

Nurse-Related Factors Influencing Implementation of Nursing Teaching Rounds at Iten County Referral Hospital, Kenya

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Abstract
Background: Nursing Teaching Rounds (NTRs) are a vital educational strategy for enhancing clinical competence, professional development, and quality patient care among nurses. However, their implementation remains inconsistent, particularly in low-resource settings. Understanding nurse-related factors that influence NTR implementation is essential for strengthening clinical education in county referral hospitals.
Objective: This study evaluated nurse-related factors affecting the implementation of Nursing Teaching Rounds at Iten County Referral Hospital (ICRH) in Kenya, focusing on nurses' knowledge, attitudes, motivation, and training in clinical teaching.
Methods: A mixed-methods design was employed. Quantitative data were collected from 82 clinical nurses (92.1% response rate) using structured questionnaires, while qualitative data were gathered from 20 nursing managers through Key Informant Interviews and 13 nurse interns and nursing students through Focus Group Discussions. Descriptive and inferential statistics (Pearson correlation, regression analysis) were used to analyses quantitative data, and thematic analysis was applied to qualitative data. Ethical clearance was obtained from the Kenya Methodist University Ethics Review Committee (Ref. No. KEMU/ERC/…), and a research permit was obtained from NACOSTI.
Results: Nurse-related factors showed a moderate positive and statistically significant relationship with NTR implementation ($r = 0.587$, $p = 0.002$). Regression analysis identified nurse-related factors as the second strongest predictor of NTR implementation (Beta = 0.339, $p = 0.001$). While 85.3% (n=70) of nurses understood the purpose of NTRs and 90.3% (n=74) reported increased motivation when students were eager to learn, only 12.2% (n=10) had received formal training in clinical teaching, and only 31.7% (n=26) felt competent to guide students during rounds. Qualitative findings revealed a critical gap: most nurses lacked formal preparation on how to conduct teaching rounds, despite positive attitudes toward teaching. Workload pressures further reduced willingness to engage, with only 43.9% (n=36) willing to participate despite workload demands.
Conclusion: There exists a significant gap between nurses' positive attitudes toward clinical teaching and their actual preparedness to facilitate effective teaching rounds. Addressing the training deficit through formal clinical teaching programs, structured mentorship, and workload management is essential for improving NTR implementation and strengthening nursing education at ICRH and similar healthcare facilities.

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Keywords: Nursing Teaching Rounds, hospital-related factors, clinical teaching, staffing, institutional support, Kenya

Background

Nursing Teaching Rounds (NTRs) are widely recognized as a cornerstone of clinical nursing education, promoting clinical competence, critical thinking, and evidence-based practice among nurses. [1, 2] These structured educational sessions involve nurses, often led by senior nurses or educators, discussing patient care, reviewing cases, and sharing knowledge to enhance

clinical skills and decision-making. [3] Despite their proven value, the implementation of NTRs remains inconsistent in many healthcare settings, particularly in low-resource environments where staff shortages, high patient-to-nurse ratios, and limited institutional support prevail. [4, 5]

In Kenya, county referral hospitals serve as key clinical training sites for nursing students from various training institutions. However, the implementation of NTRs in these facilities faces significant challenges. [6] A study found that 74% of nurses in Kenyan county referral hospitals lack institutional support for continuous learning. [7] Similarly, it was reported that only 30% of county hospitals have sufficient training materials for nursing education. [8]

Globally, studies have shown that structured training significantly enhances nurses' participation in clinical teaching. [9-10] In Indonesia, a study found that 78% of nurses who received formal NTR training were substantially more engaged in clinical teaching. [11] In Jordan, research reported that nurses who perceived NTR as beneficial to their professional development were 52% more likely to participate. [12]

In sub-Saharan Africa, the pattern is similar but compounded by limited resources and inconsistent institutional support. [13] A regional study across Kenya, Uganda, and Tanzania found that while 72% of nurses valued the importance of NTRs, only 38% participated regularly, citing lack of training (54%), time constraints (59%), and staff shortages (66%) as primary barriers. [14]

Despite this regional evidence, there is limited empirical research specifically focused on nurse-related factors affecting NTR implementation in Kenyan county referral hospitals. This study aimed to evaluate nurse-related factors affecting the implementation of NTRs at Iten County Referral Hospital (ICRH), focusing on nurses' knowledge, attitudes, motivation, and training in clinical teaching.

Methods

Study Design

This was a cross-sectional implementation research project employing mixed methods, including quantitative surveys and qualitative interviews (Key Informant Interviews and Focus Group Discussions). The mixed-methods approach integrated quantitative and qualitative data to provide a comprehensive understanding of nurse-related factors affecting NTR implementation. [15]

Study Area

The study was conducted at Iten County Referral Hospital (ICRH), a level four health facility situated in Iten town, the administrative headquarters of Elgeyo Marakwet County, located in the Rift Valley region of Kenya. ICRH serves as a teaching hospital, providing clinical placement for nursing students from Kenya Medical Training College (KMTC) and other regional institutions.

Study Population and Sampling

The target population comprised 354 individuals: 20 nursing managers, 89 clinical nurses, 15 nurse interns, and 230 nursing students. A census method was employed for clinical nurses, including all 89 nurses from ten wards (Surgical, Medical, Labour, Post-natal, Antenatal, Pediatric, New born unit, Renal, ICU, and High risk post-natal ward). Purposive sampling was used to select 20 nursing managers for Key Informant Interviews (KIIs) and 13 nurse interns and nursing students for Focus Group Discussions (FGDs).

Data Collection Instruments

Quantitative data were collected using structured, self-administered questionnaires with closed-ended questions organized into thematic sections. Respondents rated statements on a five-point Likert scale (1=Strongly Disagree to 5=Strongly Agree). The questionnaire assessed demographic information, nurses' knowledge of NTR processes, attitudes toward clinical teaching, motivation, and training on teaching and mentorship.

Qualitative data were collected using semi-structured interview guides for KIIs with nursing managers and FGDs with nurse interns and nursing students. The tools explored perceptions, experiences, challenges, and recommendations related to NTR implementation.

Validity and Reliability

Content validity was established through expert review by nursing education and research specialists. Construct validity was enhanced through a pilot study at Eldoret County Referral Hospital involving 10% of the sample. Reliability was measured using Cronbach's alpha coefficient, with an overall alpha of 0.946, indicating excellent internal consistency.

Data Analysis

Quantitative data were analyzed using SPSS Version 26. Descriptive statistics (frequencies, percentages, means, standard deviations) were computed to summarize respondent characteristics and key variables. Inferential statistics, including Pearson correlation and multiple linear regression analysis, were used to examine relationships between nurse-related factors and NTR implementation. The level of significance was set at $p < 0.05$. Qualitative data were analyzed thematically using Braun and Clarke's framework. [16]

Ethical Considerations

Ethical clearance was obtained from the Kenya Methodist University Ethics Review Committee, followed by a research permit from NACOSTI. Informed consent was obtained from all participants. Confidentiality and anonymity were ensured by using codes instead of personal identifiers.

Results

Demographic Characteristics of Respondents

Among the 82 clinical nurses who completed the questionnaire (92.1% response rate), the majority were female (62.2%), aged 30-39 years (50.0%), and held a diploma as their highest qualification (56.1%). Most respondents had 6-10 years of nursing experience (41.5%) and were drawn from all ten wards, with the highest representation from the Medical ward (15.9%) and Surgical ward (14.6%).

Nurses' Knowledge of NTR Processes

respondents understood the purpose of NTRs (mean = 4.10, SD = 0.89), fewer were familiar with their structure (48.8%, n=40, mean = 3.17, SD = 1.18).

Significantly lower proportions reported the ability to facilitate effective rounds (26.9%, n=22, mean = 2.59, SD = 1.16) and evaluate student learning during rounds (34.1%, n=28, mean = 2.76, SD = 1.22).

Table 1: presents the findings on nurses' knowledge of NTR processes. While 85.3% (n=70) of

Statement	SA N(%)	A N(%)	N N(%)	D N(%)	SD N(%)	Mean	Std. Dev.
I understand the purpose of nursing teaching rounds	28(34.1)	42(51.2)	6(7.3)	4(4.9)	2(2.4)	4.1	0.89
I am familiar with how NTRs are structured	10(12.2)	30(36.6)	14(17.1)	20(24.4)	8(9.8)	3.17	1.18
I know how to facilitate an effective NTR session	4(4.9)	18(22.0)	16(19.5)	28(34.1)	16(19.5)	2.59	1.16
I can evaluate students' learning during NTRs	6(7.3)	22(26.8)	14(17.1)	26(31.7)	14(17.1)	2.76	1.22

Table 1: Nurses' Knowledge of NTR Processes

SA=Strongly Agree; A=Agree; N=Neutral;
D=Disagree; SD=Strongly Disagree. N=82

This indicates a clear disparity between theoretical understanding and practical competence. One nursing manager acknowledged:

"We assume that because a nurse is experienced, they can teach. But teaching is a skill on its own. Most of our nurses have never attended a workshop on clinical facilitation."

A nurse intern added:

"Some nurses are very good at their work but cannot explain why they do what they do. When you ask a question, they say 'just do as I do.' That is not teaching."

Attitude Towards Clinical Teaching

Table 2 shows that nurses generally held favourable attitudes toward clinical teaching. A large proportion (85.3%, n=70) viewed clinical teaching as a form of knowledge sharing (mean = 4.15, SD = 0.91), while 90.3% (n=74) reported increased motivation when students demonstrated eagerness to learn (mean = 4.24, SD = 0.85). However, only 43.9% (n=36) indicated willingness to actively engage in clinical teaching under conditions of workload pressure (mean = 3.00, SD = 1.24).

Table 2: Attitude Towards Clinical Teaching

Statement	SA N(%)	A N(%)	N N(%)	D N(%)	SD N(%)	Mean	Std. Dev.
I enjoy participating in clinical teaching activities	18(22.0)	40(48.8)	10(12.2)	8(9.8)	6(7.3)	3.68	1.09
I am willing to engage in clinical teaching despite workload	8(9.8)	28(34.1)	14(17.1)	20(24.4)	12(14.6)	3	1.24
I see clinical teaching as a form of knowledge sharing	32(39.0)	38(46.3)	6(7.3)	4(4.9)	2(2.4)	4.15	0.91
My motivation increases when students are eager to learn	34(41.5)	40(48.8)	4(4.9)	2(2.4)	2(2.4)	4.24	0.85

A nursing manager observed:

"Most nurses want to teach. They enjoy sharing knowledge. But when you are tired and the ward is full, the desire fades. Motivation without time is useless."

A nurse intern noted:

"When we ask good questions and show interest, some nurses get excited and teach us more. Others still ignore us."

Training on Teaching and Mentorship

Table 3 highlights a serious deficit in preparation for clinical teaching. Only 12.2% (n=10) had received formal training in clinical teaching (mean = 2.02, SD = 0.98), and just 17.1% (n=14) had attended relevant workshops or seminars (mean = 2.22, SD = 1.12). Only 31.7% (n=26) felt capable of guiding students during clinical teaching sessions (mean = 2.71, SD = 1.20), while 51.2% (n=42) lacked such competence.

Table 3: Training on Teaching and Mentorship

Statement	SA N(%)	A N(%)	N N(%)	D N(%)	SD N(%)	Mean	Std. Dev.
I have received formal training in clinical teaching	2(2.4)	8(9.8)	10(12.2)	32(39.0)	30(36.6)	2.02	0.98
I have attended workshops or seminars on clinical teaching	4(4.9)	10(12.2)	12(14.6)	30(36.6)	26(31.7)	2.22	1.12
I feel competent in guiding student nurses during rounds	6(7.3)	20(24.4)	14(17.1)	28(34.1)	14(17.1)	2.71	1.2

A clinical nurse confessed:

"I have been a nurse for 10 years, but no one has ever taught me how to teach. I just show students what to do. I don't know about learning objectives or evaluation."

Correlation and Regression Analysis

Pearson correlation analysis revealed a moderate positive and statistically significant relationship between nurse-related factors and NTR implementation (r = 0.587, p = 0.002). Multiple linear regression analysis showed that nurse-related factors were the second strongest predictor of NTR implementation (Beta = 0.339, p = 0.001), indicating that for every one-unit increase in nurse-related factors, NTR implementation improves by 35.1%. The overall regression model was statistically significant (F = 27.384, p = 0.000) and explained 50.7% of the variance in NTR implementation.

Table 4: Pearson Correlation between Nurse-Related Factors and NTR Implementation

Variables	Implementation of NTRs	Nurse-Related Factors
Implementation of NTRs	1	
Nurse-Related Factors	0.587**	1
Sig. (2-tailed)	0.002	

**Correlation Is Significant at the 0.01 Level (2-tailed)

Table 5: Regression Coefficients

Model	Unstandardised Coefficients	Standardised Coefficients	t	Sig.	
	B	Std. Error	Beta		
(Constant)	0.342	0.248		1.379	0.172
Nurse-Related Factors	0.351	0.104	0.339	3.375	0.001

Discussion

This study evaluated nurse-related factors affecting the implementation of Nursing Teaching Rounds at Iten County Referral Hospital. The findings reveal a critical gap between nurses' positive attitudes toward clinical teaching and their actual preparedness to facilitate effective teaching rounds.

Nurses' Knowledge and Attitudes

The finding that 85.3% of nurses understood the purpose of Nursing Teaching Rounds (NTRs), while only 26.9% were able to facilitate effective rounds, indicates a significant gap between theoretical knowledge and practical teaching competence. This finding is consistent with previous studies showing that although nurses recognise the value of structured clinical teaching, inadequate facilitation skills often limit the effective implementation of teaching rounds. [12] Similarly, the absence of standardised competencies in clinical facilitation has been shown to reduce the educational effectiveness of ward rounds. [17]

The high proportion of nurses who viewed clinical teaching as knowledge sharing (85.3%) and reported increased motivation when students demonstrated enthusiasm for learning (90.3%) reflects generally positive attitudes towards clinical teaching and is consistent with findings from previous studies. [9-18] However, only 43.9% indicated a willingness to participate in teaching rounds despite workload pressures, suggesting that organisational constraints limit the translation of positive attitudes into actual teaching practice. Similar findings have demonstrated that heavy workloads and inadequate staffing substantially reduce nurses' involvement in clinical teaching activities. [19]

Training Deficit and Low Self-Perceived Competence

The finding that only 12.2% of nurses had received formal training in clinical teaching highlights a substantial capacity gap in preparing nurses for educational roles. This observation is consistent with regional evidence indicating that insufficient training remains one of the principal barriers to effective clinical teaching. [14-21] The low proportion of nurses who perceived themselves as competent to guide students during teaching rounds (31.7%) further suggests that many nurses undertake teaching responsibilities without adequate preparation, thereby limiting the quality of clinical education.

This gap is further compounded by the reality that many bedside nurses in Kenya receive predominantly practice-oriented training, which may not sufficiently prepare them for structured teaching and explanation of clinical reasoning during student supervision. [22] Consequently, nursing students may have limited opportunities to develop critical thinking and clinical decision-making skills through guided learning experiences.

Theoretical Implications

These findings support the application of Social Learning Theory, which proposes that individuals develop confidence and competence through observation, practice, feedback, and successful performance experiences. [23-24] The low levels of formal training and limited confidence observed among nurses suggest that inadequate mastery experiences and limited opportunities for mentorship contribute to reduced self-efficacy in clinical teaching. Although student enthusiasm appears to enhance nurses' motivation, positive reinforcement alone is insufficient to sustain effective teaching in the absence of structured training and institutional support.

Comparison with Previous Studies

The present findings are consistent with evidence from sub-Saharan Africa demonstrating that inadequate training and insufficient managerial support remain major barriers to the successful implementation of Nursing Teaching Rounds. [14] Hospitals that have invested in teaching methodology training for nurses have reported improvements in student satisfaction and learning outcomes, highlighting the value of structured educational preparation. [25] Likewise, formal mentorship programmes have been associated with improved ability among nurses to integrate theoretical knowledge with clinical practice during student supervision. [26]

Within the Kenyan context, previous studies have similarly reported inadequate preparation of nurse managers for mentorship roles, with limited training opportunities, workload pressures, and insufficient institutional support reducing their effectiveness in clinical teaching. [27] These findings closely mirror the training deficiencies identified in the present study.

Implications for Practice

The findings have important implications for nursing education and clinical practice. Healthcare institutions should prioritise structured training programmes in clinical teaching that equip nurses with competencies in facilitation, learning objective development, student assessment, and constructive feedback. Strengthening these competencies is likely to improve both the frequency and quality of Nursing Teaching Rounds.

Healthcare facilities should also establish formal mentorship programmes by identifying experienced nurses who have received training in clinical education to serve as Clinical Teaching Mentors. Such programmes should be supported through leadership commitment, clear institutional guidelines, and adequate allocation of time and resources to facilitate effective mentorship. [27]

Finally, addressing workload challenges remains essential for sustaining Nursing Teaching Rounds. The low willingness of nurses to participate in teaching activities under heavy workload conditions indicates that staffing shortages and excessive patient loads continue to constrain clinical education. Consequently, strategic workforce planning and provision of protected time for teaching activities are critical to ensuring the sustainable implementation of Nursing Teaching Rounds

Conclusion

This study concludes that nurse-related factors are the second most significant determinants affecting the implementation of Nursing Teaching Rounds at Iten County Referral Hospital. Although nurses demonstrate positive attitudes toward clinical teaching and are motivated to teach, especially when students are enthusiastic, most lack formal training in clinical instruction, which limits their confidence and effectiveness. The low proportion of nurses who perceive themselves as competent in guiding students indicates a major gap between willingness and preparedness to teach. Addressing this training deficit through formal training, structured mentorship, and workload management is essential for strengthening clinical teaching and improving nursing education outcomes at ICRH and similar healthcare facilities.

Recommendations

Based on the findings, the following recommendations are made:

1. **Formal Training in Clinical Teaching:** Hospital administrators and training institutions should develop and deliver a "Clinical Teaching and Facilitation Skills" course for all nurses, covering learning objectives, facilitation, feedback provision, and student evaluation.
2. **Structured Mentorship Programs:** Experienced nurses who have received teaching training should be designated as "Clinical Teaching Mentors" to model effective teaching rounds and provide peer coaching.
3. **Workload Management:** Hospital management should address staffing shortages and implement protected time for teaching activities, recognising clinical teaching as a core professional responsibility.
4. **Integration into Nursing Curricula:** Nursing education programs should integrate modules on facilitating clinical teaching rounds into their curricula to ensure graduating nurses enter practice with foundational teaching skills.
5. **Further Research:** Future research should examine the effectiveness of specific training interventions on NTR implementation and patient outcomes across multiple sites.

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