NJMS

NAMIBIA JOURNAL OF MANAGERIAL SCIENCES

Experiences of Registered Nurses regarding the teaching of Nursing Students in a public hospital in Windhoek, Namibia

*Stephanie Van Der Walt[1] ⓘD, & Loise T. N. Epafras[1]

[1]Department of Nursing and Midwifery, Faculty of Health Sciences, International University of Management, Windhoek, Namibia

*Author correspondence: s.vanderwalt@ium.edu.na

ABSTRACT

Teaching nursing students is a core responsibility of registered nurses working in state hospitals, particularly in contexts where clinical exposure is essential for professional development. This study aimed to explore and describe the experiences of registered nurses teaching nursing students in state hospitals in Windhoek, Namibia, and to identify factors influencing the effectiveness of clinical teaching. A qualitative, exploratory, descriptive, and contextual research design was employed. Twelve registered nurses from two state hospitals in Windhoek were selected through purposive sampling. Data were collected via in-depth interviews, guided by the central question: "What is your experience with teaching nursing students in the hospital?" Interviews continued until data saturation was reached. Audio recordings and field notes were transcribed verbatim, and data were analyzed using Tesch's open coding method. Ethical principles were upheld throughout the study. Three key themes emerged: (1) Participants perceived supervision as important, highlighting the need for structured guidance and consistent presence during clinical teaching; (2) Participants perceived different attitudes and behaviours among students, ranging from enthusiasm and initiative to passivity and disengagement, which influenced teaching dynamics; and (3) Participants perceived a lack of knowledge on expected teaching, indicating uncertainty about their roles and expectations in clinical education. The findings revealed that clinical teaching is hindered by systemic challenges such as staff shortages, lack of formal training for nurse educators, and unclear institutional guidelines. These barriers are compounded by limited resources and high patient loads, which constrain the ability of nurses to provide effective mentorship. The study recommends formal orientation for nurses on teaching roles, improved collaboration between academic institutions and hospitals, and policy support for clinical education frameworks. This research offers practical insights for the International University of Management, the Ministry of Health and Social Services, and other stakeholders seeking to strengthen nursing education in Namibia. In resource-constrained African healthcare systems, empowering registered nurses with the tools and clarity to teach effectively is not only a pedagogical priority but a strategic investment in workforce development and patient care quality. Limitations related to sample size and geographic scope were acknowledged.

Keywords: Experiences, Nursing students, Registered nurse, Windhoek State Hospital

1. INTRODUCTION

Nursing is fundamentally a practice-oriented profession, with clinical experience involving real patients being the most effective way for students to develop their nursing skills (Laugaland et al., 2021). Nursing students typically receive their professional training in hospital clinical learning environments, as is the case in many African universities, including those in Namibia (Haukongo, 2020). Various authors have highlighted several challenges in these settings, such as understaffing, heavy clinical workloads, service demands, stressful organizational or working conditions, limited learning opportunities for senior students, cognitive overload, insufficient time for reflection and discussion, and constraints related to physical space (Fernandez et al., 2018).

Registered nurses (RNs) working in clinical settings often receive little to no support from university educators. When acting as mentors, registered nurses may lack the necessary job-related knowledge, skills, and attitudes required for effective guidance (Tuomikoski et al., 2020). In some European hospitals, registered nurses have reported unclear competency expectations and expressed the need for further training, as their roles are not well defined within organizational and educational frameworks (Laugaland et al., 2021). Establishing high-quality mentoring programs to enhance nursing students' clinical learning was found to be critically dependent on addressing these competency gaps (Fernandez et al., 2018).

RNs are often overworked and understaffed, which can make it difficult to find the time to teach students effectively. Many RNs have not received formal training in teaching, and they may not have the resources or support they need to be effective educators (Bowen et al., 2019). RNs may be expected to teach students a wide range of skills and knowledge in a limited amount of time. This can be challenging, especially for RNs who are new to teaching. Some RNs may have negative attitudes towards teaching students, or they may feel that students are a burden. This can create a hostile or unwelcome learning environment for students (Tuomikoski et al., 2020).

A complex range of situations are faced by registered nurses who instruct nursing students in state hospitals located in Windhoek. Namibian nursing education has historically changed from being influenced by colonialism to being a more specialized and organized system after independence (Laugaland et al., 2021). These nurses currently face difficulties like scarce resources, heavy workloads, and juggling clinical and academic responsibilities (Kadhila et al., 2023). Similar problems are prevalent both globally and throughout Africa, according to earlier studies, underscoring the necessity for better support networks and training programs to improve teaching and learning environments. Together, these elements influence how nurses at Windhoek's state hospitals perceive their dual duties as educators and caregivers (Haukongo, 2020).

2. LITERATURE REVIEW

Sikongo et al. (2020) have highlighted the necessity of better integrating theoretical and practical training, as well as the significance of giving nursing educators enough support. Studies conducted specifically in Namibia have investigated several topics related to nursing education, such as the difficulties experienced by instructors and the efficacy of curricula (Uazeua, 2022). To improve teaching, these studies frequently highlight the need for systemic changes in educational infrastructure and support systems. Gaining insight into these historical, contemporary, and research contexts will help you comprehend the setting in which Windhoek's registered nurses instruct nursing students and pinpoint areas that might use assistance and development (Laugaland et al., 2021).

The perceptions registered nurses hold towards clinical teaching are not formed in isolation; rather, they are shaped by their lived experiences within the clinical environment. Experiences

such as teaching without adequate preparation, lack of collaboration with nursing schools, managing excessive workloads, or observing disengaged students contribute to how these nurses interpret and evaluate their roles as clinical educators (Haukongo, 2020). These repeated and accumulated encounters shape attitudes either positively or negatively and inform the meaning they assign to the teaching process (Uazeua, 2022). Therefore, understanding how perceptions are formed through these real-world experiences is crucial for designing context-sensitive strategies aimed at improving clinical education in Namibia. Students may experience increased stress and anxiety if they are not supported by their clinical instructors. Therefore, RNs who feel overwhelmed and unsupported by their organization may be less satisfied with their jobs. If students have negative experiences with their clinical instructors, it can tarnish the reputation of the nursing profession (Christiansen et al., 2021).

The clinical setting is a vital part of nursing education, particularly for both students and registered nurses. However, there is limited knowledge about the experiences of registered nurses working as supervisors with students in clinical environments (Munangatire & Nambuli, 2022). Understanding the challenges, opportunities, and experiences faced by registered nurses in their supervisory roles is crucial. While working as a registered nurse at a training hospital in Windhoek, the researcher's interest was sparked by the clinical teaching that was often neglected by some nurses. This was mainly due to high patient loads, staff shortages, and the lack of formal teaching roles in their job descriptions, which caused clinical duties to take priority over student supervision. Many nurses lacked training in teaching methods and received little support or guidance from nursing schools, leading to low confidence and limited engagement with students. Additionally, student nurses frequently expressed concerns about not receiving adequate clinical teaching support and guidance from registered nurses during their clinical placements. This context led the researcher to suspect that the clinical teaching role may be neglected or not fully embraced by some registered nurses, motivating the decision to undertake this study. Given the scarcity of published research on this topic in Namibia, the researcher was prompted to ask the following research question: What are the experiences of registered nurses regarding teaching nursing students in training hospitals? This question served as the basis for conducting the study.

3. RESEARCH METHODOLOGY

3.1 Research Design

A qualitative research design seeks to answer the 'whys' and 'hows' underlying the essence of a phenomenon (Davidavičienė, 2018). It explains behaviors by suggesting potential causes, making it relevant for understanding and describing registered nurses' experiences teaching nursing students in public hospitals. The study was also exploratory as it facilitated exploration of registered nurses' experiences, contributing to new knowledge. In addition, the study was descriptive to characterize the experiences of registered nurses teaching nursing students. The study applied a contextual approach to explore the context, mechanisms, and outcomes of registered nurses' experiences teaching nursing students in state hospitals. The setting of this study was at State Hospitals in Windhoek, Namibia.

3.2 Population

Population refers to the "entire group of individuals relevant to the research, serving as the source of data" (Mukherjee, 2019). In this study, the population comprised registered nurses who teach nursing students in State Hospitals in Windhoek, Namibia. Over the past five years, these hospitals have hosted large numbers of nursing students from various universities and colleges across all wards.

3.3 Sample and sampling method

A sample is a subset or limitless portion of a "statistical population whose properties are studied to gain information about the whole population" (Creswell & Creswell, 2017). Up until data saturation, a sample size was selected from the study population, with participants from both state hospitals. Data saturation was determined when no new themes, categories, or significant information emerged from the interviews, indicating that additional data collection would likely yield redundant results. This point was reached after the twelfth participant, at which time responses became repetitive and no longer added new insights to the research questions. The researcher used purposive sampling and drew the sample from Registered nurses teaching nursing students in state Hospitals of Windhoek, Namibia, the integration of practical knowledge to the influence of teaching practices on student learning.

Sampling refers to the process by which a researcher selects a subset of individuals from a larger population (Davidavičienė, 2018). In this study, purposive sampling was employed, relying on the availability and willingness of participants to engage in interviews. The sample consisted of registered nurses actively involved in teaching nursing students during clinical placements at Hospitals A and B in Windhoek, Namibia, between January and June 2024. The selection was entirely based on the researcher's discretion, targeting participants who could speak English and expressed a willingness to participate.

Purposive sampling was considered suitable and relevant for this research as it enabled the deliberate selection of individuals who met specific criteria aligned with the study's objectives. These criteria include being a registered nurse engaged in the clinical teaching of nursing students in state hospitals. Since the study aimed to explore the experiences, insights, and practical understanding of these nurses, purposive sampling ensured the inclusion of information-rich participants capable of offering meaningful and relevant contributions to the research.

3.4 Data collection

A research method is defined as the strategic approach, technique, or process applied to gather data or evidence for analysis with the goal of discovering new information or deepening understanding of a subject (Creswell & Creswell, 2017). In this study, an interview guide was used, and face-to-face in-depth interviews were used to gather rich and detailed data from registered nurses involved in teaching nursing students during clinical placements at Katutura Intermediate and Windhoek Central Hospitals.

In-depth face-to-face interviews were chosen for their suitability in exploring the lived experiences, personal insights, and emotions of participants. This method aligned with the study's qualitative design, which sought to understand the subjective perspectives of registered nurses on their teaching roles in clinical settings. These interviews enabled the researcher to establish rapport with participants, creating a supportive and open atmosphere for discussion. The in-person setting also allowed the researcher to observe important non-verbal cues including facial expressions, tone of voice, and body language which enriched the contextual understanding of responses and contributed to a more nuanced interpretation of participants' experiences.

The interviews were conducted every Wednesday and Friday, three times per month, at State Hospitals A and B. The one-on-one interviews lasted for at least 30 - 45 minutes. Participants were approached while seated at their duty stations or before commencing their shifts. Each interview was held in a private, closed room to ensure confidentiality. The setup included a chair for the researcher positioned in one corner and another chair for the registered nurse participant positioned to the side. At the beginning of each session, introductions were made by the researcher and clearly explained the purpose of the study, as well as the voluntary nature of participation. The researcher sought consent to record verbal interactions using an audio recorder and to make observational notes on non-verbal behaviours during the interview. The central

question posed was: *What is your experience with teaching nursing students in the hospital?* This was followed by probing until data saturation.

The researcher used Lincoln and Guba's (1985) model to measure trustworthiness, namely credibility, dependability, confirmability, and transferability (as cited in Creswell & Creswell, 2017). Credibility refers to the level of confidence that can be placed in the truthfulness of the study's outcomes (Davidavičienė, 2018). In this study, the researcher invested sufficient time in preparing for fieldwork and in data collection until saturation was achieved. To establish authenticity, field notes were compiled, and responses were repeatedly verified with the participants to ensure they reflected the participants' actual views. Audio recordings, verbal interviews, and note-taking were conducted. To further enhance trustworthiness, participants were asked to rephrase their statements.

According to Creswell and Creswell (2017), transferability refers to how well the findings can be generalized in other contexts. Since the population was small, the researcher used purposive sampling to manually select participants. In this study, transferability was achieved through the purposeful selection of 10 registered nurses. A detailed description of the data collection process and research design was provided. The results were interpreted in connection with other literature. Direct quotes from participants were also included in presenting the findings.

Makhene (2019) defines confirmability as the objectivity or neutrality of the findings, that is how consistently the results can be verified and reproduced. Throughout the study, the researcher carefully documented all decisions and interpretations made during the research process. The data were transcribed, written up, and analysed to extract core themes and sub-themes.

According to Makhene (2019), dependability is the provision of evidence such that its conclusions would hold true if it were repeated with the same or comparable individuals in the same or similar situations. Tesch's open code was utilized to codify the raw data. The control data findings were applied to relevant literature. The researcher and research supervisors agreed upon a thorough explanation of the data gathering techniques, coding, themes, and sub-themes found.

3.5 Ethical measures

Official permission to conduct the study was obtained from the IUM Research Committee, the Ministry of Health and Social Services, and the Matron's Office of Hospitals A and B in Windhoek. Participants were fully informed about the study's purpose, allowed to ask questions for clarification, and then asked to sign a consent form before participating. The researcher ensured that the participant selection process was just and impartial, with all participants willingly consenting without any form of coercion. Participant's identities were kept as a secret and no link to participants and data was done, this means data was collected without the researcher obtaining any personal or identifying information. Interviews were conducted in a good environment and the participants will be comfortable to answer questions and give their views, and their well-being were considered. Throughout the study, the researcher remained observant for any signs of participant discomfort or distress and was prepared to terminate the interview if such signs emerged. To secure electronic data, the researcher used updated software security, antivirus programs, firewalls, and password-protected systems to guard against unauthorized access. In this study, only the IUM Research Committee and authorized research team members had access to the collected data.

3.6 Data Analysis

Data analysis is an interpretive process aimed at identifying patterns and variations within participant responses to deepen understanding of the subject matter (Makhene, 2019). Thematic analysis was used to analyse the data. The researcher carefully listened to the audio recordings

and thoroughly reviewed the field notes. Each interview was transcribed directly to capture the exact wording of participant responses. Tesch's method of open colour coding was applied to group concepts with similar meanings into key themes and sub-themes.

4. DISCUSSIONS

4.1 Participants perceived supervision as important

4.1.1 Registered nurses expressed lack of student supervision from educators

The survey also showed that training hospitals do not have enough clinical teachers and registered nurses to be able to teach nursing students. The participants felt that clinical instructors should be assigned to each ward with the exclusive responsibility of providing clinical education to student nurses (Zhang et al., 2022). To some extent, the clinical nurse instructors should be fully responsible and supervise the students as their core responsibility. According to Zhang, et al. (2022), doing this will relieve the Registered Nurse of any burden in addition to guaranteeing that students receive adequate and productive time with them throughout their clinical placement.

 The participants verbatim commented as follows considering the above-mentioned findings,

"their students are not properly supervised, it leads to hazards of which can be legal, medical hazards of which can be fatal if the patient is involved".

Another participant said:

"mostly the students are being sent, we mostly don't get direction with the lecturers or from the school".

"maybe the lectures are not a lot. I'm suggesting if the school can come up with the uhh appointing clinical instructors",

McLeod et al. (2021) emphasizes the role of clinical nurse instructors in monitoring the progress of student nurses during their clinical education. Similarly, Zhang et al. (2022) highlight that direct observation is a valuable tool for assessing student performance, which requires effective communication between clinical educators and students. Visiers-Jiménez et al. (2021) suggest that direct contact between hospitals, training institutions, and hospital staff can improve student learning environments and establish effective feedback systems. Furthermore, Johannessen, Barra, Vullum, and Werner (2021) found that effective collaboration expands the scope of teaching and learning, leading to increased student satisfaction with their learning environment. Conversely, a lack of supervision negatively impacts students' ability to learn effectively. Kolb's model emphasizes the continuity between experience and learning. In environments where supervision is sporadic or non-existent, students may still be exposed to clinical experiences but without reflection, conceptual understanding, or opportunity to test new approaches, the educational transformation is incomplete. In the Namibian state hospital context, overcrowded wards, high student-to-nurse ratios, and limited resources disrupt this progression, rendering learning superficial and increasing risk.

4.1.2 Registered nurses felt there was overcrowding of students

Participants reported negative experiences related to overcrowding by students. They observed that professional nurses struggled to manage the large number of students from various disciplines, leading to competition among students for clinical procedures. This overcrowding in clinical areas negatively impacted students' learning by reducing available clinical learning

opportunities. Overcrowding in clinical settings can create a stressful and challenging environment for both nurses and students.

"And it's difficult to manage a group of students who are more rather than, I would prefer to teach students not more than four, maximum four".

Another participant articulated:

"I don't think I will manage all of them because me being busy and them being on the other side".

"most of the students are a lot more than a nurse- student needs ratio".

It was found that an increase in student numbers could prevent some students from completing their training adequately, thereby compromising their ability to provide high-quality care. According to Kongcheep et al. (2022), an overcrowded clinical facility with numerous students is not conducive to effective learning, as it limits students' ability to fully benefit from their clinical education and restricts opportunities to practice essential skills. The above is in line with Mbakaya et al. (2020), who reported that nowadays there is a large number of students in clinical areas:

4.1.3 Registered nurses expressed shortage of registered nurses

The results clearly show that carrying out the combined duties of practitioner and instructor in a ward without adequate planning and work assignment could be stressful, which typically leads to inefficient student teaching and supervision. Conflict between the core duties of delivering patient care and executing other tasks was reported by registered nurses. According to Bergman, et al., (2021), students frequently complain about being used as a crutch for shortages. This case can result in pupils not having enough time to connect with mentors and pick up knowledge from them. Nurses' melancholy and irritation are exacerbated by high bed occupancy, staff shortages, and resource shortages, which lowers their commitment to and enthusiasm in teaching pupils (Lindeflaten, 2021). Participants also reported that wards were understaffed and professional nurses were overburdened, resulting in students not receiving sufficient clinical exposure and opportunities to practice skills.

Participant articulated:

"if we have enough Staffs, whether it's now nurses or doctors, then that also provide additional for human resources that can be utilized to take care of the students".

"like there are only two in the department, and the students are a lot".

"the workload we have we don't have enough employees",

According to Cooke et al., (2021), nurses' commitment is sometimes reduced by several reasons, such as low confluence, unhappiness with the use of one's own abilities, low leadership quality, and a sense that one's work is not significant or meaningful. Similarly, Phillips (2020) found that a threatening learning environment negatively affects individuals' emotions, which in turn delays their ability to seek learning opportunities, concentrate, and engage effectively. More so, the shortage of nurses became an important factor to lack in commitment of teaching students. Poor working conditions have been linked in certain studies to low instructor retention in their wards. Instructor's role performance is impacted by their unclear job descriptions (Godsey et al., 2020). The few nurses working in the wards are being forced to prepare for clinical educator role whilst there is a staffing shortage. The study's conclusions demonstrate that, as more students enrol in colleges, the instructor-to-student ratio has risen over the recommended 1:10 ratio.

4.2 Participants perceived different Attitudes and behaviours among students.

4.2.1 Positive Aspects – Some Nursing Students had willingness to learn

Through this study, a deeper insight was gained into how registered nurses perceive and experience their role in teaching students within the clinical environment.
Participants expressed:

"So and some of the student they come also well prepared"

"So some of them they come already gone through. So when you're going to teach them, it's not really going to be difficult".

Students that take initiative and are involved in their education and are more likely to gain from clinical experiences. Asking questions and looking for chances to gain practical experience are part of this. Students that exhibit collaboration and teamwork abilities make a beneficial contribution to the clinical setting and cultivate productive connections with other healthcare professionals, including registered nurses (Sheetekela et al., 2022). Many nursing students are passionate and ready to study.

"they will help you with screening the patients and also with the putting up, inserting canulas and stuff to help you to insert canulas and also sending them around".

These proactive student behaviours align with Kolb's learning theory, especially the stage of "active experimentation." In this phase, students attempt to apply what they've learned through practice, testing skills under supervision and adjusting based on feedback. Such behaviour fosters movement into the next phase of learning that is concrete experience thereby reinforcing a positive learning cycle. Students who are eager to learn from experienced nurses and willing to take on new responsibilities tend to benefit the most from their clinical rotations. These learning-oriented students are more likely to develop the skills necessary for their future careers (Sikongo et al., 2020).

4.2.2 Some were dodging during practicals and were not willing to learn

Research consistently shows that motivation significantly influences the achievement of learning goals and desired outcomes (Dos Santos, 2020). Lack of motivation often leads to behaviours such as absenteeism and avoidance of clinical responsibilities, which contributes to students losing motivation over time. Additionally, many students were reported to be absent from clinical duties without permission.

"But sometimes they just, they were not there".

According to Sheetekela et al., (2022), there is a significant rate of absenteeism and turnover among demoralized and unmotivated student nurses, which result in fewer clinical exposure opportunities for learning. Conversely, a few students actively pursue educational opportunities to fulfil their clinical learning goals.

As the participant commented:

"there are those one who are giving demonstration there does not have a book. The other one is saying I forget the book".

Participants reported that despite overcrowding in clinical areas, students should seek opportunities to ensure that their clinical objectives are met. Some of them are very reluctant in seeking opportunities for learning and they do not find motivation and urge to learn. Instead, they find gaps to disappear from clinical areas (Zhang et al., 2022). The act and behaviour of dodging is more in students if they are allocated for practicals, some do not put effort into doing anything.

4.2.3 Registered nurses showed favouritism and rudeness towards the nursing students

The attitude of student nurses affects how practicing nurses engage with them; if a student displays a negative attitude, the ward nurse is less likely to interact positively, and vice versa. Consequently, learning does not take place, and the clinical environment fails to meet its educational goals (Panda et al., 2021). The study concludes that some registered nurses feel demoralized by the attitudes of certain students. Respondents also mentioned that some students appear unwilling to learn, which causes the nurses to focus on those who show interest, sometimes resulting in perceptions of favouritism among students.

Participants expressed the following in their verbatim comments:

"If I favor a certain student, the other student will be will feel left out"

"the end of the day they'll be like no, why should I do this if you're not even allowing me or also teaching me the same way teaching the other students as well".

based on us nurses as well our approach towards this nursing students, we can come off in a negative way.

"I also believe that most of us registered nurses should also change our own approach towards the students because we should stop these things of favouritism as well".

These findings are corroborated by Kadhila (2023), whose study revealed that registered nurses often fail to show respect towards student nurses. It appears that the relationship between some registered nurses and students is strained, even though a positive nurse-student relationship is crucial for effective clinical teaching. Furthermore, some registered nurses openly demonstrate favouritism by showing preference for certain students while disliking others.

The study's conclusions indicate that some registered nurses are demoralized by certain pupils' views and attitudes, hence the reason for favouring to some students. The respondents went on to say that some student nurses don't seem to want to learn, causing the nurses to favour those that showed interest. While international literature praises the value of experiential learning and proactive student engagement, the Namibian healthcare context presents unique barriers to the full realisation of Kolb's model. Overburdened state hospitals, understaffed clinical departments, and lack of formal educator presence mean that students often cycle through Kolb's stages without the necessary scaffolding to connect experience with conceptual understanding.

4.3 Participants perceived inadequate knowledge and motivation of Registered Nurses regarding clinical teaching

4.3.1 Registered nurses expressed lack of orientation of students during clinical placements

Impact of orientation on student performance requires registered nurses to have insights into how orientation affects students' performance during clinical placements, including their ability to adapt to the clinical environment, follow protocols, and interact with patients. Registered nurses express

their views on whether the orientation provided covers all essential aspects of clinical practice, including infection control, patient safety, and communication skills (Soler et al., 2021). Many RNs expressed concern that orientation programs often lacked sufficient depth and breadth. They felt that students were not adequately prepared for the complexities of clinical practice, particularly in specialized areas.

"more orientations can be done for the students because uhm. The lecturers, yes, they also need to follow up their student. Yes. And when they're following up their they're following up their student"

"the universities really want the nurses from practical side of what they want us to give their students and how they want us to teach they're students",

" They need also to teach them some of the things and practical not only to come and see their faces, but to teach them also to teach them also and show them the things at at the at the hospital so that they can also learn even screening"

Concerns about orientation programs' frequent lack of depth and scope were voiced by numerous registered nurses. They believed that, especially in specialized fields, students were not sufficiently prepared for the complexity of clinical practice. According to Visiers et al. (2021), some RNs, the orientation material was overly general and neglected to address the unique requirements and difficulties of various clinical settings. Most participants felt that the best way to get students ready for clinical placements was to combine lectures in the classroom with guided practice, simulations, and other learning activities (Soler et al., 2021). Nonetheless, a few registered nurses voiced their worries regarding the quality of the simulations, claiming that they frequently failed to faithfully replicate actual clinical circumstances. RNs expressed that students who were more focused were more competent, self-assured, and quick to adjust to the clinical setting.

4.3.2 Registered nurses mentioned there was need to fill the gap between theory and practice

The theory-practice gap refers to the division in nursing education between two main components: the practical aspect, which focuses on developing clinical skills, and the theoretical aspect, which encompasses the knowledge taught in the classroom (Cooke et al., 2021). Before exploring the gap, it is important to clearly define both theory and practice in the context of nursing education. However, students often experience a lack of integration between these two elements (Laugaland et al., 2021). In nursing literature, this gap is commonly described as the disconnect between the theoretical knowledge students acquire in the classroom and the realities they face during clinical placements. In this study participants noted that students had no connection of their theoretical background into their practical or clinical placement, disparities were noted. University nurses, to put theory into practice, nurse practitioners must situate it at the centre of nursing.

"they can also learn even screening or whatever they need also to come to come in triage. And then they go through that".

"They screen the patient with their student. Then only a real patient. Then by that way it's easier for their student also to catch up with us"

Theory and practice must have continuous, reciprocal, and cyclical interaction to support the nursing profession's capacity to uphold social commitments (Lee & Sim, 2020). This will support theory-guided practice and aid in bridging the seeming "gap" between theory and practice. The

theory of practice, which serves as a guide for practice, will shape nursing in the future. Theories of practice are constrained and restricted theories developed for a certain kind of practice (Laugaland et al., 2021).

5. IMPLICATIONS

Clinical placement experiences play a vital role in the professional development of registered nurses engaged in teaching, as they help build the necessary competencies and skills to effectively educate nursing students.

5.1 Implications for Theory

The study contributes meaningfully to the body of knowledge on clinical nursing education by grounding its findings within the framework of constructivist learning theory, which emphasizes knowledge construction through experience and reflection. The study confirmed that registered nurses play a crucial role in shaping the clinical learning experiences of student nurses through mentorship, supervision, and informal teaching.

It supports the notion that clinical teaching is not merely the transmission of skills but a collaborative, reflective process influenced by personal, institutional, and contextual factors. Thus, the study adds to theoretical understandings of experiential learning, particularly in low-resource or public healthcare settings, and demonstrates how nurses actively participate in constructing knowledge for student nurses. It also highlights the subjective and context-based nature of clinical teaching and learning in real-world healthcare environments.

5.2 Implications for Management, Policy and Practice

The findings carry significant implications for healthcare policy-makers, nurse educators, hospital administrators, and training institutions. Firstly, the study underlines the need for formal recognition and support of the teaching role of registered nurses in clinical settings. Many nurses expressed that teaching is expected of them, but they receive limited training, incentives, or structural support to effectively carry out this role.

This suggests the need for clear clinical teaching policies, dedicated mentorship programs, and continuous professional development (CPD) opportunities focused on teaching strategies for nurses. Additionally, policies should ensure a manageable nurse-to-student ratio, improve resource availability, and integrate teaching responsibilities into nurse job descriptions and performance assessments. From a practice perspective, the study recommends that hospitals develop structured orientation and collaboration frameworks between nursing schools and hospital units to streamline expectations and responsibilities during student placements. Enhancing communication between educators and clinicians will help align theoretical learning with clinical practice.

5.3 Implications for Future Research

Future research should aim to expand the scope by including a more diverse range of participants across different healthcare settings and geographic regions in Namibia. Comparative studies involving public vs. private institutions could yield deeper insights into contextual influences on teaching practices. Moreover, longitudinal studies that follow nurses and students over time could offer a more dynamic view of how teaching experiences evolve and influence nursing education outcomes. Future studies may also consider using mixed methods to complement qualitative findings with measurable data on teaching effectiveness, student performance, or satisfaction.

Such research could provide a stronger evidence base for policy reform and curriculum development in clinical nursing education.

6. CONCLUSION

The findings offered valuable insights into how registered nurses perceive their roles as clinical instructors. Given the identified research gap, it is expected that this study will contribute meaningfully to the existing body of knowledge in the field.

REFERENCES

Bergman, L., Falk, A. C., Wolf, A., & Larsson, I. M. (2021). Registered nurses' experiences of working in the intensive care unit during the COVID-19 pandemic. *Nursing in Critical Care*, *26*(6), 467-475.

Bowen, L., Kable, A., & Keatinge, D. (2019). Registered nurses' experience of mentoring undergraduate nursing students in a rural context: a qualitative descriptive study. *Contemporary Nurse*, *55*(1), 1-14.

Christiansen, B., Averlid, G., Baluyot, C., Blomberg, K., Eikeland, A., Strand Finstad, I. R., ... & Lindeflaten, K. (2021). Challenges in the assessment of nursing students in clinical placements: Exploring perceptions among nurse mentors. *Nursing open*, 8(3), 1069-1076.

Cooke, J., Greenway, K., & Schutz, S. (2021). Learning from nursing students' experiences and perceptions of their clinical placements in nursing homes: An integrative literature review. *Nurse education today*, *100*, 104857.

Davidavičienė, V. (2018). Challenges in applying theoretical knowledge in clinical practice for undergraduate students. *Journal of Interdisciplinary Research*, *8*(2), 45–52.

Dos Santos, L. M. (2020, October). Stress, burnout, and low self-efficacy of nursing professionals: A qualitative inquiry. In *Healthcare, 8* (4), 424.

Fernandez, R., Sheppard-Law, S., Curtis, S., Bancroft, J., & Smith, W. (2018). Exploring the experiences of neophyte nurse mentors: A qualitative study. *Nurse Education in Practice*, *29*, 76-81.

Godsey, J. A., Houghton, D. M., & Hayes, T. (2020). Registered nurse perceptions of factors contributing to the inconsistent brand image of the nursing profession. *Nursing outlook*, *68*(6), 808-821.

Haukongo, N. N. (2020). *Nursing student's satisfaction with clinical practice environment during their undergraduate training in Namibia.* [Doctoral Dissertation, Stellenbosch University].

Johannessen, A. K., Barra, M., Vullum, S., & Werner, A. (2021). Nursing students' evaluation of clinical learning environment and supervision in a Norwegian hospital placement–A questionnaire survey using CLES+ T scale. *Nurse Education in Practice*, *54*, 103119.

Kadhila, J. G. (2023). *Clinical learning experiences of nursing degree students at public training hospitals in the Khomas region, Namibia.* [Doctoral dissertation, University of Namibia].

Kolb, D. A. (1984). *Experiential learning: Experience as the source of learning and development*. Prentice-Hall.

Kongcheep, S., Arpanantikul, M., Pinyopasakul, W., & Sherwood, G. (2022). Thai Nurses' Experiences of Providing Care in Overcrowded Emergency Rooms in Tertiary Hospitals. *Pacific Rim International Journal of Nursing Research*, *26*(3).

Laugaland, K., Kaldestad, K., Espeland, E., McCormack, B., Akerjordet, K., & Aase, I. (2021). Nursing students' experience with clinical placement in nursing homes: a focus group study. *BMC nursing*, *20*, 1-13.

Lee, J. E., & Sim, I. O. (2020). Gap between college education and clinical practice: Experience of newly graduated nurses. *Nursing Open*, *7*(1), 449-456.

Lindeflaten, K. (2021). Clinical learning environment challenges: A qualitative study of nursing students' and nurses' experiences in Norway. *Journal of Nursing Education and Practice, 11*(1), 45–54. https://doi.org/10.5430/jnep.v11n1p45

Mbakaya, B. C., Kalembo, F. W., Zgambo, M., Konyani, A., Lungu, F., Tveit, B., ... & Bvumbwe, T. (2020). Nursing and midwifery students' experiences and perception of their clinical learning environment in Malawi: A mixed-method study. *BMC Nursing*, *19*, 1-14.

McLeod, C., Jokwiro, Y., Gong, Y., Irvine, S., & Edvardsson, K. (2021). Undergraduate nursing student and preceptors' experiences of clinical placement through an innovative clinical school supervision model. *Nurse Education in Practice*, *51*, 102986.

Mukherjee, M. (2019). Constructivism in education: Theory and practice. *International Journal of Modern Education and Computer Science*, *11*(8), 45–53. https://doi.org/10.5815/ijmecs.2019.08.05

Munangatire, T., & Nambuli, S. M. (2022). Nursing students' perceptions and experiences of utilising the nursing process at a university teaching hospital in Namibia. *International Journal of Africa Nursing Sciences*, *16*, 100393.

Panda, S., Mohapatra, D., & Sahoo, J. (2021). Clinical teaching and the role of registered nurses: A qualitative exploration of student-nurse experiences. *International Journal of Nursing Education*, *13*(1), 123–128. https://doi.org/10.5958/0974-9357.2021.00025.3

Phillips, C. (2020). Relationships between workload perception, burnout, and intent to leave among medical–surgical nurses. *JBI Evidence Implementation*, *18*(2), 265-273.

Sheetekela, H. T., Sipa, K., & Josua, L. M. (2022). Experience of Third Year Student Nurses Regarding Clinical Learning at State Health Facility in Oshana Region, Namibia. *Indiana Journal of Humanities and Social Sciences*, *3*(5), 1-6.

Sikongo, L., Ashipala, D. O., & Pretorius, L. (2020). Experiences of postgraduate nursing students at the University of Namibia. *Africa Journal of Nursing and Midwifery*, *22*(1), 19.

Soler, O. M., Aguayo-González, M., Gutiérrez, S. S. R., Pera, M. J., & Leyva-Moral, J. M. (2021). Nursing students' expectations of their first clinical placement: A qualitative study. *Nurse Education Today*, *98*, 104736.

Tuomikoski, A. M., Ruotsalainen, H., Mikkonen, K., & Kääriäinen, M. (2020). Nurses' experiences of their competence at mentoring nursing students during clinical practice: a systematic review of qualitative studies. *Nurse Education Today*, 85, 104258.

Tuomikoski, A. M., Ruotsalainen, H., Mikkonen, K., Miettunen, J., & Kääriäinen, M. (2018). The competence of nurse mentors in mentoring students in clinical practice–A cross-sectional study. *Nurse Education Today*, *71*, 78-83.

Uazeua, M. (2022). *Experiences of the newly qualified registered nurses at a national hospital in Namibia.* [Doctoral Dissertation, Stellenbosch University].

Visiers-Jiménez, L., Suikkala, A., Salminen, L., Leino-Kilpi, H., Löyttyniemi, E., Henriques, M. A. & Kajander-Unkuri, S. (2021). Clinical learning environment and graduating nursing students' competence: A multi-country cross-sectional study. *Nursing & Health Sciences*, *23*(2), 398-410.

Zhang, J., Shields, L., Ma, B., Yin, Y., Wang, J., Zhang, R., & Hui, X. (2022). The clinical learning environment, supervision and future intention to work as a nurse in nursing students: a cross-sectional and descriptive study. *BMC Medical Education*, *22*(1), 548.