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Research Paper

CHALLENGES OF STUDENT AND NURSE TUTOR INTERACTIONS IN MALAWI NURSING COLLEGES

Education

KEYWORDS : nurse tutor-student teaching interactions; student study experience; Nurse tutor work experience.

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ABSTRACT

INTRODUCTION: nurse tutors must encourage teaching and learning discovery through deliberate interactive teaching actions. However, Some outcome actions or interactive behavior of the nurse tutor are much to be desired in most nursing colleges in Malawi.

METHODOLOGY: Descriptive exploratory design which utilized both qualitative and sequential quantitative methods was applied to Iterated Purposive Probability Sampling (IPPS) of 10 nursing colleges in Malawi. This was done to 129 students and 82 nurse tutors in two structured questionnaires, 40 in-depth interviews and 10 focus groups. There were over 30 variables for the challenges of student nurse tutor interactions under five ranked Likert scale. The Cronbach`s Alpha was found to be 0.909 without standardisation and it was 0.862 after standardisation.

RESULTS: nurse tutor challenges of teaching interaction in Malawi colleges of nursing are stressfully existing.Rudeness and aggression among nurse tutors is becoming so common due the pressure of work despite the nurse tutor experience. It has been found that nurse tutors are not reflective in teaching process in Malawi nursing colleges (OR≤0.941;CI(0.454±1.952);p≥0.870). Moreover, nurse tutors are not compassionate to students' welfare in Malawi nursing colleges (OR≤0.916;CI(0.357±2.345);p≥0.854).

CONCLUSION:Different challenges of teaching interaction among nurse tutors and students impinge effective teaching and learning process. There is need to design teaching strategies that foster increased interaction among nurse tutors and students in Malawi nursing colleges to promote quality nursing.

INTRODUCTION

Teaching in nursing education is the complex process intended to facilitate learning, while the goal of teaching is to lead students in discovering knowledge for themselves, it is the nurse tutors who encourage this teaching and learning discovery through deliberate interactive teaching actions. Some outcome actions or interactive behavior of thenurse tutor are much to be desired in most nursing colleges in Malawi. Moreover, some tutors fail even to academically counsel a failing student due to poor personal and student interactivecounseling skills.

Waterson et al (2006:) maintain that poor performance of nursing students is due to an overloaded curriculum, however, emphasis being placed on nurse tutor coverage of the content, fragmented and artificial learning process, duplication among disciplines or subjects and the behavioural-objective model with its authoritarian nursing stance. This results in students demonstrating a lack of retention and integration of knowledge in classroom and the clinical area by the nurse tutor.

While this seems so obvious, in some nursing colleges in Malawi nurse tutors and clinical instructors are not prepared academically for their teaching roles. Chirwa (2006) concurred that some of the nurse tutors have limited knowledge on how to guide nursing students on classroom and clinical learning. But Tomietto (2012:3) emphasized that a nurse tutor guides students' clinical learning through a wide range of strategies to improve reflection on action such as briefing and debriefing on experiences, providing cooperation between the college and ward staff, planning with ward staff and ward manager students' involvement in ward activities and assessing interactive development.

Improved interaction between the nurse tutor and the student-nurses in the classroom and the clinical area require a process of identifying the learning needs and developing learning skills (mathevula, 2012). To this effect, the challenges of nurse tutor interaction with the students both in class and at the clinical area has not been rectified in Malawi nursing Colleges.Therefore, the main aim of this paper is to assess the challenges of nurse tutor interaction in Malawi nursing colleges.

It has to be pointed out that the process of student-nurse tutor interaction promote support, improves communication, enhances motivation, boost student self-esteem and help them to overcome learning problems experienced both in class and at the clinical area.

METHODOLOGY

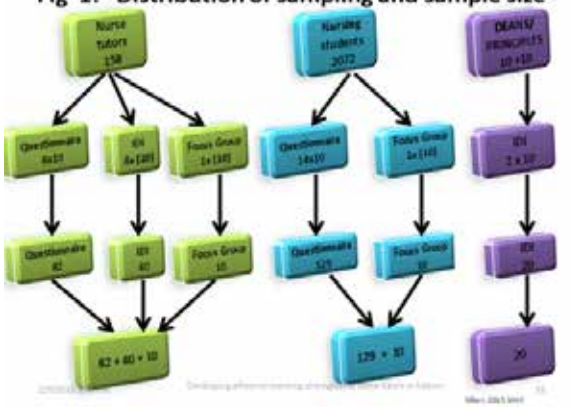
The study design for this research is descriptive exploratory and utilized both qualitative and sequential quantitative methods. This study was conducted in Malawi from eight CHAM nursing Colleges. And by 2014 there were 158 tutors in all the 10 CHAM nursing colleges and 2075 students in these colleges. Iterated purposive, Sampling (IPPS) has been chosen as the recommended sampling frame for nurse tutor challenges of interaction. In order to achieve a sample worthy generalization quantitatively, the sample were obtained from the colleges basing on approximated (random probability) number of tutors and students respectively. Drawing sample from the population was done until the desired sample will be achieved and it will use the following sample proportion formula: *Sample Size = n / [1 + (n/population)] BUT* $\boldsymbol{n} = Z^2P(1-P)/ E^2$

(*Lemeshow, Hosmer, Klar&Lwanga, 1990*). Where *n* is sample size of tutors and students in colleges, *P* is the proportion of number of tutors or students and E is the margin error. This formula allowed 05% for expected margin of error (*E*) with 95% confidence level as the denominator. Z^2 is a constant score with a value of 1.96^2 (at 95% confidence level and 05% precision)(Howitt, 2011). So using the same formula of probability sampling described above, it means that 129 students and 82 nurse tutors iterated randomly selected participated in the study. Moreover, qualitatively, 42 nurse tutors, fourfrom each college, were purposively selected for in-depth interviews.

It has to be added that 10 students in one focus group discussion for each nursing college also participated qualitatively (See figure 1 below).

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Fig 1: Distribution of sampling and sample size



The survey involved nursetutors, nursing students and Deans and Principals who are currently participating in both classroom and clinical teaching in nursing colleges as the inclusion criteria in Malawi. Only two or more years of work experienced nurse tutors were invited to participate particularly on Focus Group and In-Depth Interview qualitatively. Only those tutors that had undergone the teaching methodology training participated for the two questionnaires of nurse tutor questionnaire and student questionnaire. Only those students that have been in class for more than one year as their study experience participated in the study. All nurse tutors who were just recruited and those on transfer and others like foreign expatriates were not included on the basis of lacking contextual experience of teaching interactions in Malawi.

There are three main instruments used for this study; two structured questionnaires; the In-depth interview (**IDI**) and Focus Group Discussion (**FGD**). The three instruments were administered concurrently to intensify the construct and face validity and reduce recall bias.

The collected quantitative data were entered on SPSS software version 21.0 and the qualitative data was stored in ATLAS-ti 7.0. The data sheets were locked in drawers and the data in computers were protected by passwords only known to the researcher. The quantitative data was analyzed using SPSS 21.0. Descriptive statistics in the form of frequencies, bivariate analysis and binary logistic regression were computed for tutors' interactive attributes against the predictor variables of nurse tutor work experience and student study experience in different nursing colleges.

This research used four criteria for establishing the trustworthinessof qualitative data from the tutors, students and administrators: These were credibility, dependability, confirmability, and transferability. Bias was reduced by doing face to face interview during data collection to iterated randomized nurse tutors and students (Polit, 2003). Categorizing the participants into three different strata of tutors, student and administrators also helped to reduce bias. Use of limited time on data collection also assisted to reduce bias in the study. The inferential data analysis that focused on bivariate and binary logistic regression helped to reduce bias and control confounding in the study.The content validity for the instruments in the study was maintained by requesting opinions of the experts from two international universities.

The internal consistency was measured with Cronbach's alpha as the interactive attributes were more than 40 in the five ranked Likert scale (Tomietto, 2012,) and variation of alpha values was determined in each item. This was so as Cronbach's alpha is an index of reliability associated with the variation accounted by the true score of the "underlying construct or variable (Santos, 2013,).

There are five ways on how this study controlled confounding variables. The most important method that were used are randomization, restriction, matching, stratification and inferential analysis. This study had an approval from ethical review boards from, University of Western Cape (UWC) and from University of Malawi (UNIMA) through COMREC. All nursing tutors' and students' participants were assured that no form of human rights violations would be encountered in the due course of the nationwide nursing tutor-student challenges of interaction following the 1964 Declaration of Helsinki; (Roberto,2013) the1978 Belmont Report ; Baltimore Treaty on Ethical Codes (BTEC) and the Nuremburg Codes in medical education research.

RESULTS

DISTRIBUTION OF STUDENT AND TUTOR INTERACTION WHEN TEACHING

In both nurse tutors and student questionnaires the variable of nurse tutor interactions were measured using the tutors' perspective and the students' perspective in a five ranked Likert scale. There were 41 items that focused on tutor interactions. The Cronbach's alpha, which is the reliability statistics was determined to be 0.909. Generally, students are not impressed with nurse tutors interaction during teaching. This is also the same to nurse tutors who clearly indicated dissatisfaction with the students' behaviour both in class and at the clinical area.

In table 1 when the students were asked whether nurse tutors are rude at times to them when teaching in class 24.8%(32)n=129 of the students disagreed that the tutors are rude at times when teaching in class. But 17%(22) n=129 of the students agreed that the nurse tutors are rude when teaching both in class and at the clinical area. However, 46.3%(38)n=82 of the nurse tutors strongly disagree that students are rude when teaching both in class and at the clinical area. But nursing student at Holy Family Nursing College, almost 47.4%(9)n=19 agreed that their nurse tutors are rude to them when teaching both in class and the clinical area. At St. Johns 45%(9)n=20 of the student agreed that the nurse tutors are rude when teaching both in class and at the clinical area. In this concept it is clear that in colleges students are agreeing about the rudeness of the nurse tutors when teaching. However, students were afraid to pinpoint about reasons for the tutors rudeness. But when one student in Nkhoma Nursing College explained the following, during the focus group discussion:

We students are at the receiving end...., we are supposed to say yes to everything that our madam says. If we argue or show dissatisfaction, we can fail the course.... nonono, this has happen in our class, we know, so don't ask more on this!

This suggest that students perceive nurse tutor as being rude to them but they had some difficulties to express themselves for fear of unknown. It also suggest that they even fear one another, as one or two would report to the madam and the repercussion would be failing the course. However, Much fear was expressed by Ekwendeni Nursing students where 63.2%(12)n=19 of the student agreed to rudeness of the nurse tutors during teaching . Only at St. Johns Nursing College, the students had a better explanation as 50%(10)n=20 said they disagree that their tutors are rude when teaching both in class and at the clinical area. But when spearman correlation coefficient was used to compare the independent variable the type of college that nurse tutors is teaching and the dependent variable being rude to students, the null hypoth-

esis that nurse tutors tend to be rude when teaching in class was rejected as the p-value was 0.079>p=0.05. This was in favour of the alternative hypothesis that nurse tutors do not tend to be rude to students when teaching both in class and at the clinical area.

But this is quite contrary to what nurse tutors are saying on the interaction with students from the same nursing College as one of the nurses that were interviewed during in-depth needs assessment said:

Students say am a good tutor because there is that interaction between myself and the students. The information I give them through teaching, they get the information. Sometimes I give jokes while teaching because in this way the student can relax, and students can remember the joke and in the process remember information which you were teaching them.But I maintain distance though because when you mix with students they sometimes take it for granted that you are chatting with them forgetting you want to help them. Because if you do it any how they think you are colleagues in class; so that distance should be there. They should know that I am a tutor, am there to help them not to do any other business apart from teaching.....It's effective when you as a teacher stand in whatever you believe. Because if you show them that you are too loose; more especially these female students for me a male nurse. They will stop regarding you as a tutor, but any other colleague in their class. In so doing whatever you teach them they will not understand very well. That's why I talked of social distance at first.

This clearly shows that nurse tutors are providing interaction to students at a certain limit to maintain a social distance. This limit is set to avoid student treating the nurse tutors of the opposite sex as colleagues in the profession.

The concept of talkativeness was also analysed and it was noted that 59.09%(13)n=22 of the students in Trinity Nursing College agreed that their nurse tutors tend to be talkative when they are teaching in class. Furthermore, 52.6%(10)n=19 0f the students in Ekwendeni Nursing College also agreed that their tutors tend to be talkative when interacting and teaching in class. However, some nurse tutors are afraid with students during talking to them because of becoming loose thereby degrading their dignity. This was echoed by a nurse tutor from Ekwendeni Nursing College who said:

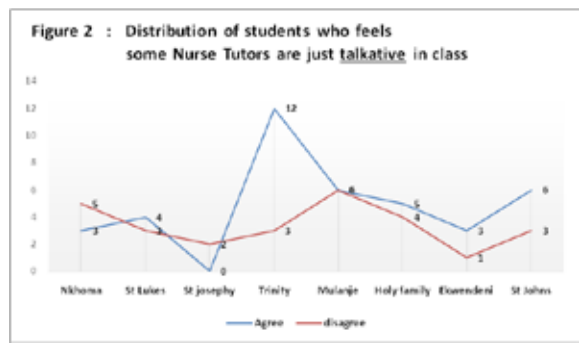
I think the challenge is if you are not careful to assess the behavior of the students during talking it's what I said that it will move from the professional part of it to a personal relationship where sometimes the students become over confident they can easily over ride you and even quarrel.

Therefore, some nurse tutors increase the voice or being talkative as a defensive mechanism to void being overpowered by students on a certain issue during teaching.

Furthermore, some nurse tutors also added the advantages of good interaction with students in class as a nurse tutor from Holy family Nursing Colleges noted that:

The advantage is that it improves the students' skills and attitude towards the nursing profession; it improves students' skills and attitude towards nursing profession but also it helps the students achieve their goals because instead of having difficulties with the tutor they concentrate on their studies. Students concentrate on their studies instead of concentrating on the interaction; when there is a bad interaction between a tutor and a student normally the student would start moving away from the studies to the interaction now because the interaction is not well. But also good interaction helps the students even the teacher to open up with the students; the teacher can deliver the content without any problem and give the information without any problem.

The five ranked Likert scale was dichotomised into two with agree and disagree as the last options, in an effort to standardise the students' perceptions towards nurse tutors talkativeness in class. Therefore, it clearly showed that 54.5%(12)n=22 of the students in Trinity Nursing College agreed that nurse tutors are just talkative both in class and at the clinical area. Mulanje Nursing College students were the highest to disagree that the nurse tutors are just talkative in class when teaching as the frequency was 40%(6)n=15.



But in generally in figure 2, it was almost 55.03%(71)n=129 of all students in all nursing Colleges that indicated the talkativeness of their nurse tutors.

Furthermore, when Spearman Correlation Coefficient was used to compare the independent variable of type of the College that the nurse tutor teach and the dependent variable talkativeness, the null hypothesis that the type of the college where nurse tutor is teaching is not correlated to being talkative was rejected. This was in favour of the alternative hypothesis that type of the nursing college is highly correlated to nurse tutors talkativeness as the p-value was 0.009< p=0.05. This means that nurse tutors tend to be talkative when teaching in nursing colleges in Malawi.

Students from Trinity Nursing College also pointed out that some nurse tutors look aggressive when interacting during teaching in class as 68.2%(15)n=22 of the student strongly agreed about the aggressiveness of their tutors when interacting with students both in class and at the clinical area. Mulanje Nursing College also had high student interaction expressions on tutors aggressiveness when teaching as it was noted that 80.0%(12)n=15 of the students strongly agreed that their nurse tutors look aggressive when interacting and teaching in class. At St. Johns Nursing College 75%(15) n=20 of the students agreed that their tutors look aggressive when interacting and teaching in class. However, in general 58.9%(76)n=129 of the students agreed that their tutors in these colleges tend to be aggressive when teaching. This is an alarming figure considering the professional etiquettes of the nurses who are supposed to be humble, with tender loving care to student's clients and patients.

TABLE 1: DISTRIBUTION OF STUDENTS AND TUTORS INTERACTION IN DIFFERENT COLLEGES

VARIABLE		In which college do you teach or Learn																	
TUTOR/ students	Co-variates	Nkhoma		St. Lukes		St Joseph		Trinity		Mulanje		Holly family		Ekwendeni		St Johns		TOTAL	
		tut	stud	tut	stud	tut	stud	tut	stud	tut	stud	tut	stud	tut	stud	tut	stude	tutor	stude
Tend to be rude to student in class p-value= 0.079-st	Strongly agree	1	1	0	1	0	0	0	1	2	4	1	0	1	2	1	1	5	12
	Agree	0	3	1	3	0	1	1	4	0	2	0	5	2	3	0	6	4	27
	Not sure	4	2	1	2	1	0	2	2	1	3	2	4	1	7	2	3	14	29
	Disagree	5	4	1	3	1	0	0	7	3	4	5	7	4	3	2	4	21	32
	Strongly disagree	6	5	2	3	2	4	2	2	4	2	7	3	7	4	8	6	38	29
	TOTAL	16	15	5	13	4	6	5	22	10	15	14	19	15	19	13	20	82	129
Tend to be talkative in Class when irritated p-Value= 0.009-st	Strongly agree	2	1	0	1	0	0	0	1	1	2	0	2	1	1	1	2	5	10
	Agree	0	3	0	4	0	0	0	12	1	6	0	5	3	3	1	6	5	39
	Not sure	2	4	1	4	1	2	1	5	1	3	1	3	2	7	2	4	11	32
	Disagree	5	5	2	3	0	2	2	3	3	3	6	6	4	3	1	3	23	28
	Strongly disagree	7	2	2	1	3	2	2	1	4	1	7	3	5	5	8	5	38	20
	TOTAL	16	15	5	13	4	6	5	22	10	15	14	19	15	19	13	20	82	129
Look aggressive to students p-Value=0.083-st	Strongly agree	1	0	0	2	0	1	0	2	0	4	2	2	1	1	1	5	5	17
	Agree	1	0	1	3	0	3	0	8	2	4	2	6	0	2	1	5	7	31
	Not sure	5	2	1	2	0	0	2	5	4	4	3	4	4	6	0	5	19	28
	Disagree	3	9	1	4	0	1	3	5	0	1	4	4	4	6	2	1	14	31
	Strongly disagree	6	4	2	2	4	1	0	2	4	2	3	3	6	4	9	4	37	22
	TOTAL	16	15	5	13	4	6	5	22	10	15	14	19	15	19	13	20	82	129
tutors Look arrogant to student p-Value=0.052-st	Strongly agree	0	0	1	1	0	0	0	1	1	4	0	3	0	3	0	1	2	13
	Agree	0	0	0	1	0	1	0	5	4	6	0	3	0	5	1	8	5	29
	Not sure	9	6	2	2	2	2	2	8	2	2	4	4	4	6	2	3	27	33
	Disagree	1	5	1	6	0	1	0	4	0	1	4	6	5	4	1	3	12	30
	Strongly disagree	6	4	1	3	2	2	3	4	3	2	6	3	6	1	9	5	36	24
	TOTAL	16	15	5	13	4	6	5	22	10	15	14	19	15	19	13	20	82	129
Tutor always cheerful to students p-Value=0.025-st	Strongly agree	9	5	1	3	2	3	1	5	7	6	10	5	7	6	6	8	43	41
	Agree	5	8	4	6	2	3	3	14	2	7	3	11	7	13	4	6	30	68
	Not sure	2	2	0	2	0	0	1	2	0	1	1	2	0	0	2	4	6	13
	Disagree	0	0	0	2	0	0	0	0	0	1	0	1	1	0	0	1	1	5
	Strongly disagree	0	0	0	0	0	0	0	1	1	0	0	0	0	0	1	1	2	2
	TOTAL	16	15	5	13	4	6	5	22	10	15	14	19	15	19	13	20	82	129

This is a frequency SPSS generated table with spearman correlation coefficient at 95% confidence level, for all the 8 nursing colleges

However, the null hypothesis could not be rejected in a Spearman Correlation Coefficient when type of the college was compare to nurse tutors aggression as the p-value was 0.083>p=0.05. This means that the type of college is not correlated to nurse tutors aggressiveness. Therefore, the type of the college does not influence tutors aggressiveness.

When the students were asked whether nurse tutors listen attentively before they answer their questions, there was differences among the different students from different colleges. 31.6%(6) n=19 of the students from Ekwendeni Nursing College disagreed that their nurse tutors listen to their questions attentively. Even 30%(4)n=13 of the St Lukes Nursing College also concurred with the Ekwendeni Nursing Students that their tutors do not listen attentively when teaching both in class and at the clinical area. But 100%(16)n=16 of the students in Nkhoma nursing college strongly agreed that their nurse tutors are cheerful when teaching in class and at the clinical area.

Students were also asked whether nurse tutors are honest on student counselling on academic issues. 35%(7)n=20 of the St Johns nursing College students strongly disagreed that their nurse tutors are honest when counselling on academic issues. 27.3%(6)n=22 of the students from Trinity nursing college strongly disagreed that their nurse tutors are honest when counselling both in class and at the clinical area. However, 66.6%(10) n=15 of the nursing students in Mulanje college strongly agreed that their nurse tutors are honest when counselling both in class and at the clinical area.

The nurse tutors politeness when approaching students was also measure to student in all colleges when they are interacting both in class and at the clinical area. 42%(8)n=19 of students from Ekwendeni nursing College strongly disagreed that their nurse tutors are polite in approaching them during teaching both in class and at the clinical area. while 27.3%(6)n=22 of the students from Trinity Nursing College also strongly disagreed that their nurse tutors are polite in approaching the students when interacting both in class and at the clinical area.

The variable of "giving constructive feedback" was tested to both students and lectures. 46.6%(7)n=15 of the students from Nkhoma nursing College disagreed that nurse tutors in their college give constructive feedback during interaction both in class and at the clinical area. While 66% of the students in St. Josephy Nursing College strongly disagreed that their nurse tutors give constructive feedback both in class and at the clinical area. However, when spearman correlation coefficient was tested to compare the independent variable type of the college and dependent variable giving of constructive feedback to students, the null hypothesis that giving of feedback by nurse tutors is not correlated to the type of the college that a nurse tutor is teaching and interacting with students was rejected as the p-value was 0.001<p=0.05. This was done in favour of alternative hypothesis that giving of feedback by nurse tutors was strongly correlated to the type of the college that the nurse tutor is teaching.

Therefore,

It is clear in all nursing colleges that giving of constructive feedback to students by nurse tutors depends on the type of the college that a nurse tutor is based during teaching both in class and at the clinical area.

80%(12)n=15 of the students from Nkhoma Nursing College disagreed that nurse tutors are risk taker when teaching both in class and at the clinical area. But 45%(9)n=20 of the students in St. Johns nursing college disagreed that nurse tutors are risk takers during teaching. However, generally 48.8%(63)n=129 of the students disagree that nurse nurses are risk takers during teaching. Even spearman correlation coefficient test in a bivariate analysis showed no correlation between type of the college that nurse tutors teach and being a risk taker as the p-value was 0.092>p=0.05. This means that for nurse tutors to be risk taker does not depend on the type of the nursing college that they are teaching.

When the nurse tutors were asked on how they make students open and interact in class a nurse tutor from Nkhoma Nursing Colleges pointed that:

Well, you know students how they think, like I already said teachers are the ones that have the authority in this class maybe they are the only people that are supposed to speak in this class we don't just sit, and listen,in class we interact with them like that they talk, we talk, they talk at the end of the day they are able to be open enough to you even issues outside academics and staff like that. Because they know you are flexible you can listen to them and they will also stop looking at you as i know it all because they know that they can also tell you something that you don't know. I feel the student that I mean if you are able to interact with the students like I said I think they are able also to maybe ask us a question if they feel like, you don't have to teach when you are in a bad mood. So I think also they elevated my mood which is important because if you are not happy when the student it also has an impact on the way you deliver your content sometimes maybe you can just rush through because you don't like them after all you want to rush and get out of it.

Student were also asked if they perceive that nurse tutors focus on the whole student not just particular health issue in interactions when teaching both in class and at the clinical area. 53.3%(8)n=15 of the students in Nkhoma Nursing College disagreed that their tutors focus on the whole student not just on the health issue. While at St. Lukes Nursing College 46.2%(6) n=13 of the students strongly disagreed that their nurse tutors focus on the whole student not just the particular health issue.

45.5%(10)n=22 of the student in Trinity Nursing College disagreed that their nurse tutors lecture entire class period when teaching both in class and at the clinical area. Furthermore, 26.6%(4)n=15 of the students in Mulanje Nursing College strongly disagree that their nurse tutors lecture the entire class period when teaching. Even the bivariate analysis using spearman correlation coefficient in a two tailed test of significance, the p-value was 0.088>p=0.05. This means that nurse tutors` lecturing of entire class period does not necessarily depend on the type of the college that the nurse is teaching.

46.6%(7)n=15 of the students at Nkhoma nursing College disagreed that their nurse tutors were willing to explore attitudes, values and beliefs during interaction both in class and at the clinical area. However, generally, in all nursing colleges only 27.1%(35)n=129 of the students who were interviewed disagreed that their nurse tutors have willingness to explore attitudes, values and beliefs when interacting both in class and the clinical area. This was compounded by the bivariate analysis where spearman correlation coefficient was used in a two tailed test of significance. The p-value was 0.089>p=0.05. This means that nurse tutors willingness to explore attitudes, values and beliefs does not depend on the type of the college that the nurse tutor is teaching.

46.2(6)n=13 of students in Nkhoma Nursing College strongly disagreed that their nurse tutors support of equity, human rights and honesty both in class and at the clinical area. But 77.3%(17) n=22 of the students at Trinity Nursing College strongly agreed that their nurse tutors support for equity, human rights and honesty when interacting both in class and at the clinical area. Even when a bivariate analysis was used in a spearman correlation coefficient with a two tailed test of significance, the p-value was 0.015. This suggest that the independent variable type of the college was highly correlated to dependent variable tutors support for equity, human rights and honesty during teaching. So, It means that tutors support for equity and human rights depends on the type of the college that nurse tutor is teaching in Malawi.

Students had different views when they were asked to state their willingness to take responsibility for their own behaviour during interaction both in class and at the clinical area. 53.8%(7) n=13 of the students from St Lukes Nursing College strongly disagreed that they are willing to take their own responsibility for their own behaviour during learning both in class and at the clinical area. While 60%(9)n=15 of the students in Nkhoma Nursing College strongly disagreed that they are willing to take responsibility for their own learning both in class and at the clinical area. But generally in all nursing colleges it was noted that 32.6%(42)n=129 of all students interviewed in this study disagreed that they are willing to take responsibility for their own behaviour both in class and at the clinical area. Moreover, there was no correlation in a bivariate correlation coefficient between type of the college and the students willingness to take their own responsibility for their own behaviour as the p-value was 0.092>p=0.05.

St Lukes of Nursing College had high number of students who disagreed on whether nurse tutors have a sense of care and social support to students as the frequency was 53.8%(7)n=13. While 72.2%(16)n=22 of the Nursing students in Trinity Nursing College clearly agreed that nurse tutors have a sense of care and social support. Generally, 67.4% of all students interviewed perceived that nurse tutors in their colleges have sense of care and social support. Even when a bivariate analysis was used in a spearman correlation coefficient at a two tailed test of significance, the p-value was 0.083>p=0.05. This suggest that nursing students' willingness to take their own responsibility for their own behaviour does not depend on the type of the college where the student is learning both in class and at the clinical area.

Moreover, nurse tutors were also asked on what they benefit if there is a good interaction with the students during teaching a nurse from St. Joseph Nursing College pointed out that:

first thing that I benefited from good interaction with students its motivation, because at first I didn't know that what am doing is good to the students but when I started having the compliments through their papers, through their case studies, eventhrough what they say, through their teachers I knew that ooh! So, this is good so became motivated, because at first I just thought like it's a behavior I don't know that it's good for the students. The other thing that I have gained is I believe for these past 2 years those who were strictly my students I believe I have produced better nurses I even have an example because who is employed at the nkhoma hospital he is the best nurse he is just qualified this year but he performs as if he is 10 years in the profession –Yes with good interaction you have stable mind in other words psychologically you are stable because if you are not interacting well with the students you always

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think that maybe the students are talking of this about me, maybe they are not even talking about you they are not labeling you but because when we interact well we don't have that in mind but because you are interacting well even if they are labeling you, you don't have that in mind the other thing is that whenever, you go for disciplinary issues I have noticed that whenever disciplinary measure I can give to the students the same thing that somebody does the same person who is not open to the students as if they are given a big one if I can take a phone for a student that student will not think that I have done something wrong somebody takes a phone from the same student it will be a story in the hostel it will be a song in the class it will be a song in the clinical area and even if you reprimand the student the student will take it easy

Therefore, motivation, self-belief and courage are the main benefits that can be easily found when there is good nurse tutor–student interaction during teaching both in class and at the clinical area.

75%(15)n=20 of the students from St Johns Nursing College strong agreed that their nurse tutors respect for the knowledge attitudes and beliefs of the students during teaching both in class and at the clinical area. But 46.6 %(7)n=15 of the students in Nkhoma Nursing College strongly disagreed that their tutors respect for the knowledge, attitudes and beliefs. Generally when all the college participating students was analysed it was noted that when bivariate analysis was used in a spearman correlation coefficient with a two tailed test of significant to compare dependent variable respect for knowledge, attitudes and beliefs of the nurse tutors and a predictor variable type of nursing college, the p-value was 0.094>p=0.05. This suggest that there is no correlation between type of the college that the nurse tutor teach and the nurse tutors respect for students knowledge, attitude and beliefs both in class and at the clinical area.

53.3%(8)n=15 of the students from Nkhoma Nursing college disagreed that their nurse tutors respect for the adolescent and their freedom of choice. While 42.1%(8)n=19 of students from Ekwendeni Nursing college disagreed that their nurse tutors respect for the adolescent and their freedom of choice both in class and at the clinical area. Generally 36.4(47)n=129 of all students from different nursing colleges who participated in this study strongly disagreed that their nurse tutors respect the adolescents and their freedom of choice. Moreover, when a bivariate analysis was done in a spearman Correlation Coefficient at a two tailed test of significance, the p- values was 0.094>p=0.05. This indicates that the type of Nursing College cannot influence nurse tutors respect for the adolescents and their freedom of choice.

DISTRIBUTION OF TUTORS WORK EXPERIENCE, STUDENT STUDY EXPERIENCE ON TUTORS –&STUDENT INTERACTION

The concept of tutors work experience was defined as having the work experience of 1 to 5 years, meaning having limited experience and second group as having 6 and more years, meaning having vast experience in student instructions. This classification was based on mastery of curriculum and other teaching instructions both in class and at the clinical area. Student study experience was also categorised into two, with those students of 1-2 years as having limited experience and those that have been teaching more than two study years as having experience of learning (See table.4.10)

One of the interaction challenges was nurse tutors consideration to nursing students. 63.6%(28)n=44 of the nurse tutors who have more than 6 years' work experience strongly agreed that they are considerate to students when need arise during teaching instructions both in class and at the clinical area. However, only 52%(13)n=25 of the students who have more than two years study experience strongly agreed that their nurse tutors are mostly considerate to student when teaching and interacting both in class and at the clinical area. In a bivariate analysis, using spearman correlation coefficient in a two tailed test of significance with independent variable nurse tutor work experience in comparison with dependent variable the p-value the was 0.034<p=0.05. This means that there is a strong correlation between nurse tutor work experience and being considerate to students. This means that dependent variable tutors being considerate to students during leaching depends on the independent variable nurse tutors work experience. Although there was correlation on nurse tutors data there was no correlation when the dependent variable being considerate and the independent variable nurse student study experience. This was so as the p-value in a spearman correlation coefficient with two tailed test of significance was 0.769>p=0.05. This means that for the students the nurse tutors were not being considerate during teaching both in class and at the clinical area.

There was also mixed feelings from both the students and the nurse tutors when the variable of being reflective in teaching was presented to both the students and tutors. 67.4%(29)n=43 of the nurse tutors who have more than 6 year of work experience agreed that they have been having very reflective in teaching the students both in class and at the clinical area. While only 32.6%(14)n=43 of the nurse tutor who have less than 5 years of work experience agreed that they are very reflective in teaching and interacting with students both in class and at the clinical area. However, only 58.8%(47)n=80 of the more than two year student study experience agreed that their nurse tutors were very reflective in teaching both in class and at the clinical area.

When spearman correlation coefficient was used in a bivariate analysis with two tailed test of significance, the null hypothesis that nurse tutors work experience is not correlated to reflective in teaching of the tutors was rejected. This was in favour of the alternative hypothesis that nurse tutors work experience is highly correlated to tutors reflectiveness in teaching the students as the p-value was 0.028<p=0.05. This means that nurse tutors reflective in teaching students depends upon the nurse tutors work experience during any academic interactions both in class and at the clinical area. But there was no correlation in another equation when the student study experience was compared to tutors reflective in teaching as the p- value was 0.251>p=0.05. This suggested that reflectiveness in teaching by the nurse tutors does not depend on the student study experience.

The concept of arrogance of the nurse tutors to students was perceived as a strong challenge of interaction in both student and nurse tutors data both in the classroom and at the clinical area. 65.6%(21)n=32 of the nurse tutors with more than 6 years of work experience agreed that some tutors at times look arrogant to students. While 34.4%(11)n=32 of nurse tutors who had less than 5 years of work experience also agreed that at times the nurse tutors look arrogant to students both in class and at the clinical area. However, 66.7%(20)n=30 of the students who have more than two years of study experience strongly disagreed that nurse tutors at time look arrogant to students. It was also amazing that 41.4%(12)n=29 of the student who have more than two year study experience strongly agreed that their nurse tutors look arrogant to students. When bivariate analysis was used to compare the predictor variable nurse tutors work experience and the dependent variable at times look arrogant to student, the null hypothesis that nurse tutors work experience is not correlated to dependent variable at times look arrogant to students was rejected. This was done in favour of the alternative hypothesis that nurse tutors work experience was highly correlated to looking arrogant to students during teaching as the p-value was 0.022>p=0.05. This indicated that the element of looking arrogant to nurse students by nurse tutors was influenced by the

nurse tutors work experience. This was also in line with the bivariate analysis done to student data. as the result of the spearman Correlation Coefficient in w two tailed test of significance showed that there is strong correlation between independent variable student study experience and dependent variable at times look arrogant to students as the p-value was 0.018<p=0.05. In this results it clearly shows that the element of looking arrogant to student by the tutors in all nursing college as a challenge of tutor–student interaction depends upon the student study experience both in the classroom and at the clinical area.

Although the students are perceiving arrogance from the nurse tutors and it has been found to be having a high statistical significance, but during in-depth interview nurse tutors are refusing the presence of arrogance and are appraising their communications with the students during teaching, for example a nurse tutor who has nine years of experience from Nkhoma Nursing College said:

I think I don't normally create an environment which is threatening to the students. I teach by allowing them to be free and able to ask for clarification or ask any questions they have, and when they do, I would respond to them positively unlike maybe shouting at them or threatening them or giving them the punishment that you go and read, unless when am also not sure of the thing then I would say, go and read, and I would also consult and come back to you. So in so doing I would say they are the things that also help the students to feel free whenever am teaching them.

In this case there is still discrepancy between students and nurse tutors on the teaching interactive behaviour, such as being arrogance during teaching.

Another variable that was measured under the challenges of interaction is open minded of nurse tutors on students' needs. 65.1%(28)n=43 of the nurse tutors who have more than 6 years of work experience agreed that they are open minded on students' needs both in classroom and at the clinical area. While 34.9%(15)n=43 of the nurse tutors who has less than 5 years of work experience agreed that they are open minded on students' needs both in class and at the clinical area. In a bivariate analysis using spearman correlation Coefficient in a two tailed test of significance, when predictor variable nurse tutor work experience was compared to dependent variable tutors open minded to students' needs, the null hypothesis for this comparison was rejected as the p-value was 0.020<p=0.05.

TABLE 2: DISTRIBUTION OF TUTORS' WORK- EXPERIENCE & STUDENTS' STUDY EXPERIENCE ON TUTORS-STUDENT INTERACTION

VARIABLES	TUTORS WORK EXPERIENCE				Total	p-value	STUDENTS STUDY EXPERIENCE N=129				total	P-VALUE
	1-5years		6 and more yrs		n(%)		Two year		More than two yrs		N(%)	p-value
Always been cheerful to students	N	%	N	%	N(%)		N	%	N	%	N(%)	
Strongly disagree	1	50.0%	1	50.0%	2(100)		1	50.0%	1	50.0%	2	
Disagree	0	.0%	1	100.0%	1(100)	0.001	2	40.0%	3	60.0%	5	0.646
Not sure	3	50.0%	3	50.0%	6(100)		7	53.8%	6	46.2%	13	
agree	11	36.7%	19	63.3%	30(100)		24	35.3%	44	64.7%	68	
Strongly agree	17	39.5%	26	60.5%	43(100)		20	48.8%	21	51.2%	41	
Very academically sociable in class & Clinical area												
Strongly disagree	1	50.0%	1	50.0%	2(100)		2	50.0%	2	50.0%	4	
Disagree	0	.0%	5	100.0%	5(100)	0.001	6	54.5%	5	45.5%	11	0.053*
Not sure	0	.0%	5	100.0%	5(100)		6	42.9%	8	57.1%	14	
agree	15	48.4%	16	51.6%	31(100)		26	36.6%	45	63.4%	71	
Strongly agree	16	36.4%	28	63.6%	44(100)		14	48.3%	15	51.7%	29	
Mostly considerate to student												
Strongly disagree	0	.0%	2	100.0%	2(100)		1	50.0%	1	50.0%	2	
Disagree	2	50.0%	2	50.0%	4(100)	0.034	7	53.8%	6	46.2%	13	0.769
Not sure	6	60.0%	4	40.0%	10(100)		5	33.3%	10	66.7%	15	
agree	16	36.4%	28	63.6%	44(100)		29	39.2%	45	60.8%	74	
Strongly agree	8	36.4%	14	63.6%	22(100)		12	48.0%	13	52.0%	25	
Very reflective in teaching												
Strongly disagree	0	0.0%	0	0.0%	0(0)		1	50.0%	1	50.0%	2	
Disagree	1	50.0%	1	50.0%	2(100)	0.028	2	33.3%	4	66.7%	6	0.251
Not sure	6	54.5%	5	45.5%	11)(100)		4	30.8%	9	69.2%	13	
agree	14	32.6%	29	67.4%	43(100)		33	41.2%	47	58.8%	80	
Strongly agree	11	42.3%	15	57.7%	26(100)		14	50.0%	14	50.0%	28	
Motivate my student to work hard												
Strongly disagree	0	.0%	2	100.0%	2		1	25.0%	3	75.0%	4	
Disagree	0	0	0	0	0	0.051	3	42.9%	4	57.1%	7	0.193
Not sure	5	83.3%	1	16.7%	6		5	55.6%	4	44.4%	9	
agree	11	42.3%	15	57.7%	26		26	34.7%	49	65.3%	75	
Strongly agree	16	33.3%	32	66.7%	48		19	55.9%	15	44.1%	34	

At times Look arrogant to student												
Strongly disagree	1	25.0%	3	75.0%	4		8	33.3%	16	66.7%	24	
Disagree	3	75.0%	1	25.0%	4	0.022	10	33.3%	20	66.7%	30	0.018*
Not sure	9	39.1%	14	60.9%	23		11	33.3%	22	66.7%	33	
agree	11	34.4%	21	65.6%	32		17	58.6%	12	41.4%	29	
Strongly agree	8	39.0%	11	61.0%	19		8	61.5%	5	38.5%	13	

This suggests that there is strong correlation between nurse tutor work experience and nurse tutors open minded to students' needs. This means that nurse tutors open minded to students needs depends on the nurse tutors work experience. But students' perception was different from the tutors' perception. This is because when predictor variable student study experience was compared to dependent variable nurse tutors open minded to student needs, the null hypothesis that the predictor variable was not correlated to the dependent variable was not rejected. This mean that nurse tutors open minded to students needs are not influenced by the student study experience.

It has to be pointed out that the concept of looking compassionate to students by nurse tutors was strongly correlated to both the predictor variable nurse tutor work experience and student study experience respectively. This is because in both equations of spearman correlation coefficients the outcome of the p-values were 0.048<p=0.05 for the nurse tutor data and 0.016<p=0.05 for the student data respectively. This symbolises that nurse tutors compassionate to students as a challenge to interaction both in class and at the clinical area is influenced by both the nurse tutor work experience and student study experience respectively.

Another nurse tutor who was only having three years of work experience at Nkhoma nursing College has to add on their compassionate in teaching student, and she said:

I think there's inner satisfaction and inner joy; self-satisfaction. Inner satisfaction is coming from self-satisfaction where you have impacted something in somebody who did not know it and you are assured that you have transformed the total person because you have given him the new information and you are able to get the feedback that yes I've taught this person something. That gives me joy to say I've discharged something and I've got something back; what I expected because when you teach you expect students to understand. So that gives back the self-satisfaction.

This indicates that good interaction create inner self-satisfaction and joy among nurse tutors that promote teaching in Malawi nursing colleges.

Another challenge of student interaction was on advocate for students' welfare. 60.5%(26)n=43 of the nurse tutors who have more than 6 years of work experience agreed that nurse tutors advocate for students' welfare both in class and at the clinical area. 39.5%(17)n=43 of the nurse tutors who have less than 5 years of work experience agreed that they advocate for students welfare both in class and at the clinical area. In a bivariate analysis using spearman correlation coefficient, with a two tailed test of significance the p-value was 0.002<p=0.05. This means that there is strong correlation between nurse tutors and their advocacy to student welfare. However, when the same spearman correlation coefficient was used to compare the predictor variable student study experience and the dependent variable advocacy of student welfare by nurse tutors there was no correlation as the p-value was 0.353>p=0.05. This suggests that the advocacy of students' welfare by nurse tutors is not influenced by the students' study experience.

ASSOCIATION OF NURSE TUTORS'WORK EXPERIENCE, STUDENTS' STUDY EXPERIENCE AND STUDENT-TUTOR INTERACTIONS.

All variables under the challenges of student-tutor interaction section were dichotomised from five ranked Likert Scale to two ranked Likert scale with the aim of producing agreeing and disagreeing options as categorical covariates. This was in readiness for this section where binary logistic regression models were developed. This was done because a binary logistic regression models focuses on probability classifications that require the categorical variables and covariates. The cut-off of 0.5 and the entry point of p-value of 0.05 in statistics of Hosmer-Lemeshow goodness of-fit was done. The equation was basing on method of ENTER, with the maximum iteration of more than 20 items. The equation had a probability of 95% confidence interval. The Odds Ratio (OR) interpretation of above 1 was adopted as highly association for the predictor variables of nurse tutor work experience and student study experience separately in association to dependent variables of student-tutor interaction challenges. All the categorical or dependent variables and the predictor/independent variables were first tested in the bivariate analysis at p-value of 0.05. All constant values were not tabulated although the models produced them during analysis due to table spacing (see below). The degree of freedom was set at 1; all challenges of nurse tutor-student interactions thus dependent variables and nurse tutor work experience and student study experience which are independent categorical variables were dichotomized and coded correctly (with 0=disagree or lack of the characteristic; 1=agree, or the presence of the characteristic). The Beta coefficient value in the binary logistic regression outcome was very important as it showed the direction of the relationship between the predictor variable and the dependent variable. Therefore, all the Beta Coefficient values that had figures of negative in nature were regarded as decreasing the relationship of interaction in the dependent variable while those that had a positive figure was considered as increasing the relationship of interaction between the predictor variable and the dependent variable.

In Tables 3 below, after comparing the nurse tutor work experience and the nurse tutors being cheerfulness in the binary logistic regression, the results reveal that the omnibus test of the model coefficient was significant with p=0.001<0.05 and, -2 log likelihood showed that the data used in the study fits the model. While the Hosmer and Lemeshow Test was significant with p=0.228>0.05. The data further showed that an increase in years of tutors work experience by one year would result to an increase to interaction of being cheerful as a by the factor of 0.922. Hence this indicates that for nurse tutors likelihood of being cheerful to students as part of interaction is influenced by the years of work experience. Therefore, it has to be noted that the more the nurse tutor work experience the less likely chances she or he has to be cheerful to the students as during the last semester both in class and at the clinical area. Although the confidence interval showed that the distribution of upper level is above one but the Odds Ratio was found to be less than one. This indicated that the likelihood chance of occurrence of cheerfulness by the nurse tutor to students when teaching in class was very less with each addition year period.

It has to be pointed out that the direction of relationship between nurse tutors and the challenges of interaction like being cheerful to students by nurse tutors was found to be negative as the Beta (B) Coefficient value of the logistic model was -0.082. This indicates that if we increase the number of nurse tutors work experience in years there would be a decrease for the nurse tutors to become cheerful to students. But this was different with student study experience as it was found out that the more the number student study years the more likely they feel that their tutors become cheerful to students both in class and at the clinical area add the Odds Ratio was 1.791. This also entailed that for every one additional year of student study experience there would be 1.791 times more likelihood chances of nurse tutors becoming cheerful to students both in class and at the clinical area. Even the confidence interval shows that there is an inclusion of one between the lower and upper bound of the level.

The results has also shown that nurse tutors work experience does not increase the chances of tutors becoming academically sociable as the Odds Ratio was OR≤0.772;CI (0.291±2.047);p≥0.603. This was found after comparing the nurse tutor work experience and the nurse tutors becoming academically sociable to students. In the model a probability stepwise criteria of 0.05 was adopted for the entry point. Moreover, a criteria of 0.1 was set as the removal level in the model while a classification cut-off point was set to be 0.5. This results suggest that with more nurse tutor work experience by one year in constant, there would be a less likelihood chance of becoming academically sociable to students by 0.772 times. Even the Beta coefficient value in the model outcome, showed a negative direction of the relationship (B= -0.259) between the nurse tutors work experience and the nurse tutors becoming academically sociable to students during teaching. However, It has also to be pointed out that the more student study experience the more likelihood of perceiving the tutors becoming academically sociable during learning, as the student data Odds Ratio was OR≤1.532;CI(0. 563±4.170);p≥0.404. This means that the more student study experienced are, the more likelihood chances of 1.532 times that students would feel that there nurse tutors are becoming academically sociable during interaction both in class and at the clinical area. This is very important to note as the discrepancy of this interaction challenge seems to be showing an adverse effect in the learning and teaching process.

The concept of being considerate to students by nurse tutors as an interaction component was also loaded into the binary logistic regression model. This was done to compare the nurse tutor work experience and the nurse tutors consideration to students during teaching. Therefore, using Hosmer and Lemeshow Test in the logistic regression there was strong association between independent variable nurse tutor work experience and nurse tutors' being considerate to students in class or at the clinical area as the p-value was 0.714 which is more than 0.05. Furthermore, when the omnibus test of the model coefficient was used on predictor variable of nurse tutor work experience and dependent variable being considerate to students when teaching in class and at the clinical area, the Odds Ratio was OR≤1.117;CI(0.617±2.0 23);p≥0.714. This suggests that the more work experienced the nurse tutor is the more likely he or she would be considerate to students both in class and at the clinical area during teaching.The results of the Beta value from the equation further illustrated the positive direction of the relationship (B= 0.111) between the independent variable and the dependent variable. This was also echoed by the students who also agreed that the nurse tutors indeed, are considerate when teaching both in class and at the clinical area.This was based on the results of the binary logistic regression where independent variable student study experience was associated with dependent variable being considerate to students by nurse tutors as the Odds Ratio was OR≤1.333;CI(0.471±3. 774);p≥0.589. This results illustrates that if an addition of the one year is given in constant to the student study experience there would be a likelihood chance of 1.333 times more for the nurse tutors to be considerate to students during teaching both in the classroom and at the clinical area. But the Beta Coefficient Value of the student regression model was B= 0.287. This means that the direction of the relationship between student study experience and nurse tutors being considerate to students in the classroom and at the clinical area was in positive direction. This implies that the any increase in the years of nurse tutors work experience there would be also a likely increase for the nurse tutors to be considerate to students during a teaching process both in class and at the clinical area.

The binary logistic regression was also used to measure the nurse tutors ability to be reflective in teaching students in comparison with experience. Using omnibus test of model coefficient with the probability stepwise criteria of 0.05 as an entry point and o.1 as the removal point, the method was chosen to be ENTER. In this model the classification cut-off point was adopted to be 0.5. The outcome results from the binary logistic regression model was OR≤0.941;CI(0.454±1.952);p≥0.870.This indicates that there is no association between the nurse tutor work experience and the ability of the nurse tutor to be reflective in teaching students both in class and at the clinical area. for any one year addition to the nurse tutor work experience there would be a likelihood chance of 0.941 times for the nurse tutors to be reflective in teaching the students. The results also shows that tutors ability to be reflective in teaching students clearly decreases with each more year of nurse tutor work experience as the B. Coefficient Value was -0.061. Even using Hosmer and Lemeshowgoodness of fit Test in the logistic regression there was no association between independent variable nurse tutor work experience and tutors' reflectiveness in teaching student both in class and at the clinical area.However, when the omnibus test of the model coefficient was used on predictor variable of student study experience and dependent variable of reflectiveness in teaching students, the Odds Ratio was OR≤0 .265;CI(0.053±1.332);p≥0.107. This suggests that the more work experienced the nurse tutor is the less likely he or she would be reflective to students during teaching in the last semester both in class and at the clinical area. This was also echoed by the students who also agreed that the tutors indeed are less likely going to be reflective in students when teaching.

This was based on the results of the binary logistic regression where independent variable student study experience was associated with dependent variable nurse tutors reflective in teaching students both in class and at the clinical area as the Odds Ratio was OR≤0.265;CI(0.053±1.332) ;p≥0.107. This means that if there is any addition in years to the student study experience there would be a likelihood chance of 0.265 time less for the nurse tutors to be reflective in teaching.

It is also worth noting that the direction of Beta Coefficient results in the omnibus test of the model coefficient was negative for the predictor variable of student study experience and the dependent variable tutors of nurse tutors reflective in teaching students(B= -0.061 for tutors equation and B= -1.326 for students equation). This is very crucial in terms of clinical nursing as it suggests that the more years nurse tutor has on work experience the less likely that she or he become reflective in teaching students both in class and at the clinical area. Even the students' data, revealed that the more years of the student study experience the less likely the nurse

tutors become reflective teaching students both in class and at the clinical area.

Moreover, the nurse tutor form St Johns Nursing College is acknowledging that there was indeed a problem in being flexible during teaching as she says:

the interaction issue was the problem it seems when we interact with students we differ some of us when we are with students we are strict too much we don't even smile we don't even give a jock in class but to me I don't think so, for me, to make the environment good it doesn't mean you should be loose, but you should be able to be flexible.

Tutors who AGREE on Student-tutor INTERACTION CHALLENGES	Tutors work experience						Students study experience					
	Beta	WARD	sig	ODD	Confidence interval lower	upper	Beta	WARD	sig	ODD	Confidence interval lower	upper
Always cheerful to students	-.082	.035	.851	.922	.394	2.156	.583	.956	.328	1.791	.557	5.764
Academically sociable	-.259	.271	.603	.772	.291	2.047	.427	.697	.404	1.532	.563	4.170
Mostly considerate to students	.111	.134	.714	1.117	.617	2.023	.287	.293	.589	1.333	.471	3.774
Very reflective in teaching	-.061	.027	.870	.941	.454	1.952	-1.326	2.596	.107	.265	.053	1.332
Motivate students to hard work	.208	.268	.605	1.231	.561	2.704	.813	1.366	.243	2.255	.577	8.815
At Times Look arrogant							-1.074	7.205	.007	.342	.156	.748
Open minded on student needs	1.127	3.805	.051	3.087	.995	9.579	1.044	4.314	.038	2.842	1.061	7.613
Look compassionate to students	-.088	.034	.854	.916	.357	2.345	-.681	1.977	.160	.506	.196	1.308
Advocate for students welfare	-.250	.288	.591	.779	.313	1.939	.378	.611	.434	1.460	.565	3.767
Role model for behaviour change	-.330	.508	.476	.719	.291	1.780	-.522	.915	.339	.594	.204	1.728
Tend to be respectful to students	-.249	.192	.662	.779	.255	2.378	-.201	.186	.666	.818	.328	2.039
Is Enthusiastic during teaching	1.442	1.092	.296	4.230	.283	63.280	1.641	1.651	.199	5.162	.422	63.120
Always shows commitment to students	18.327	.000	.999	91102294.587	.000	.	-2.345	1.903	.168	.096	.003	2.683
Approachable to student	-38.201	.000	.998	.000	.000	.	.258	.088	.767	1.294	.236	7.103
Is very trustworthy in student affaires	-1.249	.429	.513	.287	.007	12.047	-.005	.000	.996	.995	.149	6.638
Addresses sensitive issues	-.203	.025	.874	.816	.066	10.022	.102	.006	.937	1.108	.088	14.006
Honest on students welfare	1.648	1.153	.283	5.195	.257	105.092						

This is a logistic regression models with probability classification cut-off of 0.5 and the entry point of p-value of 0.05 in statistics of Hosmer-Lemeshow goodness of-fit basing on method of ENTER, the maximum iteration of more than 20 items were entered though only those that show statistical significance were tabulated, the equation had a probability of 95% confidence interval. The OR interpretation of above 1 was adopted for the predictor variables of nurse tutor experience and student study experience separately. All the categorical or dependent variables and the predictor/independent variables were first tested in the bivariate analysis at p-value of 0.05. All constant values were not tabulated although the models produced due to table spacing. The degree of freedom was set at 1; all nurse tutor-student interaction dependent and nurse tutor work experience and student study experience which are independent categorical variables were dichotomizedly coded correctly (with 0=disagree or lack of the characteristic(); 1=agree, or the presence of the characteristic

Another concept that was very important was on motivations of students by nurse tutors to hard working. This is another interaction challenge in all nursing colleges in the country. Using the omnibus test of the model coefficient for the logistic regression analysis with the probability stepwise of 0.05 entry point and 0.5 as cutoff and displayed at each step in the equation in comparison of independent variable nurse tutor work experience and dependent variable motivating student to hard working the Odds Ratio was OR≤1.231;CI(0.561±2.704);p≥0.605. This suggest that there is strong association between independent variable nurse tutor work experience and the nurse tutors motivation the variables. For every one year increase in nurse tutor work experience the probability and likelihood of motivating the students by nurse tutors for hard working is 1.231 times. This indicate that every increase in nurse tutor work experience we expect an increase in student motivation by nurse tutors by 1.231. The students too agreed that the nurse tutors motivate the students for hard working as in the logistic regression equation using the same omnibus test of the model coefficient, the Odds ratio was OR≤2.255;CI(0.577±8.815);p≥0.243. This means that there is strong association between the nursing student study experience and the nurse tutors motivation of students to hard working both in class and at the clinical area. This suggests that the more years of work experience the nurse tutor has the more likely she or he can motivate the students to hard working both in class and at the clinical area.

Some nurse tutors use energizers or advance organisers during teaching and jokes to motivate students to the topic for example, a nurse tutor in nkhoma who has 5 years of working experience had to say:

In class sorry to say most of the times I don't just come to class and say today we are going to learn this, I start with an energizer sometimes I start with a jock to capture the mind of the students each and every body should be in the class and most of the times I ask if somebody has a problem maybe physical problem maybe somebody can be in the class while someone has a headache. The most important things is to give examples like what am saying like cases of what am teaching at least one lecture should have 2 to 3 cases and mostly I use my past experience.

Therefore, use of energizers, advance organisers and jokes during student teaching improves the motivation level of the students to the subject thereby reducing the interaction challenges under student study both in class and at the clinical area in Malawi.

It was also interesting to note that in the Hosmer and Lemeshow model from the logistic regression analysis with an enter as the choice of method and 0.5 as the cutoff with 95% confidence level, the outcome of the equation when student study experience was compared with the being arrogance of the nurse tutors during teaching and interaction the Odds Ratio was OR≤0 .342;CI(0.156±0.748);p≥0.007. This means that there was no association between the student study experience and the nurse tutors arrogance to students. This indicates that the more years of studying the student has as learning experience in nursing education the less likely that they would perceive that their tutors are becoming arrogant to students. Even the Beta Coefficient value in the Omnibus test model there was a negative direction of relationship between student study experience and the arrogance of nurse tutors (Beta= -1.074) when teaching both in class and at the clinical area. This symbolises that the more years of

student study experience the decrease that the nurse tutors become arrogance to students when teaching both in class and at the clinical area.

Nurse tutors in this study, basing on results in Table 3, have also shown that they are strongly open minded to student needs in the learning process. This was confirmed after using the binary logistic regression when independent variable nurse tutor work experience was compared to nurse tutors open minded on students' needs. The omnibus test model coefficient was used with 95% confidence level and choice of enter as a method of the equation. This was also done after adopting 0.5 as a classification cut-off. The results of the Odd Ratio outcome showed OR≤ 3.087;CI(0.995±9.579);p≥0.0.051. This showed a strong association between predictor variable, nurse tutor work experience and the dependent variable nurse tutors open minded on student needs during teaching both in class and at the clinical area. This because the test has shown that any one year additional work experience of the nurse tutor would increase the likelihood chance of 3.087 times for nurse tutors being open minded to students needs during teaching both in class and at the clinical area. This was also the same with the student logistic regression model as the comparison of the predictor variable student study experience and the dependent variable open mindedness of the nurse tutors during teaching both in class and at the clinical area. Using the Omnibus test model coefficient, with the 95% confidence interval, the Odds Ratio was OR≤2.842;CI(1.061±7.613);p≥0.038. This suggest that there is strong association between student study experience and the nurse tutor open mindedness on students' needs. This was because the data showed that for every one year increase in nursing student study experience there would be 2.842 times of open mindedness on students' needs by nurse tutors both in class and at the clinical area.

Furthermore, the variable of looking compassionate to students was also measured as a challenge of student-tutor interaction to see the statistical association using binary logistic regression. In this model the probability stepwise criteria was 0.05 for the entry point and 0.1 as the removal point while a classification cut-off was set at 0.5 in the equation. In the model, which was omnibus test model of coefficient the outcome of the odds ratio was OR≤0.916;CI(0.357±2.345);p≥0.854. This was after predictor variable nurse tutor work experience was compared to dependent variable looking compassionate to students. In this outcome it clearly entails that the more years the nurse tutors have both in class and at the clinical area, the less likely that the nurse tutors would look compassionate to students during teaching. This very pathetic as even the Beta Coefficient value of the analysis was showing a negative direction of relationship between the predictor variable and the dependent variable as it was B= -0.088. This means that for every increase in years of work for nurse tutors both in class and at the clinical area, there will be a decrease in the compassionate of the nurse tutors to students. However, this was not the same in the students perceptions as the omnibus test model of coefficient outcome of the odds ratio wasOR≤2.842;CI(1.061±7.613);p≥0.038. This means that there was strong association between the predictor variable student study experience and the dependent variable looking compassionate to students by nurse tutors. For every one year addition in the student study experience there would be 2.842 times of nurse tutors looking compassionate to students. This student reflection on the interaction of nurse tutors with the students is showing similar discrepancy as found with other interaction challenges above.

Another challenge of student tutor interaction that was measured using binary logistic regression model was advocating for students welfare. In the omnibus test model of coefficient with a cut-off 0.5 and using 95% confidence interval with the ENTER method, the outcome of the Odds ratio was OR≤0.779;CI(0.313±1.939);p≥0.591. This means that there was no association between nurse tutor work experience and tutors advocating for students welfare both in class and at the clinical area. This suggests that for every one year increase in the nurse tutor work experience there would be 0.779 times of tutors' advocacy to students' welfare. This is very sympathetic to the counselling process of the students as even the Beta Coefficient value of the logistic regression model showed a negative direction of relationship (Beta= -0.250). This entails that for every one year increase in nurse tutors work experience there would be less likely or decrease in nurse tutors advocacy for students' welfare both in class and at the clinical area. However, the students' perception towards the advocacy for student welfare was different. This is because the omnibus test model of coefficient in the logistic regression analysis, the outcome of the odds ratio was OR≤1.460;CI(0.565±3.767);p≥0.434. This means that if there is an addition of one year to student study experience in teaching and interaction with students there would be 1.460 times more likelihood of the tutors to be advocating for students welfare. Even the direction of relationship as per Beta Coefficient value from the equation of the omnibus test of coefficient was positive (Beta 0.378). This means that the more the student study experience in years the more likely the tutors would advocate for students welfare.

There was discrepancy on the concept of role model for behaviour change from both the students and nurse tutor data analysis. Using the binary logistic regression model in the omnibus test model of coefficient the odds ratio for the nurse tutors equation when an independent variable nurse tutor work experience was compared to a dependent variable nurse tutor role model for behaviour change, was OR≤0.719;CI(0.291±1.78 0);p≥0.476. This means that there was no association between nurse tutor work experience and the tutors being role model for behaviour change of the students. This entails that for any one year increase at constant level, in nurse tutor work experience the likelihood of the nurse tutors to be role model in student behaviour change would be reduced by 0.719 times. Even the direction of the relationship between the independent variable and the dependent variable was strongly negative (Beta -0.330). This also indicated that if there is an increase of the work experience by one year for the nurse tutors there would be a decrease of the nurse tutors chances to be a role model for student behaviour change. In the student equation using the same omnibus test model of coefficient, with the same "ENTER" method and 0.5 as the cut point, the odds ratio from the comparison of the predictor variable student study experience and the dependent variable role model of the nurse tutor for behaviour change of the student was OR≤0.594;CI(0.204±1.728);p≥0.330. This also means that there was no association between the student study experience and the role modelling of the nurse tutor for behaviour change of the students. Even the Beta Coefficient value of the Omnibus test model outcome showed B= -0.522. This also means that for every one year increase in the student study experience there would be a decrease in likelihood chance of nurse tutors role modelling for student behaviour change both in class and at the clinical area. For this variable, it clearly entails that it is a strong challenge of student- tutor interaction both in class and at the clinical area for all nurse tutors in all colleges of nursing in Malawi.

Another challenge of student tutor interaction was from the concept of tending to be respectful to students by nurse tutors as in table 3. In both student and tutor different data, the omnibus models show no association. Using the binary logistic regression equation, with omnibus test of model coefficient, with ENTER method and 0.5 as cut point, the odds ratio after comparing predictor variable nurse tutor work experience and dependent variable tend to be respectful by the nurse tutor to students was OR≤0.916;CI(0.357±2.345);p≥0.854. This means that there was no association between predictor variable nurse tu-

tor work experience and the dependent variable tend to be respectful to students by the nurse tutors both in class and at the clinical area. This is because if one year is added to the nurse tutor work experience as a constant value, there would be a likelihood chance of 0.916 times for the nurse tutors to tend to be respectful to students during teaching. Even the Beta coefficient value of the model showed B= -0.249. This is a negative direction of relationship between the predictor variable nurse tutor work experience and the dependent variable tend to be respectful to students by the nurse tutors during teaching. This entails that for any increase in the years of nurse tutor work experience there would be a decrease in the tutors intention to be respectful to students both in class and at the clinical area during interactions. When the predictor variable student study experience was also compared to dependent variable tend to be respectful to students by the nurse tutors in the logistic regression model with omnibus test of the coefficient, the odds ratio was OR≤0.91 6;CI(0.357±2.345);p≥0.854. This means that there was no association between the independent variable and the dependent variable. The outcome reveals that for every one year more of student study experience there would be no or reduced likelihood of the tutor to be respectful to students when teaching both in the classroom and at the clinical area. This was really a true reflection of the nurse tutors as even the Beta coefficient value of the binary logistic regression equation also showed negative direction of the relationship between the dependent variable and the independent variable (Beta= -0.249). This suggest that that for every increase in years of the student study experience there would be a decrease in the tutors respect to students during classroom and clinical interaction.

But some nurse tutors pointed out that their respect is sometimes jeopardised because of the students' behaviour, for example a nurse tutor in Nkhoma Nursing College noted that:

The main challenge of interaction in class that I have faced with some students they think that they take you as an easy goer that's the most challenge they sometimes, some of the students don't take issues that you have told them seriously they think that she is always smiling that what she has said is not serious yet she means business..... They speak something to somebody maybe the colleague these students think that maybe she is too playful to students if some students say this could be better done by kagolo at least this topic should be taught by kagolo we will benefit from her there are other tutors who take it differently, maybe she is too playful.

Therefore, some students take nurse tutors for granted and do not take the study very serious from the nurse tutor.

The concept of being enthusiastic during teaching by the nurse tutor as a challenge of interaction was also measured in logistic regression. Using omnibus test of coefficient with 95% confidence interval, the Odds ratio after comparing the nurse tutor work experience and the tutors enthusiastic during teaching both in class and at the clinical area, was OR≤4.230;CI(0.283±6 3.280);p≥0.296. This means that there was a strong association between the predictor variable nurse tutor work experience and the dependent variable being enthusiastic of the nurse tutor to students during interactions. It clearly entails that for every year more of the nurse tutor work experience there would be 4.230 times of likelihood chance for the nurse tutor to be enthusiastic in teaching and interaction with the students both in class and at the clinical area. The students data too in the binary logistic regressionequation also showed a strong association between the independent variable student study experience and the dependent variable tutors enthusiastic during teaching as the Odds Ratio was OR≤5.162;CI(0.422±63.120);p≥0.199. This indicates that for every one year increase in the student study experience there would be 5.162 times ore likelihood chance of the tutors to be enthusiastic in teaching the students both in class and at the clinical area. Even the direction of the relationship between the predictor variable and the dependent variable was positive (Beta = 1.641) which reflects the increase in years of student study experience would expect an increase in tutors enthusiastic in teaching the students.

There was an outlier of the logistic regression model outcome of the odds ratio in the measurement of the nurse tutors commitment to students. This is because after comparing the nurse tutor work experience as the predictor variable and the tutors commitment to students as the dependent variable the odds ratio was OR≤**91102294.587**;CI(0.000±..);p≥0.999. This means that nurse tutors work experience were strongly associated with the tutors' commitment to students during teaching both in class and at the clinical area. But this was not the case with the students' data as the odds ratio wasOR≤0.096;CI(0.003±2.68 3);p≥0.168. This showed no association between the predictor variable student study experience and the dependent variable nurse tutors commitment to students during teaching both in class and at the clinical area. Even the Beta Coefficient value of the model outcome showed a negative direction of the relationship between the predictor variable and the dependent variable (Beta= -2.345).

Another nurse tutor challenge of interaction that was measured in logistic regression was nurse tutors being approachable to students. Using the omnibus test of coefficient in a logistic regression model with 0.5 as the cut point and ENTER as the method, the outcome of equation in the odds ratio was OR≤0 .00;CI(0.000±0.000);p≥0.998. This means that there was no association between nurse tutors experience and the nurse tutors commitment to teaching the students both in class and at the clinical area. Even the Beta Coefficient value from the outcome showed B= -38.201. This means that any increase in nurse tutor work experience there would be a decrease of the nurse tutors being approachable to students during teaching both in class and at the clinical area. However, the students' data showed an association between the predictor variable student study experience and the dependent variable of being approachable to students when teaching in class and at the clinical area.

The nurse tutors trustworthy to student affairs was also measured in binary the logistic regression. The Hosmer and Lemeshow equation of the logistic regression with ENTER as the method at 95% confidence interval was used. The probability stepwise criteria of 0.05 was adopted as the entry point in the equation while 0.1 was considered for the removal point in the model and the classification cut-off point was set at 0.5. The outcome on the odds ratio after comparing the predictor variable nurse tutor work experience and the dependent variable trustworthy in students affairs was OR≤0.287;CI(0.007±12.0 47);p≥0.513. This means that there is no association between the predictor variable and the dependent variable being trustworthy in students' affairs by the nurse tutors. Even the direction of relationship between the predictor variable and the dependent variable showed negative Beta Coefficient value of (Beta= -1.249). This indicates that for any increase in years on the nurse tutor work experience there would be a decrease in the nurse tutors trustworthiness to students' affairs. This was also the same with the students data as the odds ratio after comparing the nursing student study experience and the dependent variable very trustworthy in students affairs by the nurse tutor when teaching both in class and at the clinical area was OR≤0.995;CI(0.149±6.63 8);p≥0.996. This suggests that there was no association between the predictor variable student study experience and dependent variable of being trustworthy of the nurse tutors to students' affairs when teaching students both in class and at the clinical area. Even the Beta Coefficient Value of the logistic model showed (Beta= -0.005) negative direction of the relationship. This

signifies that when there is an increase in student study experience there would be a decrease in the likelihood chance of being trustworthy of the nurse tutors to students' affairs both in class and at the clinical area.

The nurse tutors were also asked during in-depth interview on what would happen if there is poor interaction between the nurse tutor and the nursing students. A nurse tutor from St Joseph Nursing College pointed out that:

There's absenteeism, the student just think of absenting themselves from classes and then there will be few students for you to teach with that poor interaction. And for yourself, there's dissatisfaction from work because even from the first one you say they are absent chances that they'll answer that question or they'll do it well in practicing there are minimum because they missed some information. I think the main thing is that it really gives dissatisfaction. Loss of interest also to teach, you would just don't want to go into that class. With other tutors withdraw... where the tutor would not want to go into that class so they withdraw is in two ways; they may actually say it or they would actually always give students assignments instead of going to teach so they would prefer strategies of teaching which avoids direct interaction with students. And it might also affect in the practical area, practical output because if this tutor was supposed to teach antenatal, she just gave an assignment and she just follows the same student in the clinical area the relationship with students it will not be good and there's poor performance in the students and there's labeling one another; this tutor doesn't teach, she's not good, she's not this, so there's name calling which on an institution it's not good.

There most students are involved in absenteeism if there is poor student-tutor interaction. While the nurse tutor feel dissatisfaction, depressed, have loss of interest in teaching, sometimes withdraw and gives a lot of assignments to class that lead to poor student performance.

Nurse tutors have also been seen that they do not address the sensitive issues with students when teaching and interacting both in class and at the clinical area. Using the omnibus test of coefficient in logistic regression model, with nurse tutor work experience as the predictor variable and the nurse tutors addressing sensitive issues as the dependent variable, the Odds Ratio was OR ≤0.816;CI(0.066±10.022);p≥0.874. This means that there was no association between the independent variable nurse tutor work experience and the dependent variable addressing sensitive issues of the students by the nurse tutors when teaching both in class and at the clinical area. This was a true reflection of the nurse tutors as even the Beta Coefficient value in the logistic regression equation was (Beta= -0.203). This symbolises the negative direction of the relationship between the dependent variable and the independent variable. As it entails that for any increase in the nurse tutor work experience there would be a decrease in the tutors address the sensitive issues to students during teaching and interacting with the students both in class and at the clinical area. But students' data showed a strong association between the student study experience and the tutors addressing sensitive issues to students when teaching in class and at the clinical area. The odds ratio wasOR≤0.1.108;CI(0.088±14.006);p≥0.937. This indicates that if there is an increase of one year of nurse tutor work experience there would be 1.108 times likelihood chance of the nurse tutors to address the sensitive issues to students when interacting or teaching in class and at the clinical area. Even the Beta value of the equation outcome showed (Beta= 0.102) a positive direction of the relationship between the student study experience and the tutors addressing the students' affairs. This means that if there is an increase to the student study experience there would also be an increase to tutors addressing the sensitive issues to students when teaching both in class and at the clinical area. Therefore, nurse tutors in Malawi do not commonly address sensitive issues during interaction with students both in class and at the clinical area.

Another challenge of nurse tutor- student interaction which was analysed using logistic regression model was on honest on students' welfare. In a Logistic regression model using Omnibus test of model coefficient, the probability stepwise criteria was set at 0.05 as the entry point in the equation and 0.1 as the removal point while a classification cut-off point was adopted at 0.5. This was done to compare the predictor variable nurse tutor work experience and dependent variable being honest on students' welfare by nurse tutors during teaching. From this model the outcome included the odds ratio of OR≤5.195;CI(0.257±105. 092);p≥0.283. This implies that there is strong association between nurse tutors work experience and the tutors' honesty on students welfares when teaching both in class and at the clinical area. In there is one year increase in the nurse tutor work experience 5.195 times likelihood chance of the tutors being honest on students welfare would be expected. Even the outcome of the model in the Beta Coefficient value was (Beta=1.648). This showed the positive direction of the relationship between the independent variable and the dependent variable. For every increase in the nurse tutor work experience there is also expected to have an increase to nurse tutors honest on students' welfare.

The nurse tutors then they were also asked on how they cope up when there is poor nurse tutor-student interaction. A nurse tutor from St Lukes pointed out that:

I call them and we sit down then counsel them and tell them what they are supposed to do. Tell them there roles. It's not that when I am free with them, I am their friend. I am not their friend, I am their teacher. I also call them and assist them if possible. If I am not able to assist them I refer them to somebody who can be able to assist them.And sometimes presence a student has answered something it's good to thank that one. And sometimes if the class is dull, sometimes you can pose a joke for the class to be awake again.....Sometimes when the students are answering you when you pose a question you are motivated with the response of the students unlike when the students are just quiet....I reported to the dean of faculties that I was teaching a class of 130 the class was congested with poor ventilation due to number of students why can't we divide the class into two? So after sometime, the class was divided into two. And with that it was easy to identify students who are sleeping and others.

I cope up because I don't think of having personal relationship with a student. Because if I do that the thinking capacity can be compromised; if I go to that class I'll be thinking of her, she'll be thinking of me. I will fail to deliver what I want to deliver because of the relationship there. If you are so close then it will affect the learning process of this student. It needs someone who is able to critically think and make decisions. We work as a team and as a tutor you know your limitations. If there are issues of class you talk to dean of faculty.

Therefore, counselling, referring and reporting all difficult cases to authority, sometimes dividing the class in groups, avoiding personal relationships with students and working as a team help to cope up with the challenges of nurse tutor student interaction both in class and at the clinical area.

DISCUSSION

This study has revealed that student and nurse tutor challenges of teaching interactions in Malawi colleges of nursing are stressfully existing. Level of knowledge, attitude and skills are compounding on the availability of the teaching interaction challenges in the nursing colleges. Nurse tutors in Malawi work under pressure due to lack of basic resources during teaching. This also inflates the interaction challenges. Increased stressful working conditions of the nurse tutors create interaction challenges as the nurse tutor attitudes tend to negate the interac-

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tions among nurse tutors and students.

The concept of increase in "rude" behaviour among nurse tutors comes from two areas: classroom and clinical culture change and professional strain. The culture change is seen in our shifting views about behaviours that don't actually hurt anyone. Arguably, it is only the result of the ongoing and natural evolution of the profession. Nurse tutor rudeness is the behaviour which is obviously harmful or deeply disruptive to students during learning (for example, refusal to follow class schedule, interrupting the students when they are answering questions) could be on the rise because nursing profession is experiencing increased psychological stresses. Most of the time rudeness becomes reciprocal. Both nurse tutors and students can start interchanging harsh interactions either gradually or abruptly. Sources of rudeness in nurse tutors mostly is generated from increased work tension, social stress, peer disapproval, professional incompetence and goal deprivation (kasson, 2003). Malawian nurse tutors with economic hardship has indeed reacted in different ways towards the students. However, this is totally not professional and commonly, this would result to dismissal or removal of licensures if administratively acted on it.

It has also been found that in some nursing colleges in Malawi nurse tutors are mostly talkative when teaching. Although literature has focused the concept of talkativeness as a natural and unique human behaviour characterised by family traits and environmental changes (kasson ,2003), but in nursing it affects students learning and increase negative perceptions among students on the nurse tutors. This interaction challenge if overflowed to the clinical area, automatically affects patient care. Nurse tutors need to use good experience of interaction during teaching. Koskinen(2002) pointed out that process of knowledge provision to students should not be accompanied by negative communication skills. Therefore, being talkative during teaching is one of the negative communication skills during teaching.

The concept of aggression is the extreme interactive behaviour that comes in with increased tension among nurse tutors and students. Aggression was found to be some of the systemic problems that confronted the education of mental health nurses in Australia. Shortcomings in the preparation of undergraduate students of nursing for commencing practice in mental health nursing were described and comments were given onaggressive issues affecting the quality of postgraduate mental health nursing education (Clinton, 2000). This is similar with what is happening in the nursing colleges in Malawi. The only different is that in Australia, the aggression involved mental health nurse while in Malawi, include the general nurse educators. It has to be pointed out that previously, in Malawi, nurse council has taken punitive measures on any nurse found to be aggressive to patients. But there is no evidence that administrative judgement has been inflicted on any nurse tutor towards aggressive behaviour on nursing students.

The ability to give constructive feedback among nurse tutors to students has also been found to be having interaction challenges. Constructive feedback on any nursing student assignments require good communication skills in form of interactions. If there is poor communication skills during feedback meetings with students, there can be tension and dissatisfaction.Luhanga (2010) pointed out that accountability in nursing education must be unquestionable multifaceted. Nurse tutors are responsible to student nurses while being contractually accountable in assessment feedback to students. If the feedback is not given in order the students tend to react negatively towards the nurse tutor. This can affect both the nurse tutor reputation and the students' motivation to learn.

Teaching in nursing is a profession that require maximum honest among nurse tutors and students. Any dishonest within the teaching and learning process results in misconduct that that is administratively punitive and an average outcome has been dismissal and removal of licensure. Nurse tutors must always be honest during interaction with students both in class and at the clinical area. Luhanga (2010) found out that one third of the preceptors in Canada were dishonest during clinical procedures. The dishonest included lying, hiding nursing care errors and not admitting one's own mistakes that revealed interactive challenges. The only difference with nurse tutors in Malawi from this study is that most common dishonest have been recorded on students' assessment.

Nurse tutors in Malawi have been noted to have no tolerance and understanding during teaching. Nurse tutor may have preconceived judgment towards students' behavior. If a student answer poorly in classquiz, she or he can be generalized as a dull or un intelligent student in class. Although it is claimed that when nurse tutors and students interact it is difficult for an outsider to see how ethical issues play out in their physical, and social environment(Epistein,2012), but the outcome of student performance particularly at the clinical area explains more about the challenges of the teaching and learning interaction process.

Apart from understanding and tolerance, nurse tutors must also be reflective during teaching. It has been found that nurse tutors are not reflective in teaching process in Malawi nursing colleges (OR≤0.941;CI(0.454±1.952);p≥0.870). Reflective teaching involves recapping and referring of the material covered in the previous class and giving of examples that are consistent with current nursing care. If the nurse tutor has reflective teaching problems students even fil the examinations. Epstein (2012) found that nurse educators became increasingly concerned by their students' reflection on assignments and their descriptions of their clinical experiences in Ontario Canada. Most nursing students were not articulating properly on the assignment given and were getting low marks. The main problem was found to be limited interaction between them which caused students not to reflect accurately in any given assignments. This is similar to what Malawian nurse tutors are going through both in class and at the clinical area. There is increased need for nurse tutors to be clearly reflective during teaching students as they have experience on the materials being taught.

It has also been found that nurse tutors are not compassionate to students' welfare in Malawi nursing colleges (OR≤0.916;CI(0.357±2.345);p≥0.854). Being compassionate is a professional role not only for nurses but also for nurse tutors. Students are mostly under stress during learning. It is the accountability and responsibility of the nurse tutor to reduce students stress by being humble, during classroom and clinical interactionswith the students. If the nurse tutor is not showing any remorse on students learning problems during interactions most students withdraw from the programme. Epstein (2012) concurs that students feel moral distress if the nurse tutors is not having compassionate personal care to students.

It has to be pointed that nurse tutor work experience must be a professional response to the challenges of the interaction. But this study has found out that there is no statistical difference among the more experienced nurse tutors and those that do not have experience on coping up of the challenges of student nurse tutor interactions. D`Souza (2013) has found out that engaging students in the teaching and learning process both in class and at the clinical area helps to promote relationships, improve development of critical thinking and enhance openness to diversity between the nurse tutor and students. Interactive clinical learning environment is very vital to quality patient care. Poor interaction among health professionals has lead to increased mortality of the patients in the hospitals.

CONCLUSION

Interaction of nurse tutors and students remain the most important element that help to promote effective teaching and learning. Different challenges of interaction among nurse tutors and students impinge effective teaching and learning process. There is need to design teaching strategies that foster increased interaction among nurse tutors and students in Malawi nursing colleges to promote quality nursing.

REFERENCE

1. KassonJohn F.(2003) Rudeness and Civility: Manners in Nineteenth-Century Urban America; Macmillan company; Washington. | 2. Chirwa M. (2007) performance of CHAM nursing schools, Lilongwe Malawi. | 3. Cohen PA: Meta analyses of validity studies. Teaching Psychology, 9(2):78-82. | 4. Clinton, M.Hazelton, M. .(2000)Scoping mental health nursing education. Australian and New Zealand Journal of Mental Health Nursing. 2000;9:2–10. | 5. Clinton, M.Hazelton, M..(2000)Scoping the prospects of Australian mental health nursing. Australian and New Zealand Journal of Mental Health Nursing. 2000;9:159–165. | 6. Clinton M. H.(2011)Mental health nursing education in preregistration nursing curricula: A national report International Journal of Mental Health Nursing (2011 ; doi: 10.1111/j.1447-0349.2010.00735.x | 7. D`souzaMelb Sheila; RameshVenkatesaperumal (2013) Engagement in clinical learning environment among nursing students;Role of nurse educators; Open Journal of Nursing; 2(1) p25-32 | 8. Epstein Iris; Carlin Kathleen,(2012) Ethical concerns in the student/preceptor relationship: A need for change .; Nurse Education Today 32 (2012) 897–902. | 9. Grigulis A. L. (2010) Lives of Malawian Nurses: stories behind the startistics, | PhD thesis; Centre for international Health and Development; University College London. | 10. Howitt Dennis; Cramer Duncan (2011) Introduction to Research Methodsin Psychology; third edition Loughborough University press; prentice hall; London; www.pearsoned.co.uk/howitt . | 11. Luhanga Florence, Myrick Florence Yonge, Olive; (2010) The preceptorship experience: An examination of ethical and accountability issues; J Prof Nurs 26:264–271 | 12. Ministry of health (2008) annual report; nursing section, Lilongwe Malawi | 13. Ministry of health (2010) Biannual conference, Karikuti Hotel, Lilongwe, Malawi | 14. Michael Clinton and Mike Hazelton(2000) Scoping mental health nursing education; Australian and New Zealand Journal of Mental Health Nursing (2000) 9, 2–10 | 15. Ministry of health (2012) annual report on nurse's performance: Capitol Hill; | Lilongwe Malawi | 16. Nurses council of Malawi (2009) annual report on nursing education, Lilongwe, Malawi. | 17. MathevulaFriddaR.KhozaLucin B. (2012)Nurse educator and student nurse neophytes`perceptions of good interaction in the classroom setting,:Health SA Gesondheid 18(1),p1-9 http/dx.doi.org/10.4102/hsag.v18i1.669 | 18. Nurses Council of Malawi (NCM) (2007) annual report; progress of nurses in | Development, Lilongwe. | 19. Polit D. Beck CT (2003) Nursing Research: Principals and Methods; Williams book Company; New York | 20. Roberto Rivera (2011) Research Ethics Training Curriculum, Second Edition; Family Health International; www.fhi.org | 21. Santos J. R. ;(2013) Cronbach's Alpha: A Tool for Assessing the Reliability of Scales Volume 37.Number 2.P35-49 | 22. Waterson, E., Harms, E., Qupe, L., Maritz, J., Manning, M., Makobe, K. and Chabeli, M. (2006). Strategies to improve the performance of learners in a nursing college – Part 1: Issues pertaining to nursing education. Curationis 29 (2): 56-65. | 23. WHO (2010) Statistical year book Sub-Saharan Region; New York. |