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Assessment of Institution Related Mentorship Factors Influencing Clinical Competences of Diploma Nursing Students at Coast General Teaching and Referral Hospital, Mombasa

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Abstract

Nurses work in various healthcare settings, where they provide quality care to patients and interact with other healthcare professionals. To be able to do this, they are required to acquire immense knowledge, clinical competences, and skills during training. Training initiatives should prioritize the acquisition of competences through mentorship. Student mentoring involves the relationship between a student and a mentor, and the actions involved in the acquisition of skills, knowledge, and changes in attitude that culminate in professional growth and competences. This study sought to assess institution-related mentorship factors influencing the clinical competences of nursing students at Coast General Teaching and Referral Hospital, Mombasa. The study adopted a descriptive cross-sectional survey. The findings revealed that due to the high number of students per mentor, it was difficult to assist all the students assigned to them. This consequently hinders the proper development of expected skills, knowledge, and competences. Secondly, there was no intentional matching of experienced senior qualified staff with students. The students, however, perceived themselves as competent and had acquired average to moderate level competence in communication skills, decision-making, teamwork, performance of nursing skills/procedures, problem-solving skills, and self-confidence. Correlation results indicated that institution factors such as practice placement positively influence nursing students' acquisition of clinical competences. This study therefore recommends the hospital to improve the experiential mentoring environment so that the students can be offered appropriate mentorship support while in the clinical placements for them to be able to apply knowledge learnt in class. A policy on the implementation of a formal structured mentorship program should be put in place at the nurse training institution and at the hospital so that there is a precedent standard that can be followed to enhance the acquisition of clinical competences. There should also be a mentoring action plan where students are intentionally matched to mentors depending on the placement to avoid overburdening one mentor with many students and so that they can receive appropriate mentorship support.

Keywords: *Institution Related Mentorship, Clinical Competences, Diploma Nursing Students, Coast General Teaching & Referral Hospital, Mombasa*

1.0 Introduction

Worldwide nurses form majority of the universal health workforce and participate in provision of care by performing crucial roles within the healthcare system where they, manage the care offered to patients (Cengiz & Yoder, 2020). Nurses represent the universal entry access for roughly 90 percent of healthcare users hence effective graduation of qualified nurses with necessary abilities is a paramount function in the nursing education training (Bvumbwe & Mtshali, 2018). Over the last decade, several concerns have arisen concerning newly qualified nurses' clinical competencies and suitability for practice after completing their training. Clinical competence is a vital component when interacting with health care personnel caring for sick patients and their loved ones, thus more knowledge of the notion is essential for nursing education and practice. Due to increased public desire for professional responsibility, the term clinical competence has been frequently addressed in the nursing literature over the last three decades; nonetheless, it remains ambiguous and is defined variably by healthcare researchers (Goh & Tang, 2020). Because of inconsistencies in the meaning of the word competence, where competency and competence are used interchangeably, the notion of competence remains hazy. Competency relates to the capacity to do a skill, while competence refers to the capacity to evaluate a task while executing a skill and holding the knowledge and capacity (Song & McCreary, 2020). Nursing competence approaches are vital for raising the quality of nursing practice.

Mentorship is fundamental during nurse students' clinical /practical rotations (Myall, et al. 2008). Student mentoring requires considerable mentor preparation to promote clinical competence (Mudaly & Mtshali, 2018). Mentorship programs are available to assist students complete their nurse training programs, gain confidence, and transfer information learned in class to practice. Moreover, mentorship plays a big role in assisting, challenging, guiding, and encouraging individuals (mentees) to develop and learn personally and professionally. Mentorship is a statutory necessity before registration of both the Nursing and Midwifery undergraduates (Kolawole et al, 2019). A consistent definition of undergraduates' mentorship assists set the requirements and standards of clinical educational experiences for students (Mudaly & Mtshali, 2018). Keeping an eye on students' academic performance and assistance is a method used to guarantee that all worthy students have an equal opportunity to succeed in an undergraduate nursing program, leading in better throughput rates (Mudaly & Mtshali, 2018). Institution factors affect the acquisition of competencies through mentoring in that the clinical learning environment contains attributes which influence the student learning experience. These are practice placements, Institution support, ratio of mentors to mentees and the available resources. The presence of these elements ensures that the student nurse is well equipped to handle patients after the training.

1.1 Problem Statement

Educators, practitioners, and students in several researches have expressed worry about the growing mismatch between nursing theory and practice. All nurses are expected to have high level of competences to enable them perform various nursing procedures and provide top-notch efficient and effective nursing care (Flinkman et al., 2016). Nurse mentorship programs run by members of the profession can help to enhance clinical care in nursing in a long-term way. This is critical for learning, job advancement, closing the practice–theory gap, improving competences, and bolstering social abilities (Setati & Nkosi, 2017). Mentorship aids student nurses when they change over from the classroom lectures to the clinical practical programs. The availability of mentors and the ratio of mentors to students are important factors to examine when deciding whether a practice area is appropriate for students to study.

The Nursing Council of Kenya recommends that for clinical instruction in the general wards, one clinical tutor be assigned for every four students whereas one clinical mentor be assigned for every two students in the ICU, HDU, Labor and delivery wards. For students in practice placements where patients require extended health care, in health centers, and dispensary settings experience, one clinical mentor be assigned for every six students (NCK, 2015). The Coast General Hospital is a tertiary teaching and referral hospital where students are stationed for clinical training. There, mentorship is offered by qualified nurses or ward in charges, who also have other administrative responsibilities. As a result, they are unlikely to offer the nursing student customized, regular, and appropriate supervision. When student mentorship is lacking or inadequate, the institution risks generating half-baked graduates who may not be able to perform nursing procedures adequately and attend to patients appropriately due to a lack of essential competences required for all practicing nurses. In view of this the researcher sought to assess institution factors influencing clinical competences of nursing students at Coast General Teaching and Referral Hospital, Mombasa.

2.0 Literature Review

2.1 Theoretical Review

The Novice to Expert theory propounded by Patricia Benner in 1982 will guide the study. The theory explains how nurses develop abilities and comprehension of how to manage and take care of patients over time in a paper titled “From novice to expert”. It explains the five stages one undergoes to develop and acquire competences and experience in Nursing practice. They include novice, advanced beginner, competent, proficient, and expert. Each stage is dependent on the preceding stage as concepts and ideas are clarified and increased following various experiences and clinical mastery (Benner, 1984). A novice is an experience-free starter. They have no expertise in deciding on tasks that are most relevant to fulfill and cannot also exercise their discretion; therefore, they have restricted and rigid behavior (Benner, 1982). The advanced novice lacks adequate experience to widen his perspective to the past experiences and expectations of patients. They focus on the rules and principles and need guidance and help in the clinical field. The skilled nurse has two- or three-years’ experience, have extra caution on continuing objectives and acquire ideas via organizing individual initiatives to improve their organization and efficiency (Shirley, 2007). The proficient nurse is more competent and can look at things in a broader way as she / he has a better understanding of things and is able to make appropriate decisions as they have gained skills on how to navigate certain difficulties or challenges and solve problems (Benner, 1982). Expert nurses experience is more profound and understands clinical conditions intuitively.

They execute issues smoothly, flexibly and with excellent expertise. They have a connected approach and do not depend on principles, norms, or recommendations to make choices. They have a broader understanding of conditions are confident and instinctively understand difficult patient scenarios (Dale et al., 2013). This theory is significant for this research since it describes how a nurse grows and develops from a beginner to a specialist. The motive of this study is to assess mentorship factors influencing clinical competences of nursing students. According to Benner, idea nursing practitioners can increase practical experience and knowledge at varied stages of learning. Moreover, according to this concept, it is a continuous journey that takes place throughout time and with the development of new experiences from the beginner stage to the upper steps. This progress is still impacted by elements such as the support, motivation and even workload associated with mentors. Institution elements have an impact on progress from beginner to expert, including facilities or practice, the proportion of mentors, resource availability, clinical practice placements, and

support offered by mentors. For that to be successful mentoring can only take place in the context of mutual respect, where mentors are eager and interested in mentoring.

2.2 Empirical Review

2.2.1 Competence and Mentorship

Competences are integral entities that are carried out in clinical environments and consist of a collection of psychomotor, cognitive and affective ethical practices that improve the organization and production based on licensed performance expertise (Foster & Hill, 2019). Nursing competence concepts are vital for increasing nursing quality, although they have not yet been fully established. As a result, creating standards and mechanisms for nursing competency has become difficult (Fukada, 2018). It has been observed that diverse competence-based frameworks exist, resulting in discrepancy between nations and institutions in terms of evaluation methodologies and instruments. Nursing competence, according to Takase (2013), is a nurse's capacity to display a collection of traits, such as individual qualities, professional ethics, standards, morals values, the know-how and abilities, in performing assigned nursing procedures. Competence, according to Benner (1982), is a continuous growth process where a nurse may be a specialist in a certain field and a beginner in a different field. Based on Benner's (1982) theory, Lojo (2020) posits that nurse competence is a continuous process where an individual goes through various experiences in their profession where one learns something new each time and grows from being a beginner to an expert. Mentoring is a crucial tool in the nursing profession, particularly when it comes to student growth, and it is considered as a shared obligation that helps close the knowledge practice gap (Setati & Nkosi, 2017). Mentoring is supposed to improve teaching competence, ability to interact with others, and professional progression, however, little is known about it in underdeveloped nations and its effects on nurse education (Ekong & Sun, 2017).

2.2.2 Institution factors influencing clinical competencies of Nurse Students

The promotion of efficient mentorship of all the students is a major concern for hospitals and educational institutions. Factors which influence acquisition of clinical competences of students include practice placements, Institution policies, Institution support, ratio of mentors to mentees and the available resources as discussed below: -

Practice placement are the clinical environs which provide learning opportunities for the undergraduate learners to undertake practice under supervision. According to Royal College of Nursing (2017), Institutions and employers are responsible for putting in place the mechanism that can help promote students learning, retention of workers and improvement of nurses' growth in terms of the cognitive, psychomotor and personal attributes required especially in the nursing field. Practice placements facilitate students' acquisition of competencies by creating supportive learning opportunities which enhance students' acquisition of knowledge and skills. The placements should therefore empower the development of the nursing students' professional attributes and identities so that they can attain professional competence in nursing (Jokelainen et al., 2011). Globally, the purpose of nursing education is to increase clinical skills and provide safe, excellent care (Forsberg et al., 2011). The resource challenged clinical training facilities in which nursing students rotate in are increasingly being called upon to improve the practice placements to enhance student learning. Nursing being a disciplined hands-on profession calls for integration of theoretical information addressed in school to practical hands-on practice in the practical areas (Salifu et al., 2018).

The toolbox of the Royal College of Care (2017) states that an ideal clinical practice placement directly affects one's capacity to work successfully, integrate theory learned in class into practice. It is at the clinical practice placement where they acquire skills which facilitate development of competences that enable them deal with the community needs, interact with the multidisciplinary team and be able to provide critical care. Effective clinical instruction is paramount in the learning process of nursing students since they spend over 50% of their training period within the clinical practice areas. The key objectives during the practical rotations is to be able to learn and understand the values, norms, and attitudes of the profession. It also allows them to prepare for their job as nurses, which comprises one of the most crucial components of the education process (Hassan & Elsharkawy, 2017). A study carried out in Iran found that the journey of professional development in nursing starts at the nursing school through formal structured organized academic programs and evolves during practical rotations until it transitions to workplace (Khomeiran et al., 2006).

Institution support is the backbone or pillar to any progressive development in an organization. It consists of laws, regulations, structures, organization cultures and financial assistance offered. It is key in nursing clinical placements as it amalgamates an academic cordial friendly learning work environment with clinical attributes (Carlisle et al., 2014). Clinical placements for student nurses, according to Berragan (2011), serve three purposes: the learning of skills and knowledge, the application of theory to practice, and the development of professional identity and standard of practice. For effective student learning in the clinical areas the college tutors should link with their respective counterparts in the hospital during the organization of placements and also try to develop additional lines of contact with other multidisciplinary team members involved with their students. Clinical and mentorship learning settings provide significant support structures that assist student development. Service managers have an equally important obligation and role to assisting their mentors.

Thomson et al. (2017) alludes that the clinical practice placements and assistance provided by the hospital institutions is of great importance in the training of student nurses. In the absence of Institution support, the learners may perceive being unwary to deal with the transition. Nurse students are expected to recognize and be familiar with the surroundings, have the ability to work with the available resources and be well oriented with the procedures that are carried out in each ward. This can only happen through continuous guidance from the ward managers, nurses, and other multidisciplinary team members. In a study examining the conceptions of Finnish and British mentors on how they supervise and assist undergraduate nursing students in the practical placements and professional career development, it was realized that the institution's support to the student nurses was considered most significant. There was also need for support through compulsory mentor education programs amended and formulated in national and cross-cultural co-operation (Jokelainen et al., 2013).

A balance between nursing and practical learning should be effectively structured to encourage the integration of information, attitudes, and abilities, so as to provide suitable high-quality assistance to students in the practical setting (Jokelainen et al., 2013). It is the obligation of the organization and management according to Farajian et al. (2019) to offer sufficient resources for successful student mentoring. The resources are appropriate mentors, skilled nurses, and clinical teachers. A study by Gitonga (2016) alluded that due to paucity of mentors, mentees were matched with unexperienced nurses who had not yet completed their training neither had the desire to mentor but were requested to mentor student nurses. Similar sentiments are echoed by Hutchings et al. (2005), who alluded that 75 percent of the students claim that sometime even unqualified nurses mentored them. When non-qualified nurses and

individuals not interested in mentorship programs were involved, mentees were extremely likely not able to achieve their learning expectations, as they were not able to acquire adequate time in mentoring programs. The Ministry of Health (2012) reports that, the scarcity of employees in Kenya's hospitals was a widespread concern. A study by Oluchina and Gitonga (2016) revealed that majority (86.7%) of the nursing students in informal mentoring programs complained about a scarcity of nursing personnel and an overburden of work, as opposed to 68 percent in formal official mentoring programs. This impairs the quality of the contact between the mentor and the mentees hence were unlikely to fully acquire the desired clinical competences.

The clinical learning placements provide a suitable environment where Nursing students can interact with patients and practice what they have covered at school. To efficiently acquire the desired skills and competences, they require to have adequate resources which include equipment, experienced nurses to mentor them, adequate time to witness and practice what has been taught to them. Inadequate resources influence the student learning process and expected fulfilment of the nursing profession.

In Malawi, students reported that the hospital practice training placements had a rich learning experience that provide adequate educational experiences but most participants attested that some resources such as material and human were insufficient and as a result, they did not acquire their anticipated learning expectations at the clinical placements. Some pointed out that due to inadequate resources, they learnt more on effectively improvising other than doing the actual procedure hence forgot the ideal when providing care (KamphindaI & ChilembaII, 2019). A study by Salifu et al., (2018) shows as a result of these resource constraints the nurse students are not exposed to ideal nursing practices thus hindering acquisition of the required nursing competences. Research by Mhalaba (2011) has shown that students perceived the mentorship provided by professional nurses as insufficient in the clinical context. They stated the reasons included excessive workload of caregivers, time limitations and resource limits, scarcity of personnel and high expectations for patient care.

In Tanzania, lack of practitioners, mentors and a high number of students in the program have a restricted opportunity for practical experience in the hospital training system (Gemuhay et al. 2019). A study carried out in Kenya at KMTC Garissa by Abdi et al. (2016) demonstrated that the resources provided in a hospital were insufficient and that the hospital clinical setting was not suitable or learning. In another study conducted in Kenya, findings found that the students who were trained at Kenya Medical Training College (KMTC) Nairobi, which at the time of the study had an innovative skills lab, regularly achieved higher in all competence indexes and across the elements of nursing expertise compared to those trained elsewhere using the traditional lecture-based curriculum. The Nairobi students were described as critical thinkers as opposed to their fellow counterparts from elsewhere who were described as better ward managers (Chege, 2009). The study notes that this was attributable to the training environment in Nairobi having better resources than the rest of the country.

2.3 Conceptual Framework

Independent Variables



Dependent variable

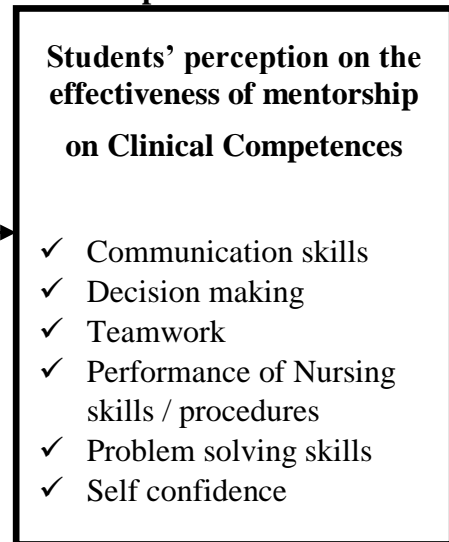


Figure 1: Conceptual Framework

3.0 Methodology

The study adopted a descriptive cross-sectional survey. The study population was the 95 basic diploma students in their third year at KMTC Mombasa. The sample size formula of Yamane (1967) was used to arrive at a sample size of 77 students. The researcher collected data using online Google Form questionnaires. The statistical package for social sciences (SPSS) version 25 was used to conduct the analysis of quantitative data. Inferential data analysis was performed using Pearson correlation coefficients. The statistical significance was set at $P = 0.05$ (95%).

4.0 Findings and Discussions

4.1 Institution Factors

Regarding the Institution factors influencing clinical competences of students, the respondents were asked to indicate the extent to which they agreed or disagreed with each of the statements on Institution factors. The findings indicated that a majority [63 (97.9 %)] of respondents agreed that the resources available in the clinical practice placements had greatly contributed to the high level of the competencies they had acquired. All respondents [(100%)] agreed that due to the high number of students per mentor it was difficult for them to assist all the students assigned to them. Three quarters [50(76.9 %)] of the respondents disagreed that there was intentional matching of experienced senior qualified staff with students. However, a minority [15(23%)] agreed that there was intentional matching of experienced senior qualified staff with students which had helped them acquire skills in performing clinical procedures. Slightly more than half of the respondents [38 (58.5%)] disagreed that they could apply the knowledge learnt in class because of the institution's mentorship support offered to students in the clinical placements. On the contrary [20 (30.6%)] stated that they could apply the knowledge learnt in class because of the institution's mentorship support offered, a few [7 (10.7%)] respondents neither agreed nor disagreed.

A majority [52(80%)] of respondents agreed that the practical placements had facilitated their acquisition of clinical competences. Further majority [47(72%)] of the respondents also

agreed that the practical placements provided them an opportunity to practice under supervision. Slightly more than half of the respondents [35(53.8%)] disagreed that the clinical practicum areas provided them with an experiential mentoring environment for safe practice. The study further computed the means and standard deviation of some aspects of Institution factors to find which aspects are important in influencing clinical competences of students. The result showed that aspect of “High number of students per mentor has made it difficult for them to assist all students” scored a mean 4.95 and standard deviation of 0.211. This clearly demonstrates that if the number of students allocated to the mentors is high then the likelihood that it will not be easy for all students to be assisted by the mentors.

4.2 Students Perception on the Effectiveness of Mentorship on Clinical Competences

Concerning the students' perception on the effectiveness of mentorship on clinical competences, the respondents were asked to indicate the extent to which they agreed or disagreed with each of the statements on students' perception. The results indicate that all aspects assessed regarding "Students' Perception on the Effectiveness of Mentorship on Clinical Competencies" scored high, i.e., 60 (93.2%) or more. This shows that, due to mentorship, all the nurse students had acquired clinical competences and skills in the performance of various nursing procedures required in the provision of quality nursing care. The feedback provided by mentors was adequate in terms of facilitating learning and acquiring clinical competences, as indicated by all 65 (100%) respondents. Moreover, almost all (62, 95.4%) respondents agreed that mentorship had enabled them to acquire appropriate competences and were therefore able to perform most nursing procedures confidently. They had a positive perception of mentorship and viewed it as very beneficial in promoting personal interaction. However, a few (3, 4.6%) respondents remained neutral. Almost all (63, 96.9%) respondents agreed that poor interpersonal relationships among mentors and mentees lead to inadequate mentorship and, consequently, poor acquisition of clinical competences. The aspect of "I have a positive perception towards mentorship as I view it as very beneficial in promoting personal interaction" scored the highest mean of 4.81 and a standard deviation of 0.587, meaning that the students perceived mentorship as very beneficial in promoting personal interaction.

4.3 Clinical Competences Acquired After Mentorship

The respondents were interrogated on several aspects regarding clinical competences of students acquired after mentorship. They were required to state the level of Clinical competences which they perceived themselves to have acquired following mentorship. All [65(100%)] respondents perceived themselves as being confident in providing safe, timely and coordinated care using the nursing process, working well as team players thus promoting professional socialization in the clinical learning environment, providing non-judgmental care and solving problems through provision of emotional, psychosocial, and psychological support to all and upholding professional nursing ethics while providing nursing care. Almost all [61 (93.4%)] students agreed that following mentorship, they had acquired moderate to high level competence in communication skills and were able to utilize critical thinking skills during problem solving and when assisting patients. A minority [4(6.2%)] had acquired an average level of competence. More than two-thirds [59(90.1%)] of students acquired moderate to high level competence in using clinical judgment and decision-making skills to analyze situations and prioritize nursing care using scientific researched evidence-based practices. A minority [6(9.2%)] respondents had acquired average level of competence.

The findings revealed that a high [50(76.9%)] number of students perceived themselves as having acquired high level competence in applying critical thinking skills during problem solving and when assisting patients with activities of daily living. A minority [11(16.9%)] of

students had acquired moderately high level of competence while only 4(6.2%) had acquired average level competence in critical thinking skills during problem solving and when assisting patients with activities of daily living. Regarding the Clinical competences acquired after mentorship the aspect of “I am confident in providing safe, timely and coordinated care using the nursing process scored a mean of 4.56 and a standard deviation of 4.990. No student perceived themselves as having acquired low level competence but all students had acquired moderate to high level clinical competences in provision of safe timely and coordinated care while utilizing or using the nursing process.

4.4 Correlation Coefficient

To establish a relation between predicted and actual values obtained, the Correlation coefficient statistical measure was used to predict the influence of Institution factors on clinical competences. Table 1 shows the results.

Table 1: Correlation coefficient

VARIABLES	Clinical Competence	
Clinical Competence	Pearson Correlation	1
	Sig. (2-tailed)	
	N	65
Institution factors	Pearson Correlation	.451**
	Sig. (2-tailed)	.000
	N	65

On institution factors influencing clinical competences of nursing students at CGTRH, the results show a moderate positive correlation coefficient of 0.451 which is statistically significant ($p < 0.05$). This means that on overall, institution factors such as practice placement positively influence nursing students’ acquisition of clinical competences.

4.5 Discussion

The study sought to establish institutional factors influencing clinical competences of students at CGTRH. The practice placements, institution support, ratio of mentors to mentees and the available resources are a major prerequisite necessary for providing an enabling environment where student nurses are well equipped to handle patients after the training. Farajian et al., (2019) postulate that it is a requirement that the hospitals offer sufficient resources for student mentoring. For efficient effective learning, students are required to be paired with mentors. The study revealed that, most [35 (53.8%)] respondents disagreed that at CGTRH the students were paired with mentors to provide guidance and support to them. This could probably be attributed to the scarcity of employees in hospitals within Kenya as reported by the Ministry of Health (2012). Moreover, findings from a study by Oluchina and Gitonga (2016) revealed that majority of the nursing students within Kenya were in informal mentoring programs meaning that they too were not paired to mentors. A balance between nursing and practical learning should be effectively structured to encourage the integration of information, attitudes, and abilities, to provide suitable high-quality assistance to students in the practical setting (Jokelainen et al., 2013).

All respondents [(100%)] agreed that there were adequate resources available within the clinical practice placements which contributed to the high level of the competences which the Nursing students acquired. They however retorted that due to the high number of students, it was difficult for the mentors to assist all the students assigned to them. These findings relate to a study carried out by the Kenya’s Ministry of Health and Nursing Council (2012), which

showed that the teacher-to-student ratio at Kenya Medical Training Colleges (KMTCs) is below the expected limit which consequently hinders proper development of expected skills, knowledge, and competences. The Nursing Council of Kenya recommends that for clinical instruction in the general wards, one clinical tutor be assigned for every four students whereas one clinical mentor be assigned for every two students in the ICU, HDU, Labor and delivery wards. For students in practice placements where patients require extended health care, in health centers, and dispensary settings experience, one clinical mentor be assigned for every six students. The study findings revealed that three quarters [50(76.9 %)] of the respondents stated that the students were not intentionally matched with experienced senior qualified staff which is required to help them acquire skills in performing clinical procedures. According to Farajian et al. (2019), it is the obligation of the organization and management to offer sufficient resources such as mentors, skilled nurses, and clinical teachers for successful student mentoring.

Slightly more than half of the respondents [38 (58.5%)] stated that they were not able to apply the knowledge learnt in class following the institution's mentorship support offered to students in the clinical placements. A few [7 (10.7%)] respondents neither agreed nor disagreed and only [20 (30.6%)] stated that they could apply the knowledge learnt in class because of the institution's mentorship support offered. This shows that not all the students who underwent mentorship during the clinical placements at CGTRH acquired the recommended competences of applying knowledge obtained in class in performing certain procedures. There being no structured mentorship programme, mentorship practices differ among the various mentors, and this influences the acquisition of clinical competences by students. Similar sentiments are echoed by Jokelainen et al. (2013), who retorted that there are just a few papers which provide framework on mentorship practices and as a result there is no uniform consensus in mentoring tactics and hence the outcomes in nursing differ. In South Africa, as well, mentoring in practical placements had not yet been codified as there is no regulatory norms to act as a guide for mentors in practical settings neither do they go through a particular training (Mhlaba, 2011).

5.0 Conclusion

From the findings of the study, it is concluded that the high number of students per mentor made it difficult for them to assist all the students assigned to them. Secondly, having no intentional matching of experienced senior qualified staff with students resulted in mentors not being able to adequately help the students acquire skills in performing clinical procedures. The study participants perceived themselves as competent following mentorship, having acquired moderate to high level competence in various aspects such as communication skills, decision making, teamwork, performance of nursing skills / procedures, problem solving skills and had self-confidence.

6.0 Recommendations

There is need for both the training institution and the clinical placement areas to have a mentoring action plan and a mentoring agreement where a certain number of students are intentionally matched a mentor depending on the placement. For instance, two students per mentor during the critical placements such as labor, delivery ward, ICU, HDU, and four students per mentor while in the general ward as this will enhance students' acquisition of clinical competences. Recognizing that every student is gifted differently and has different learning abilities; it is appropriate and highly recommended that more clinical tutors and Nurses be employed in the hospitals and training institutions. This will allow for the students to be well distributed among the several mentors available and ease the burden of one mentor assisting several students. It will also facilitate the student's ability to acquire the required

competences in applying what has been taught in class within the practical areas. There is need for CGTRH and other Nursing training institutions to improve the experiential mentoring environment so that the students can be offered appropriate mentorship support while in the clinical placements for them to be able to apply knowledge learnt in class.

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