character requires a first stage of having the fortune to be habituated by teachers, and experience, leading to a later stage in which one consciously chooses to do the best things (Rackham, 1934). The International Council of Nurses (ICN, 2006) observed that given the health and social challenges facing health care and education, there is a social responsibility for nurse educator's actions and plans to address the state of their country's nursing workforce.

It is now widely acknowledged that investments in human resources for health will develop and sustain an appropriately prepared and equitably deployed nursing workforce in education and practice. Self-sufficiency and role sustainability may be unachievable due to the fact that increasing production of educators takes several

years to provide the additional nurses and is constrained by educational capacity issues such as limited teaching opportunities and a projected shortage of faculty (Bednash, 2006). Nurse educators can apply personal and collegial adaptive mechanisms as part of the process of monitoring stimuli to develop awareness of their strengths and weaknesses. It is also possible to develop awareness of the colleagues in their teaching and training activities within the college. Creating awareness helps in adaptation, and the level of adaptation can help determine an individual's range of coping to prevalent stimuli (Roy, 2008).

2.6 Theoretical Framework

This study is founded and based on Sister Callista Roy's Adaptation Model (RAM) (Roy, 2009) of nursing. The RAM presents the person as a holistic adaptive system in constant interaction with the internal and external environments. The main task of the human system is to maintain integrity in the face of the prevalent environmental stimuli (Phillips, 2010). Human systems are thinking systems with capacity to integrate multiple stimuli into a unified focus for adaptive responses.

The factors that influenced development of the model included: family, education, religion background, mentors, and clinical experience. RAM asks the following questions: who is the focus of nursing? Who is the target of nursing care? When is nursing care indicated? The primary goal of nursing therefore is to foster successful adaptation. The adaptation level represents the condition of the life processes. Three levels of adaptation are described by Roy as: integrated, compensatory, and compromised life processes, which attempt to re-establish adaptation. If the

compensatory processes are inadequate, or the role set is overwhelming to the person there is system compromise due to overload (Roy, 2009).

Learning involves imitation, reinforcement, and insight. Judgment includes problem solving and decision making. Defenses are used to seek relief from anxiety and make effective appraisal and attachments through the emotions (Roy, 2009). Although learning is change of behaviour, Roy's adaptation model recognizes that it is not possible to directly observe the functioning of learning taking place. Teaching is an art which can be observed with relative ease It is possible however to identify specific processes inherent in the cognator (behaviour) sub-system. Behaviors can be observed in four categories or adaptive modes namely: physiologic-physical mode, self-concept-group identity mode, role function and interdependence mode.

This study focused on the self-concept, role function and interdependence modes of adaptation while using identity modes for self-sufficiency and role sustainability**.** In the role function mode**,** the roles of the person in the society and the roles within a group; the basic need underlying the role function is social integrity – that is, the need to know when one is in relation to others so that one will know how to act, and the need for role clarity of all participants in group (Roy, 2009). The interdependence mode focuses on interactions related to giving and receiving love, respect, and value. The basic need of this mode is relational integrity, or feeling of security in nurturing relationships (Roy, 2009). From the above observations by the nurse theorist, it is inherent that nursing education and training is greatly prospected towards social integrity and functioning. Individual and group development encourages role sustainability.

The following are the assumptions of the theoretical framework;

i) A person can be reduced to parts for study and care.
ii) Persons are viewed as living adaptive systems whose behaviors may be classified as adaptive responses or ineffective responses.
iii) Nursing is based on causality (causal-effect relationships).
iv) Person's values and opinions are to be considered and respected.
v) A state of adaptation frees an individual's energy to function on prevalent stimuli adequately (Philips, 2010).

The model defines for students' distinct purpose of nursing which is to promote man's adaptation in each of the adaptive modes in situations of health and illness (Roy, 2009). The student can achieve this purpose by being in an institution with teachers and colleagues who share a common set of values. Such institution would provide education and training for adaptive nursing mindsets and behaviour.

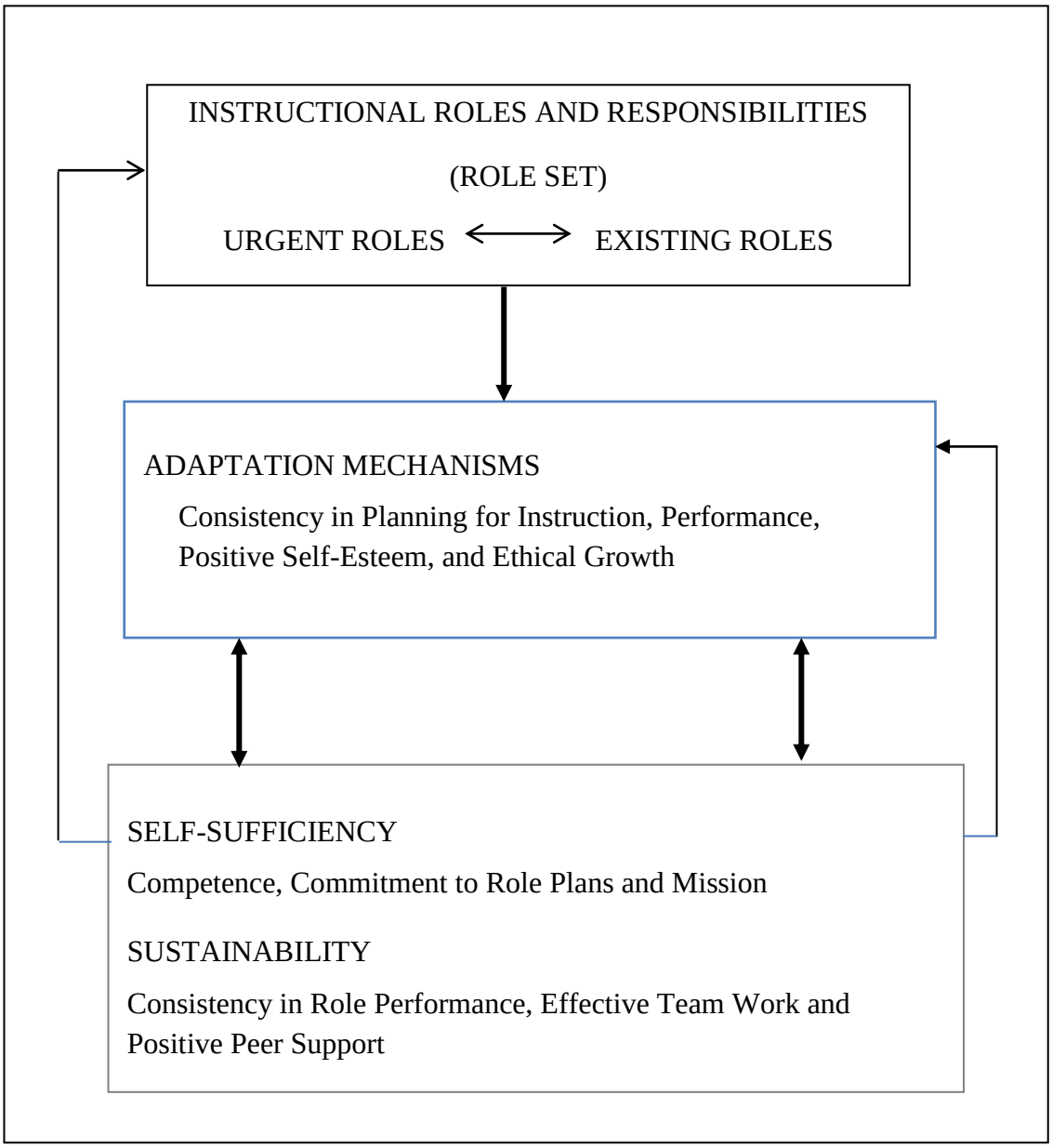
2.7 The Conceptual Model

The conceptual model developed provides foundation to describe instructional roles as stimuli, person as an open thinking system, nurse educators as interdependent units of a larger system; the nursing profession. Roy's adaptation model provides the framework on which the perceptions (self-concept) and actions (role performance) shall be conceptualised and conclusions made from the data (Roy, 2009). The self-concept mode focused on psychic integrity and deal with perception of the personal self, including self-consistency, self-ideal, and the moral-ethical-spiritual self. The role function mode dealt with social integrity by focusing on performance of activities associated with the various roles one undertakes during their instructional

tenure. The interdependence mode highlighted social integrity and emphasized behaviours underlying the development and maintenance of satisfying functional relationships with faculty members as well as the provision and reception of professional support.

Inputs included, role set; both new and arising and existing instructional roles and responsibilities, while adaptation mechanisms included core competences in teaching nurses. The competencies are adaptive and goal directed behaviours by personal self. Planning and consistently coping with role overload, helps self-esteem, ethical growth and solving threats to self-sufficiency. These factors would affect role performance and effective teamwork. Depending on whether the individual educator would commit and adapt or not, the observable outputs would be a self-sufficient educator, strained personal-self in role performance, or being overwhelmed by instructional roles due to ineffective adaptation mechanisms.

This model developed from RAM allows flexible use of adaptation modes selectively depending on the study population (Fawcett, 2009).



The Conceptual Model (Gitonga 2014)

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the methods used to answer the study questions. The scope of this description includes the study design and its benefits, study area, the target population, sampling procedure, and preparation for and actual data collection, data collection procedures, methods of data analysis and ethical considerations.

3.2 Study Design

This research was an institution based descriptive cross-sectional study. A descriptive research is designed to discover new meaning and to provide knowledge where there is very little known about the phenomena of interest (Basavanthappa, 2007). The benefits for using this design include; much contribution to science because it helps theory building, highlights important facts needed for planning programmes, and the studies are useful for predicting about respective areas of interest.

3.3 Study Area

This study was carried out in diploma nursing training colleges in Meru County; Kenya. Meru County is in the eastern regions of Kenya with a population of 1,356,301; it is amongst the most populated communities in Kenya (National Census Report, 2010). There was a very conducive environment for human health sciences education and training in Meru County; the institutions that offer health related training included a medical training college, diploma nursing training colleges, universities, hospitals and health facilities. Meru was purposefully selected because it had the desired target population and training institutions. Nursing colleges were

selected via convenience, due to the responsibilities that they have in equipping nurses with essential knowledge and skills to provide nursing care. The four colleges that were included in the study were Maua Methodist School of Nursing, Meru Medical Training College, Nkubu Consolata School of Nursing and Clive Irvine College of Nursing (Chogoria).

3.4 Target Population

The study targeted nurse educators from all the diploma nursing colleges in Meru. The total population of the study participants in the nurse training colleges within the study area was fifty two (52). Nurse Educators; both classroom and clinical areas teaching staff were requested to participate. Participants were required to give consent and give honest responses on the data collection during the study. The choice of the study population (teaching professional nurses) was considered very crucial part of professional reflection. Professional nurses participating in training of diploma nurses have homogenous professional characteristics that were of interest to the researcher. The values and philosophies expected of a graduate nurse are in a large perspective considered to be inherent with nurses who journey with the learner (trainee) through training into nurse professionals (Roy, 2009). The training of professional diploma nurse, in a broad perspective, is nurtured by qualified nurse educators. The key role of nurse instructors/educator was and is objectively providing learning opportunities to student nurses to ensure continuity of the profession quality and responsibility through education and training. Other benefits of effective training are that the clients are assured of quality nursing care at all levels when they seek health care services.

3.5 Sampling Procedure

The target population was fifty two (52) which was relatively small enough for entire selection. The researcher opted to take the entire population as the sample size. Ethical qualities of a scientific practice were adhered to. Since the entire population was eligible for selection, the researcher made several visitations to the study sites in an effort to include all the respondents in the study. The researcher achieved a sample of forty six (46) participants. The inclusion criterion was all the nurse educators who gave consent. The study excluded those educators who were away or declined to participate for their own reasons during the time of tool administration.

3.6 Operational Definition of the Study Variables

The dependent variables of this study were self-sufficiency and role sustainability while the independent variables were adaptation mechanisms derived from three adaptive modes; self-concept, role function, and interdependence of the respondents. Adaptation mechanisms consisted of perceptions and behaviour towards assigned and existing instructional roles. Self-sufficiency was measured through competence, commitment to the instructional role performance, and professional or ethical growth. Role sustainability was determined by indicators that showed consistency in role performance, commitment to the mission statement of the institution, effective teamwork and faculty support (individual actions and institutional interventions in maintaining instructional equilibrium). Both positive peer support and institutional support were considered as indicators of sustainable instructional roles. Extraneous variables included instructional experience, values, attributes and attitudes, socio-economic status, institutional culture, values and resources. Urgent instructional roles

were recognized as focal stimuli and the extraneous variables were identified in this study as the contextual stimuli.

3.7 Scope of the Study

The study sampled a study population of 46 respondents in an attempt to describe adaptation, self-sufficiency and sustainability of instructional roles in diploma nursing education. The study did not intervene in any capacity to improve or control the study population in relation to focus or attending to the individual teacher roles. To measure adaptation, self-sufficiency and sustainability, the researcher relied on self-reported data provided by the respondents. The competencies of nursing education that are relevant to the study questions were the only considered aspects in this study. The non-pedagogical factors and contributions affecting the study in a way that their effect cannot be quantified were not considered relevant.

3.8 Instrumentation

The questionnaire developed focused on specific variables as presented in the study objectives. The first draft questionnaire was presented to the supervisors for inputs regarding the validity, reliability, format and other related scientific qualities of a good data collection tool. A self-administered questionnaire was used to collect data from nurse educators in the nursing colleges.

A self-administered questionnaire is the most appropriate tool because the information collected is easier to code, tabulate and analyze (Basavanthappa, 2007). A pilot study was conducted to illustrate and attempt to discuss how the results would inform the activities of the main study (Basavanthappa, 2007). The data collected in the pilot study confirmed that the tool was valid and reliable.

3.9 Methods of Data Collection

Data was collected by use of self-administered questionnaires to the respondents by the researcher and research assistants. The researcher identified one research assistant in each nursing college. The research assistant provided information about when the respondents were available for data collection. Recruitment of study participants was done by identifying the potential participants and requesting them to participate in the study. Once agreed, study information was provided to them. After the consent was signed, the participant was issued the questionnaire. The researcher was responsible for the overall coordination of data collection during this research. Confidentiality was ensured at all levels. The respondents' identity was anonymous. Data safety was guaranteed and the collected data was channelled to a single location for cross checks and organization before analysis. All questionnaires were reviewed for consistency and completeness before data organization and entry into the SPSSv16.

3.10 Methods of Data Analysis

The collected data was analysed after being entered in the computer; this was achieved using Microsoft Excel 10.0 and Statistical Package for Social Sciences (SPSS) Version 16.0. The data was analysed and described statistically. Scores for adaptation mechanisms were identified from the data; these were directly considered as indicators of self-sufficiency. Sustainability was measured using the conceptualized measurement and calculating statistical relationship between and among variables. Indications for effective adaptation mechanisms with instructional role overload were used to make a statistically significant conclusion about the hypothesis.

The parameters; standard deviation, sample statistic, Exact *P* – value, (critical value of the test) t_{crit} (performed at 0.05 (α) level of significance, degrees of freedom; DF = 46 -1) and prevalence (P) of the issue under study of 50% (Everitt, 2006) were significantly used in hypothesis testing. The null hypothesis was rejected at $\alpha = 0.05$ (with a chance of 5% of committing error type I).

Pearson's Chi-square tests of independence was used to determine the level of associations at 95% confidence interval. Adaptation, self-sufficiency and sustainability were analysed using descriptive statistics and inferences made from the findings.

3.11 Ethical Considerations

The researcher followed the guidelines of good scientific practice. The researcher sought and was granted permission and approval to carry out the study. The authority to collect data was sought and granted by the Kenya Methodist University Ethics and Research Committee. Prior to data collection, permission was sought by the researcher and granted by the principals of the participating colleges of nursing and their respective research and ethics committees. The data was collected using research methods that conform and apply to professional and scientific criteria. Scientific honesty was maintained throughout and in all the processes in the study. The respondents were given all the necessary information as regards their autonomy and rights during participation. The respondents were not forced, paid or coerced to participate. Participants' anonymity was ensured at all levels of data handling.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Introduction

A descriptive cross-sectional survey was conducted in diploma nursing training colleges in Meru. Forty six (46) nurse educators consented and answered questions about instructional roles and responsibilities: adaptation, self-sufficiency and sustainability. The study population was distributed as shown on table 4.1.

Table 4.1

Distribution of Respondents

Name of the college	Participants
P.C.E.A. Chogoria school of Nursing	13
Maua Methodist school of Nursing	12
Nkubu Consolata	12
Meru Medical Training College	9
Total	46

The data collected was analysed and provided the following results presented in form of tables, graphs, pie charts and discussion.

4.2 Personal Information

4.2.1 Gender of the respondents

The respondents' gender distribution was 71.7% (n=33) females and 28.3% (n=13) males

4.2.2 Age groups

The respondents were asked how old they were. The age groups that had participated in the study were as shown in table 4.2

Table 4.2
Age Groups of Respondents

Age Group (Yrs)	Frequency (f)	Percentage (%)
25-29	8	17.4
30-34	7	15.2
35-39	6	13.0
40-44	6	13.0
45-49	5	10.9
≥ 50	14	30.4
Total	46	100

Most of the respondent - nurse educators (30.4%) were aged 50 years or older. The majority (cumulative 45.6%) of nurse educators' ages ranged from 25 – 39years of age during the time of data collection. The researcher acknowledged that this is a vibrant and energetic group but instructional experience is equally important in the older group in relation to instructional experience.

4.2.3 Instructional experience in years

The teaching experience of the respondents/nurse educators (n=46). The distribution of instructional experience was as follows; 13% had less than 1 year, 37% had instructional experience of 1 to 5years, 8.7% had 6-10 years, 10.9% 11-15 years, 15.2 % 16-20 years and 15.2 % had instructional experience of 21 or more years as shown on table 4.3

Table 4.3
Instructional Experience in Years

Instructional experience (Yrs)	Frequency (f)	Percent (%)
<1	6	13.0
1-5	17	37.0
6-10	4	8.7
11-15	5	10.9
16-20	7	15.2
21+	7	15.2
Total	46	100

In this study, the data pointed to the suggestion that the instructional experience was highly inclined to five years or less (cumulative 50%). There is a common belief that the longer the duration an educator had been performing instructional roles, the better their adaptation mechanism gets.

4.2.4 Duration of serving in the same college as an educator

In support of the instructional experience, the respondents were asked to indicate the duration they had dedicated to the college as instructors. The years they had dedicated to service in the nursing college was as shown in table 4.4.

Table 4.4

Instructional Duration (Same College) in Years

Instructional duration (Yrs)	Frequency (f)	Percent (%)
1	8	17.4
2	3	6.5
3	5	10.9
4	3	6.5
5	3	6.5
6	1	2.2
7	1	2.2
8	1	2.2
9	2	4.3
10	3	6.5
12	1	2.2
15	3	6.5
16	1	2.2
17	2	4.3
18	1	2.2
19	1	2.2
20	1	2.2
21	2	4.3
22	2	4.3
26	1	2.2
32	1	2.2
Total	46	100

4.2.5 Mission Statement of the Nursing College

The respondents had a challenge in recalling the mission statement of the colleges during the time of the study. The respondents who gave correct responses were 47.8 % while 23.9 % gave a related statement to the mission. 13% had a wrong statement and 15.2 % gave no response to the question as shown in table 4.5.

Table 4.5

Mission Statement of the Nursing College

Mission Statement	Frequency (f)	Percent (%)
Correct	22	47.8
Related	11	23.9
Wrong	6	13.0
No Response	7	15.2
Total	46	100

4.2.6 Benefits for serving to achieve the institution's mission

The benefits identified were; earn salary and experience (8.7%), professional experience (19.6%), job satisfaction (17.4%), perfection of individual teaching skills (8.7%) and improving performance standards of the college (30.4%). Some (15.2%) did not give a response. The identified benefits were as shown on the table 4.6

Table 4.6

Benefits for Serving to Achieve the Mission of the Nursing College

Benefits for instructors	Frequency (f)	Percent (%)
Salary and experience	4	8.7
professional experience	9	19.6
Job satisfaction	8	17.4
Perfection of skills	4	8.7
Standards improvement	14	30.4
No response	7	15.2
Total	46	100

4.2.7 Commitment to instructional roles

The respondents indicated that their commitment to the institutional mission statement and the assigned roles and responsibilities depended on how the institution values the contribution and the performance they offer. More than half, (58.7%) of the respondents commented that their commitment depended on the perceived value the institution places on them, 32.6% assured that commitment did not depend on their value tagged by the institution while 8.7 % did not give a response.

4.3 Workload Distribution

4.3.1 Ratio of nurse educators to student nurses

The data provided a nurse educator population of 52 against 1056 student nurses during the time of the study. The institutional ratios of nurse educator – student was: Maua Methodist School of Nursing had a ratio of 1:12, P.C.E.A Chogoria School of Nursing had a ratio of 1:16, Nkubu Consolata Nursing College 1:20 and the Kenya Medical Training College – Meru had a ratio of 1: 47. The calculated nurse educator – student ratio for Meru was 1:20. The workload distribution in the nursing colleges in the study area largely depended on the availability of the nurse educators. This implies that, the instructional role and responsibilities were shared amongst the nurse educators who were in the college during the time of instructional role allocation.

4.3.2 Criteria for allocating instructional roles

The criterion for role assignment was through democracy or availability. The criteria were equally preferred with 43.5% each. The complexity of the instructional roles and responsibility was reported by 8.7% of respondents. Other identified allocation criteria were educator preference and content mastery in the subject matter.

Figure 4.1 illustrates the criteria used to assign instructional roles to the nurse educators in Meru.

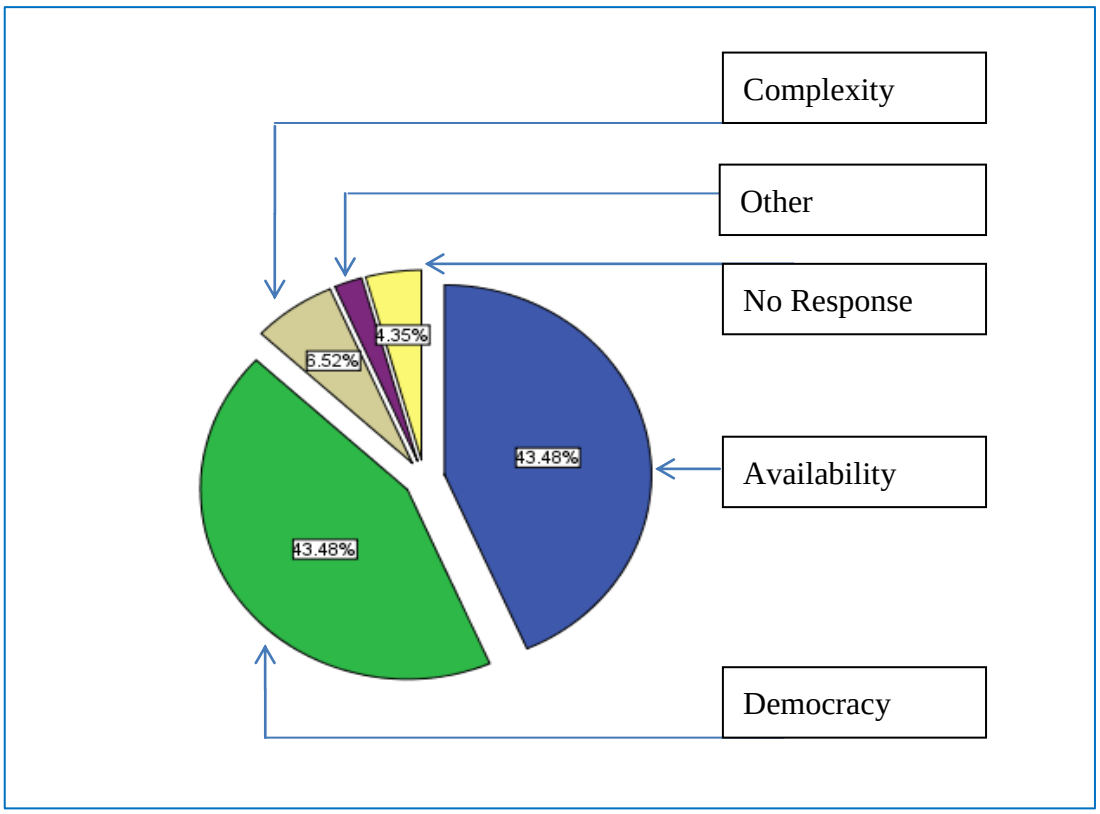


***Figure 4.1*: Criteria for allocation of instructional roles**

4.3.3 Instructional roles assigned during time of the study

The nursing colleges that participated in the study were active and in session during the time of data collection. There were educators assigned to specific roles and some others had a variety of responsibilities. Teaching (4.3%), coaching and skill mentoring (4.3%), supervising and counseling (6.5%) had a cumulative of 15.2% proportion of the sampled population. Nurse educators with a variety of roles and responsibilities had a greater representation; 54.3% (n=25) had combined roles of teaching, assessing, guiding and clinical instruction. Classroom teaching and clinical instruction representation was 17.4% while coordinators of learning represented 8.7%. Finally, 4.3% did not give a response as illustrated in table 4.7.

Table 4.7

Roles Assigned to the Educator During Time of the Study

Instructional Roles Assigned	Frequency (f)	Percent (%)
Teaching	2	4.3
Coaching and skill mentoring	2	4.3
Supervising and counselling	3	6.5
Teaching, assessing, evaluating, guiding and supervising	25	54.3
Classroom teaching and clinical instruction	8	17.4
Coordinator of learning	4	8.7
No response	2	4.3
Total	46	100

4.4 Planning for Instruction

4.4.1 Conflicting individual and institutional plans

Respondents' observed that they had tight plans for clinical assessments and the institution had plans to ensure that learning takes place as planned in the curriculum and the master rotation. These plans did in a way conflict with nurse educator's own plans with 45.7% stating that actually there was a conflict of plans while 54.3% attested that there was no conflict of plans. Abstinence from attendance to extra roles was testified by 8.7% of the respondents.

4.4.2 Adjustments to solve conflict of plans

With a higher percentage of the respondents stating that they had adequate plans and that there were no conflicts of plans, 54.3 gave no response. Respondents had plans to work for extra hours (15.2%), re-plan for workload (23.9%), assign students in groups (2.2%) or postpone (4.3%) as shown in table 4.8.

Table 4.8

Solutions for Conflicts of Plans

Solving Conflict of plans	Frequency (f)	Percent (%)
Work extra hours	7	15.2
Re-planning/re-distribute workload	11	23.9
Assign students to work in groups	1	2.2
Postpone	2	4.3
No response	25	54.3
Total	46	100

4.4.3 Plan Adjustment to Role Overload (Individual)

The respondents had adequately adjusted to the instructional role overload by earlier self-preparation (40%), working overtime (40%) or re-planning (20%) to adequately restructure resources to achieve the college mission and specific objectives of the instructional roles as shown in table 4.9.

Table 4.9

Individual Plan Adjustment to the Role Overload

Plan adjustments for educators	Frequency (f)	Percent (%)
Work extra hours	20	43.5
Re-distribute workload	2	4.3
Assign students to work in groups	7	15.2
Prioritize tasks	13	28.3
No response	2	4.3
Total	46	100

The variation of the nurse educators' immediate action was noted to be associated with instructional experience. Pearson's chi-square test of association indicated that teaching experience in years (p=0.013) and plan to perform occasional role overload (p=0.000). Prioritizing of tasks and working extra hours is a positive way of adapting to overload while re-distribution would signal group cohesion and synergism. There was no statistically significant association between age of the respondent (p=0.224) with individual plan adjustment (p=0.000) to perform occasional role overload.

4.4.4 Institutional plans to prevent role overload

The institutions were to be determined whether they were well planned and prepared to adjust to occasional role overload on the nurse educators. The educators reported that the institution encouraged educators to work more effectively and work extra-hours (10.9%), redistribute workload among available educators (13%), or would contract external nurse educators (50%) whenever there was need. According to 17.4%, of the respondents, the institutions did not have a clearly defined guideline on how to handle role overload while 4.3% argued that the institution would allow educators to assign the students to work in groups so as to achieve learning objectives intended in the training curriculum as shown in table 4.10.

Table 4.10

Institutional Plans of Handling Role Overload for Faculty

Handling role overload	Frequency (f)	Percent (%)
Work extra hours	5	10.9
Re-distribute workload	6	13.0
Contract part-time/external tutors	23	50.0
Assign students to work in groups	2	4.3
Records of workload assigned and performed	1	2.2
No clear guidelines on how to handle overload	8	17.4
No response	1	2.2
Total	46	100

4.5 Instructional Role Performance

4.5.1 Role assignment before notice

The study identified an even-split (50%; n=23) indication that roles were assigned to some nurse educators before they had been notified. Prior awareness to attend to a task is obviously very important and therefore 50% (n=23) of nurse educators had been notified that roles would be assigned to them and they would prepare for expected performance.

4.5.2 Performance of additional instructional roles

Forty two respondents (91.3%) attested to have been performing extra instructional roles and responsibilities than they normally would have wanted to. The reasons given were that they do it for the benefit of the students; the instructional personnel are not as adequate, personal conviction that it is the right thing to do and sometimes the workload is overwhelming and someone has to take responsibility. The rest

(8.7%; n=4) did not perform additional roles because they said they only do what they can handle at a given time or postpone for a later day performance.

4.5.3 Aspects of instructional performance that must improve

Improvement of instructional role performance is an educator's responsibility. The participants in the study had a variety of options to improve instructional role performance. The options proposed included clinical area teaching and supervision (26.1%; n = 12), attending to their teaching responsibilities (17.4%; n = 8), getting updates on new teaching methods (17.4%; n = 8), and guiding 'weak' students (6.5%; n= 3). Two respondents (4.3%) felt that there was no area that required improvement while 2.2% felt that there should be improvements but could not specify as shown in the table 4.11

Table 4.11

Aspects of Instructional Performance to be Improved

Areas to Improve	Frequency (f)	Percent (%)
None	2	4.3
Non-specified	1	2.2
Clinical teaching and supervision of learners	12	26.1
Updates on new teaching methods	8	17.4
Attend to their teaching responsibilities	8	17.4
Guide 'weak' students	3	6.5
Equity in role distribution	3	6.5
Self-directed learning	2	4.3
No response	7	15.2
Total	46	100

4.6 Team Work

4.6.1 Believe about employer motive (exploitative)

Thirty four respondents (73.9%) believed that the motive of the employer was not exploitative in nature. Twelve nurse educators (26.1%) said that the institution they offered instructional services had exploitative motives. There was however, no clear indication on how they were exploitative. May be the role overload was assumed as the exploitation motive since the institution would have employed more educators.

4.6.2 Harmony of work-professional ethics among educators

Thirty nine (84.8%) nurse educators agreed to have similar professional ethics with their colleagues while 13% (n = 6) said that they did while one respondent (2.2%) did not give a response as shown on the table 4.12.

Table 4.12

Respondent Shared Same Work Ethics with Colleagues

Professional Ethics	Frequency (f)	Percent (%)
Yes	39	84.8
No	6	13.0
No response	1	2.2
Total	46	100

4.6.3 Existence of a faculty mentoring program in the nursing college

The respondents reflected whether their college had a program for orientation of new tutors into the institution performance standards and culture. Thirty eight (82.6%) confessed that there was no such a program. Eight respondents (17.4%), said that they had an orientation program.

4.6.4 Opportunity to mentor a novice faculty member

Orientation of novice faculty is an important exercise and therefore, 39.1% had an opportunity to mentor a colleague educator while 60.9% said that they had no opportunity to mentor a fellow faculty member.

4.6.5 Competition in role performance amongst educators

Forty one nurse educators (89.1%) observed that there was no competition over who performs better in the instructional role assumption. Five respondents (10.9%) indicated that there was competition over who performs better than another in the instructional role performance.

4.6.6 Presence of team work challenges

Presence of team work challenges was reported by the respondents with forty one (89.1%) claiming that there were team work challenges while 10.9% (n=5) said there were no team challenges.

4.6.7 Types of team work challenges

The challenges mentioned to exist in the nurse training colleges that participated included role overload (43.5%; n=20), some educators declining to take new teaching responsibilities (19.6%; n=9), group dynamics (15.2%; n=7), lack of role clarity (8.7%; n=4), frequent resignations (4.3%; n=2) and seniority complex (2.2%; n=1). Three respondents (6.5%) did not comment. The findings are demonstrated on Figure 4.2

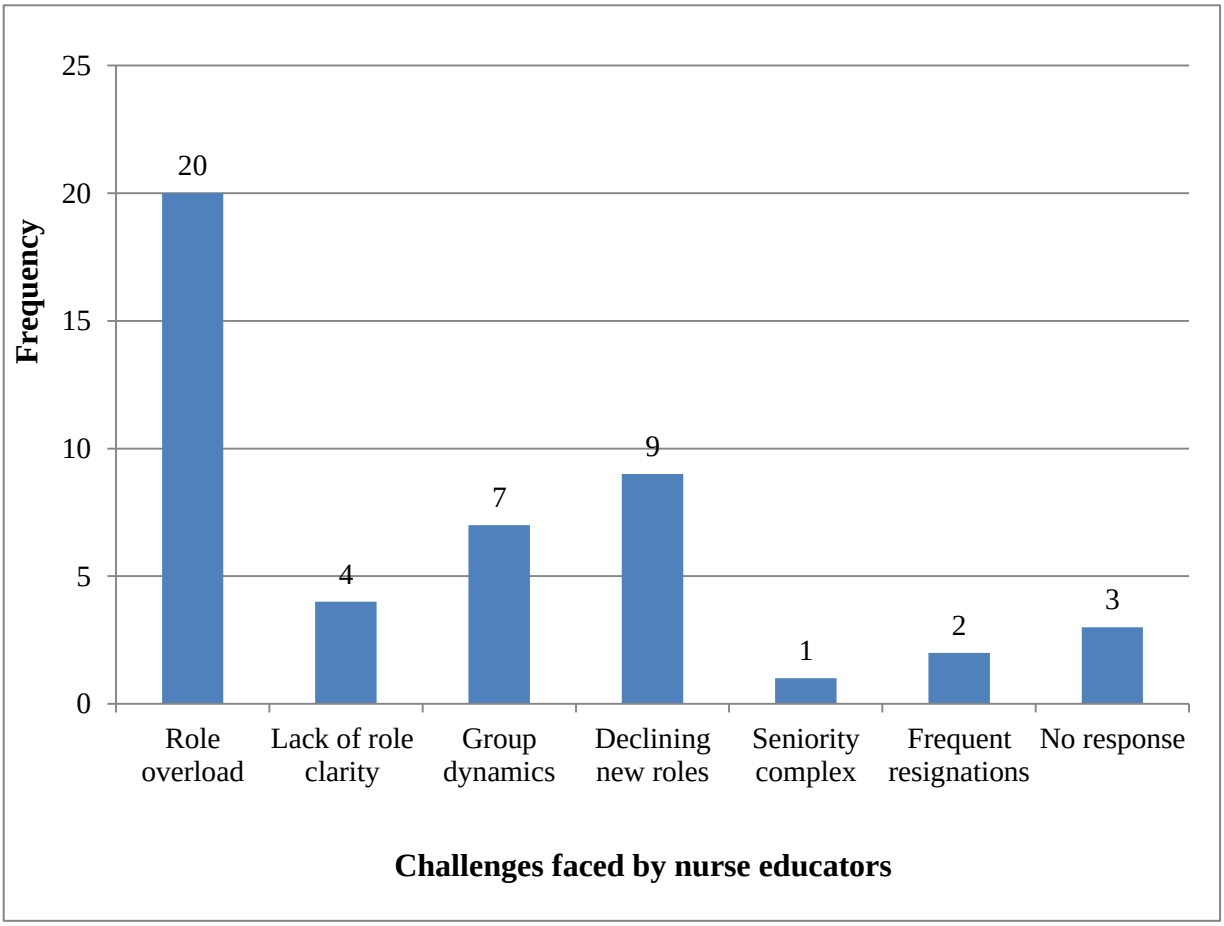


Figure 4.2: Challenges faced by nurse educators

4.7 Effective Coping Strategies

4.7.1 Individual/Personal solutions to challenges

As part of adaptation mechanism and show of commitment, the respondents were requested to report the solutions they, as individuals used to solve challenges during their role performance. Time management (26.1%; n=12) was highly chosen while encouraging openness and equitable role sharing was indicated by (23.9%; n=11) educators. Planning for work (13%; n=6), giving assignments (4.3%; n=2) and group-work discussion (6.5%; n=3) to learners were other adaptive solutions were identified. Seven (15.2%) respondents did not give a response while five (10.9%) would take no action. as shown in the table 4.13. There was a statistically significant

association between gender [P= 0.003] and method of solving team-work challenges (p=0.042)

Table 4.13

Individual Methods for Solving Team Work Challenges

Solving individual challenges	Frequency (f)	Percent (%)
Assignments	2	4.3
Group work/discussion	3	6.5
Time management	12	26.1
No action taken	5	10.9
Encourage open and equitable role sharing	11	23.9
Work planning	6	13.0
No response	7	15.2
Total	46	100

4.7.2 Team solutions to challenges

The faculty members indicated that they solved team work challenges by planning together (32.6%), open and equitable role sharing (17.4%), and division of labour (17.4%), re-allocation (4.3%) and requesting someone (4.3%). Three respondents (6.5%) took no action to solve team work challenges while 17.4% (n=8) gave no response as shown in table 4.14

Table 4. 14

Faculty Methods of Solving Team Work Challenges

Solving team challenges	Frequency (f)	Percent (%)
Division of labour	8	17.4
Re-allocation	2	4.3
Request someone	2	4.3
No action taken	3	6.5
Planning together	15	32.6
Open and equitable role sharing	8	17.4
No response	8	17.4
Total	46	100

4.7.3 Suggestions to improve instructional role performance

The mostly suggested method for improving instructional role performance was unity and commitment (39.1%; n=18). Other suggestions included open dialogue and consultation (15.2%; n=7), staffing and increment of payments (6.5%; n=3), improving teaching skills (6.5%; n=3) and record keeping (2.2%; n=1). Thirteen respondents (28.3%) did not give response as shown in figure 4.3.

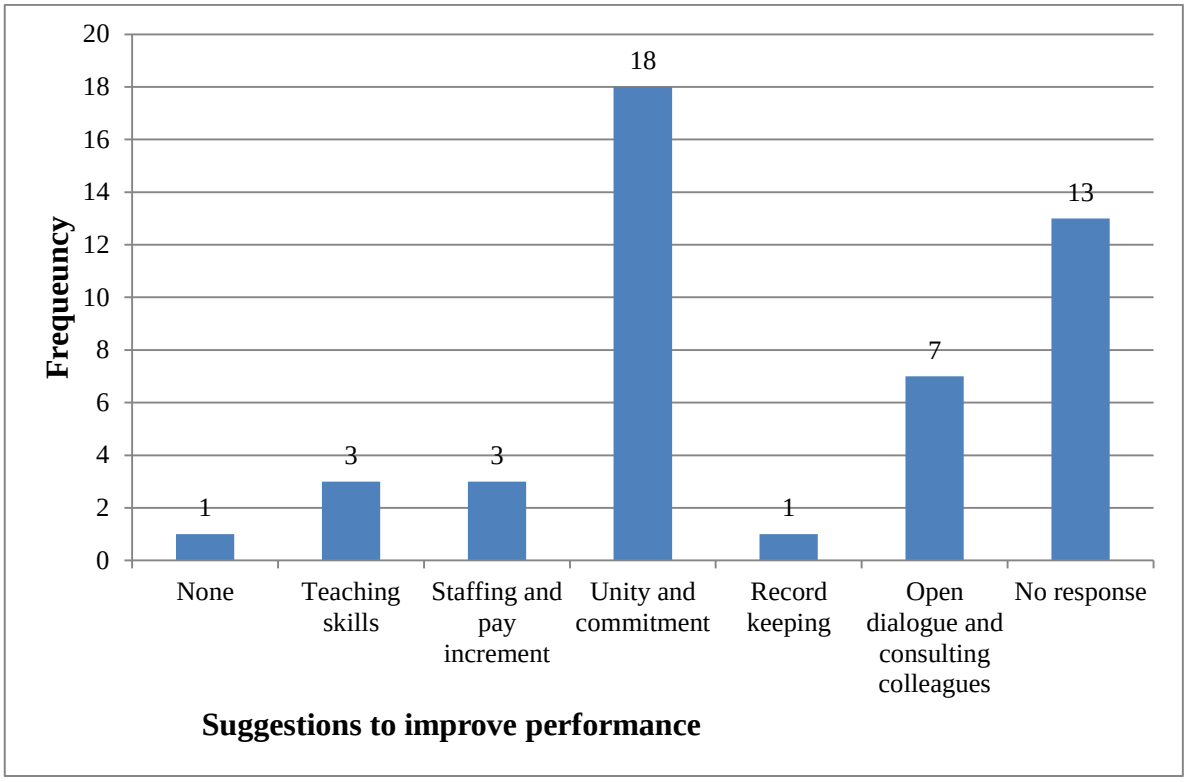


***Figure 4.3*: Suggestions to improve role performance**

4.7.4 Dream future of instruction in the institutions

Majority of the respondents were buoyant in hope that the learners' grades will improve (43.5%; n=20), instructional roles to thrive in a conducive environment of a good team spirit and commitment (19.6%; n=9) and there could be some capacity building for the faculty (17.4%; n=8). More identified visions were use of electronic media in teaching (6.5%; n=3), a well-equipped skill development laboratories (4.3%; n=2), more educators (2.2%) and academic record keeping of teaching plans and grades (2.2%). There were no responses for 4.3%. These are shown in table 4.15

Table 4.15

My Dream for this Nursing College

Vision for college	Frequency (f)	Percent (%)
More educators	1	2.2
Capacity building	8	17.4
Improve grades	20	43.5
Team spirit and commitment	9	19.6
Keeping records of plans and grades	1	2.2
Use of electronic media in teaching	3	6.5
Equipped skills lab and learning resource centre	2	4.3
No response	2	4.3
Total	46	100

4.7.5 More areas of concern.

The respondents were provided with options to raise concerns about role instruction, institution or colleagues without a specific order. The open-ended invitation for ideas yielded several observations. Firstly, educators to maintain objectivity in professional responsibilities (13%; n=6), motivate and encourage clinical instructional practices (13%; n=6) amongst educators. Secondly, important inputs were discovered; more classrooms (2.2%), better equipped skills laboratory (2.2%), share updates from seminars (2.2%), and orient new educators on effective teaching skills. Finally, twenty nine respondents (63%) did not respond as shown in table 4.16.

Table 4.16

More Areas of Concern

Areas of Concern	Frequency (f)	Percent (%)
More classrooms	1	2.2
Better equipped skills laboratory	1	2.2
Motivate clinical instruction practices	6	13.0
Maintain objectivity in my professional duties	6	13.0
Updates from seminars	1	2.2
New instructors should be well oriented on teaching	1	2.2
Clarify instructional roles with performance guidelines	1	2.2
No response	29	63.0
Total	46	100

4.7.6 Self-concept, adaptability, and vision

Multiple responses were requested using Likert-scale to generally reflect on the self-concept, adaptability and vision which would go a long way in assuring role sustainability. In an agreement/disagreement degree with the provided statements, the respondents gave their agreements. Most (93.5%; n=43) felt they had a high instructional competence, others were neutral (4.3%; n=2) and 2.2 % (n=1) disagreed. Respondents' planning was reported whereby they felt that they needed to improve their planning skills and practices in instruction. On planning 60.9% felt that they needed to improve, 17.4% were neutral and 21.7% felt that they needed no improvement. Performance was further tagged with planning aspect and respondents were asked whether their planning has an impact on their performance: with a 93.5% (n=43) respondents agreeing that there was dependence while 6.5% were neutral.

Following planning and performance, the respondents were asked whether they were comfortable on their performance; 80.4% said that they were comfortable, 10.9% were neutral and 8.7% disagreed (implying that they were not comfortable with their performance. Creativity is important and so respondents were requested to honestly indicate whether they were creative educators and 87% agreed, 8.7% were neutral and 4.3% disagreed. On group cohesion and harmony, the researcher wanted to know whether respondents embrace professional unity by indicating how they felt about themselves in relation to their colleagues. Being a nurse educator gave 91.3% professional identity, while 8.7% were neutral.

The study found out that 93.5% agreed to have consulted their colleagues before making major decisions about role performance (teaching), 4.3% were neutral and 2.2% disagreed. The decisions made would portray group identity for 80.4% while17.4% was neutral and 2.2% disagreed. On role overload, there was a large populace who felt they were overworked (65.2%) as educators while 17.4% were neutral and 17.4% felt that they were not overworked. Team spirit was reported by 71.8%, who agreed that the faculty colleagues supported each other although, 15.2% were neutral and 13% felt that there was collegial support. All the respondents (100%; n=46) agreed to the notion that they worked to achieve the mission of the college they served as educators as shown on the table 4.17.

Table 4.17

Self - Concept, Adaptability, and Vision

Statements to Agree/Disagree	Percent (%)		
Nurse educator self/peer reporting	**D**	**N**	**A**
1. I have a high instructional competence	2.2	4.3	93.5
2. My planning needs improvement	21.7	17.4	60.9
3. My performance depends on my planning.	0	6.5	93.5
4. I am comfortable with my performance.	8.7	10.9	80.4
5. I am a creative nurse educator	4.3	8.7	87
6. Being a nurse tutor gives me a professional identity	0	8.7	91.3
7. I consult before making key decisions	2.2	4.3	93.5
8. My decisions portray group identity	2.2	17.4	80.4
9. I am overworked as a nurse educator	17.4	17.4	65.2
10. My faculty colleagues support each other	13	15.2	71.8
11. My goal is to achieve the mission of this college	0	0	100

(n=46)

Legend

- D = Disagree
- N = Neutral
- A = Agree

4.8 Discussion

The results from the analysis of the primary data collected using a self-administered questionnaire indicated that the nurse educators believe and feel that they add value to their institutions and profession by performing their instructional roles and responsibilities. The research found out that the nurse educator-student nurse ratio was higher (1:20) than that recommended (1:10) by the Nursing Council of Kenya. The ratio is high because the public institution had a nurse educator-student ratio of 1:47, therefore elevating the overall ratio higher than observed ratios in private institutions.

The results are therefore, anchored on the relationship between the work-load (instructional roles) and the adjustments that the educators make to ensure continuity of learning experiences; both in the classroom and in the clinical placements. The beauty and meaningfulness of the responsibilities that the teachers take (UNESCO, 2007) is reflected by the educator's optimal functioning in instructional role performance. The results provide a criterion for making recommendations on areas for faculty development programs as supported by literature reviewed.

The results of Meru colleges offering diploma in nursing revealed that most nurse educators (71.7%; n=33) were females and males were 28% (n=13) who were demonstrating skills in coping effectively with the workload. This was supported by the skill and experience mix with a good distribution of educator age and teaching experience. Majority (50%; n=43) however, had teaching experience of five years or less. Since the entire study population were nurses, it is easier to configure from this evidence that gender balance is still skewed; with majority being female. Dismal male nurses populace is a worrying trend for nursing profession and Evans (2008)

voiced that more men could be attracted to nursing profession if marketing strategies portrayed nursing as a career with high intensity. According to Ericksen (2007), male nurses tend to work in the emergency department, intensive care or critical care units and least in teaching. In Kenya, there are minimal marketing strategies for the nursing institutions and profession to attract more men into the profession (Adano, 2008). Active recruitment of males in important in finding more persons get interested in the professional training and practice; this would provide a boost to reduction of nurse-shortage in the long term. Tapping into the male population and having an influx of males into nursing could prove to be extremely beneficial to healthcare in general and the nursing profession specifically (Dennis, 2012).

The duration of serving in the same college could be attributed to a degree of commitment and loyalty. The study found out that 50% of the nurse educators had more than seven years stay in the same college and 41.3% of the total sample having served in the same college for a period of more than ten years; with the longest educator having served 32 years in the same college. This is an indicator of sustainable individual and institutional commitment to educational roles and responsibilities.

The reason for commitment was allegedly the benefits the respondents considered vital; including, job satisfaction, improving performance standards of the college, gaining professional experience and perfection of individual teaching skills. Other commitment indicators were the value they added to the institution and the profession, although some (32.6%) did not attribute their commitment to the value they add to the institution. Majority (93.5%; n=43) of the respondents were aware of

the most important perspectives on role performance. Actually, successful teams are a product of appropriate team composition (Bradley & Frederic, 1997).

Regarding workload distribution, the respondents were allocated their instructional roles in a variety of methods. Educators would democratically participate on the selection of the roles they preferred but in all cases, availability of the educators played an equally decisive role in allocation of teaching, evaluation and guiding duties. The instructors demonstrated teamwork, adequate role sharing and execution of instructional responsibilities. Roles were assigned to the members based on their departments and majority of the participants (54.3%) had multiple responsibilities. The roles allocated included classroom teaching, assessing and evaluation of learning, guiding and supervising learners within and outside of the college. The principals were the coordinators of learning and the leaders in implementation of the institutional mission and goals. According to Harris & Harris (1996), in division of labour, all team members must be respectful and supportive of one another, and have realistic mutual expectations.

Planning for instruction includes processes of allocation, communication of expectations, execution teaching responsibilities, and adjusting appropriately in case of inherent changes to the implementation of the teaching/training plans. The colleges have curriculums and master rotation schedules where they evidently support their practices (NCK, 2010). The main challenge was conflicting of plans; between the educator and institutional plans. The researcher had not expected it before-hand but the respondents confessed that they (45.7%) had tight personal plans which in some ways conflicted with the institutional plans to ensure smooth running

of the training. The educators were however, able to adjust appropriately to ensure that the institutions did not suffer from arising conflicts. Working extra hours or re-planning was the main solution (39.1%) that was suggested by those who had to adjust their plans in favour of the institutional plans. Regarding performance of instructional roles, faculty members are accountable for their share of the work (Smith, 1996). The institutions were mutually supportive due to actions they took to ensure that learning was uninterrupted in cases where shortage of educators was imminent. The institutions encouraged the educators to work extra-hours, re-distribute workload, and in some case there was contracting of more educators on part-time or locum basis. Appropriateness in planning is achieved by successful systems that clarify member roles, relationships, assignments and responsibilities (Harris & Harris, 1996).

Institutional challenges identified in handling occasional role overload were instances whereby the institutions had no clear guidelines on how to handle role overload as indicated by 17.4% of the respondents. For success of team processes to be imminent, effective leadership is needed (Bradley & Frederic, 1997) and someone has to take responsibility and adapting adequately.

Training nurses at a diploma level requires a combination of explicitly taught theory with practice; which is important, as is reflection and self-knowledge and skills. The right experience must be presented at the right time and so competence is about skills development and perfection. It is appropriate to remember that "skills do not develop merely by talking about them or recognizing them, but by practising and incorporating them into one's behavioural repertoire" (Jacques, 1984). For planning

purpose, the instructional role preparation and assignment is vital in communicating realistic expectations to the faculty colleagues. The data analysed indicated that up to 50 % of the sampled population had roles assigned to them without being given any prior notification. Respondents reported to perform additional instructional roles (91.3%) because they felt that students need not be disadvantaged regardless of frequent role overload to the faculty. These findings of role preparation was supported by Dempsey (2007), studied nurse educators who were being transitioned into faculty roles, and they often felt a low self-confidence, overwhelmed with the instructional role, and often were under-prepared to perform. This study did contradict with the educators being overwhelmed; they made adaptation adjustments to role overload.

Nurses training nurses has a positive impact in sense that skill (behaviour) nurturing is essential in nursing profession. In most cases, people enjoy regular interaction with individuals who have similar interests and goals (Scarnati, 2001).Instructional practices are as dynamic as practices themselves; but Team members must be flexible enough to adapt to cooperative working environments where goals are achieved through collaboration and social interdependence rather than individualised, competitive goals (Luca & Tarricone, 2001). Elmore (2002) wrote, “Schools that seem to do best are those that have a clear idea of what kind of instructional practice they want to produce, and then design a structure to go with it”. The task is to engage in practice around the notion of “sustained” and continuous progress toward a performance goal over time

Studies show that by engaging the respondents in identifying the areas to improve, it allows them participate in stable patterns of focused benchmarking and deeper appreciation of own institutional culture (Fawcett, 2009). Further literature supports the practice by; identifying areas that must improve shows a stable pattern of role mastery, effective processes for coping with role changes (Roy, 2009). The educators showed maturity in roles by stating that skill coaching in clinical areas was vital by 26.1% and it was observed by 17.4% that all educators needed to diligently attend to their teaching responsibilities. Updates on teaching methods were identified by 17.4% as another way of improving instructional performance. These are important in suggesting and predicting sustainability of instructional roles. Visionary educators formulate a clear plan of what kind of instructional practice they want to promote, from which they design a structure with a clear plan for improvement (Martin, 2003).

Team working in institutional processes is an essential component of institutional culture. The studied faculty believed that the employer had a motive which the researcher interpreted in favor of promoting cohesion of the team or otherwise. A small number of the respondents (26.1%) however, viewed their employer as one having exploitative motive. Exploitative employers make working environment unfavorable for the employees to effectively perform the assigned roles. There is a variety of exploitative motives and acts regarding labour, intellectual or service provision.

The most frequent mode of exploitation by the employer is withholding of wages or excessive wage reductions from the employees that violate previous agreementsand derail efforts towards a positive commitment (ILO, 2007 as cited in Dowling et al.,

2007). The institutional and instructional environment was reported on basis of the learning principles of authenticity, self-regulation and reflection (Luca & Oliver, 2001).Employers declining to hire adequate population of educators may be another way of exploitation to those that are working already because it creates an overload and compromises the quality of time that the educators dedicate for each learner or small groups.

Professional ethics in educational processes require the faculty teams develop, instil and sustain approaches that are goal-directed, divide labour fairly among members and synchronize efforts (Harris & Harris, 1996). This study revealed that majority (84.8%) of the respondents had similarity and harmony of professional ethics. Collaboration supports sustainability where teachers feel they are working together to benefit students and the district at large with a collegial mind-set and in a collaborative culture (Wong, 2003). Moral reasoning can be influenced in the direction of higher levels by exposing people to them (Barger, 2000). Value clarification and realistic expectations is the initial step towards identifying professional values and behaviour.

Building a professional team requires heeding to the guidelines that control behaviour and interpersonal relationships. Instilling a professional value to the novice faculty has to be systematic. Diploma nursing training institutions in Meru lacked orientation programs that could be used as a permanent means of transmitting the desired standards of an institution to the educators. Only one college had a functioning orientation program whereby novice faculty are sufficiently oriented in the institutional way of doing things. In mentoring programs, many of the mentors

are the trainers of the related and desired components of educator development. However, for a mentor to be effective, he or she must be trained to the mission and goals of the institution and has embraced the specific profession conduct in role performance and focused benchmarking (Elmore, 2002). It was however noted in other studies that effective teachers manage to produce better achievement regardless of which curriculum materials, pedagogical approach, or reading program is selected (Allington, 2003).

Opportunities to mentor a novice educator were rarely taken. Owing to the fact that there was no mentoring program, more educators did not mentor other tutors who joined much later. The study found out that 60.9% of the respondents did not have an opportunity to be a mentor of fellow educator in nursing education. Faculty members have a professional responsibility to foster trust, confidence and commitment within the group (Harris & Harris, 1996). Mentoring is an action. It is what mentors do. A mentor is a single person, whose basic function is to help a new teacher. Typically, the help is for survival, not for sustained professional learning that leads to becoming an effective teacher. Effective teachers are a product of a comprehensive institutional induction process (Wong, 2003).

Every institution should offer a multi-year induction program that provides systematic help and support, and this cannot be done adequately by another teacher with a full-time load who drops by when time permits or when a problem arises (Lehman, 2003). Induction and mentoring is not synonymous, but mentoring is a component of induction, which in turn is a component of professional responsibility and development (Wong, 2002). The induction program is so well-known and

replicated that they hold an annual workshop to explain their structure to other interested parties (Breaux & Wong, 2003). Johnson and Birkeland (2003), reporting on their study of 50 teachers in Massachusetts, concluded, “Our work suggests that schools would do better to rely less on one-to-one mentoring and, instead, develop school-wide structures that promote the frequent exchange of information and ideas among novice and veteran teachers”. Teachers thrive when they feel connected to their schools and colleagues. This is only possible when there is a strong professional learning community.

The legendary Florence Nightingale lived out the importance of the teaching role in nursing (Attewell, 1998) and observed that nurse educators should not compete but complement each other. The study found out that 89.1% of the respondents did not have competition from one another and the rest indicated that there was some competition. In colleges and institutions of learning, the institutions of course would want to be better than another in terms of excellence of the learners and unity of their teaching staff.

Every team may encounter some challenges in their processes and operations. There was a high level of compliance with the notion that there were challenges in the instructional role performance with 89.1% testifying that actually some challenges existed. The challenges identified were related to instructional goals of an institution. Role overload (43.5%; n=20) was highest and this is attributed to the ratio of the educator-to-student (1:20) in the diploma nursing training colleges. There were reports that some educators were declining to take additional or new teaching responsibilities (19.6%; n=9). This resulted into an educator teaching one area for as

long as they did, which disadvantages them in guiding learners in other areas in case of a shortage. Nurses are encouraged to be holistic in approach however; dynamics and lack of role clarity would hinder a more cohesive faculty/team of instructors. Other challenges identified included frequent resignations of educators (4.3%; n=2) and seniority complex (2.2%; n=1). Some educators felt senior to perform some duties and they would delegate to juniors, creating a role overload on the delegated educator.

The whole idea of performing and coordinating learning in colleges requires effective coping strategies. Professional development in teaching is effective when it focuses on student learning, promotes collaboration, and ensures sustainability (Palombo, 2003, as cited in Wong, 2003). Respondents reported that, as individuals, they were able to solve challenges regarding their instructional role performance. Time management (26.1%) was reported as the main solution although other related solutions included encouraging open dialogue and equitable instructional role allocation (23.9%), planning for instructional work (13%), and giving assignments and group-work discussion to learners (10.8%) were other adaptive solutions suggested by the respondents. Effective adaptation requires persons to experiment with new ways to work more effectively (Wageman, 1997, as cited in Wong, 2003)

Teams perform better than individuals. Team solutions are therefore essential in addressing team challenges; one cannot succeed unless the other members of the group succeed (Smith, 1996). More studies about team suggest that, together, the group can deliver more than the individuals who comprise it could do in isolation (Francis & Young, 1979). The study found out that respondents solved their role

overload by planning together (32.6%), equitable division of labour or role sharing 34.8% and re-adjustment through re-allocation to those available (8.6%). In some cases (6.5%), the respondents said that they would take no action; this is considered as ineffective coping as per the conceptual model. Taking no action in a situation cannot be said to be an adaptive behaviour.

Educators have a role in deciding the future and destiny of their instructional roles. The suggestions that the respondents gave on how to improve instructional role performance were fostering unity and commitment (39.1%) among the faculty and professional colleagues (human health educators), improve dialogue and constructive consultation (15.2%), staffing and remuneration improvement (6.5%), improving individual and team instructional skills and proficiencies (6.5%%) and record keeping. Developing a nursing philosophy of nursing education involves an evolving process that guides the vision, mission, goals and strategies to achieve them (Baumberger, 2005). The future that the educators envision in their dreams: to have learners' grades improve, create and maintain a conducive environment for a good team work and commitment to instructional roles, capacity building to novice and veteran educators, use of technology in teaching and training of diploma nurses, have a larger population of educators, and keep adequate records of scores and teaching plans. What keeps a good teacher are structured, sustained, intensive professional development programs that allow new teachers to observe others, to be observed by others, and to be part of networks or study groups where all teachers share together, grow together, and learn to respect each other's work (Wong, 2003).

Multiple responses were required from an eleven question Likert-type scale and they measured feelings of the respondents on a degree of agreeing or disagreeing with the provided statements. These statements observed multiple facets and indicators of commitment (self-sufficiency), planning and preparation (adaptation) and continuity (sustainability) of instructional roles and the professional behaviour therewith. Positive collegial relationships develop better when groups enable members to express group feelings (Harris & Harris, 1996). Having a high instructional competence, according to this research, means that all the processes for instruction are adequately held in a similar regard. The roles of an educator are anchored around the needs of the learner, needs of the community and the institutional goals (WHO, 2006). Majority of the respondents (93.5%), however, agreed that their performance depended on their planning. That was the key concern because planning of instruction and ability to execute the plan makes an educator be considered of high competence, not a mere feeling of being competent.

Further revelation about instructional role planning and performance by the respondents were identified. Respondents were comfortable with their performance; 80.4% agreed, 10.9% were neutral (not sure) and 8.7% disagreed (implying that they were not comfortable with their performance. Educator creativity is important and so respondents were requested to honestly indicate whether they felt that they were creative educators. Majority (87%) agreed, 8.7% were neutral (not sure) and 4.3% disagreed. Being creative helps the educator in planning, performing and fostering efficiency while implementing and evaluating institutional-instructional processes (Britton et Al, 2003). On group cohesion and harmony, the researcher wanted to know whether respondents embrace professional unity by indicating how they felt

about themselves in relation to their colleagues regarding professional identity as nurse educators. Being a nurse educator gave 91.3% professional identity, while 8.7% were neutral. Group identity helps collaborative group work be understood, fostered, and accepted as a part of the teaching culture. There are shared experiences, shared practices, shared tools, and a shared language among all colleagues. And it is the function of the faculty; members and the institutional management to engender this sense of group identity and treat new teachers as colleagues and cohorts (Britton et al, 2003).

Collegial consultations during instructional role performance are a crucial component of the collaborative group work. Majority (93.5%) agreed to have been consulting with their colleagues before making major decisions. Johnson and Birkeland (2003) reported that the success of educators determines the success of an entire generation of students. The educators' success can be ensured by providing them with a sustainable, comprehensive, coherent professional development program. Good teachers know that they must have colleagues who have similar standards and expectations (Johnson, 2002). These decisions made by the respondents would portray group identity for 80.4% of the respondents.

Role overload had been earlier identified as a challenge and 65.2% felt that they were overworked as nurse educators; they agreed while 17.4% felt that they were not overworked. Again 17.4% did not commit to agree or disagree. Team spirit was reported in all institutions with 71.8% agreeing that the spirit was alive and vibrant in their colleges. The educators can adopt approaches that are goal-directed, divide labour fairly among members and synchronize their efforts (Harris & Harris, 1996).

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter first provides a summative perspective of the thesis project highlights the purpose of the project and reflects on the objectives of the study. Secondly, it further provides objective based conclusions about the study. Finally, it makes the recommendations to the stakeholders of diploma nursing education in the area of the study and beyond.

5.2 Summary of the Study

The purpose of this study was to establish the current level of adaptation, self-sufficiency and sustainability of instructional roles in diploma nursing training colleges in Meru of eastern province in Kenya. The initial chapters provided introduction and background information to instructional role expectation, performance and scope of nursing education. The ultimate goal of nursing education is to provide nurse educators with experiences, mechanisms and strategies to help faculty and students blend knowledge, skills and attitude with adaptation to lead the new generation of nurses into sustainable development. Extensive literature review provided evidence base for conceptualization of the processes that brought forth this project to conclusive success.

The study objectives were to; establish the educator-student ratio, identify adaptation mechanisms of nurse educators to role overload, determine self-sufficiency in existing and new instructional roles, and find out the indicators of nurse educators' role sustainability in diploma nursing training college in Meru.

The adaptation mechanisms were identified as adequate planning for instruction with increased nurse educator-student ratio of 1:20 as an indicator of instructional role overload. Planning to attend to instructional role overload and performing occasional additional instructional roles was a positive indicator. Instructional roles may have been occasionally assigned to the educators without their prior notice. Ability to provide effective suggestions towards development and improvement of role performance was a positive adaptation mechanism rather than absconding or doing nothing. Other indicators of adaptive behaviour were effective team spirit and positive peer support. These were derived from reports of individual educator's self-reflection of how the faculty carried out their day to day activities. There were team work challenges identified but the respondents had an ideal idea of how to address those challenges. There was a strong relationship between the self-sufficiency and adaptation of the study population. It was desired early enough that these will form the basis of predicting sustainability of instructional roles in diploma nurse-training colleges in Meru.

The indicators of self-sufficiency identified were: commitment to an institution as portrayed by long duration of instructional service to the institution, commitment to planning and serving the mission statement of the institution. Respondents believed that the diploma nursing training institution valued them as individuals and teams of educators. The respondents were committed to their roles as instructors as indicated by having a variety of assigned instructional roles, sharing similar professional ethics with faculty colleagues and raising concerns about improvement in the collegial activities. Other indicators of self-sufficiency included self-reported regular additional instructional role performance.

Sustainability of instructional roles was confirmed by the positive indicators identified including; effective team work and group realization that solutions could be provided by the faculty themselves. Sustainable development involved effective adaptation mechanisms in role performance and solving challenges faced by the educators as individuals and as teams. Prioritizing of tasks and working extra hours is a positive way of adapting to overload while re-distribution would signal commitment, group cohesion and synergism in performing the assigned and new instructional roles and responsibilities. Other indications of sustainability are collegial consultation and professional development in a role planning for a better today, a promising tomorrow and a future bound with success.

5.3 Conclusions

This study's purpose was to establish nurse educators' adaptation mechanisms and self-sufficiency in performing instructional roles so as to sustain diploma nursing training in colleges within Meru. The null hypothesis was rejected at 0.05 alpha level and therefore, nurse educators in Meru county had adequate adaptation mechanisms and self-sufficiency to sustain diploma nursing education and training.

Adaptation mechanisms were identified to be adequate planning and adjusting to a high of nurse educator – nurse student ratio than the one stipulated by the regulatory body; the Nursing Council of Kenya. The adaptation mechanism with an educator-student ratio of 1:20, higher than the 1:10 recommended, indicated that the respondents were effectively planning for their instructional roles. Majority of the respondents (71.8%) had adequate adaptation mechanisms of planning and responding effectively to occasional instructional role overload.

Self-sufficiency was found to be adequate due to educators' commitment to and performance of instructional roles and responsibilities. Self-sufficiency showed the level of loyalty and commitment as shown by role performance and mission commitment. The respondents had plans to improve their performance and achieve their institutional goals. Team work was challenged occasionally but there was a stable methodology of solving the challenges and conflict which arose from additional roles.

This study provided evidence to conclude that the educators had adequate adaptation, commitment for continuity of nurse training in diploma due to the indicators aforementioned. In case these indicators are maintained or improved, they offer hope and believe that diploma nursing education and training is sustainable.

5.4 Recommendations

5.4.1 Recommendation on Research Findings

The following recommendations are made on the basis of the findings of the study.

- Diploma nursing training institutions to encourage recruitment of more nurse educators so as to meet the recommended educator – student for sustaining high quality of education and training for diploma nurses
- Educators to maintain or improve on adequate planning for instruction to maintain high instructional competence and adjust effectively when new instructional roles arise.
- Diploma nursing training institutions to be committed to have a clearly defined educator induction/mentoring program for engendering novice

and veteran faculty into the institutional goals, culture and instructional roles

- Diploma nursing faculty to ensure continuity of activities that foster successful achievement of the mission of their institution, nursing profession standards, personal values and beauty of teaching.

5.4.2 Recommendations for Further Research

The following recommendations are for further research to provide more evidence regarding instructional roles and responsibilities: adaptation, self-sufficiency and sustainability

- Research to determine the relationship between instructional role planning and instructional role performance for nurse educators.
- Research to determine challenges faced by novice nurse educators during their initial instructional performance.
- Research to determine the adaptation of student nurses in diploma training during their initial training years.
- Research on effects of information technology on adaptation of nurse educators in instructional role performance.
- Research to establish the criteria used to qualify instructional competence for nurse educators.

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